

Use of outcome measures in older people

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Outcomes Conf Oct 2005



Thank you to everyone who has ever
filled in a form...!



Part 1

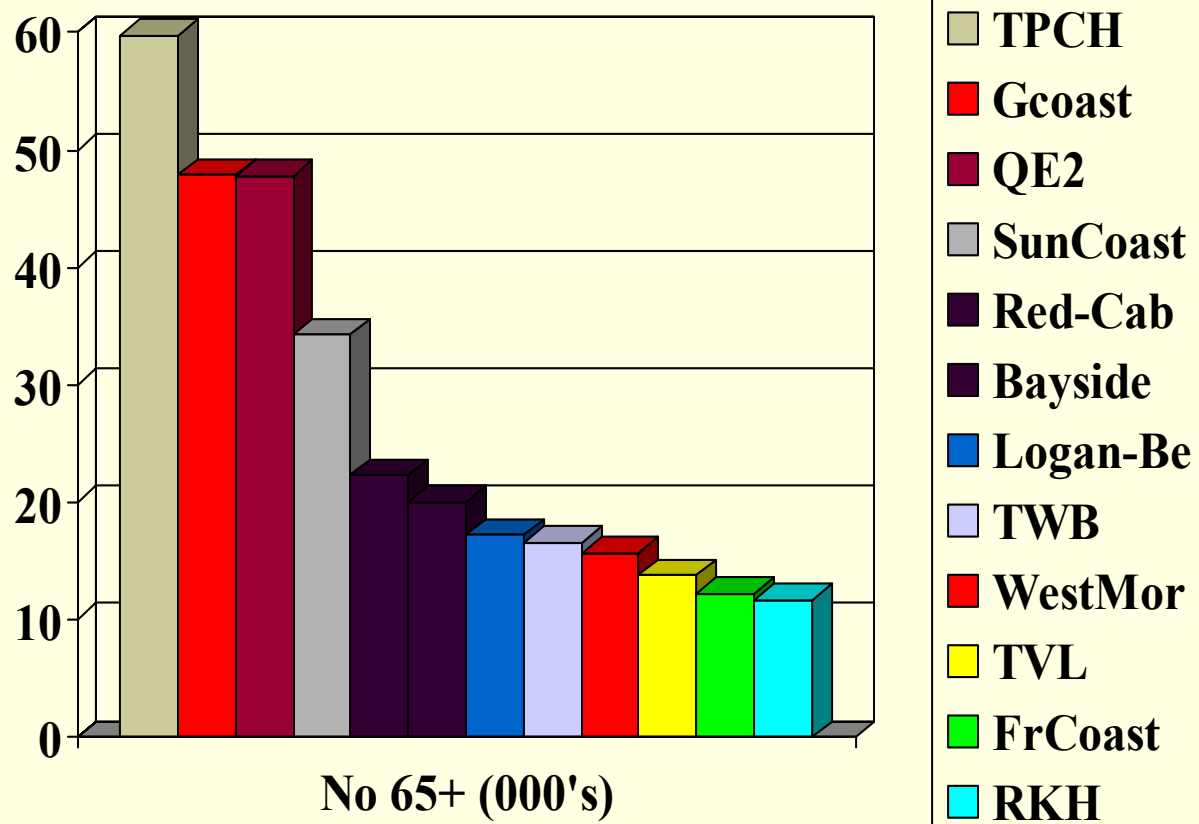


The use of information in care of
older people

Use of information

- We have always used information to help other people
 - **Things they told us**
 - **Things we saw**
 - **Things we remembered**
- Then we wrote it down
- And now we store some electronically
- We plan for individuals and communities
- The trick ishow?

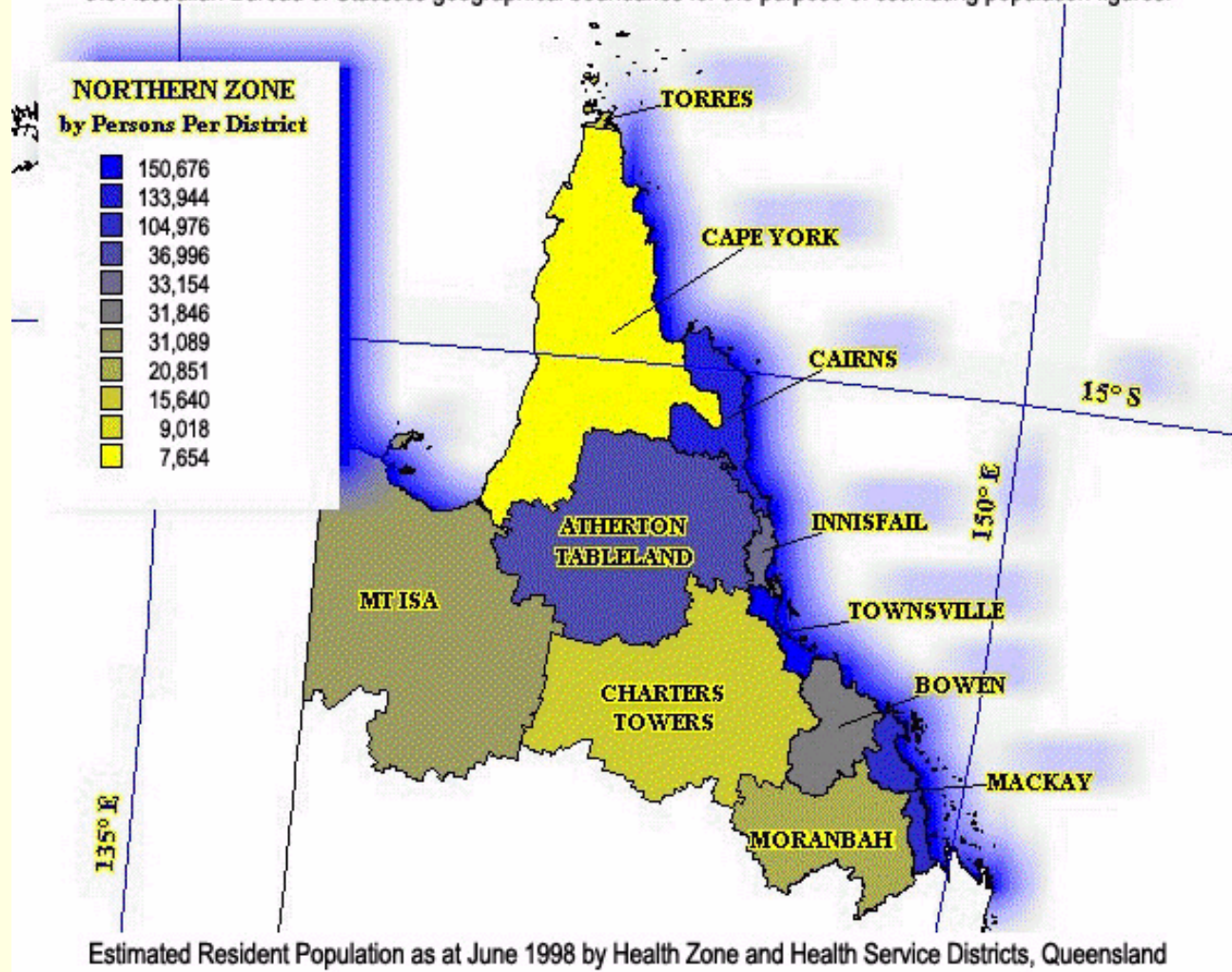
Funding by numbers



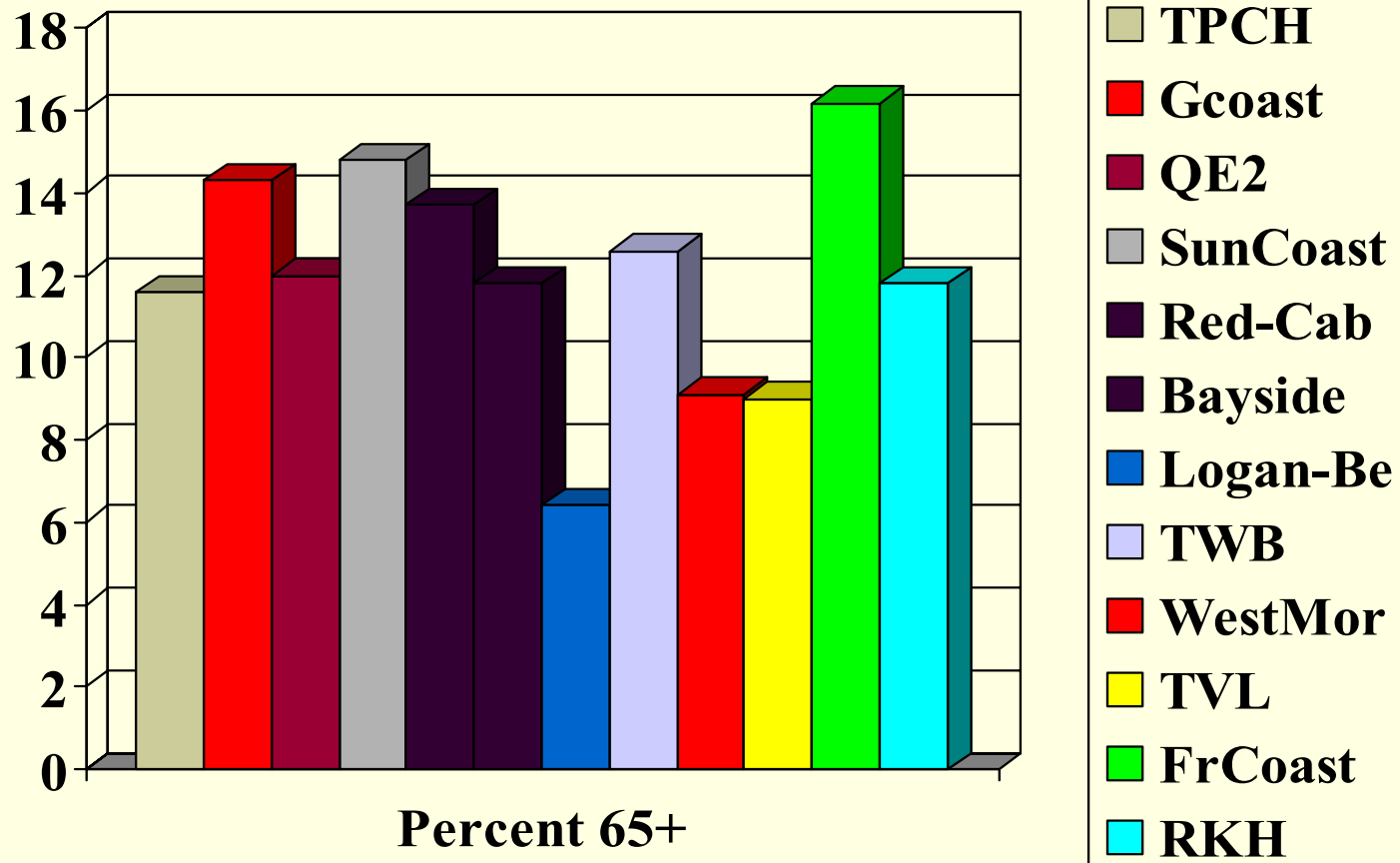
■ Top 12 Qld Health Districts with Elderly Populations, 1999

A person in all districts or “hub and spoke”?

Note: Boundaries Between Cairns and Cape York Health Service Districts do not reflect the correct district areas but follow the Australian Bureau of Statistics geographical boundaries for the purpose of estimating population figures.

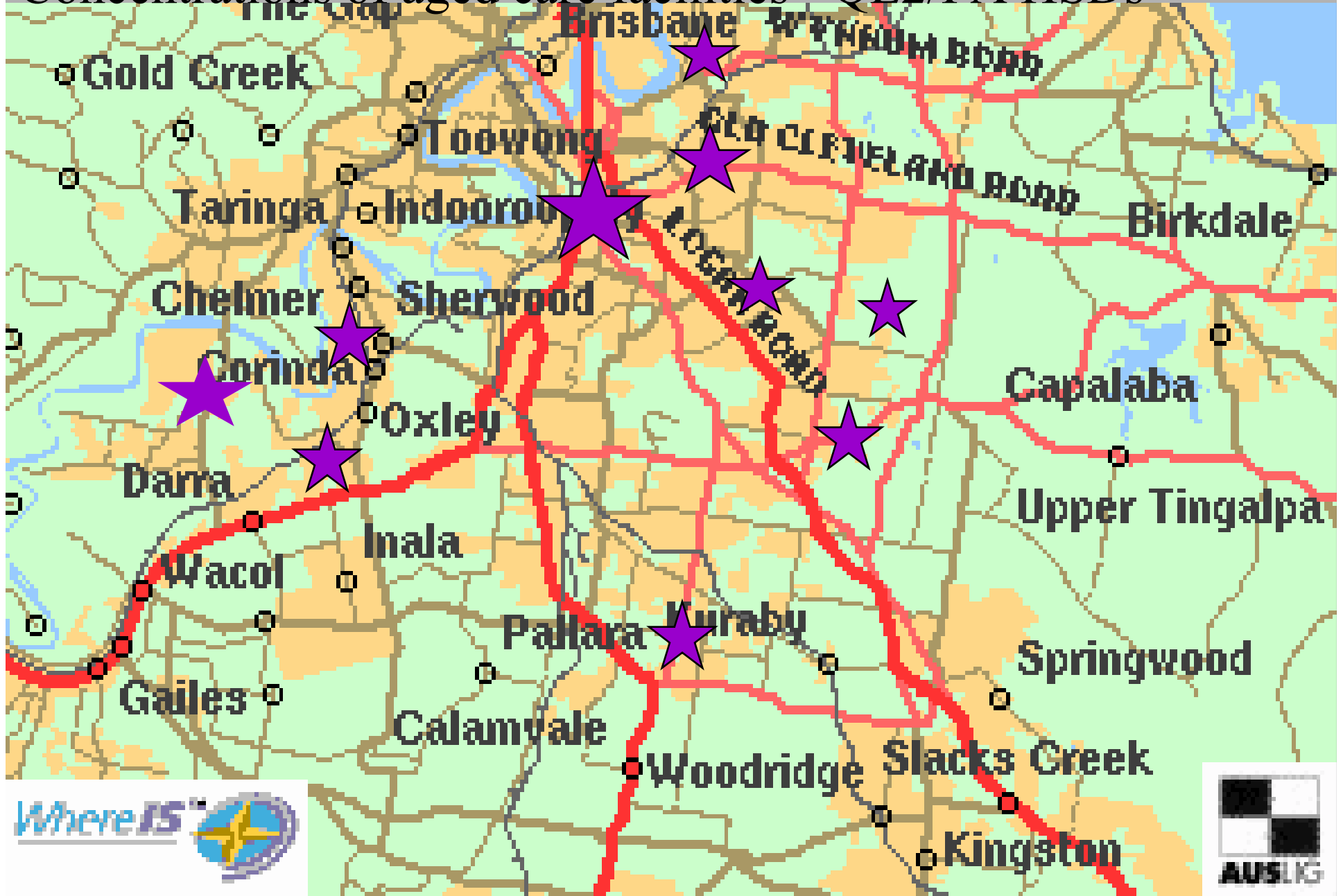


It's not all about absolute numbers - Proportion of Elderly, 1999

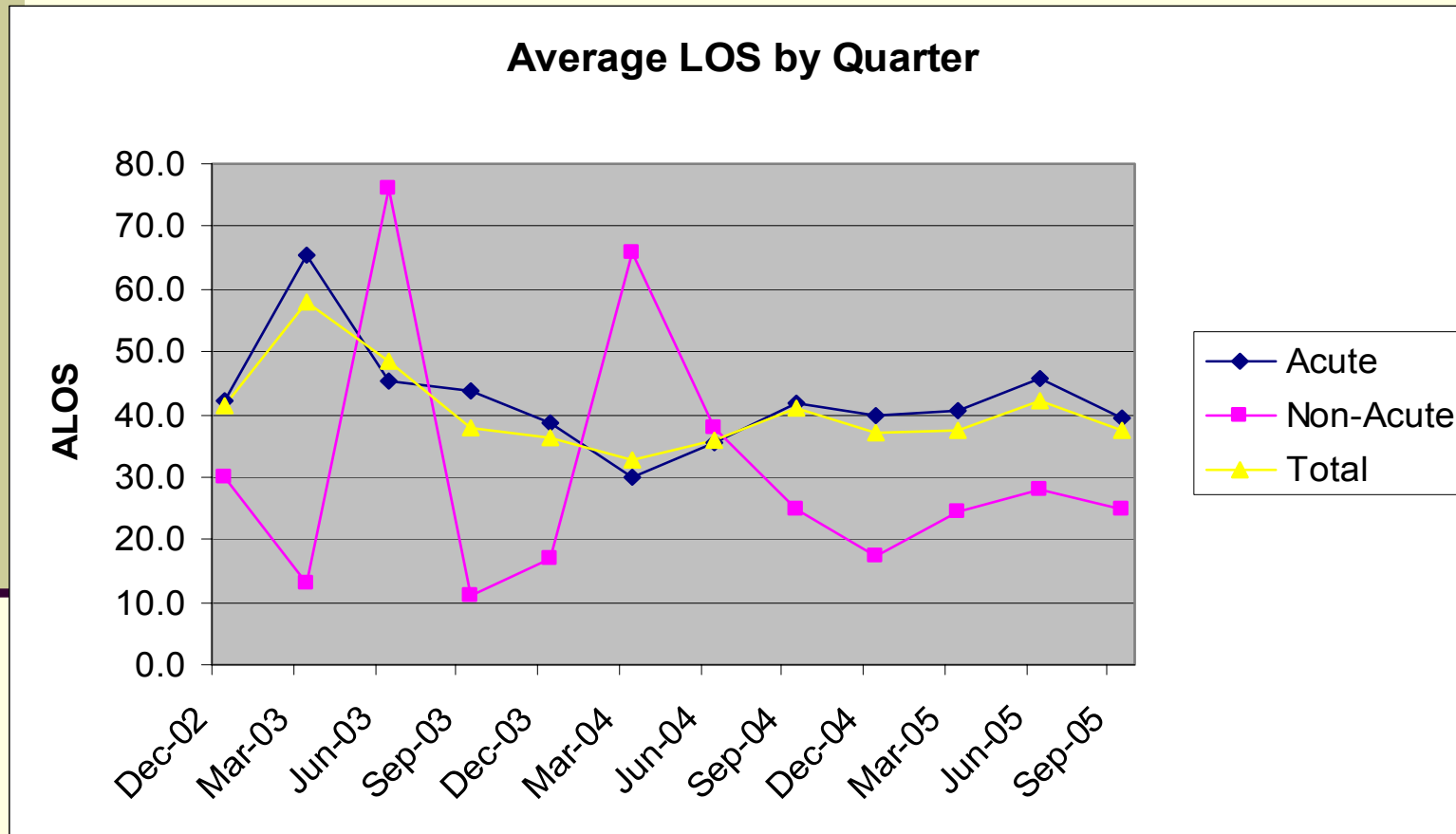


Where should we site community services?

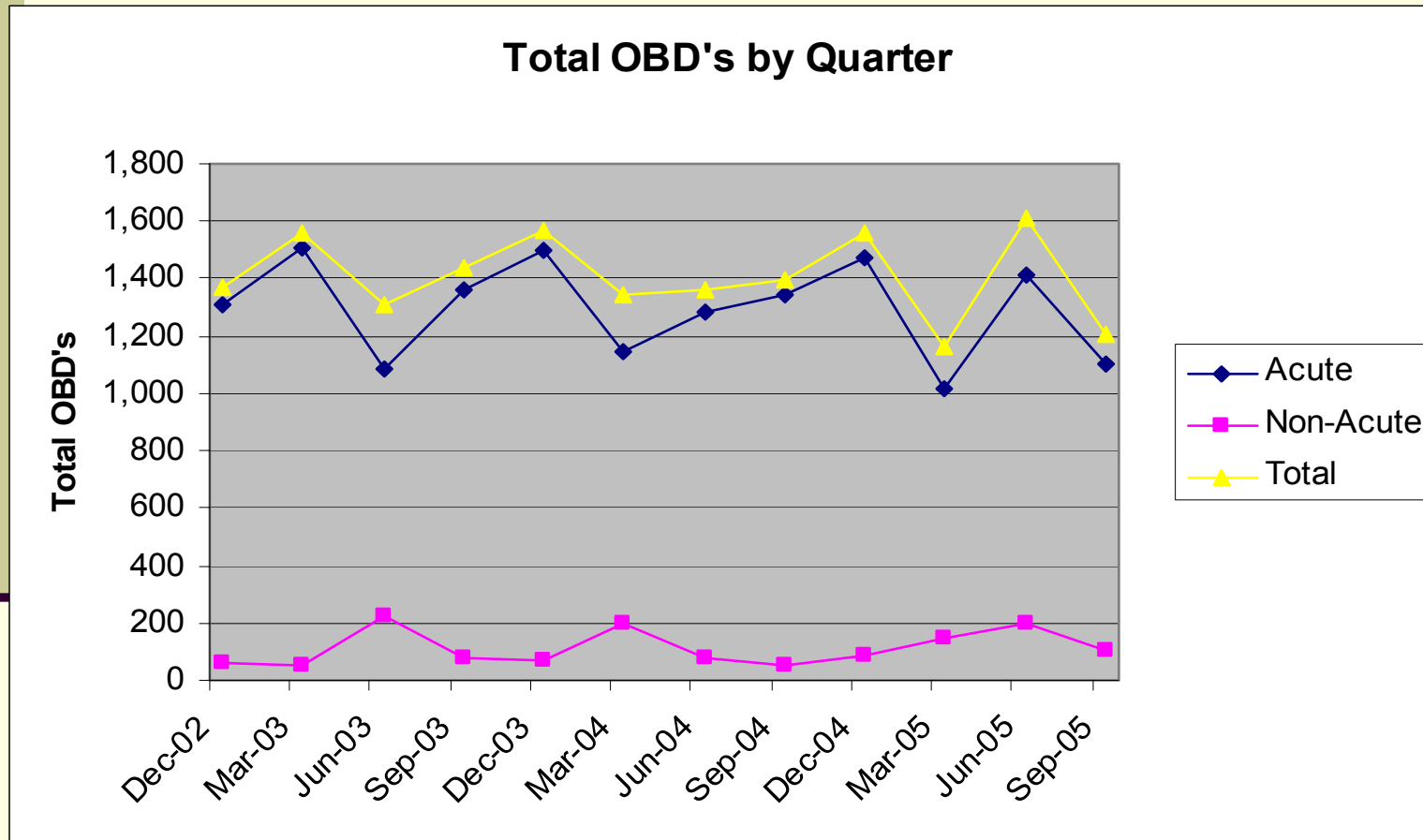
Concentrations of aged care facilities - QE2/PA HSDs



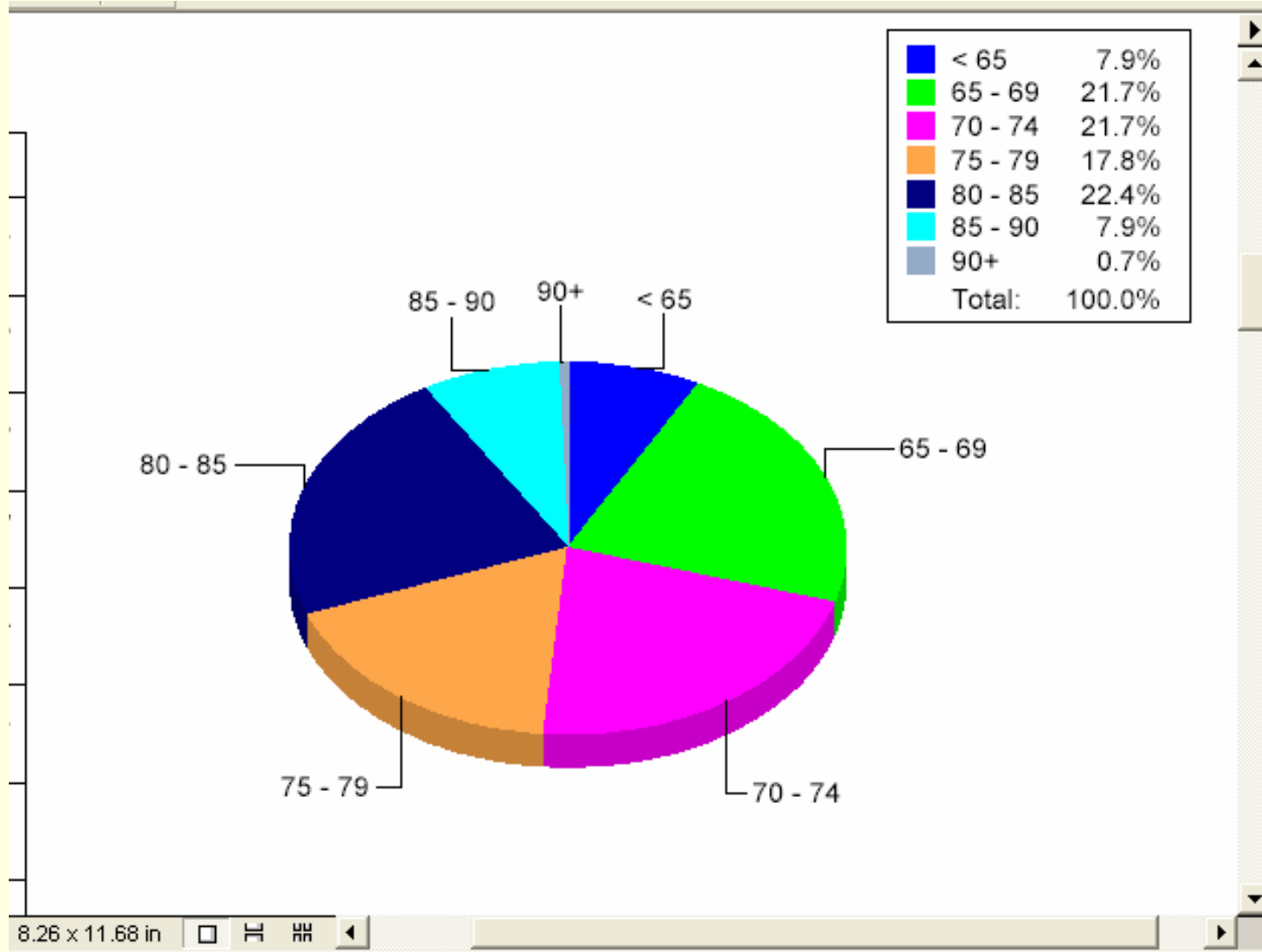
Is the ward used to its full potential?



Is the ward used to its full potential?



The average age 75.98 affected by outliers but needs OBDs for a better picture of who we treat



Part 2

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The use of OIS –
Casemix
information

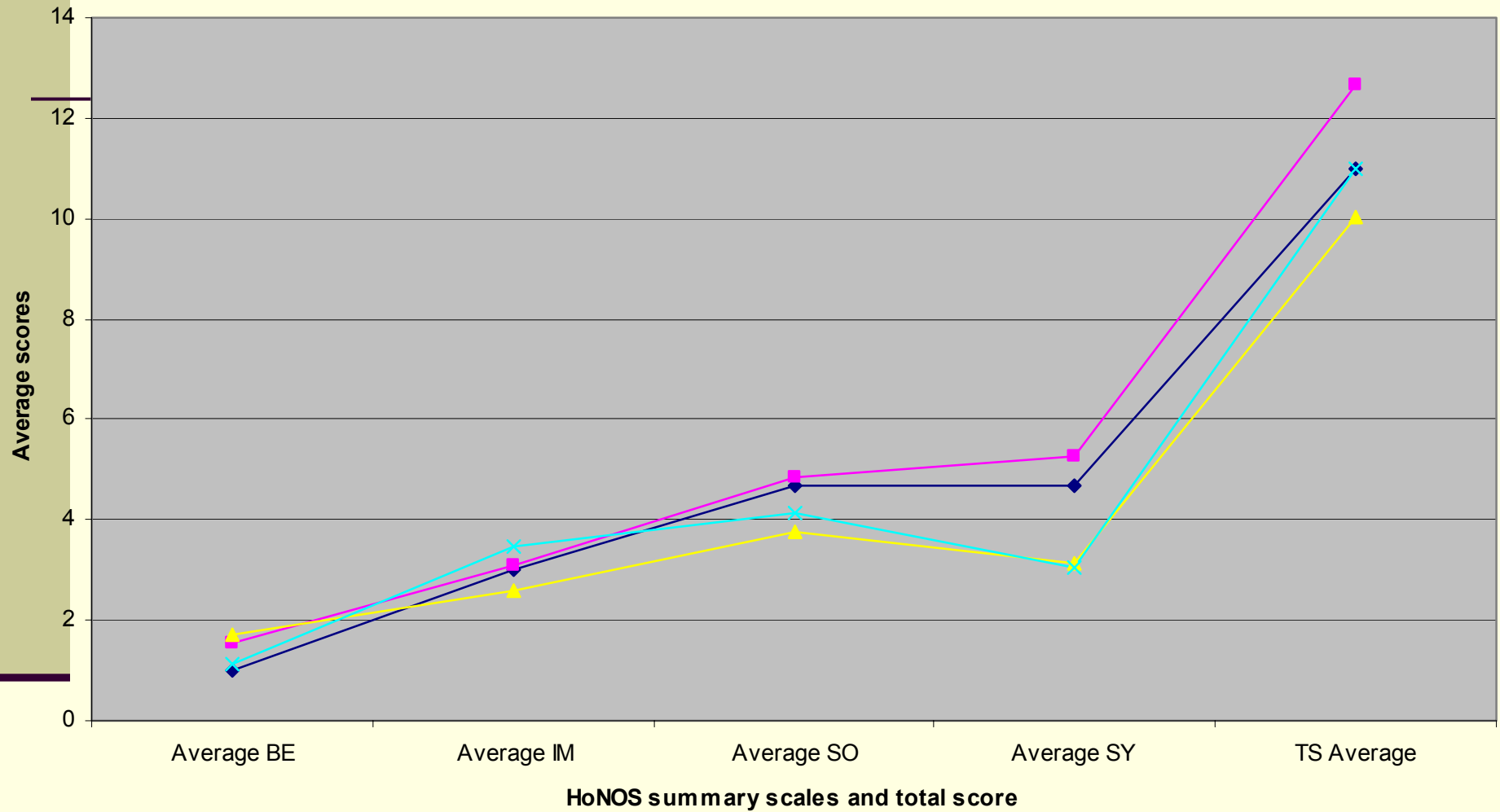
AN-SNAP (1996)

- Aust. National Sub-Acute and Non-Acute Patient Casemix Study conducted in 99 hospital and community health sites in all Australian States and Territories and in NZ
- Over 30 000 episodes of care were analysed, including overnight, same day, outpatient and community episodes of care
- 30-fold variation in episode cost and five-fold variation in per diem cost between most expensive and the least expensive classes in overnight care

AN-SNAP case types

- Subacute care
 - Palliative care
 - Rehabilitation
 - **Psychogeriatric care**
 - Geriatric evaluation and management
- Non-acute care
 - Maintenance care

Comparison of HoNOS65+ summary and total scores across five sites for consumer aged over 65 years



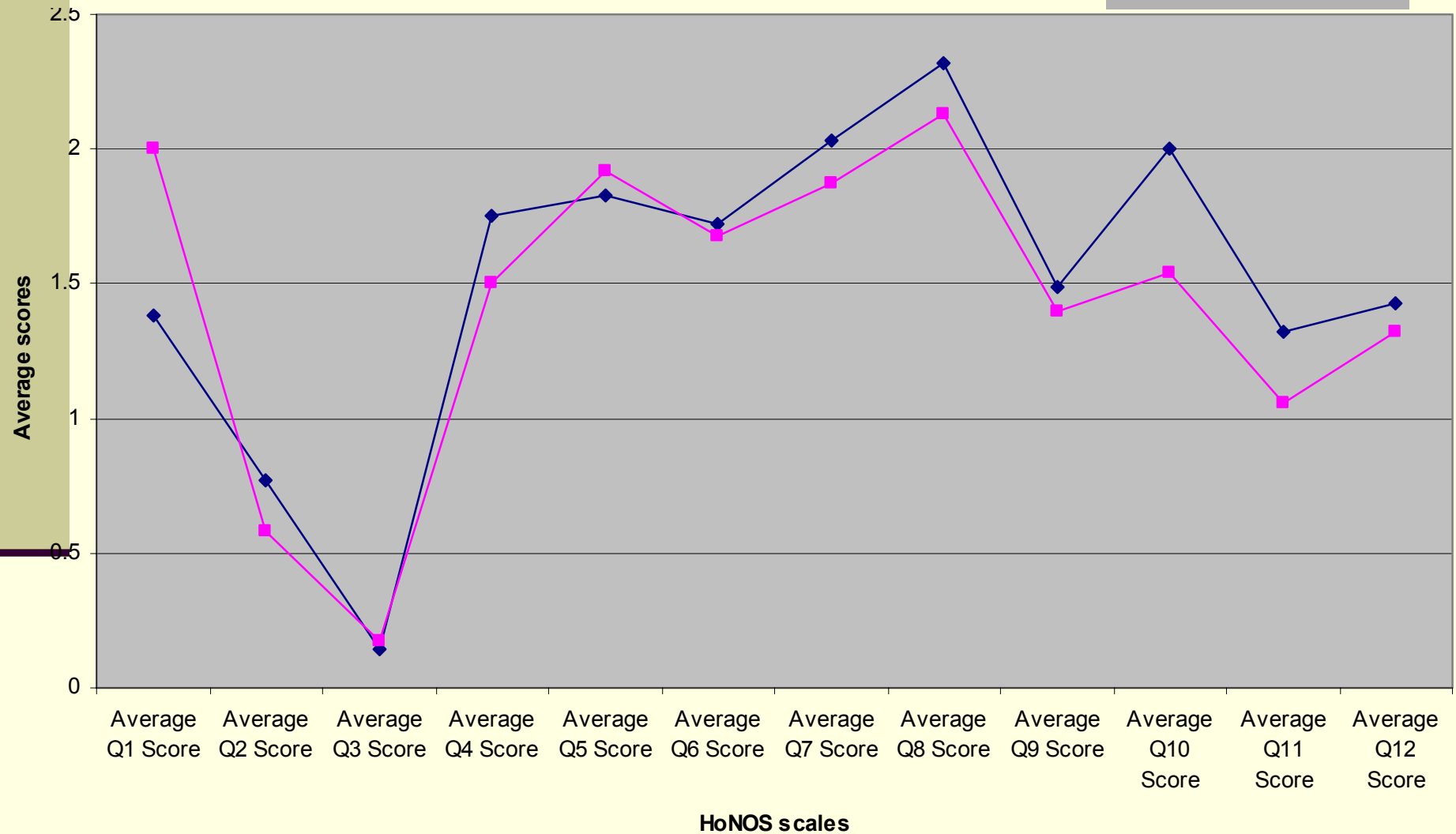
Service A Grevillea Service B Service C

What is the RUG-ADL?

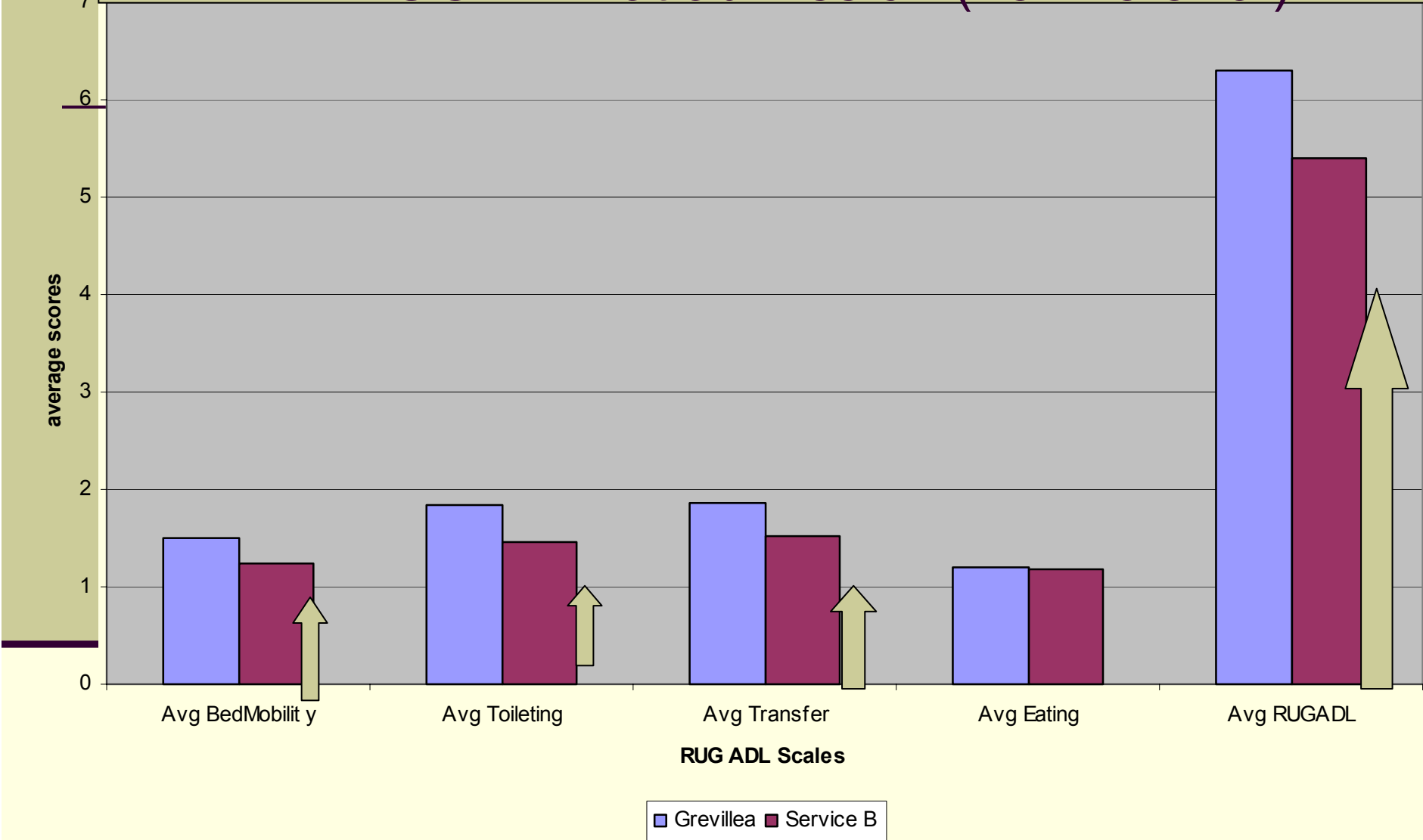
- A measure of nursing dependency
- 1 = no problem
- Min total = 4 Max total = 18
- Mobility in bed (1, 3, 4, 5) 3 = 1 person assist
- Toileting (1,3,4,5) 3 = hands-on assistance
- Transfer (1,3,4,5) 3 = one person assistance
- Eating (1,2,3) 2 = 1 person to assist

New episode, new referral

HoNOS 65+ PA vs Service B PG

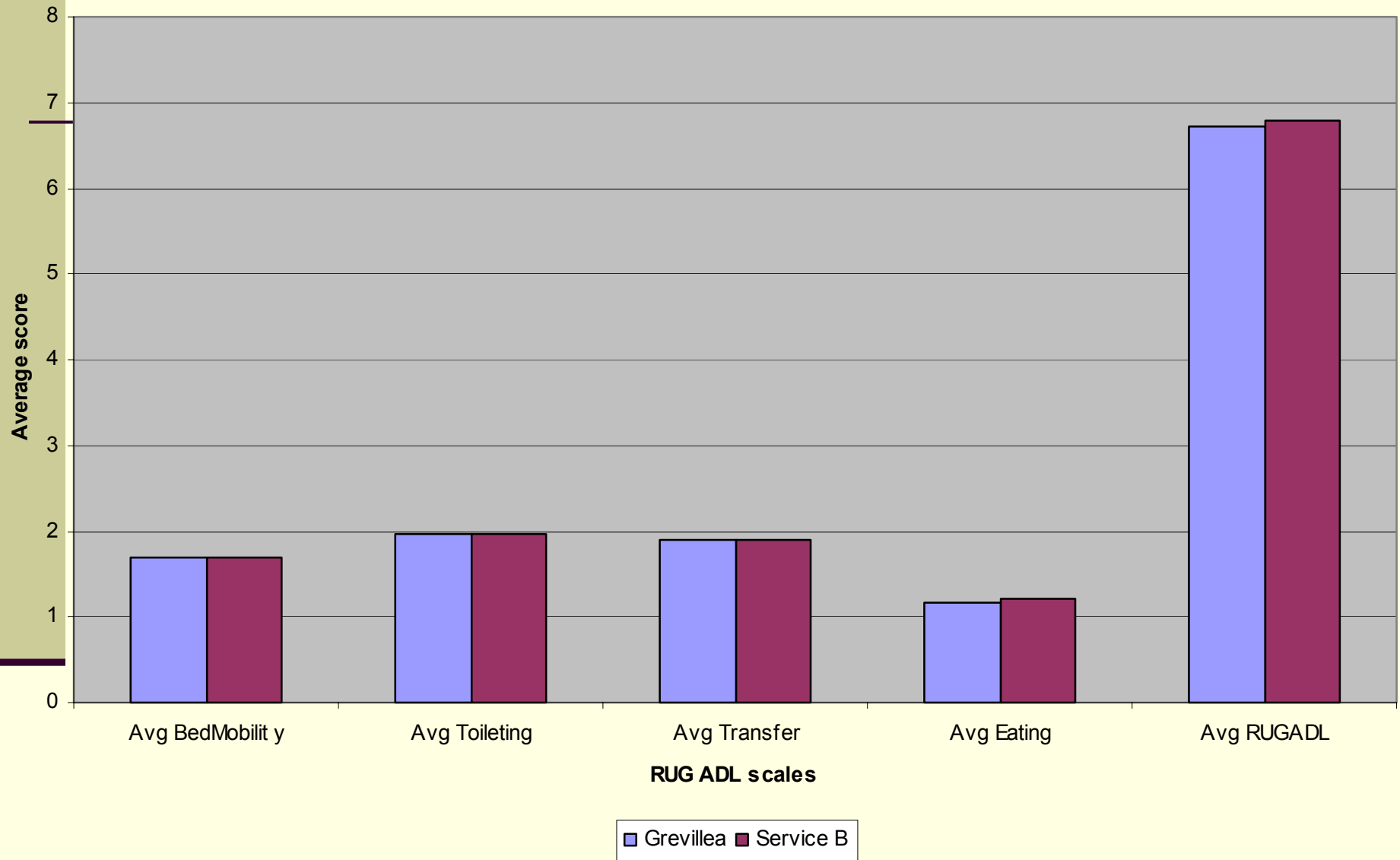


2005 FY PA vs Service B RUG-ADL at admission (new referral)

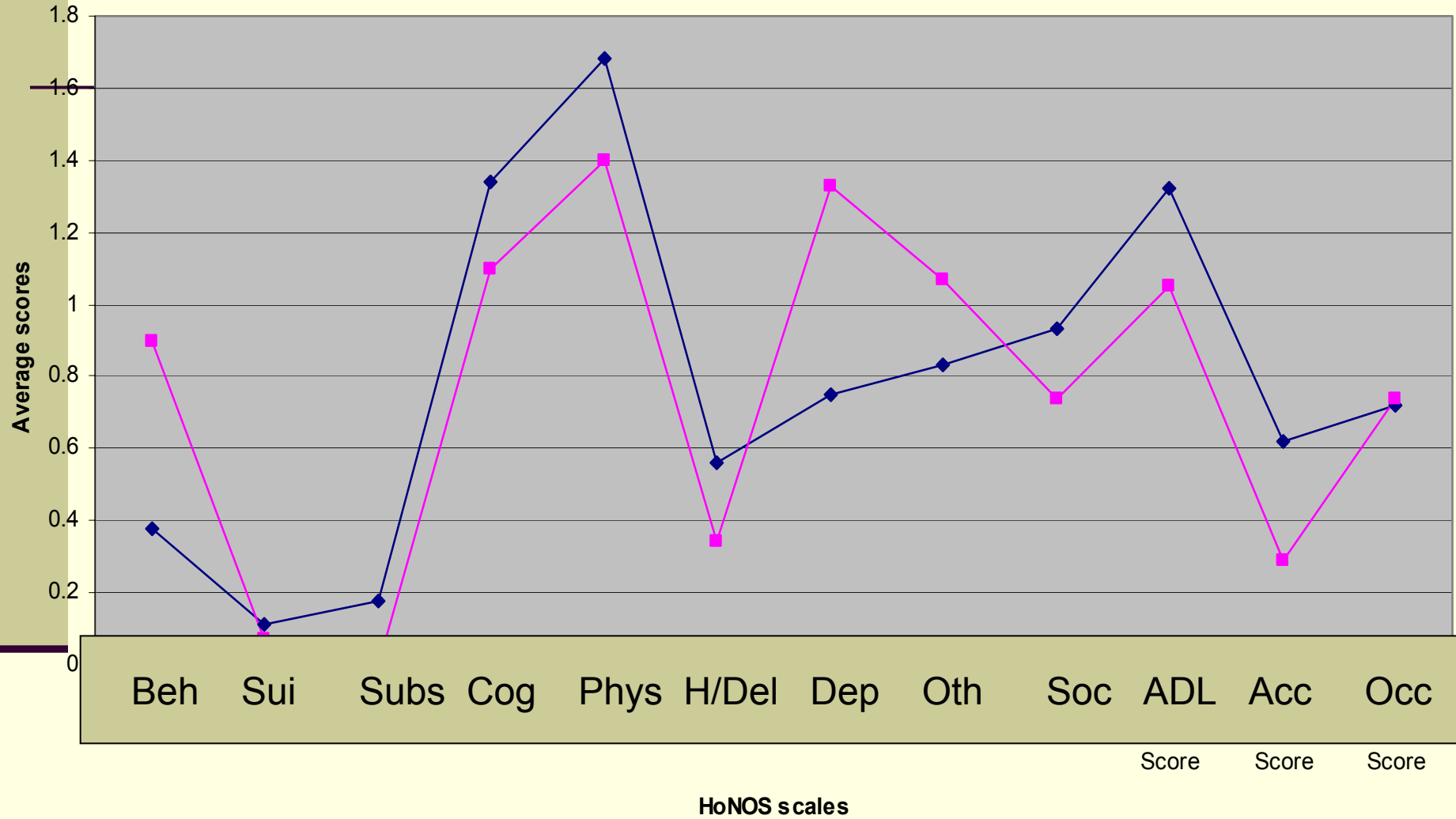


ARROWS INDICATE TRUE BASELINE FOR DEPENDENCE

Comparison of RUG ADL scores at New Episode, movement from other service type for fiscal year 2005

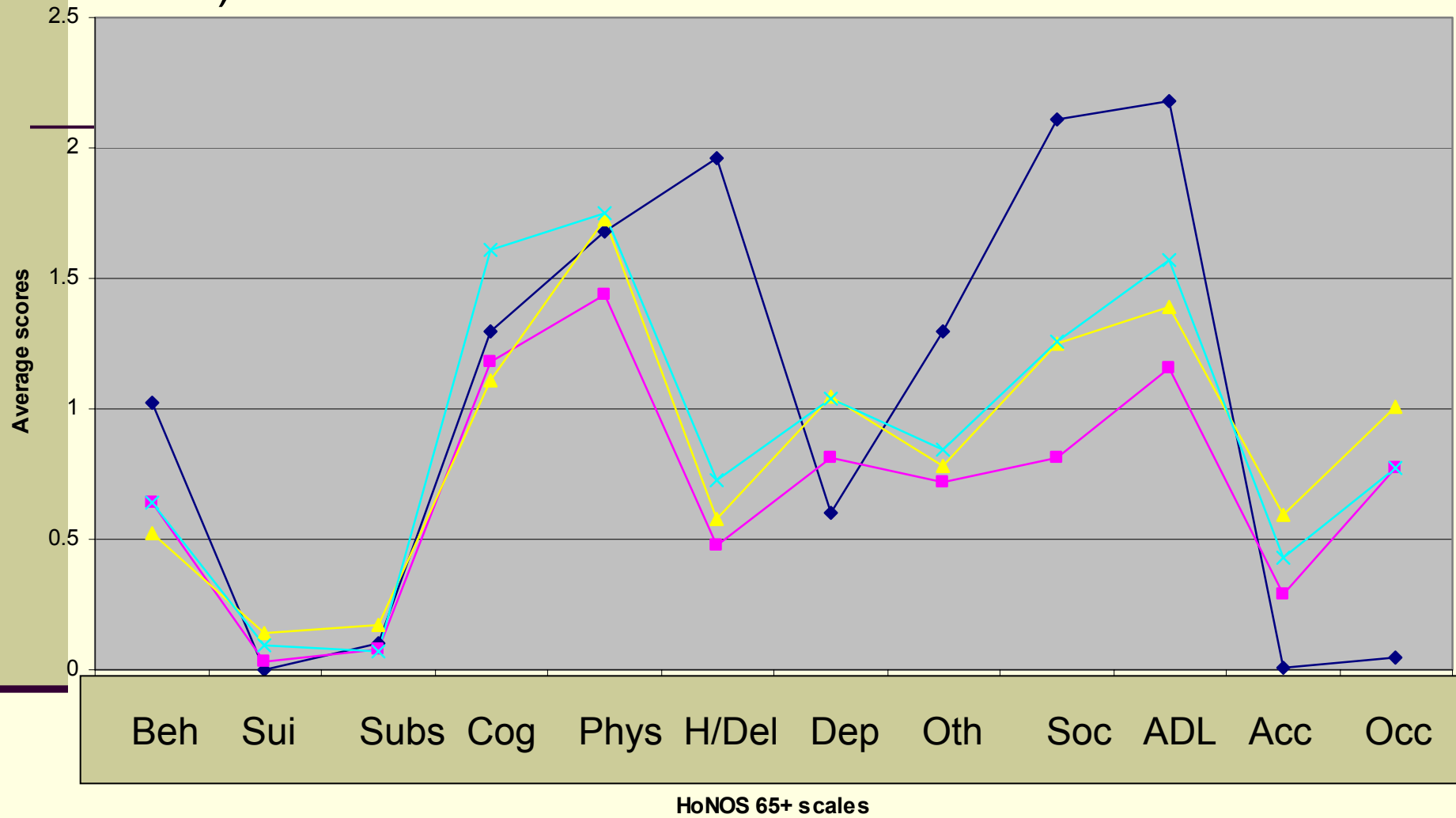


End of Episode, movement to other service type, HoNOS 65 scores for all consumers during fiscal year 2005



◆ Grevillea ■ Service B

STANDARD REVIEW 3 COMM SITES + 1 EXTENDED CARE (Service A)



Service A Service B PA community Service C

Funding and resourcing - Can NOCC data inform our decisions?

- HoNOS and RUG-ADL data can be used to explore SNAP funding models within Acute Psychogeriatric Care Types under my local Qld Hospital Funding Model
- HoNOS and RUG-ADL can be compared with inpatient nursing 'Hours-per-patient-day data' designed to inform staffing decisions in MH wards
- Can be used to look at Community staff caseloads

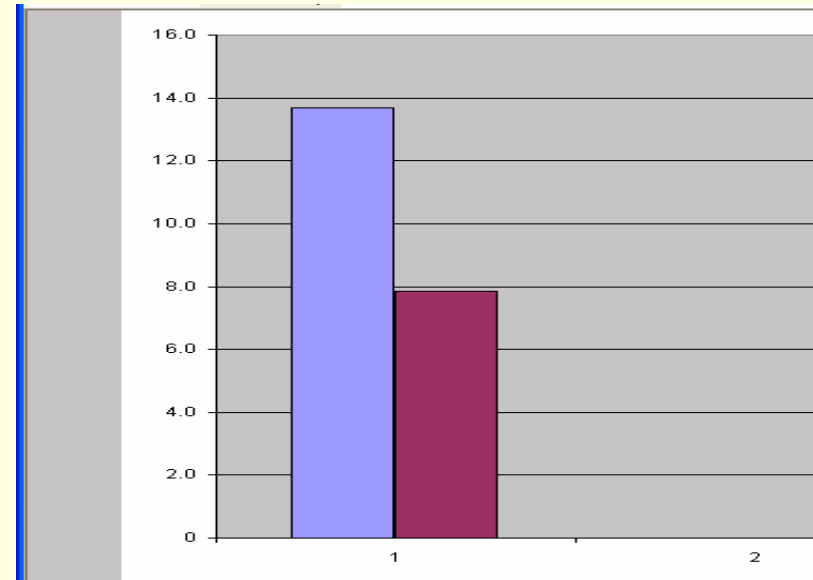
Part 3



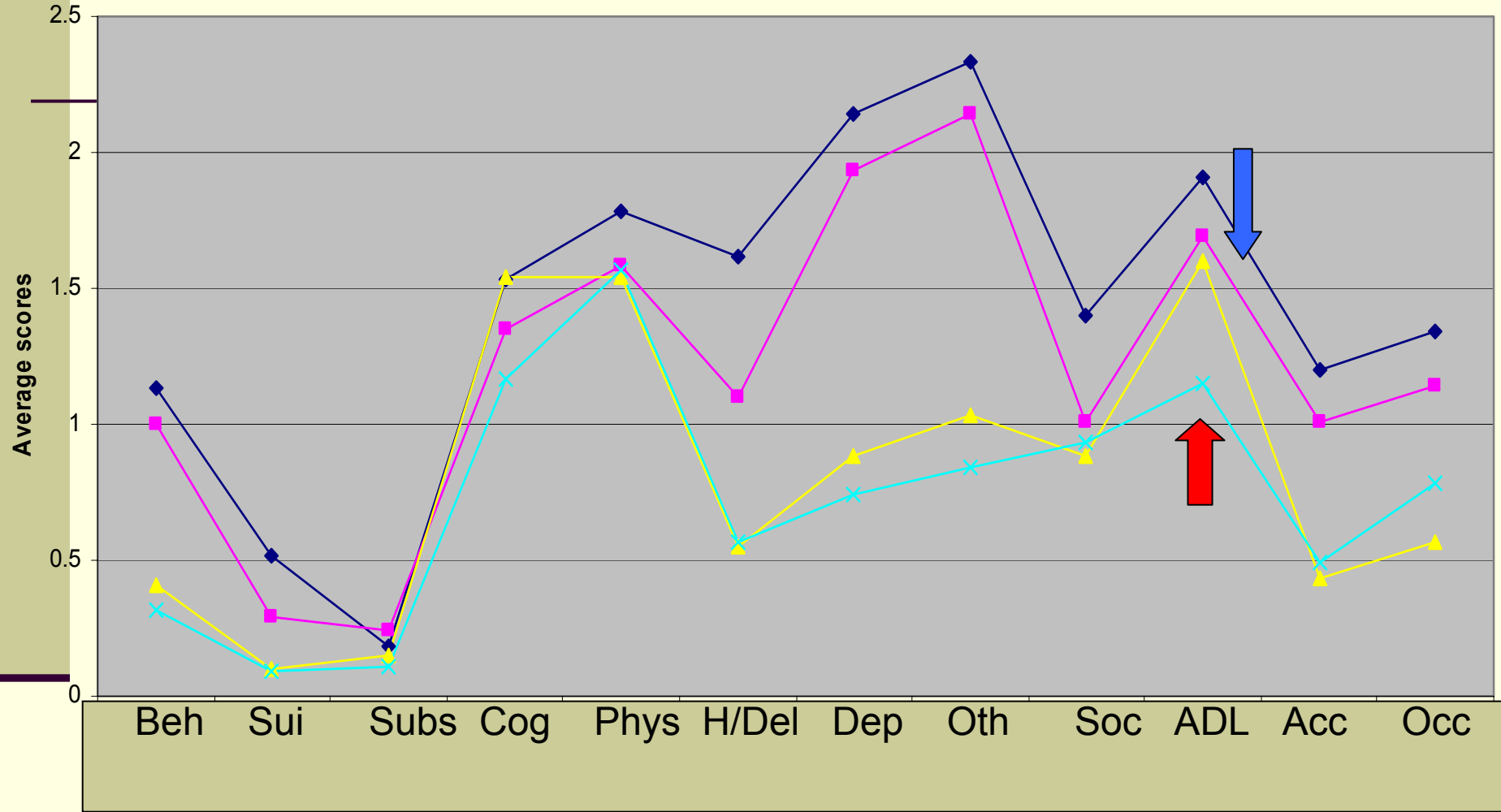
The use of OIS – Outcomes

Do we make a difference?

- HoNOS 65+ total
- Grevillea Ward 2004-2005
- At start and end all episodes
- 200 occasions
- The simple answer is yes



Comparison of HoNOS65+ scores for all consumers at New and End of Episode collection occasions

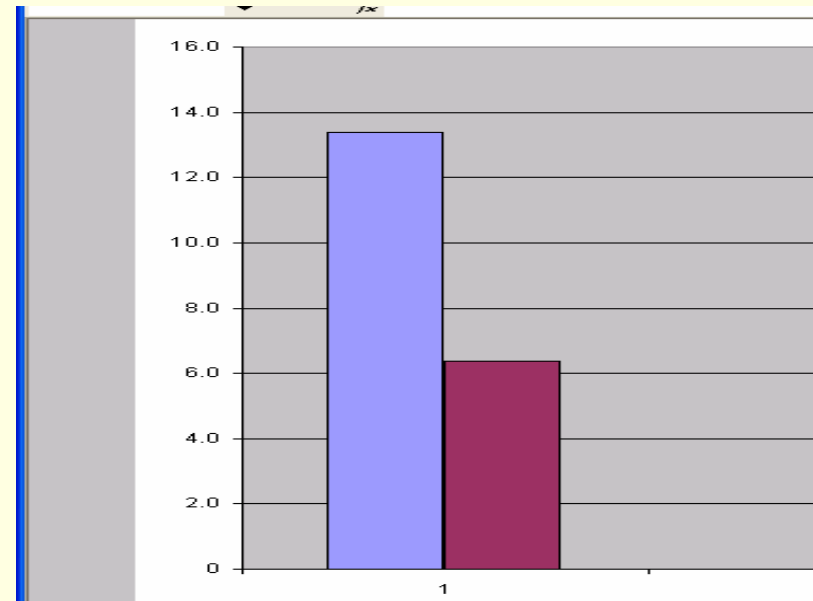


HONOS 65 scales

- ◆ New Episode-new referral
- New Episode-movement to other service type
- ▲ End of Episode-no further care
- × End of Episode-movement to other service type

Making a difference in particular cases

- Total HoNOS Grevillea Ward before and after
- F20-29 Affective disorders (58% of our cases)
- All disorder types showed a similar trend of improvement
- No patients showed an increase in HoNOS total



The need to integrate HBCIS, OIS and CESA?



Without this you can't match information from the 3 datasets to individuals

- ☒ – what is the outcome for people with severe depressive disorder receiving ECT vs not?
- ☒ - were the patients who died during care included in our OIS sets?
- ☒ - did “doctor only” community patients do less well than those with case managers?

Justifying PG services vs generic services

Outcomes work units identifying as PG-specific vs general adult care?

- *Admission vs discharge HoNOS compared*
- *Avg RUG-ADL score all inpatients 65+*

Does the existence of a PG service in a District improve access?

- *Higher avg age?*
- *Higher RUG-ADL scores*
- *More people living in residential aged care*
- *More patients with dementia as a comorbid diagnosis*

QUESTIONS?

