

## Staff attitudes to routine outcome measurement

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## Coverage

- Selective review of the literature
- Results from one study
- Results from another study
- Summary

## Background

- Routine outcome assessment has now been introduced into most Australian mental health services
- But early experience has shown that collection rates are very variable
- Experience also suggests that clinical staff vary greatly in their attitudes towards outcome measurement

## (Highly) selected literature review

- Walter et al. 1998
- Crocker & Rissel 1998
- Stein 1999
- Samar et al. 2002
- Gilbody et al. 2002
- Garland et al. 2003
- Söderberg et al. 2005

## Walter et al., 1998

Surveyed staff from Central Sydney Mental Health Services who had taken part in a Commonwealth-funded project which had required them to rate patient outcome.

The major concern expressed by respondents was that rating outcome was *too time-consuming*. More than half were not in favour of measuring outcome routinely *even if it meant providing a better service to patients*.

## Crocker & Rissel, 1998

101 community mental health clinicians were sent a questionnaire assessing their knowledge of and attitudes to the health outcomes approach, their expectations as to its likely impact on them, and other stuff.

Analysis of the 65 returned questionnaires identified some pessimism about what focusing on health outcomes would achieve for community mental health clinicians or their clients.

The strongest and most consistent predictor of positive expectations of an increased focus on health outcomes was the extent to which staff thought they would be able to influence the way this approach would be applied to their workplace.

### Stein 1999

In an article entitled *Usefulness of the Health of the Nation Outcome Scales*, wrote:

“To complete a rating scale which has an ulterior motive such as assisting the purchaser, or helping to gather national statistics, is to act on behalf of third parties. It would therefore serve as an intrusion into the clinician-patient relationship and would not be tolerated except for a very brief period, for example in a research project.”

### Samar et al. 2002

Assessed attitudes to outcome measurement in rural Western Australia, including the HoNOS.

The assessment of staff attitudes towards routine outcome measurement revealed a need to provide staff with reasons and incentives for incorporating outcome measurement into routine practice, in addition to provision of a thorough and on-going training and support in time and resources from management.

### Gilbody et al. 2002

Wrote an article entitled *Psychiatrists in the UK do not use outcome measures*.

Problems and objections included:

- Inability to capture the subtlety of multifaceted outcome
- “simplistic”, “pseudo-scientific”
- Psychometrically suspect
- Use of scales detracts from the therapeutic relationship
- Little benefit to self or to patient care

But:

- Good that they can be completed by non-clinicians
- Can help to bring the multidisciplinary team together

### Garland et al., 2003

Although all participants had received scored assessment profiles for their clients, the vast majority reported that they did not use the scores in treatment planning or monitoring . . . . perceiving little clinical utility of OM.

Many felt that the feedback received was not “user friendly”. Even most of those who reported that they understood the feedback, indicated that they didn't find the scores helpful in practice.

Half requested simpler graphic and narrative interpretations of the data. Many indicated that they would be more likely to use scores from OMs if the results were presented in a narrative, as opposed to quantitative form. Some gave the desired example of a summary in a psychological testing report.

### Söderberg et al. 2005

Attitudes are important

This Swedish study, conducted in their psychiatric system, used the GAF

They found that negative attitudes toward the GAF were associated with less accurate ratings

### First study

- Project funded by NH&MRC
- Trauer, T., Callaly, T. & Herrman, H. 2009 Attitudes of mental health staff to routine outcome measurement. *Journal of Mental Health*
- One of the aims was to assess the effect of feedback on the attitudes and practice of staff
- Two Victorian adult services involved; both introduced routine OM in 2000
  - St Vincent's mental health service
  - Barwon mental health service
- The adult measures were:
  - HoNOS, LSP-16 & BASIS-32

### Method

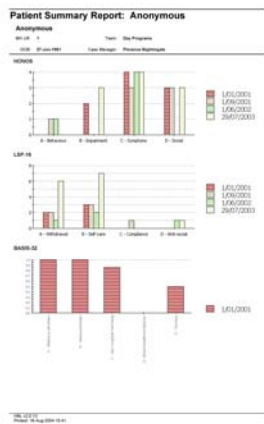
Surveys of attitudes and practices in relation to outcome measures were conducted at the beginning, middle, and end of the study period

- First survey                    June-July 2003
- Second survey                December-January 2003/2004
- Third survey                    June-July 2004

### Method

After the first survey, research assistants:

- tracked the OM assessments conducted by clinicians
- ensured that clinical staff received feedback graphs of all the consumers that they had assessed
- circulated the questionnaire to all clinical staff
- sent reminders in subsequent weeks



### Questionnaire

- Identifying info (team, experience, discipline)
- Attitudes to outcome measurement
- Usefulness of HoNOS, LSP-16, and BASIS-32
- Exposure to feedback in last 3 months
- Wish to have seen feedback in last 3 months
- Comments

### Questionnaire return rates

	St Vincent's		Barwon	
Time 1	134/175	77%	81/108	75%
Time 2	151/194	78%	87/110	79%
Time 3	150/196	77%	86/111	77%

No differences between:

- Setting
- Disciplines

### Questionnaire

Included 9 attitudinal questions

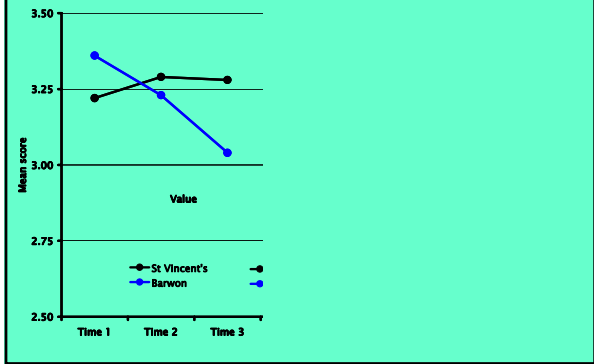
Seven were grouped into a measure of **Value**

- The emphasis on outcome measurement is a passing fad and will diminish in time
- Outcome measures are helpful in engaging with individual patients
- Outcome measures are helpful in understanding individual patients
- Outcome measures are helpful to managers in this mental health service
- Collecting outcome measurement data involves more effort than it is worth
- I prefer to rely on my own clinical judgment in the management of my patients
- Outcome measurement data is too superficial to use in the treatment of patients with mental illness

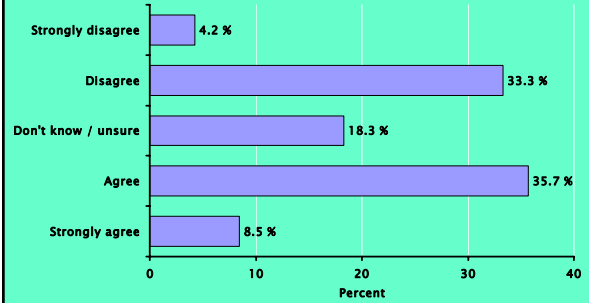
And two were grouped in a measure of **Ease of Use**

- I think I need further training in outcome measurement
- I would be more likely to use outcomes data if it was presented in a way that is easier to understand

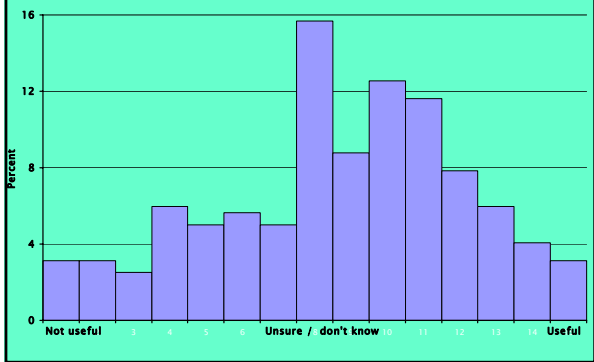
### Attitudes, by agency and time



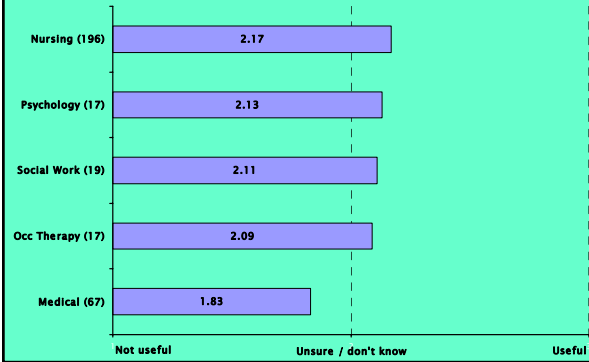
*"I would be more likely to use outcomes data if it was presented in a way that is easier to understand"*



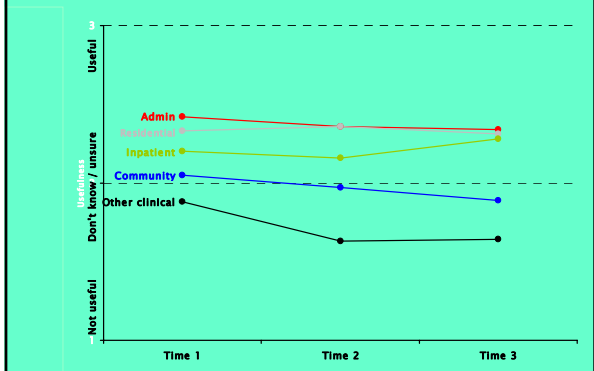
### Global usefulness scores



### Discipline differences in usefulness



### Setting differences in usefulness



### Do attitudes vary according to OM activity?

Of 223 staff present over the course of 11 months:

- 81 had **no** recorded outcomes assessments
- 65 had **1 to 4** recorded outcomes assessments
- 77 had **5+** recorded outcomes assessments

No differences between them on ratings of:

- Value
- Ease of Use
- Usefulness

### Summary and conclusions

Opinions of usefulness differed greatly

Highest ratings of usefulness were found in admin staff; lowest in medical staff. Need to create more medical buy-in, but how?

The high ratings of value among admin staff suggest that they perceive potential administrative value, while the clinicians perceive less clinical value

Need to create more clinical value for those who complete the outcome measures

- Better reports
- Better IT support, so reporting is immediate
- More emphasis in training in using outcomes results

### Second study

Study conducted as part of Quatro North East

Trauer, T., Pedwell, G. & Gill, L. 2009

The effect of guidance in the use of outcome measures in clinical meetings. *Australian Health Review*

### Second study

Aim:

To trial new forms of feedback within clinical review meetings to determine whether there was any effect on staff perception and clinical use of outcome measurement data

Sought expressions of interest

Recruited 4 adult services, 3 metro, 1 rural

### The teams agreed to

1. Ensure that outcome measures were completed
2. Complete questionnaires before and after our involvement (4 months), and at follow-up (5 months after that)
3. Commit to spending 5 – 10 minutes in their weekly clinical review meetings to reviewing the outcomes reports

### The researchers

1. Attended the clinical review meetings
2. Administered the questionnaires
3. Took notes of the way reports were used
4. Recorded and collated comments

### The questionnaire

Very similar to the one used in the first study

Some demographic details

Some attitude questions about outcome measurement

Some questions about the usefulness and ease of use of the HoNOS / LSP-16 / BASIS

### The respondents

61 staff  
 28 nurses, 12 doctors, 9 social workers,  
 7 psychologists, and 5 occupational therapists  
 69% had received outcomes training, 31% had not

### Attitudes

At Time 1, 54% of staff were positive to ROM  
 This rose to 71% at Time 2

At Time 1 35% of staff were negative to ROM  
 This fell to 27% at Time 2

These changes toward more positive attitudes were present in three of the teams, and not in the fourth

### “I would like more training in how to use outcome measures with consumers”

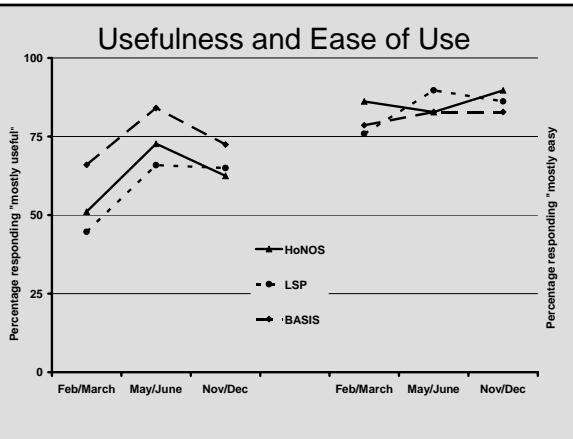
45% said No at Time 1 but Yes at Time 2  
 18% said Yes at Time 1 but No at Time 2  
 37% responded the same way both times

Thus there was a majority shift towards wanting more training in how to use the outcome measures with consumers

### “I would like more training in what the results of outcome measures mean”

32% said No at Time 1 but Yes at Time 2  
 8% said Yes at Time 1 but No at Time 2  
 60% responded the same way both times

Thus there was a majority shift towards wanting more training in what the measures mean



### What staff found useful with consumers

Comparing individual consumer ratings with national averages

Completion of the BASIS-32 sometimes revealed issues that the clinician had not been aware of

Items of scales prompted a more thorough consideration of the consumer's range of needs

### What staff found useful with other staff

OM provided a 'reality check' on consumers' symptoms and functioning especially with 'difficult' consumers

Congruence or divergence between consumer and provider rated measures became a focal point for dialogue

### Conclusions and other learnings

OMs don't tell the whole story (eg, dependent children, domestic violence)

It is best for team to have a data projector so everyone can be 'on the same page'

It is also good if there is someone who knows how to work the equipment

It's was good when the most senior doctor was positive

Teams appeared appreciative of external input

The BASIS-32 was consistently judged the most useful