

## Organisational Change – the role of KPI's in a clinical redesign project at the Princess Alexandra Health Service, Division of Mental Health

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## "Better Access – Better Outcomes" *Caring for our community*



## PA Mental Health

- ▶ The District Mental Health Service provides care to a catchment area of 4,591 square kilometres.
- ▶ Approximately 460,000 adults.
- ▶ 100,000 children and adolescents.
- ▶ A growing population (963,362 in 2006).
- ▶ A significant culturally and linguistically diverse population.



## Service Units

- ▶ 64 Acute Inpatient Beds
- ▶ 1X 16 Bed Older Persons Unit
- ▶ Consultation Liaison Team
- ▶ ACT Team (Including ED and Alternatives to Admission)
- ▶ 4 Adult Continuing Care Teams
- ▶ 1 Older Persons Team
- ▶ Mobile Intensive Treatment Team
- ▶ Early Psychosis Team
- ▶ Transitional Housing Team



## Program and Project Details

- ~ Better Access – Better Outcomes:  
*Caring for Our Community*
- ~ **represents projects undertaken to improve the consumer and family/carer journey through the Adult Integrated Mental Health Service.**
- ~ Better Access – Better Outcomes seeks to improve the quality of care and provide best practice outcomes for the community.



- ~ The Clinical Services Redesign Program (CSRP) comprises:

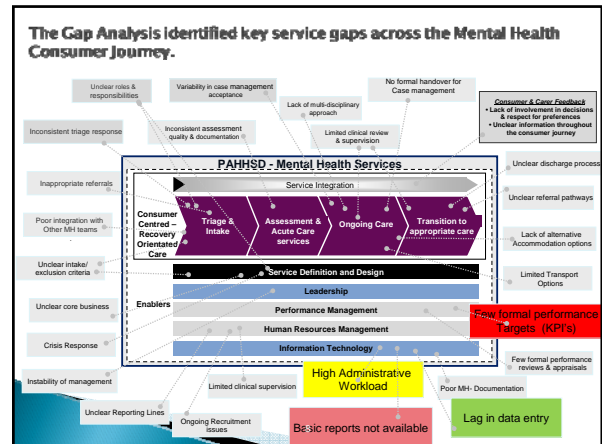
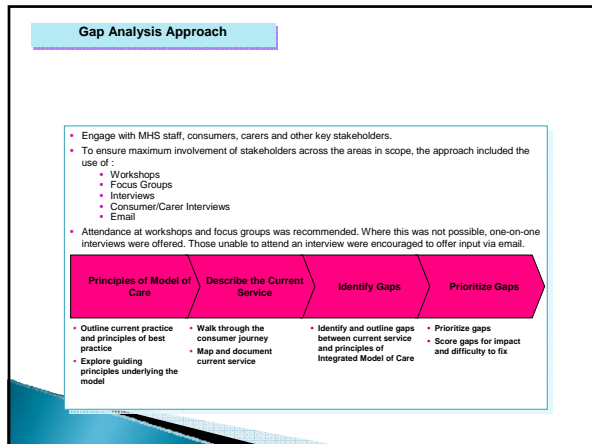
- Front End Review
- Seclusion and Restraint Evaluation
- Multidisciplinary Team Review
- Care Plan Review
- Patient Journey Review

- ~ These reviews have been conducted as part of a program of improving access, timeliness and appropriateness of care across the PAH HSD community.

- ~ Each review has involved:

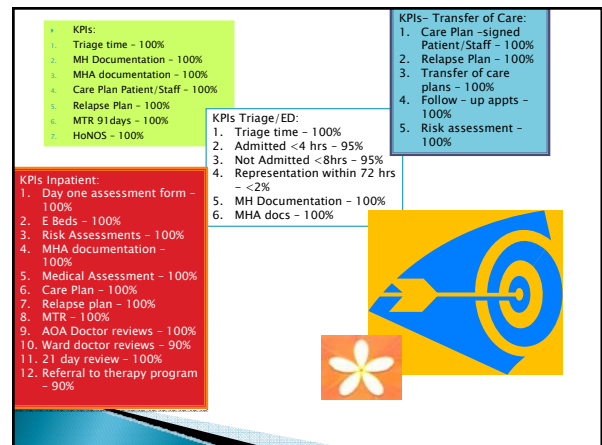
1. Gap Analysis
2. Solution Development
3. Implementation and Sustainability





## Key Performance Indicators

- Were developed during each part of the solution phase of the project
- Clearly define the target outcome were developed to ensure that there is agreement on the overall outcome that the solutions will be driving towards



## Challenges

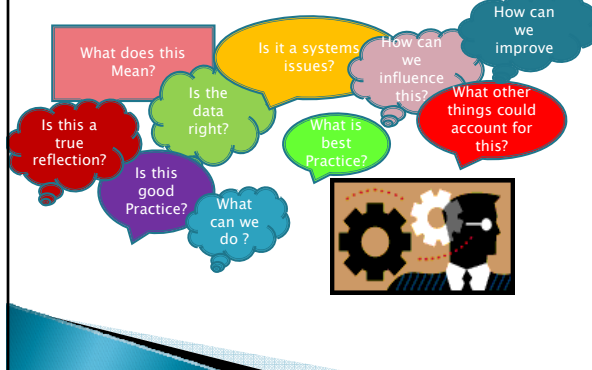
There have been several major challenges

- Overcoming fear that data would be used for **Evil**
- Initial defensiveness
- Measuring what matters
- Improving strategic thinking

## Engaging Leadership

- Program Managers were empowered to take control of their data.
- Education re running the reports
- Education re using the data to assist in management.
- Taking the data back to the teams.

## Getting Staff to Question the data



## Balanced Score Card

- ▶ The balanced scorecard is a strategic planning and management system that is widely applicable to organisations.
- ▶ Provides a method of aligning our service activities to the vision and strategy of Qld Health, improving communications between team leaders and executive
- ▶ Provided a tool for ease of monitoring individual team and service performance against strategic goals.

TEAM A		September	
Report on KPI's (Reporting cycle is monthly and each service report includes all integrated components in. Includes Inpatient, community, NDIS)			
ALOS	Number of LOS in-SS days	28 day readmission rate	Honos Bed Occ
17.3	4	27.78	13.05
			14
Total number of bed days	Total N Admissions	Total discharges	Total readmissions <=28
250	18	7	5
			0
Comment: Despite Medical Coverage length of stay reduced and total Bed days reduced			

Community Strategic											
Direct:	Occasion s of Service	Number of Case Managers reflected	Direct Care FTE	Case Load	% Direct Clinical Time	Honos overall Mean	Honos on Entry	Honos Discharge	Honos GAP	% offer MHI	
Indirect:	927	38316	8.6	8.6	24.07	45.92	9.2	11.5	6	5.5	85.20%
Ave Number direct care per FTE	Number of Clients	Open Client Presentations	ED LOS	Represent to ED <72 Hrs	DNA %	Client seen <7 post Discharge	N Doctor only	N new referral	N Closed	N 1 Day Review	
165.930	23	238	4	8	0	14.70%	57%	31	13.03	22	7
	number of working days										
	28										
Comment: Direct and indirect clinical activities improving. MHI continues to improve. Increase in clients. Reduced DNA rate											

Monthly Report Oct 2008											
EEO Report	JEO Report	238 Report Completion Rate	ED/EEO (Seen <4 Hrs)	Authority to Return PSN	Forensics	Chapter 7 Pz	ITO	% consumers on ITO	% Consumers under MHA		
		100		1	0	11	4	60	25.21		31.51
Comment: MHA status minimal change this month.											
Budget Performance (Comment on performance and reasons for positive and negative variances)											
Labour	Actual Expenditure Month	Approved Monthly Budget	Monthly Variance	Year to Date Budget	Year to Date Variance	Medical FTE's	Nursing FTE's	Allied Health FTE's	AO FTE's	Monthly FTE's	
Labour	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	17.5	3.7	4.2	4.6	2.25	14.75
Non Labour	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$						
Total	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$				5%	10.80%	15.71428571
Comment: % sick leave % Rec Leave Vacancy Rate											

Chart Audit Activity		N chart reviewed 10	
Item	Completion Rate	Comment	
Up dated Care Plans	75%	Documentation of Recovery Plan given to consumer/Consumer signed R/P	
General Doc Standard	100%		
Medico/Legal requirements	100%		
Progress notes	100%		
Improvement Strategies (Report Current Activity and Strategies within your Team/area)			
POS's continue to improve/ MHI continues to improve and DNA rates improving			
Issues/Challenges (Highlight issues & challenges and outline your approach at the meeting)			
Budget and Pos Occupancy Reports need clarifying * need to organise regular Budget meetings. Difficulties with Medical coverage this month. Ongoing challenges to data reliability * irregularities in data input by non clinical teams.			
Quality Improvement Activities (Education & Learning)			
Quality Register % rates of Compliance			
Scoping GPs and Pharmacists in geographical area. Medication management system being developed. Increase in physical checks by GPs for Clozapine clients. Patient Flow meetings embedded in practise showing improvement with discharge planning.			
Significant Issues Report			
Medical Coverage for this month on Ward and in the Community had real challenges. Clinical reviews affected and rate effected			

## Result so far ...

- ▶ Improve reporting rate

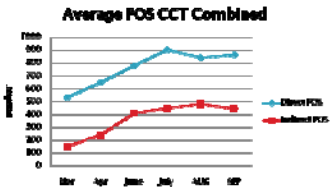
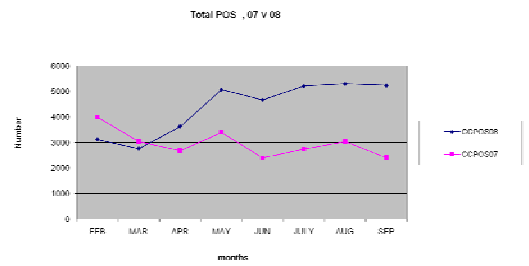


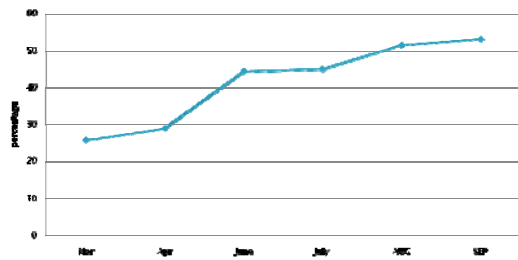
Figure 1. Average Provision of service for Continuing Care Teams.  $t=3.063(3)$ ,  $p<.05$

## 2007 v 2008



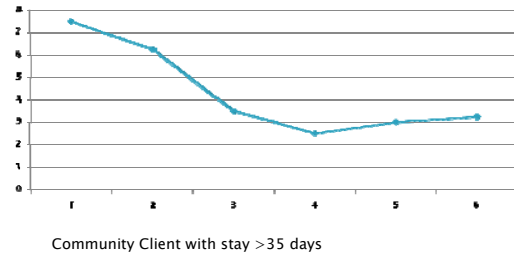
## Direct Clinical Time

**% Direct clinical time CCT combined**

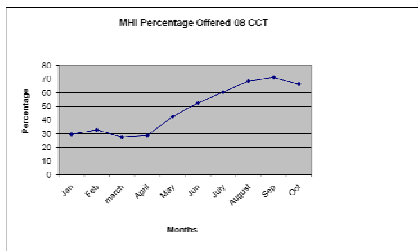


## Change of Practice

**Ave number of LOS=>35 days**

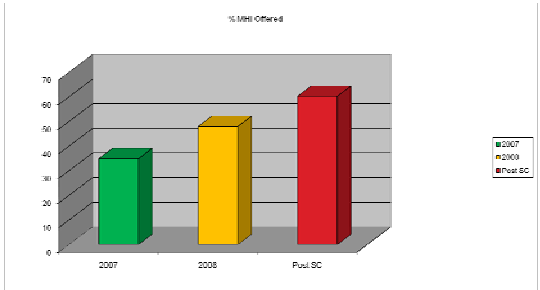


## Even offering the MHI

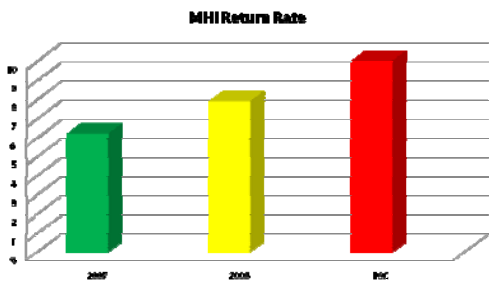


Percentage offered - Mental Health Inventories  
 $T=4.5(3)$ ,  $p<.05$

## 2007 v 2008 v Post Score Card



## Is there a increase in Return ?



## What we have found

- ▶ Staff engaged
- ▶ Leadership empowered
- ▶ Improved communication, both internally and externally
- ▶ Linked strategy and operations
- ▶ Integrated strategic planning and management

## Conclusion

- ▶ To date the use of KPI's reported monthly in a balanced score card has improved the rate of data collection.
- ▶ Improve the quality of the data so it is seen as being useful in informing team processes.
- ▶ Empowering the middle leadership group to own the data and evaluate has assisted the change process.
- ▶ We still have a long way to go , but we have made a start