

 **beyond
outcomes**



OUTCOMES! WHAT OUTCOMES?

The challenges so far!

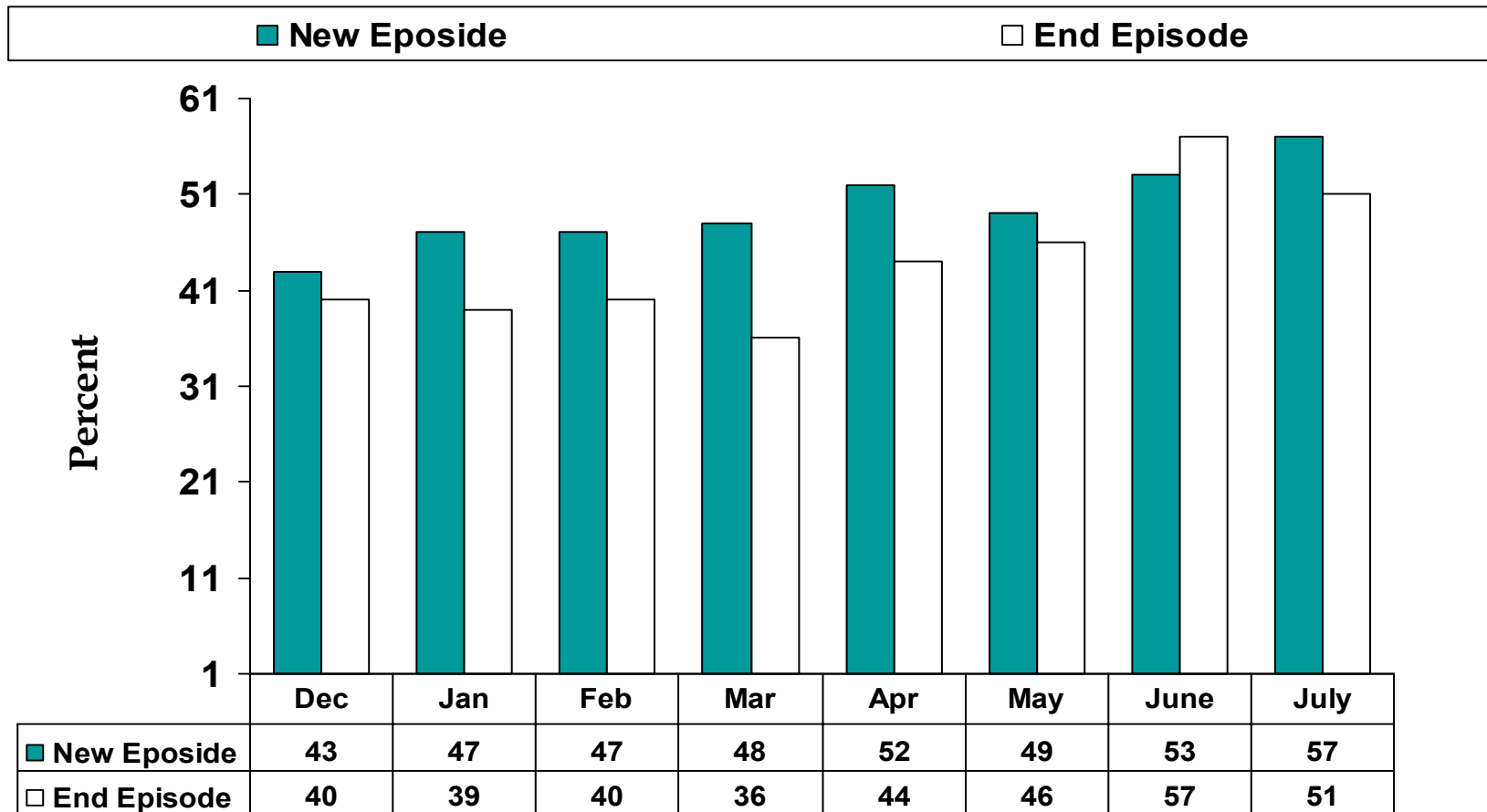
Luke Hatzipetrou
Team Leader
Zonal Outcomes Team
Queensland Health



- Information Management and Systems Team
- Zonal Outcomes Team
- Outcomes Training Team (ended in Dec 2003)
- Mental Health Information Managers/Support Officers
- Data Services Unit



How do you build and sustain participation rates? (Dec 2003 – July 2004)





1. Previous implementation of NOCC in other jurisdictions
2. Previous implementation of statewide initiatives
3. Literature review
4. Broader vision of the group – planning stages, national mental health plan
5. Direct and observed feedback from training team and zonal outcomes coordinators
6. Requests from the field
7. Initial evaluation results- post 8 months
8. Importantly, accidental learning from the field

 **beyond
outcomes**



**The road is never straight, easy or
predictable**



 **beyond
outcomes**

The logo for "beyond outcomes" consists of six small circular icons arranged in two rows of three. The top row icons are solid grey, and the bottom row icons are white with a grey border. The text "beyond" is on the top line and "outcomes" is on the bottom line, both in a bold, sans-serif font.

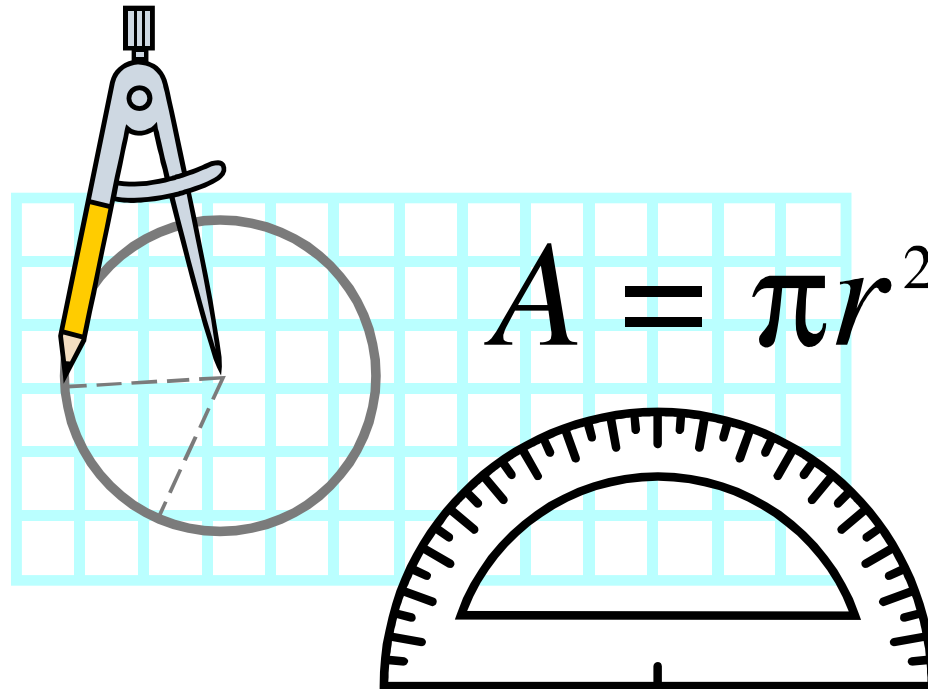
Embedding the Initiative

- Build capacity to maintain skilled workforce
- Support to clinicians and service managers to ensure the sustainability of the Outcomes Initiative
- Embrace, drive and sustain concept of utility
- Develop Outcomes Literacy
- Promote change in culture!



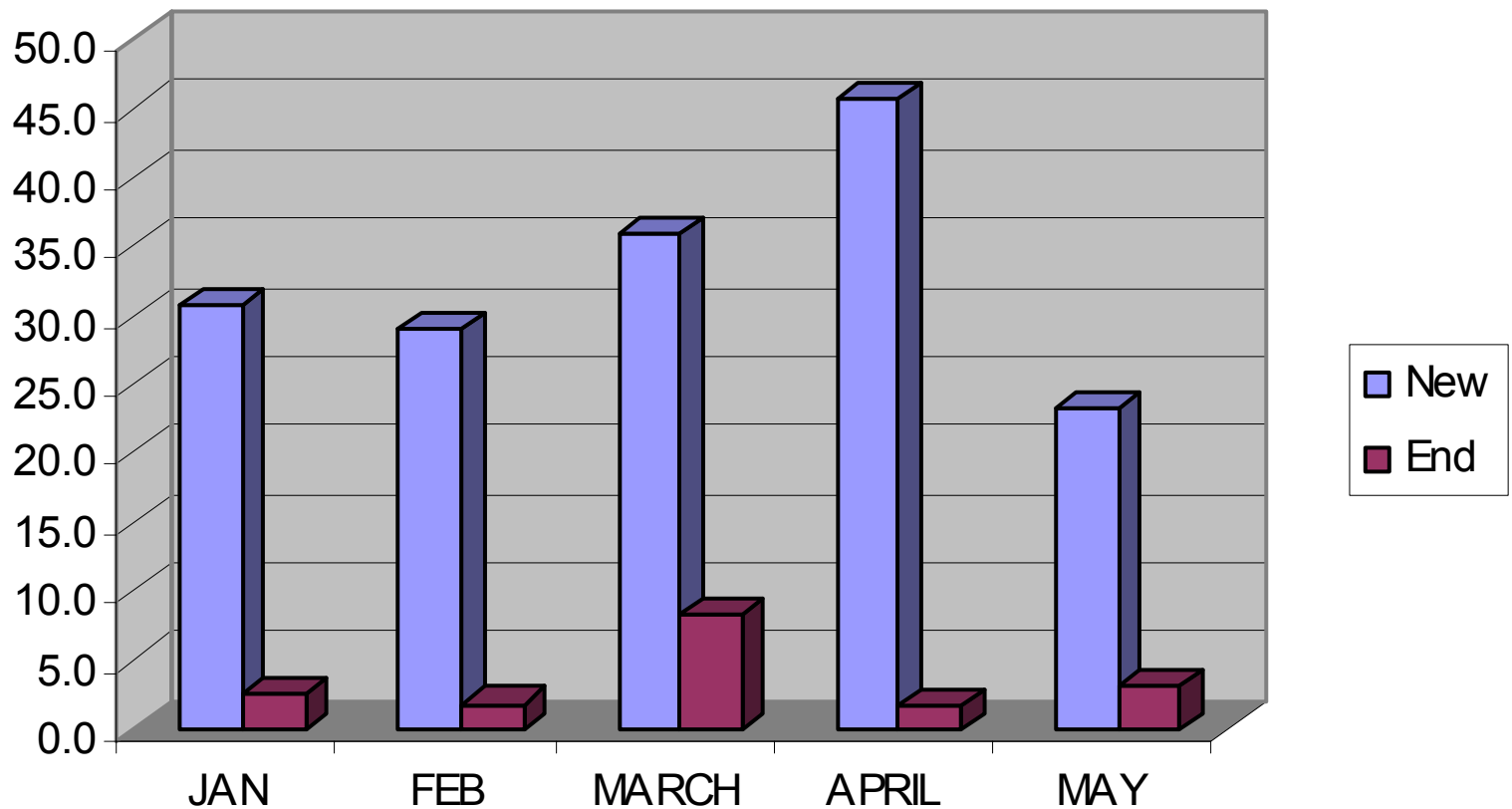
Change clinician behaviour!

There is no perfect formula!



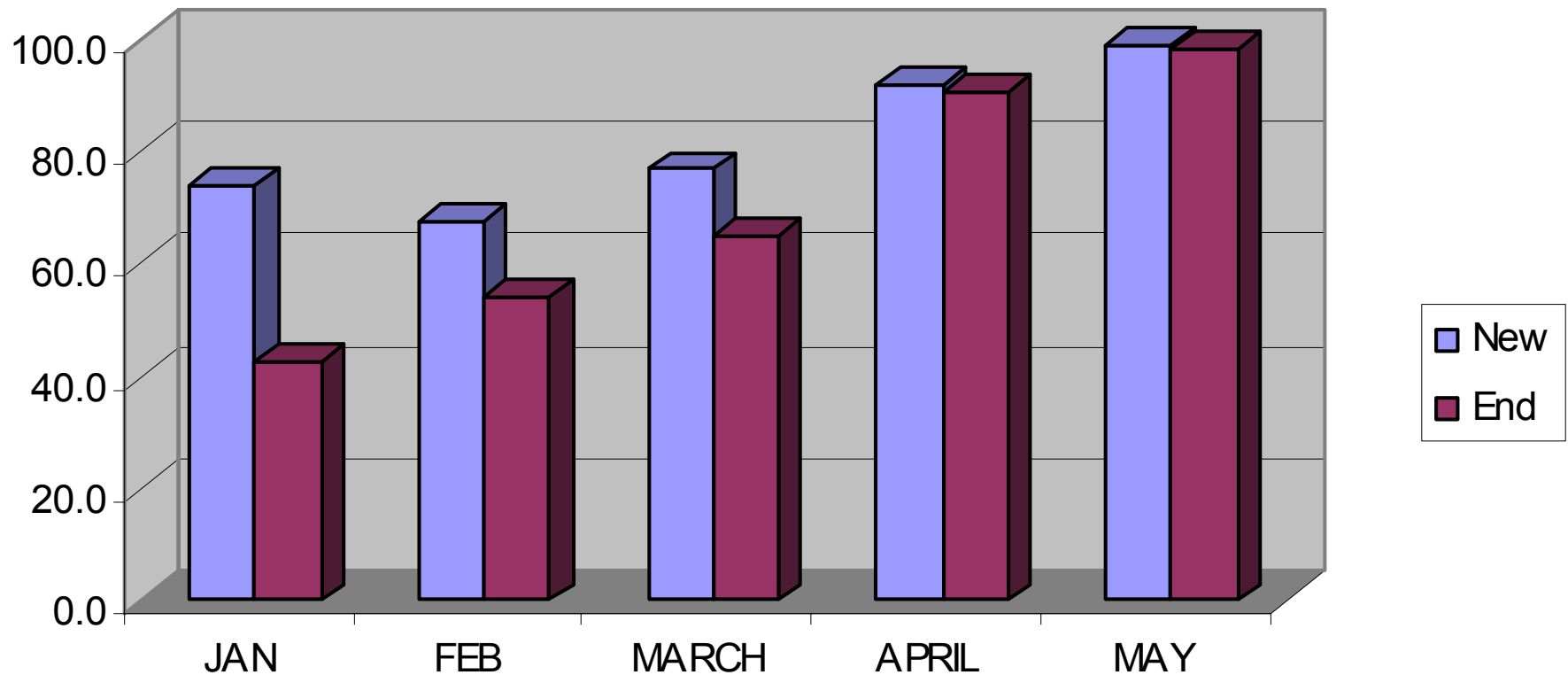


OIS Participation by Month - District A





OIS Participation by Month - District B





Relatively low participation rates at new and end of episode

Considerable training strategy implemented

Motivation and drive not evident

Not accepting responsibility

Clinical processes were problematic

Staffing issues

Leadership?

Infrastructure impacted upon OIS



 **beyond
outcomes**



First Step!





 **beyond
outcomes**

The logo for "beyond outcomes" consists of six small circular icons arranged in two rows of three, followed by the text "beyond" and "outcomes" stacked vertically.

Build partnerships

Imperatives:

Clinical Directors
Service managers
Team Leaders
Clinicians



- Make planned interventions transparent
- Negotiate timing of interventions
- Provide a range of resources and strategies for all services
- Drive concept of utility at all three levels
- Ensure a review meeting with members of executive at beginning and end of intervention
- Establish strategies to drive ongoing sustainability
- Time allocated for unforeseen events!

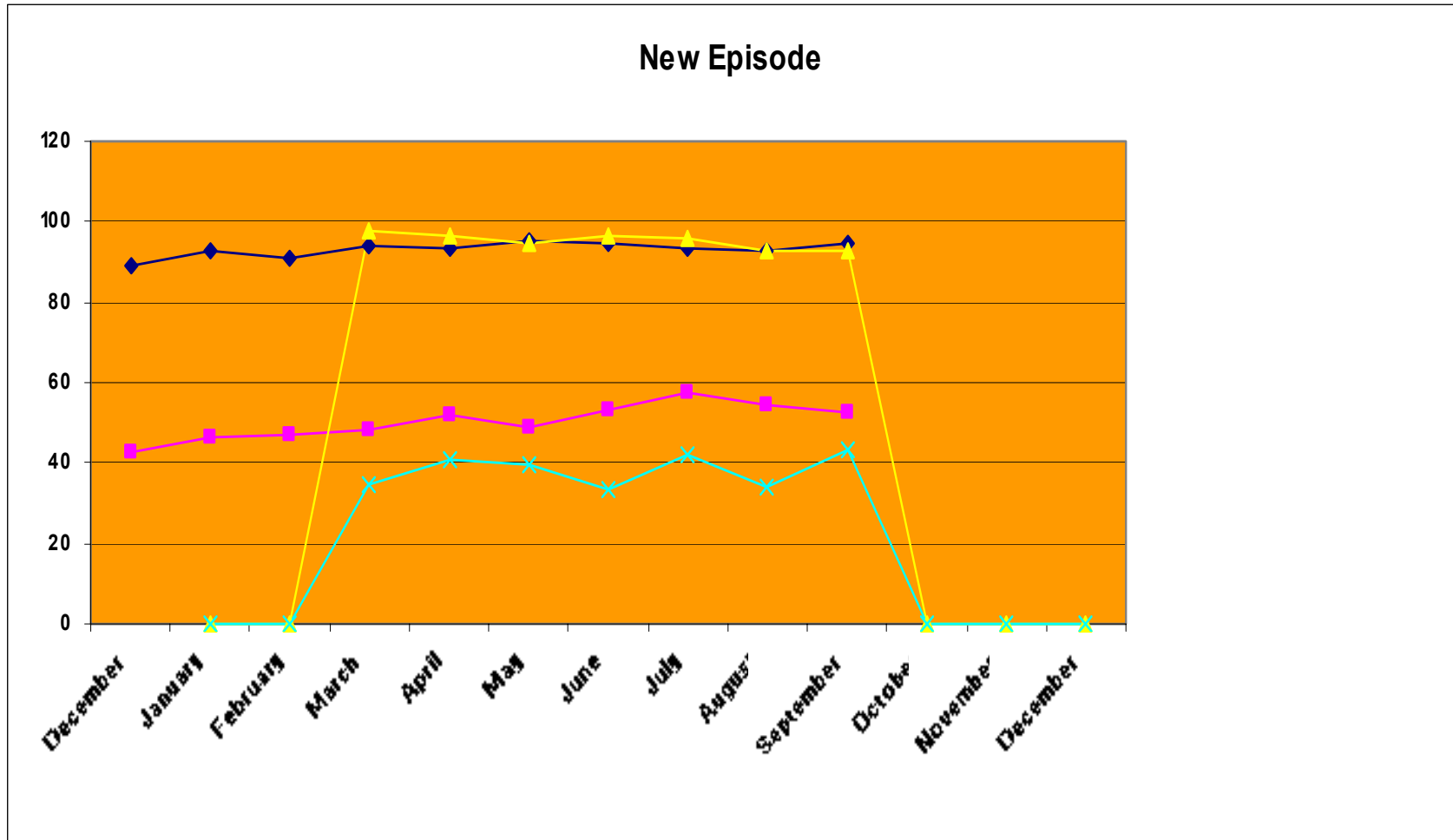


 **beyond
outcomes**

The logo for "beyond outcomes" consists of six small circular icons arranged in two rows of three. The top row icons contain a person, a gear, and a person with a plus sign. The bottom row icons contain a person with a plus sign, a gear, and a person with a plus sign. To the right of these icons is the text "beyond" on the top line and "outcomes" on the bottom line, both in a bold, lowercase sans-serif font.

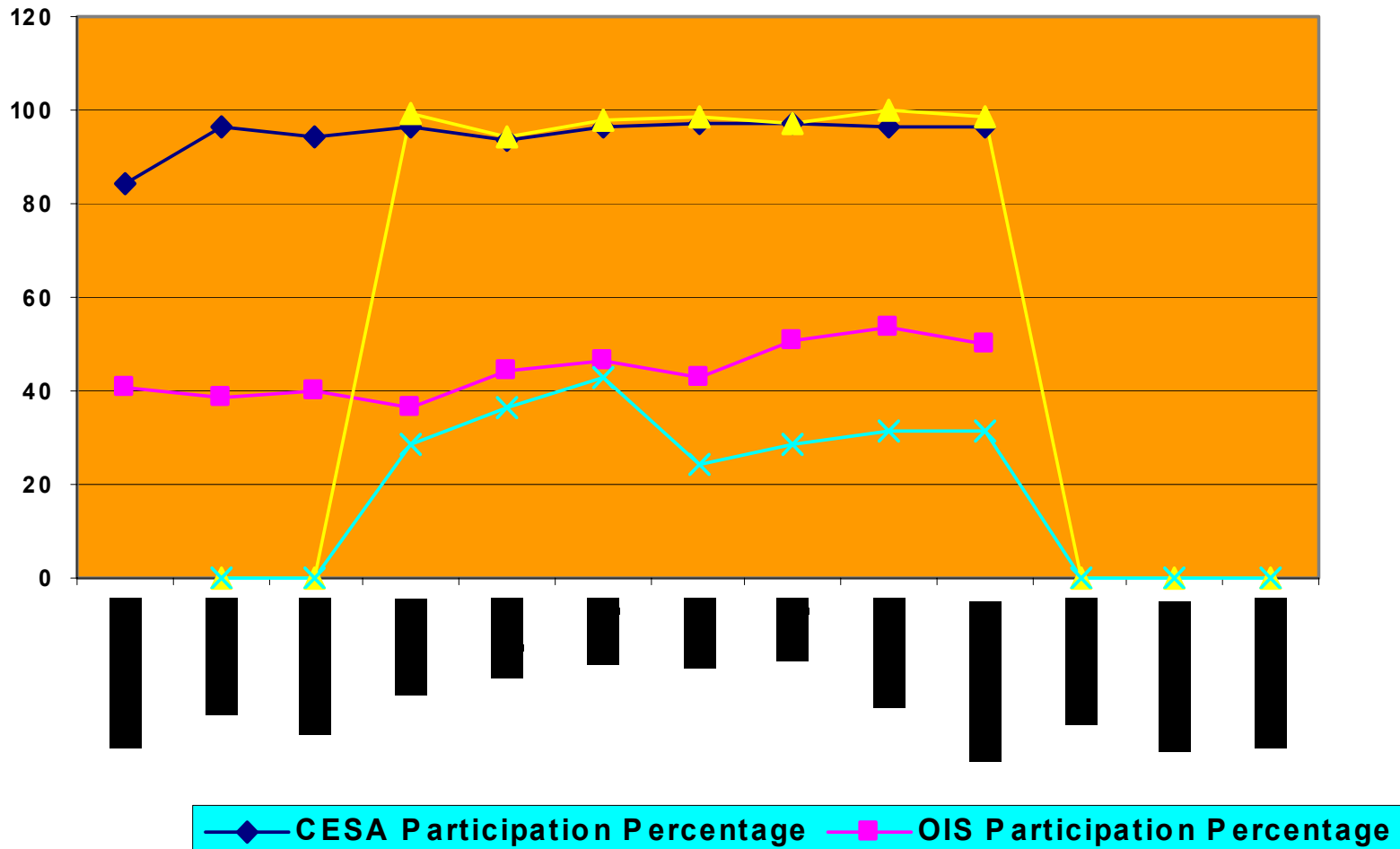
District C

**Information can an effective
catalyst for change**



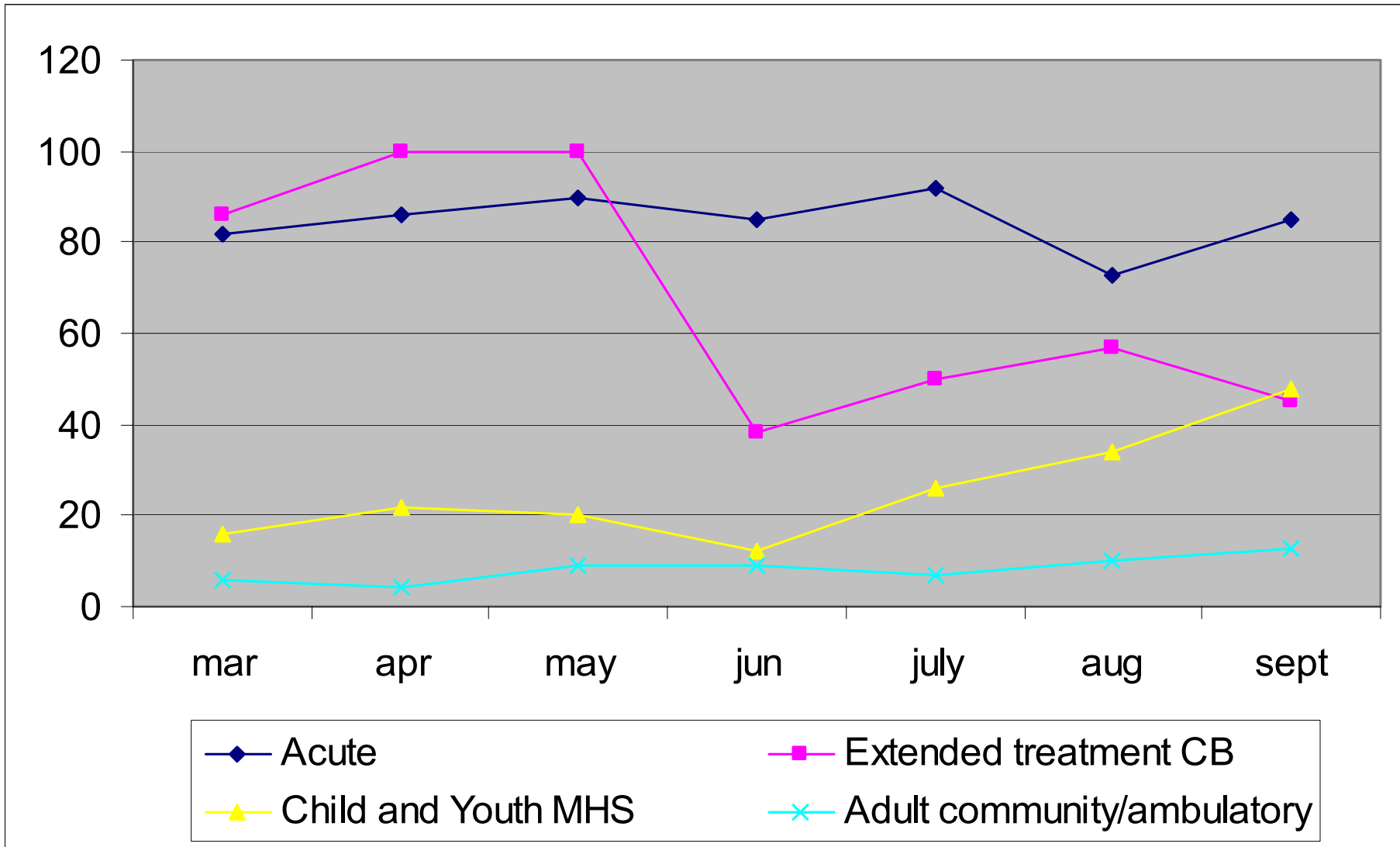


End of Episode



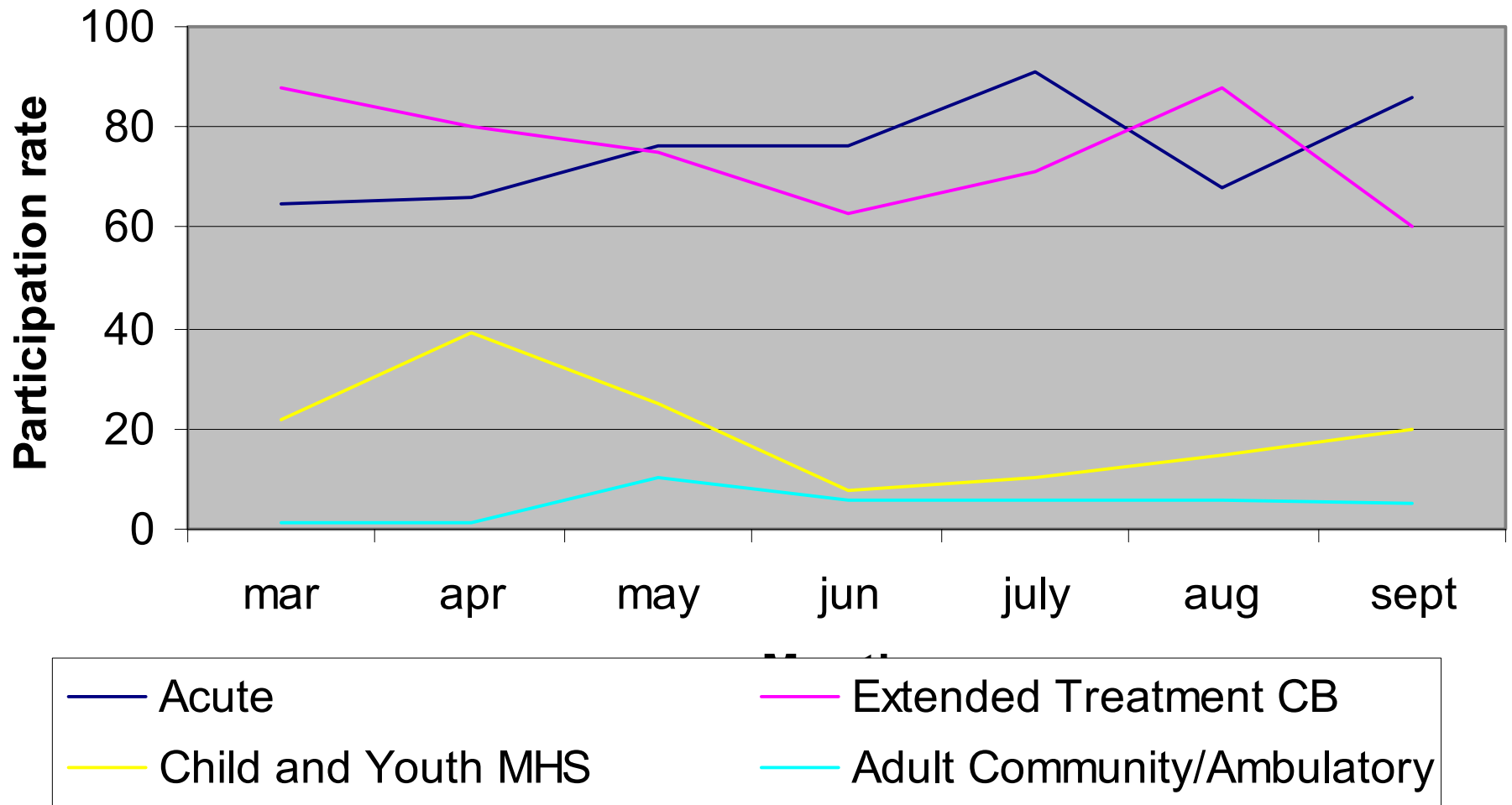


What has been happening?





Participation rates - End of Episode



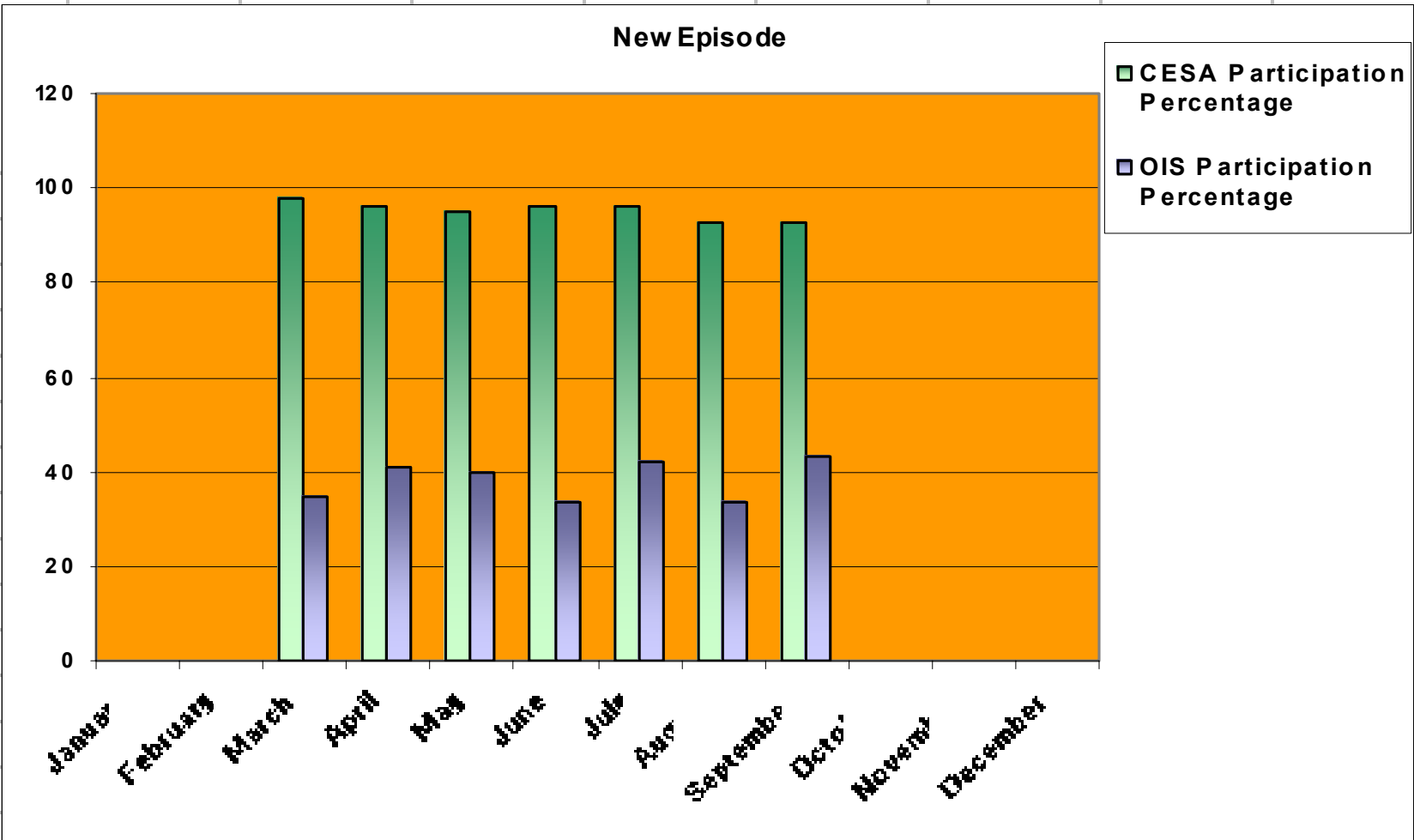


New Episode

120
100
80
60
40
20
0

■ CESA Participation Percentage
■ OIS Participation Percentage

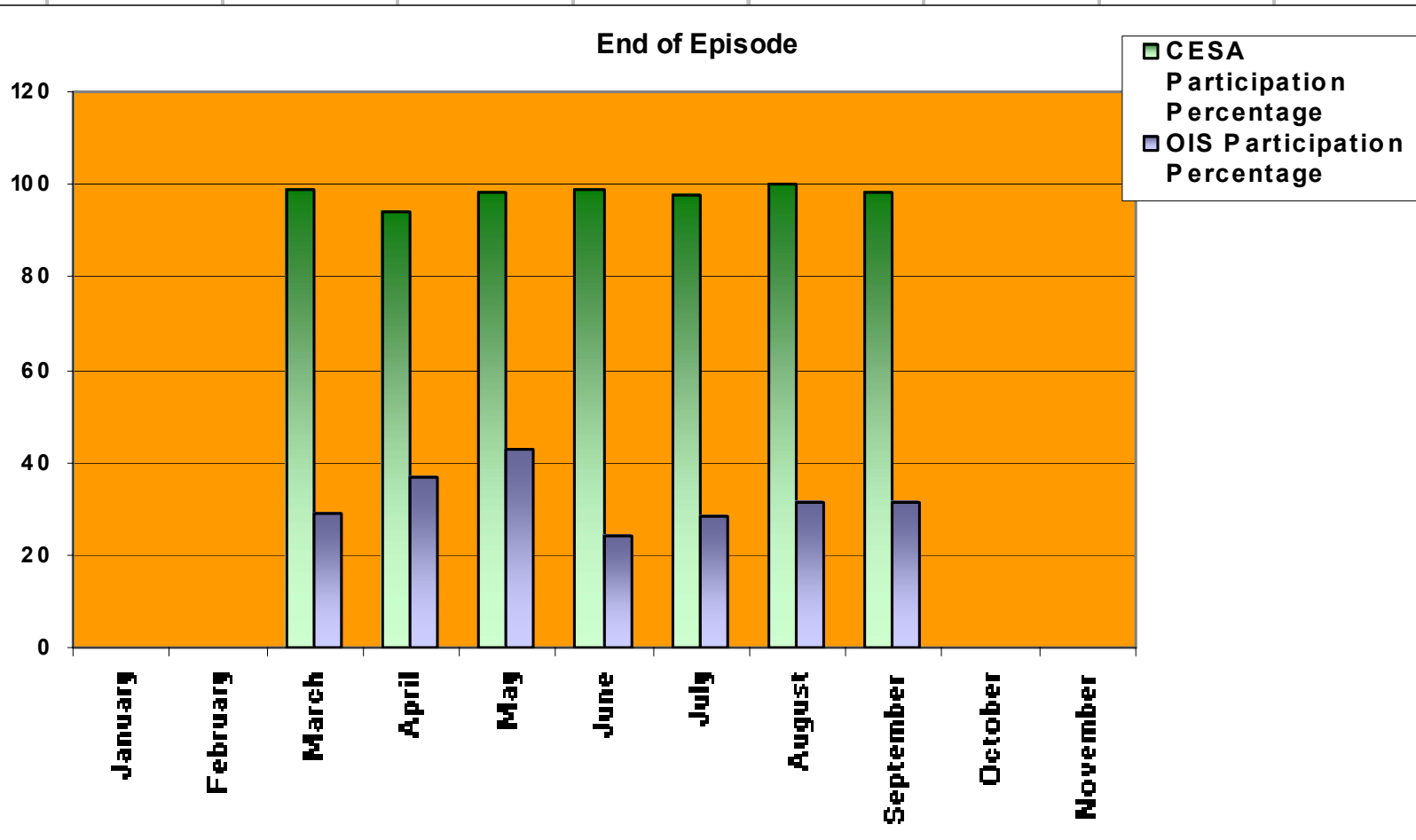
January
February
March
April
May
June
July
August
September
October
November
December





District C

End of Episode





OUTCOMES INFORMATION SYSTEM

Service Profile Report

Matched Collections Occasions			Sex Profile		Honos clinical profiles and outcomes					MH Legal Status	Length of rating period
	N	%	M	F	Behavioural	Impairment	Symptomatic	Social	Total	N	Days
			%	%	Avg	Avg	Avg	Avg	Avg		
Organic, including symptomatic mental disorders (F00-F09)											
Period Start					2	3	3	5	14	0	
Period Finish	36	5	81	19	1	3	2	5	12	22	57
Mental and behavioural disorders due to psychoactive substance use (F10-F19)											
Period Start					5	1	4	3	13	0	
Period Finish	46	6	76	24	2	0	1	2	5	25	12
Schizophrenia, schizo-typal and delusional disorders (F20-F29)											
Period Start					2	1	4	4	11	0	
Period Finish	341	45	66	34	1	1	2	3	7	232	33
Mood [affective] disorders (F30-F39)											
Period Start					3	1	4	2	10	0	
Period Finish	257	34	48	52	0	0	2	1	4	84	14
Neurotic, stress-related and somatoform disorders (F40-F48)											
Period Start					3	0	4	2	11	0	
Period Finish	43	6	47	53	1	0	2	1	5	4	15
Behavioural syndromes associated with physiological disturbances and physical factors (F50-F59)											
Period Start					1	3	1	7	10	0	
Period Finish	2	0	50	50	0	3	2	2	6	1	6
Disorders of adult personality and behaviour (F60-F69)											
Period Start					4	0	3	4	11	0	
Period Finish	32	4	69	31	2	0	2	2	6	7	12
Mental retardation (F70-F79)											
Period Start					0	3	1	1	3	0	
Period Finish	2	0	100	0	1	3	1	0	5	1	11
Disorders of psychological development (F80-F89)											
Period Start					1	1	4	4	11	0	
Period Finish	4	1	100	0	1	2	3	3	9	1	60
Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)											
Period Start					10	0	3	6	17	0	
Period Finish	1	0	0	100	10	0	3	4	17	0	1

Report

Unspecified mental disorder (F99)

Period Start					0	0	0	0	0	0	0
Period Finish	0	0	0	0	0	0	0	0	0	0	0

<i>All Collections Occasions</i>			Sex Profile		Honos clinical profiles and outcomes					MH Legal Status
	N	%	M	F	Behavioural	Impairment	Symptomatic	Social	Total	N
			%	%	Avg	Avg	Avg	Avg	Avg	
New	1,027	49	60	40	3	1	4	3	11	0
Review	348	17	63	37	1	2	3	4	10	179
End	714	34	59	41	1	0	2	2	5	332



OUTCOMES INFORMATION SYSTEM

Service Profile Report

Matched Collections Occasions			Sex Profile		Honos clinical profiles and outcomes					MH Legal Status	Length of rating period
	N	%	M	F	Behavioural	Impairment	Symptomatic	Social	Total	N	Days
			%	%	Avg	Avg	Avg	Avg	Avg		
Organic, including symptomatic, mental disorders (F00-F09)											
Period Start					2	3	6	4	13	0	
Period Finish	7	2	57	43	0	1	1	1	3	2	21
Mental and behavioural disorders due to psychoactive substance use (F10-F19)											
Period Start					5	1	4	4	14	0	
Period Finish	75	16	77	23	2	0	1	2	5	43	7
Schizophrenia, schizo-typal and delusional disorders (F20-F29)											
Period Start					3	1	4	4	12	0	
Period Finish	169	37	69	31	1	1	2	2	6	134	12
Mood [affective] disorders (F30-F39)											
Period Start					4	1	4	3	13	0	
Period Finish	162	35	48	52	1	0	1	1	4	47	9
Neurotic, stress-related and somatoform disorders (F40-F48)											
Period Start					4	2	4	4	14	0	
Period Finish	19	4	32	68	1	1	1	2	6	5	7
Behavioural syndromes associated with physiological disturbances and physical factors (F50-F59)											
Period Start					1	1	1	0	4	0	
Period Finish	2	0	50	50	1	2	1	1	7	2	19

MainReport

Period Finish	169	37	69	31	1	1	2	2	6	134	12
Mood [affective] disorders (F30-F39)											
Period Start					4	1	4	3	13	0	
Period Finish	162	35	48	52	1	0	1	1	4	47	9
Neurotic, stress-related and somatoform disorders (F40-F48)											
Period Start					4	2	4	4	14	0	
Period Finish	19	4	32	68	1	1	1	2	6	5	7
Behavioural syndromes associated with physiological disturbances and physical factors (F50-F59)											
Period Start					1	1	1	0	4	0	
Period Finish	2	0	50	50	1	2	1	1	7	2	19
Disorders of adult personality and behaviour (F60-F69)											
Period Start					5	1	3	3	11	0	
Period Finish	14	3	14	86	3	1	2	2	8	7	5
Mental retardation (F70-F79)											
Period Start					3	5	2	4	13	0	
Period Finish	2	0	50	50	1	3	1	3	7	1	6
Disorders of psychological development (F80-F89)											
Period Start					0	0	0	0	0	0	0
Period Finish	0	0	0	0	0	0	0	0	0	0	0
Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)											
Period Start					0	0	0	0	0	0	0
Period Finish	0	0	0	0	0	0	0	0	0	0	0

Printed 13/05/2005

NB: The contents of this report are confidential. Unauthorised distribution or disclosure may breach privacy legislation.

MainReport

Unspecified mental disorder (F99)

Period Start					3	1	5	5	12	0	
Period Finish	7	2	71	29	0	0	1	1	2	3	11

All Collections Occasions			Sex Profile		Honos clinical profiles and outcomes					MH Legal Status
	N	%	M	F	Behavioural	Impairment	Symptomatic	Social	Total	
			%	%	Avg	Avg	Avg	Avg	Avg	N
New	719	60	58	42	4	1	4	4	12	0
Review	13	1	62	38	3	2	4	5	14	11
End	468	39	58	42	1	0	1	1	5	247

Subreport:rptServiceProfileSub1.rpt

OUTCOMES INFORMATION SYSTEM - CLINICAL PROFILE REPORT

Consumer: STARR, GRACE

DOB: 21/04/1968

Sex: Female

Treating unit: Caboolture Adult CMHS HBCIS UR:

Collection occasion

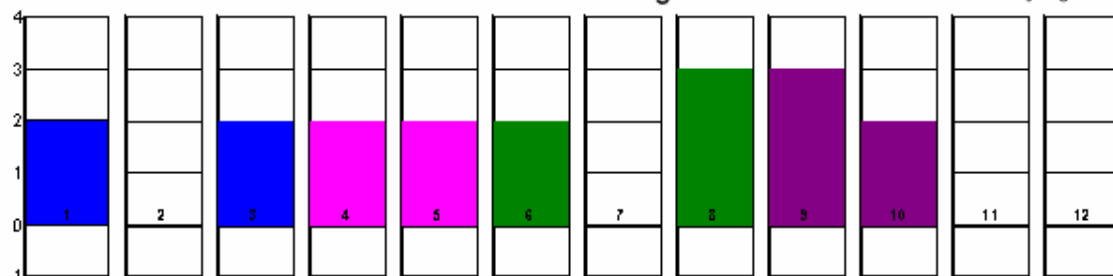
Collection date: 15/4/2004

Collection reason: New episode: referred from other mental health service ty

Service type: Community/Ambulatory

HoNOS

Individual Ratings Scores of 2 and above are clinically significant

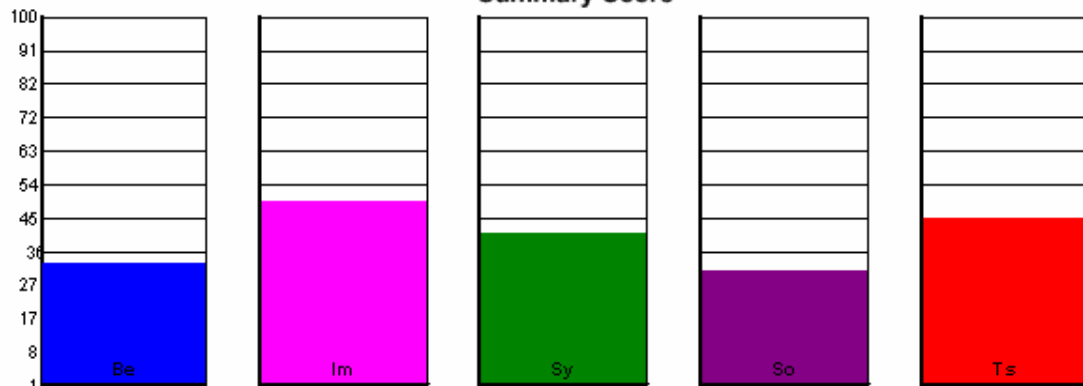


The following items are clinically significant:

1. Overactive, aggressive, disruptive or agitated behaviour
3. Problem drinking or drug-taking
4. Cognitive problems
5. Physical illness or disability problems
6. Problems associated with hallucinations and delusions
8. Other mental and behavioural problems
9. Problems with relationships
10. Problems with activities of daily living

- 1. Overactive, aggressive, disruptive or agitated behaviour
- 2. Non-accidental self-injury
- 3. Problem drinking or drug-taking
- 4. Cognitive problems
- 5. Physical illness or disability problems
- 6. Problems associated with hallucinations and delusions
- 7. Problems with depressed mood
- 8. Other mental and behavioural problems
- 9. Problems with relationships
- 10. Problems with activities of daily living
- 11. Problems with living conditions
- 12. Problems with occupation and activities

Summary Score



Be. Behavioural problems Im. Impairment Sy. Symptomatic problem So. Social problems Ts. Total score

OUTCOMES INFORMATION SYSTEM - CLINICAL PROFILE REPORT

Consumer: STARR, GRACE

DOB: 21/04/1968

Sex: Female

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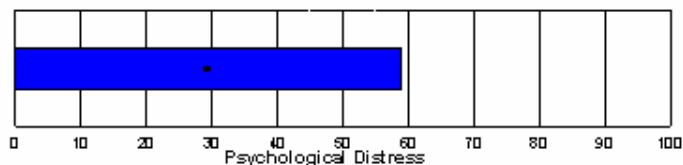
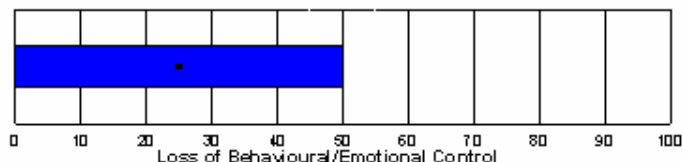
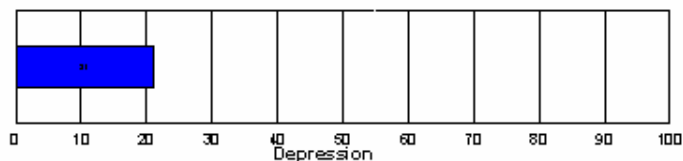
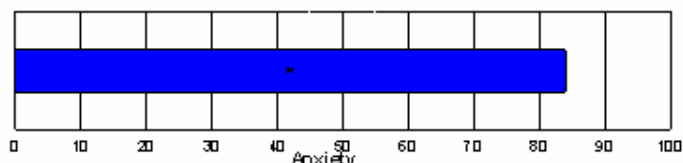
Collection reason: New episode: referred from other mental health service ty

Service type: Community/Ambulatory

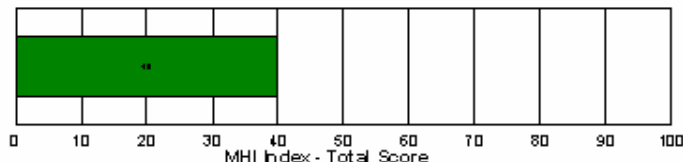
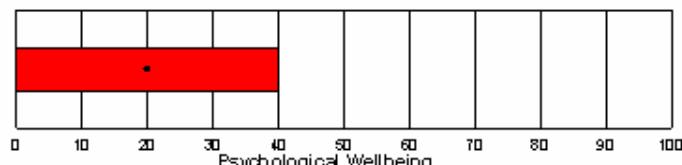
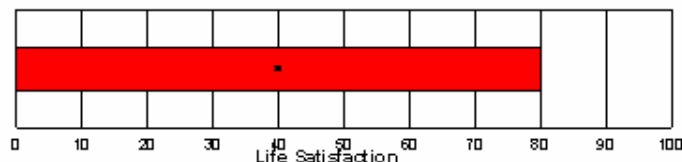
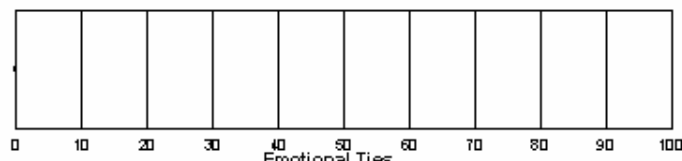
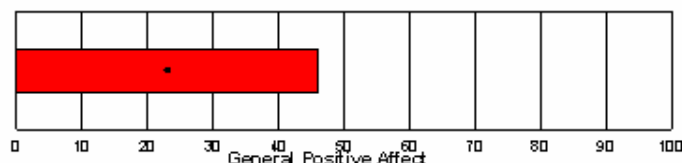
MHI

When interpreting scores please note that the psychological wellbeing scales are different to the psychological distress scales

Psychological Distress



Psychological Wellbeing



OUTCOMES INFORMATION SYSTEM - CLINICAL PROFILE REPORT

Consumer: STARR, GRACE **DOB:** 21/04/1968 **Sex:** Female **Treating unit:** Caboolture Adult CMHS **HBCIS UR:**

Collection occasion

Collection date: 15/4/2004 **Collection reason:** New episode: referred from other mental health service ty **Service type:** Community/Ambulatory

MHI Individual Items of Interest

When interpreting scores please note that the psychological wellbeing scales are different to the psychological distress scales

The following items are significant for psychological distress:

- 3. How often did you become nervous or jumpy when faced with excitement or unexpected situations during the past month?
- 8. During the past month, have you had any reason to wonder if you were losing you mind, or losing control over the way you act, talk, think, feel, or of you memory?
- 11. How much of the time, during the past month, have you been a very nervous person?
- 29. During the past month, how much of the time have you felt restless, fidgety, or impatient?
- 35. How often during the past month did you find yourself trying to calm down?

The following items are significant for psychological wellbeing:

- 6. How much of the time, during the past month, did you feel relaxed and free from tension?
- 10. During the past month, how much of the time have you felt loved and wanted?
- 17. How much of the time, during the past month, have you felt calm and peaceful?
- 23. How much of the time, during the past month, did you feel that your love relationships, loving and being loved, were full and complete?

Collection Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
15/04/2004	2	4	1	2	1	6	5	6	4	6	1	1	2	4	3	4	6	5	5	5	5	5	6	3	3	4	5	3	1	5	4	2	2	3	1	5	5	2

OUTCOMES INFORMATION SYSTEM CLINICAL HISTORY REPORT

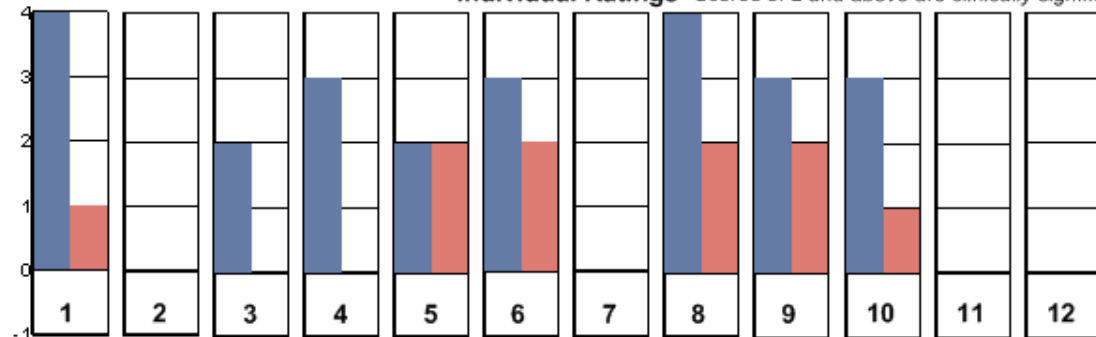
Consumer: STARR, GRACE

DOB: 21/04/1968

Sex: Female

HoNOS

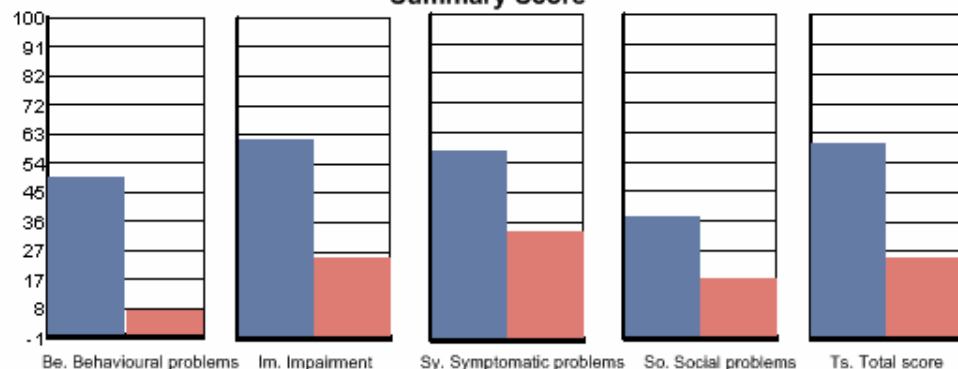
Individual Ratings Scores of 2 and above are clinically significant



- 1. Overactive, aggressive, disruptive or agitated behaviour
- 2. Non-accidental self-injury
- 3. Problem drinking or drug-taking
- 4. Cognitive problems
- 5. Physical illness or disability problems
- 6. Problems associated with hallucinations and delusions
- 7. Problems with depressed mood
- 8. Other mental and behavioural problems
- 9. Problems with relationships
- 10. Problems with activities of daily living
- 11. Problems with living conditions
- 12. Problems with occupation and activities

Summary Score

■ 24/03/2004
■ 09/04/2004





The logo for "beyond outcomes", consisting of two rows of three circular icons each, followed by the text "beyond" and "outcomes" stacked vertically.



- Information quality?



OUTCOMES INFORMATION SYSTEM

CLINICAL HISTORY REPORT

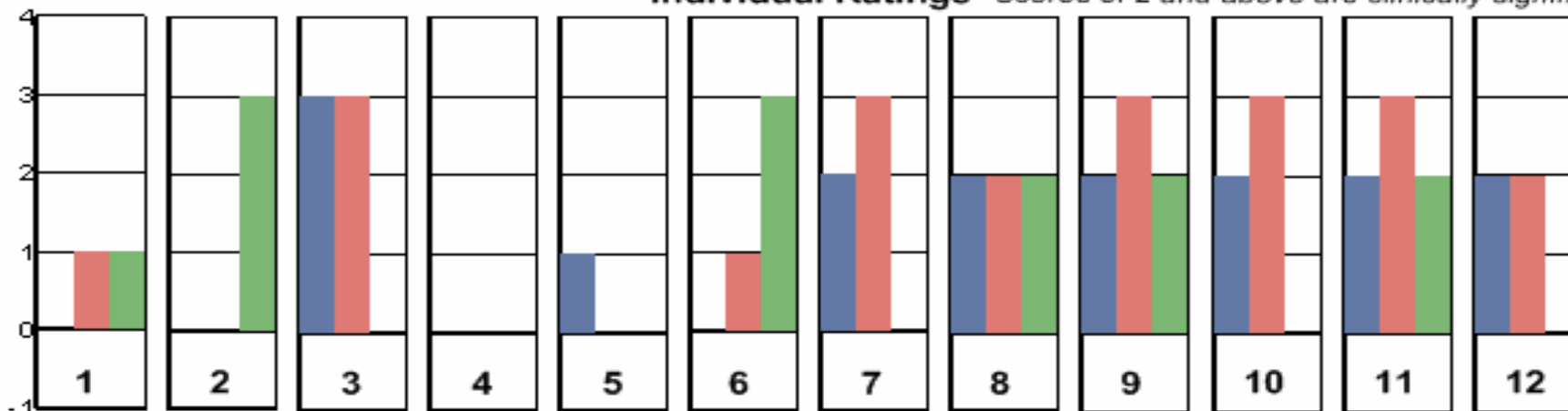
Consumer: _____

DOB: 29/12/1978

Sex: Male

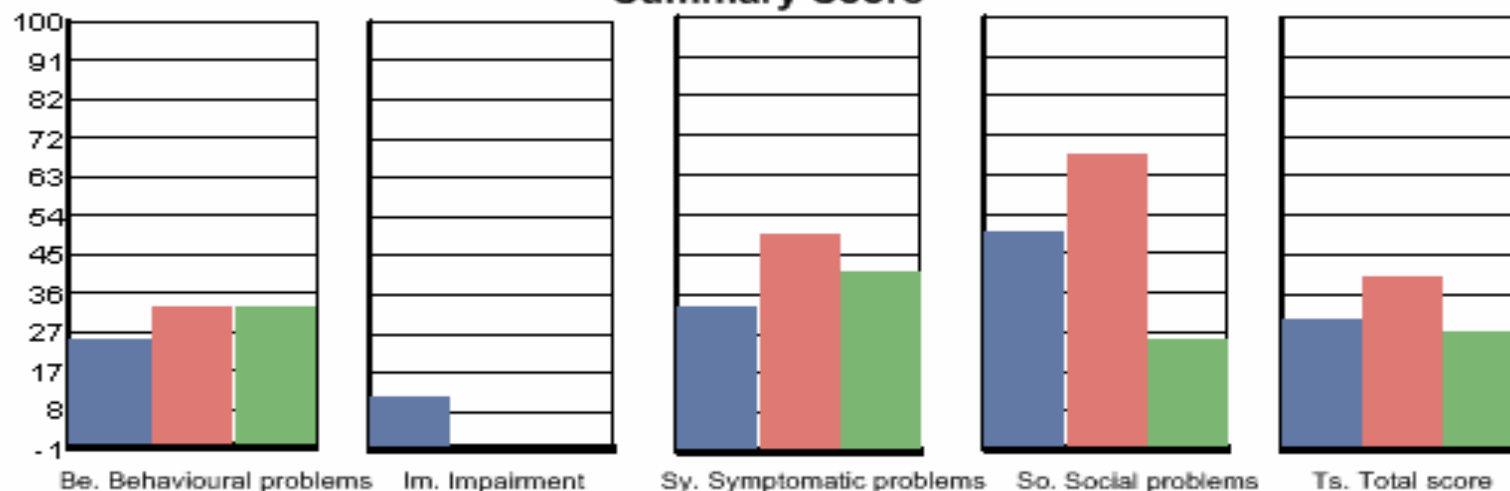
HoNOS

Individual Ratings *Scores of 2 and above are clinically significant*



- | | | |
|---|--|--|
| 1. Overactive, aggressive, disruptive or agitated behaviour | 5. Physical illness or disability problems | 9. Problems with relationships |
| 2. Non-accidental self-injury | 6. Problems associated with hallucinations and delusions | 10. Problems with activities of daily living |
| 3. Problem drinking or drug-taking | 7. Problems with depressed mood | 11. Problems with living conditions |
| 4. Cognitive problems | 8. Other mental and behavioural problems | 12. Problems with occupation and activities |

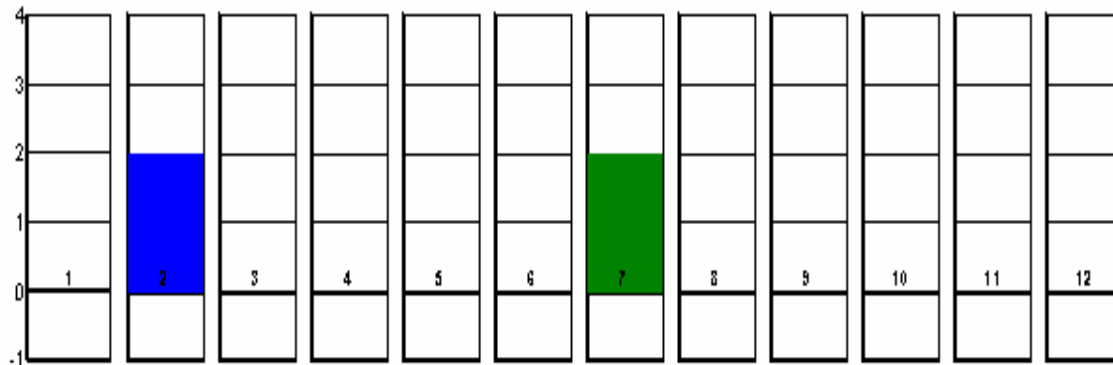
Summary Score



■ 16/11/2004
 ■ 16/11/2004
 ■ 16/11/2004

HoNOS

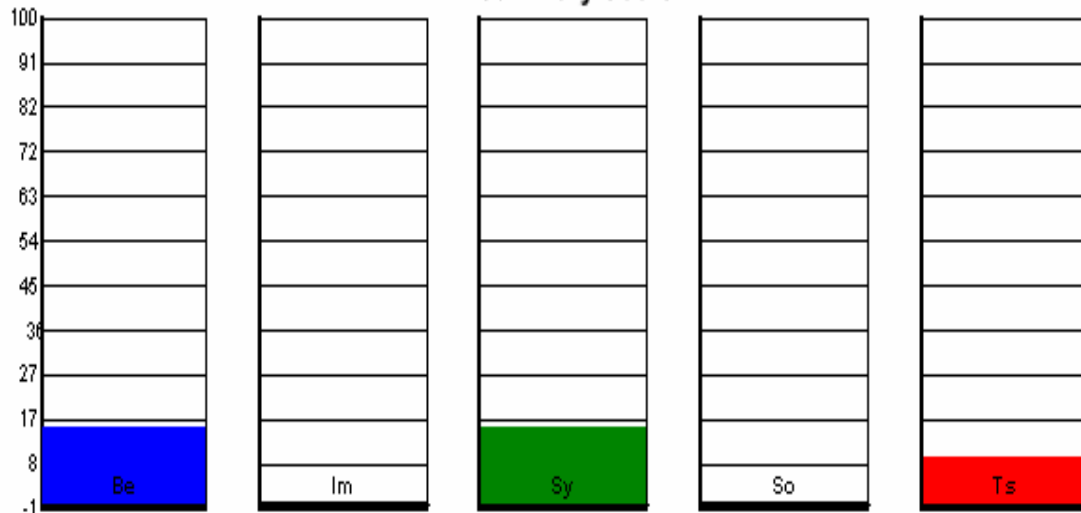
Individual Ratings *Scores of 2 and above are clinically significant*



The following items are clinically significant:
2. Non-accidental self-injury
7. Problems with depressed mood

- 1. Overactive, aggressive, disruptive or agitated behaviour
- 2. Non-accidental self-injury
- 3. Problem drinking or drug-taking
- 4. Cognitive problems
- 5. Physical illness or disability problems
- 6. Problems associated with hallucinations and delusions
- 7. Problems with depressed mood
- 8. Other mental and behavioural problems
- 9. Problems with relationships
- 10. Problems with activities of daily living
- 11. Problems with living conditions
- 12. Problems with occupation and activities

Summary Score



Be. Behavioural problems

Im. Impairment

Sy. Symptomatic problem

So. Social problems

Ts. Total score



Implementation of Beyond Outcomes Strategies –District C

- Outcomes training
- Superuser training
- Refresher training
- Help Desk
- Utility- Clinical and Service
- Team meetings/clinical reviews
- Clinical Process re-engineering
- Zonal Outcomes Forum



beyond
outcomes



When did we suspect
change was occurring?





beyond
outcomes



When did we suspect
change was occurring?





beyond
outcomes



When did we suspect
suspect change was
occurring?





**When did we suspect
change was occurring?**

Behavioural Indicators!

- There is a new forms committee
- Forms went missing? Electronic forms and system
- Staff attend more educational and computer training programs
- Information is a standing agenda item at senior management meetings
- Staff want more computers
- Staff want other staff to input the information
- Staff want medical staff involved.....



Behavioural Indicators!

Then....

- Reviews of clinical activities- review, assessment, discharge planning, case management
- Consumer involvement transparent and prioritised
- Review of service structures – integrated services
- Review of workforce skills and mix
- Use information to drive treatment/care/recovery plans and treatment decisions
- Information used to demonstrate service improvement
- Staff start looking at their information and question quality



**When did we suspect
change was occurring?**

Cognitive Indicators!

Confusion

Challenges beliefs

Acknowledging the utility of OM

Incorporating the information into clinical activities-

Outcomes Literacy

Referred to as information not data collection

Thinking of wider usage-clinical and quality research

Driving change in culture



What actually changed over 18 months?

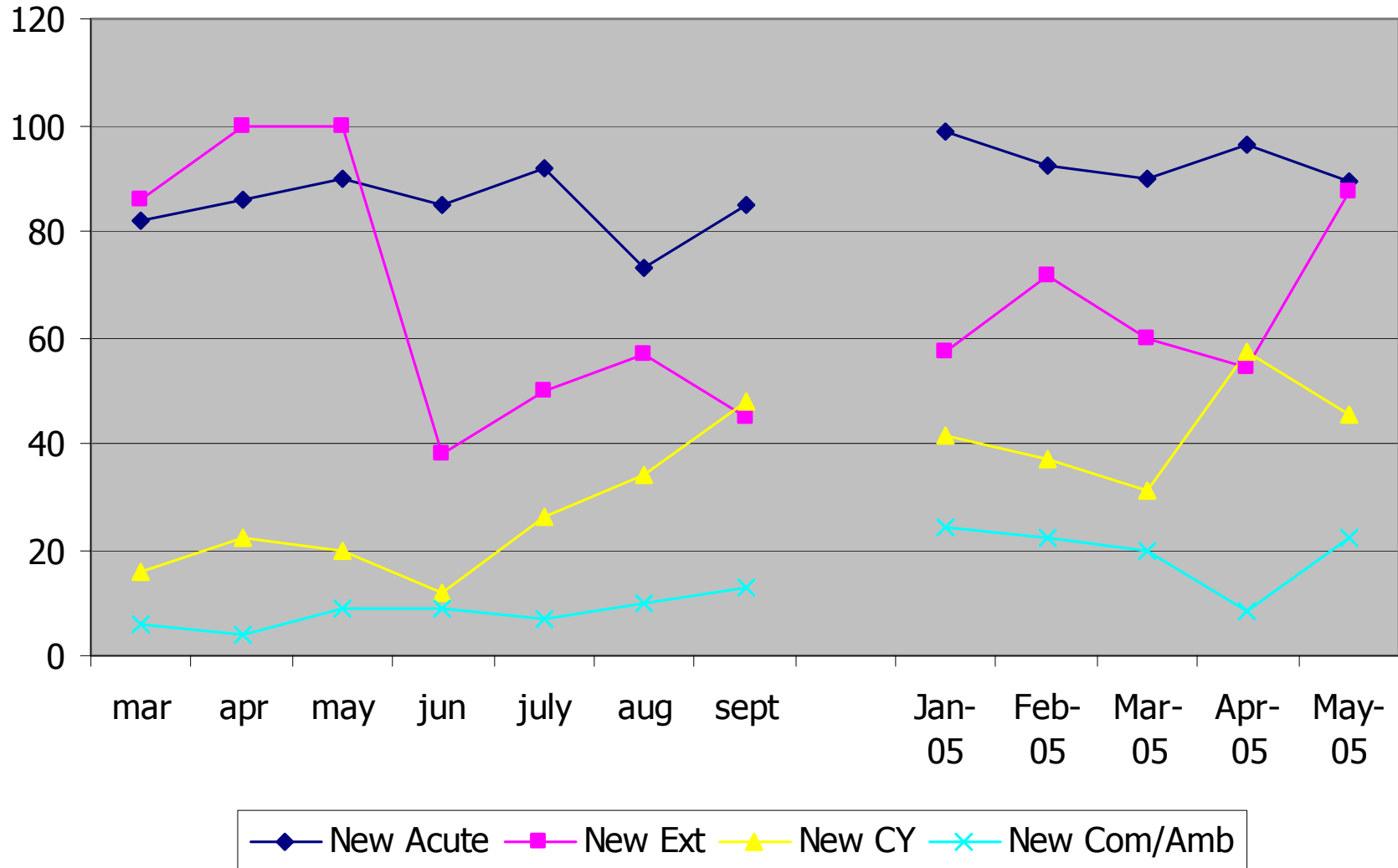
- Training resource and capacity developed
- Training at orientation or refresher
- Information represented at Senior Management
- Information presented and used at clinical case review
- Information integrated into admission and discharge protocols
- Consumers supporting other consumers to complete self report

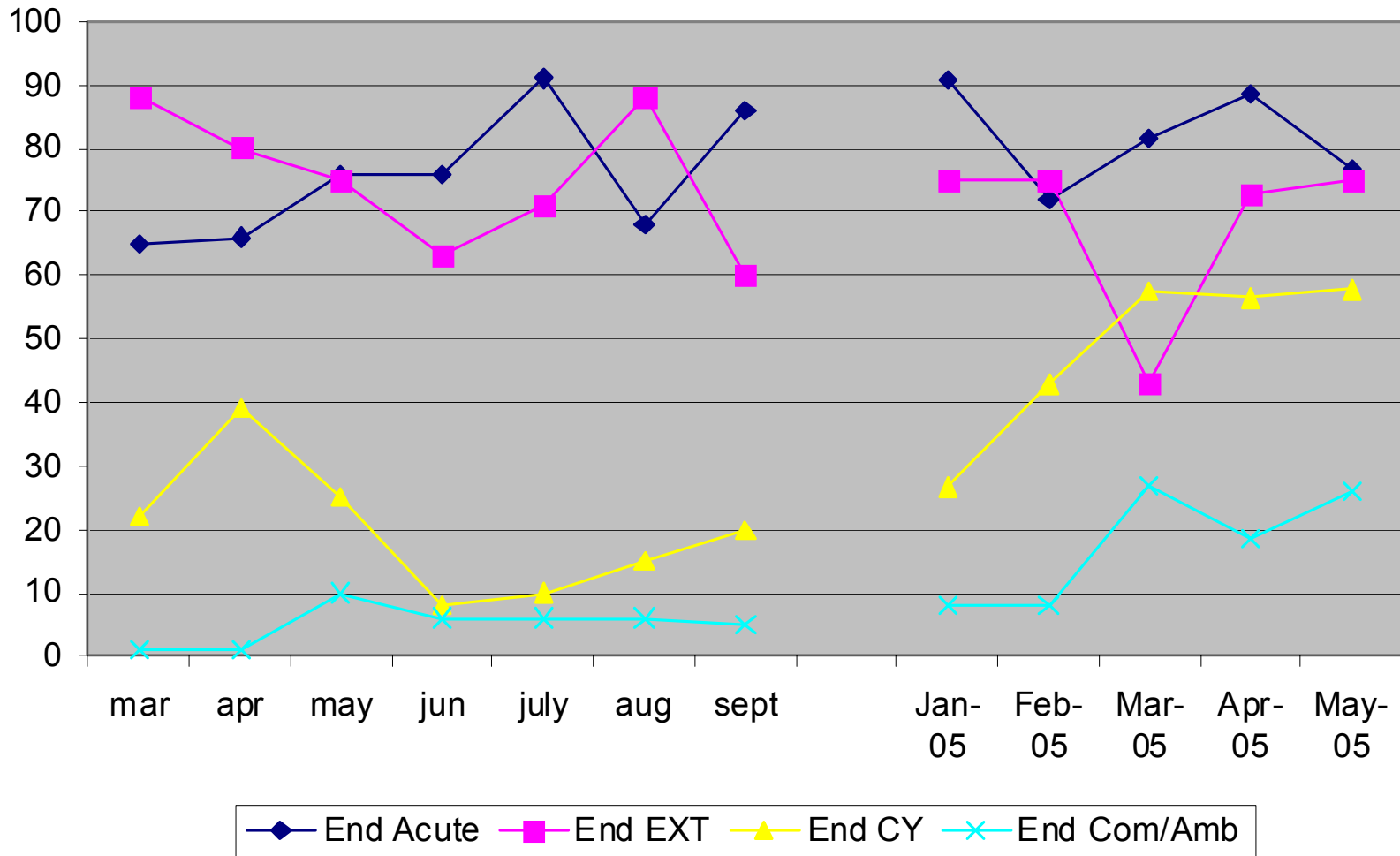


- Establishing a common language across services and districts
- Increased computer awareness
- Increased focus on clinical supervision, skill development
- Commence comparative reporting against similar services
- Employed part time project officer
- Momentum initiated



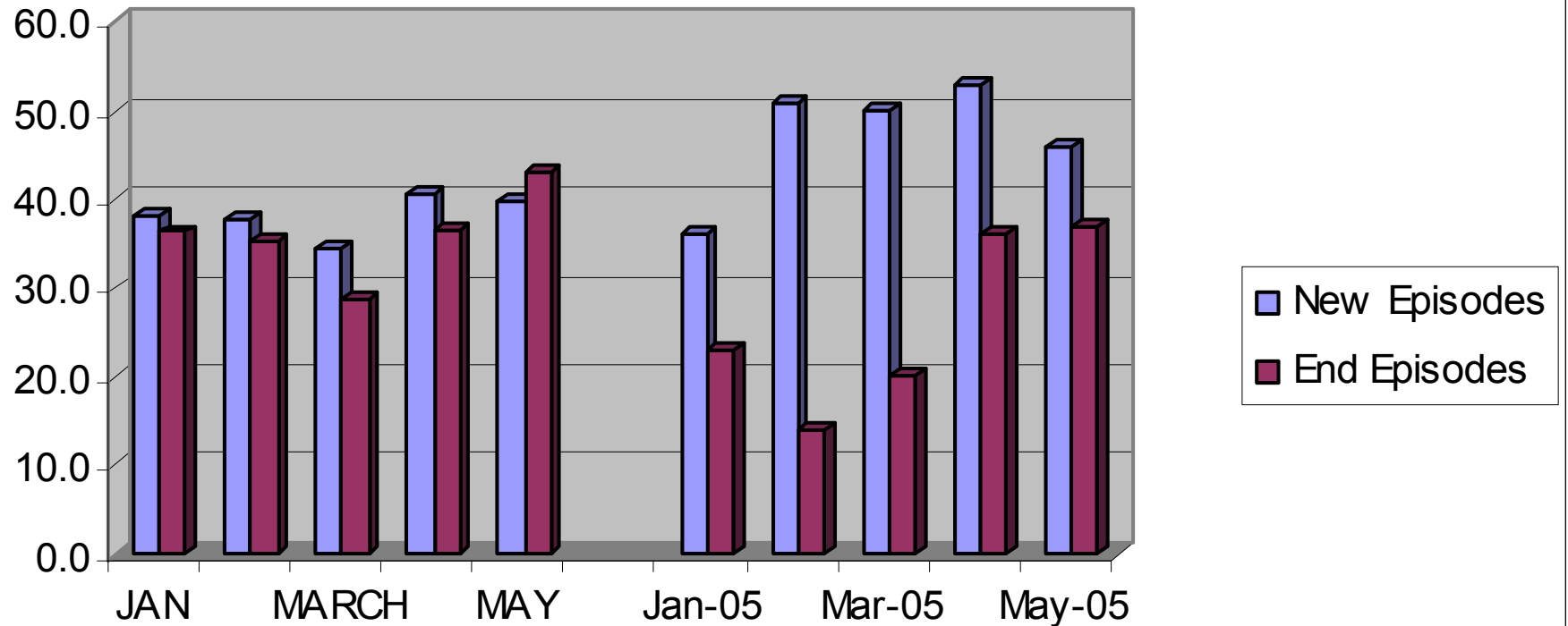
What happened to participation?







OIS Participation by Month - District C





beyond
outcomes

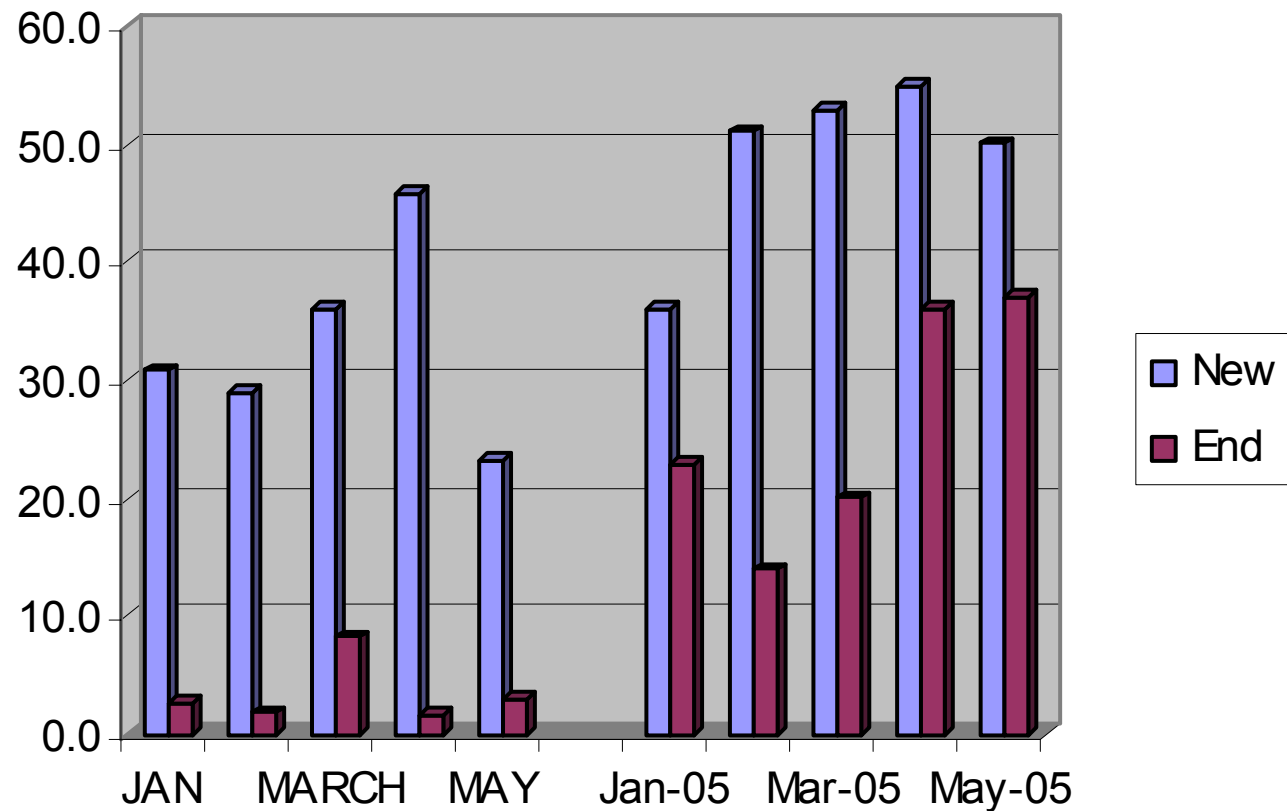


Does it work elsewhere?



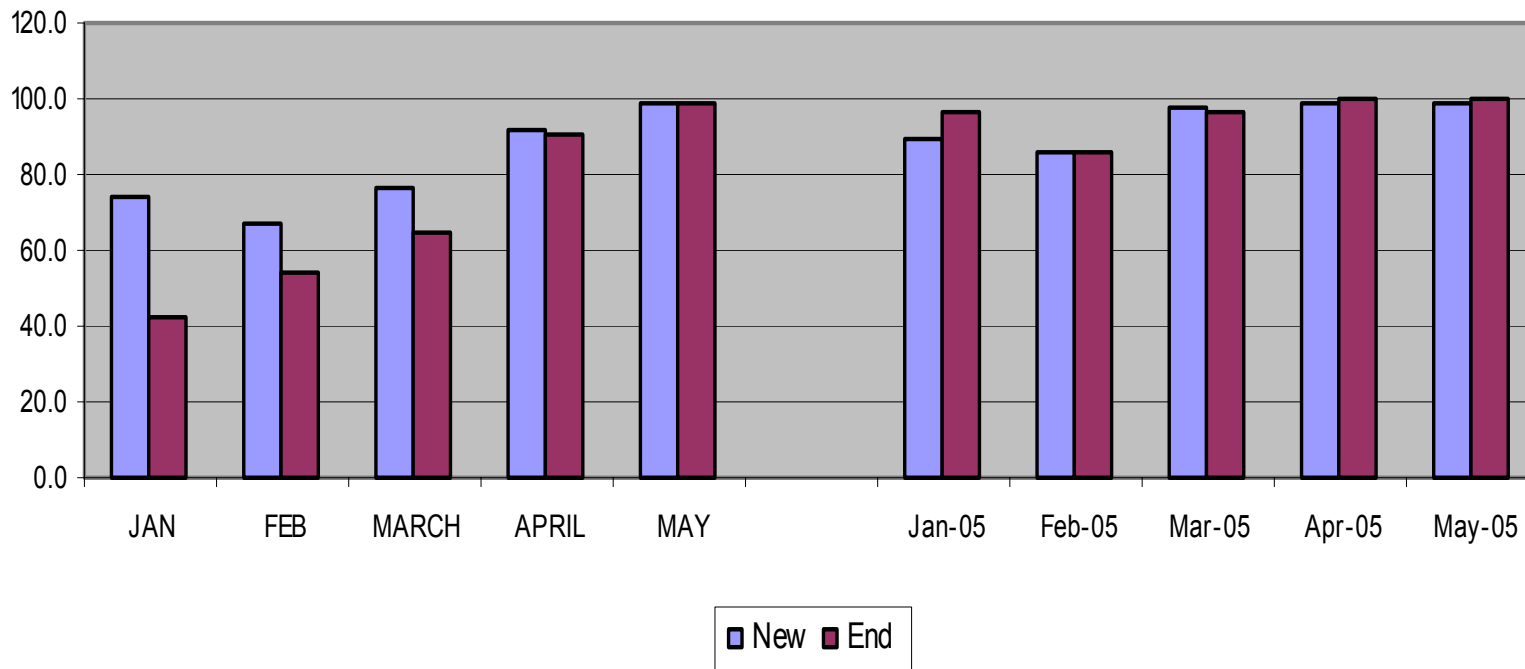


OIS Participation by Month - District A





OIS Participation by Month - District B





What else has changed?

- More matched pairs
- Improved quality of data
- Increased utilisation of information
- Broadened approach to mental health information
- More requests for statewide data base-DSS
- Incorporated into benchmarking activities at local level and across certain services in other jurisdictions



- Leadership
- IT infrastructure
- Feedback systems
- Clinical Processes
- Workforce
- Commitment
- Organisational Support Structures
- Key drivers



beyond
outcomes

The logo for "beyond outcomes" consists of two rows of three circular icons each, followed by the text "beyond" and "outcomes" stacked vertically.

What you need to know!

The process of cultural change in mental health services is arduous and competes against the day to day demands placed upon managers and clinicians, but the introduction of routine outcome measures has acted been a catalyst for change in many services.