

Proposed pilot study of the Routine Collection and Reporting of Consumer Perceptions of Care

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Why do it

- Under current National protocols, the **clinical aspects** of consumer outcomes are measured by collecting
 - Clinician rated clinical status (e.g., HoNOS, LSP-16)
 - Self-reported clinical status (e.g., MHI-38, MHQ-14)at key points during episodes of mental health care (Admission, Review and Discharge).
- But the **Consumer's Perceptions of Care** are not collected and reported

What are we planning to do

- With financial support from the Australian Government Department of Health and Ageing and Queensland Health.
- Examine the
 feasibility,
 utility, and
 acceptability
of the **routine collection and reporting** of
information about **Consumer Perceptions of Care.**

Perceptions of care

- The existing MHSIP Consumer Surveys will be used in the pilot study.
 - Their development was rigorous and involved all stakeholders, particularly consumers
 - Review of the Inpatient version of the MHSIP by private sector consumers (70) indicated that the measure was acceptable.
- Domains covered by the MHSIP surveys include:
 - Consumer perceptions of access
 - Participation in treatment planning
 - Quality and appropriateness
 - Consumer reported outcomes
 - General satisfaction

MHSIP (www.mhsip.org)

- Mental Health Statistics Improvement Program
 - Initiated in 1976 by the National Institute of Mental Health
 - Brings together the
 - **SAMSHA**: Substance Abuse and Mental Health Services Administration of the US Department of Health and Human Services
 - **NASMHPD/NRI**: Research Institute of the National Association of State Mental Health Program Directors
 - **MHSIP** Policy Group also includes service recipients, advocates, and other federal agencies and provider groups concerned with services for persons with mental illness

MHSIP Adult Consumer Survey – 1 & 2

- **Consumer Perceptions of Access**

- The location of services was convenient.
- Staff were willing to see me as often as I felt it was necessary.
- Staff returned my calls within 24 hours.
- Services were available at times that were good for me.
- I was able to get all the services I thought I needed.
- I was able to see a psychiatrist when I wanted to.

- **Participation in treatment planning**

- I, not staff, decided my treatment goals.
- I felt comfortable asking questions about my treatment and medications.

MHSIP Adult Consumer Survey – 3

- **Quality and Appropriateness**

- Staff here believe I can grow, change and recover.
- I felt free to complain.
- Staff told me what side-effects to watch for.
- Staff respected my wishes about who is, and is not to be given information about my treatment.
- Staff were sensitive to my cultural/ ethnic background.
- Staff helped me obtain information so that I could take charge of managing my illness.
- I was given information about my rights.
- Staff encouraged me to take responsibility for how I live my life.
- I was encouraged to use consumer-run programs.

MHSIP Adult Consumer Survey – 4

- **Consumer Reported Outcomes**

As a direct result of the services I received ...

- I deal more effectively with daily problems.
- I am better able to control my life.
- I am better able to deal with crisis.
- I am getting along better with my family.
- I do better in social situations.
- I do better in school and/or work.
- My symptoms are not bothering me as much.
- My housing situation has improved.

MHSIP Adult Consumer Survey – 5

- **General Satisfaction**

- I like the services that I received here.
- If I had other choices, I would still get services from this agency.
- I would recommend this agency to a friend or family member.

Who is participating

- Six to ten private hospitals with psychiatric beds throughout Australia
- Six to ten integrated mental health services in Queensland
 - Only hospitals and services that are strongly interested in the collection and use of CPoC and have shown themselves able to collect the consumer self-report measure are being encouraged to participate in the pilot study.

Collection protocol

- Offer the MHSIP Consumer Survey to consumers at Review and Discharge in all Overnight inpatient and Ambulatory mental health service settings.
 - MHSIP/NRI Inpatient Survey in Psychiatric inpatient settings
 - MHSIP Adult Survey in Adult Ambulatory settings
 - MHSIP Youth Survey in Adolescent Ambulatory settings
- Surveys will be returned to a central point (the SPGPPS's CDMS at the AMA in Canberra) by stamped addressed envelope for data entry and analysis
- Pilot will run over 4 months

Reporting protocol

- Analyses will initially be based on the standard method recommended by the NASMHPD Technical Workgroup.
 - Analyses may be refined as we go on the basis of feedback from report users
- Reports will be provided to participating hospitals and services on a monthly basis
 - Will include comparison of my service with all services of my type in my sector
 - Their preparation will be fully automated
 - Will be provided in an electronic format by email to identified recipients

Method for survey analysis

- Scoring
 1. Recode ratings of (N/A) as "missing".
 2. For each domain, exclude respondents with more than 1/3rd items missing
 3. Calculate mean of each scale
 4. Calculate percent of scores <2.5 (percent agree and strongly agree).
- Two possible denominators, one lenient, the other strict
 - Total surveys received in respect of the reporting period.
 - Number of Collection Occasions (Reviews and Discharges) at which the Survey could have been offered in the reporting period.

Challenges in routine reporting

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“Your report was a bit unfocused, so I trimmed it down from 300 pages to one strong paragraph.”

Review protocol

- Consumer surveys will include an additional brief questionnaire asking the consumer for their views on the CPoC survey process.
- In the last month of the pilot, key informants (both consumers and providers) within Hospitals and Services will be asked about their views on the CPoC survey and reporting process.

Evaluation questionnaire attached to survey

- Did the survey questions address issues that were important to you?
- What other areas, if any, that you thought are important were not covered by the questionnaire?
- Was the questionnaire easy or difficult to complete? Which questions if any, did you find particularly difficult or confusing?
- Did you feel more comfortable sending the survey to a third party (the SPGPPS's CDMS) rather than directly back to the responsible hospital or service?
- Could you be more honest because you knew your responses could not be identified by the responsible hospital or service?
- Did you feel confident or otherwise that the hospital or service would make use of the information?

Review with Consumers

- Private hospital and Public mental health service consumer and carer advisory committees
 - Was the content and wording of the surveys and the accompanying explanatory material appropriate?
 - What are your views in regards to the usefulness of the survey process?
 - Do you think the implementation of this on a routine basis would add to the information that was already routinely collected by the hospital or service?
 - What in your view are the possible impediments to the usefulness of this?

Review with Service providers

- Key staff from each participating Hospital and Service
 - Was the content and wording of the surveys and the accompanying explanatory material appropriate?
 - Was the reporting process sufficiently timely?
 - Did the survey results contain information that helped the hospital or service understand the outcomes of the care being provided?
 - Were the results of the survey capable of being used to inform changes in hospital or service practice?
 - Do you think the implementation of this on a routine basis would add to the information that was already routinely collected by the hospital or service?
 - What are the hospital's or service's views in regards to the appropriateness and long-term feasibility of the survey process

Final reports

- Results will be compiled as distinct reports for each sector.
- Reports will focus on:
 - Utility of the survey reporting process
 - Acceptability to consumers and providers of the collection process
 - Utility and acceptability of the measures used

This is an initial step

- We are going to examine the
 - Feasibility
 - Utility
 - Acceptability

of routinely collecting and reporting on Consumers' Perceptions of Care

- If we find that it can be done effectively and efficiently, then we should trial it over a longer period to ask: Does doing that actually help services listen to consumers and improve the quality of care?

If you want to know more

- Private sector consumer representative
Janne McMahon (08 8336 2378, jmcmahon@senet.com.au)
- QLD public sector consumer representative
Helen Connor (07 3846 9400, helen_connor@health.qld.gov.au)
- SPGPPS, Principal Information Officer
Allen Morris-Yates (0417 268 386, allen.yates@bigpond.com)
- Private hospital representative (CEO Perth Clinic)
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