

Can HoNOS be used as a case load management tool?



Caulfield Aged Psychiatry Service

Sandra Keppich-Arnold

ADON - Community Manager



Life in an APS service

- Mobile Aged Psychiatry provides a range of services from intake and referral, assessment, acute treatment, case management, support and clinical consultancy services....

The perspective is:

- the front and back door to services
- manage high volume clients
- significant levels of risk
- highly reactive environment



Back in 2002.....

- Poor understanding of core business
- Ongoing demand for access with poor exit criteria and processes
- No local agreement as to acceptable case loads.
- No definition of case management
- Case loads monitored not managed
- Review processes haphazard.
- Reactive environment with high stress levels



The plan to change

- Belief that all clinicians were working to achieve positive outcomes
- The the workload was unremitting - so a need to control the flow through better management processes (intake & assessment)
- Safe turnover is the key to effective management of the volume



Priority interventions

- Identify what was core business
- Maximise resources for these activities
- Establish consumer orientated planning and service provision
- Streamline processes utilising existing bureaucratic systems
- Build a culture of support
- Systems to demonstrate performance



Maximising Resources

- Establishing targetted programs in the context of demographics.
- - Consultation Liaison Psychiatry
- - Mobile Support and Treatment Team
- Rigourous audit processes to maintain management focus - attention to activity rather than documentation



Making the change - key strategies

- Establish defined Intake/Exit criteria.
- Strengthening clinical review processes - focus on OM
- Linking HoNOS score to case load burden
- Monitoring performance through audit, case load monitoring, KPI's



Case Load Measurement

- APS is diverse so whilst it is not just about numbers the nature of work (acute care/intake/continuing care) we decided to cap case loads regardless of dependency
- Some rules existed - contact less than monthly - move to consultation models
- HoNOS less than 4 plan a discharge! - this in itself might shift the focus of care and identify issues previously not identified.



Linking clinical symptoms to response

- HoNOS score of + 12 indicates referral to “Acute Care” - team visits
- HoNOS score of 10 - 12 high contact weighting (time consuming and significant workload)
- HoNOS score of 6 - 10 medium contact between weekly - fortnightly but with agency liaison & support
- HoNOS score of 4 - 6 low contact and relatively stable



Other indicators

- HoNOS less than 4 - either discharge planning or stable score) - minimal monitoring
- New Assessments - all score high due to assessment management & service liaison.



Using HoNOS

- Fundamental agreement that first rank symptoms of scales 1 - 7 (behaviour or symptoms) must rate 4 or above to prioritize interventions. If score 0 in these scales service liaison and discharge indicated.
- Using HoNOS the symptoms drive the intervention & frequency of contact rather than the frequency of contact driving the level of intensity.
- Case manager availability determined by evaluation of special interest activities and other demands.



Changes to date....

- All clinicians understand core business
- Consistent models of case management offered
- Consumer focussed activity
- Tighter systems of support
- Increased partnerships of care with others - across team collaboration as well as external agency supports
- Consistent and organised program activity reviews



Results so far for MAPS Case Assesment & Management

Average	2002	2004
Intake	80 inc CL	28
Monthly discharge	10	30
Allocation /mth	8+	3
CM case loads/EFT	35	22
Total Case Load	365	218
Time Invested in CM	N/A	76%



The journey so far

Whilst there is still a way to go there I believe there is reason to determine the value of existing tools to drive effective case management, clinical interventions and clinical priority.

Thank you