



Welcome to issue 8 of the Australian Mental Health Outcomes and Classification Network Newsletter - keeping you up to date with developments in outcome measurement in Australian Mental Health Services.

AMHOCN South Australian Forum

AMHOCN held a one day forum in Adelaide on the 18th of April 2005 entitled “**The National Outcomes and Casemix Collection: Lessons of implementation and the road ahead**”. This forum attracted over 60 participants who heard a number of informative presentations.

Peter Brann’s presentation “**Nice Data, Done Anything With It? One CAMHS experience of using outcomes for service development**”, gave an insight into the wide variety of ways that NOCC data can be used within services. Peter challenged forum attendees to think about their own services and consider how NOCC data translates into information about service performance, the types of consumers being seen, and the variation in outcomes. Peter discussed how his service had used the collected data and turned it

into information that informs the staff development program and supports management decision making in relation to resource allocation. The point of Peter’s presentation is clear - the hard work of data collection is meaningless, unless the data is then used.



Left to right: Allen Morris Yates, Tom Trauer, Helen Sproule, Tim Coombs, Luke Hatzipetrou, Peter Brann.

Luke Hatzipetrou presented on “**Organizational Factors that Influence Routine Outcome Measurement**”. Luke’s presentation outlined the evaluation of the training of 2700 Queensland mental health staff who attended training sessions on outcome measurement and the associated outcomes information system. Using a pre and post test design, data was collected via a questionnaire prior to and immediately following the training. At eight months post training, staff were contacted and invited to complete the questionnaire for a third time.

400 mental health staff also participated in focus group interviews to provide feedback on the introduction of outcome measurement. Results indicated that improved collection rates appear to be related to staff attitudes to outcome measurement, particularly those of senior clinicians. In addition, the perceived benefits of outcomes data in clinical decision making influence collection rates. Teaching staff how to incorporate outcomes data into clinical practice and decision making should improve the collection and use of outcome measures.

The results of this study have subsequently informed the development of outcomes training materials developed by AMHOCN. You can find a variety of training materials and useful resources on the NOCC website.

Luke also gave a presentation on “**Routine Outcome Measurement in Indigenous Populations: The experience in North Queensland**” which outlined a project being undertaken by Professor Ernest Hunter, Dr Melissa Haswell-Elkins and Dr Tricia Nagel. The project hopes to: identify culturally sensitive issues in the introduction of routine

outcome measurement into clinical practice with indigenous consumers; provide principles that address these issues in training/support activities; explore the validity and meaning of routine outcome measurement to indigenous consumers; assess the reliability of clinician ratings and identify implementation issues; and assist in the sustainability of implementation by exploring the utility of routine outcome measurement in clinical practice.

Dr Shane Gill, the Director of Clinical Services at Royal Adelaide Hospital, in his presentation on “**Routine Outcome Measurement in Clinical Practice**”, outlined how the HoNOS can be used at admission to help identify problems that can realistically be improved during inpatient care. He noted that the HoNOS can be used to set discharge goals and to determine criteria that enable clinicians to ascertain if a patient is “ready for discharge”. He suggested that, given the nature of inpatient care, the focus of intervention should be on acute issues such as symptoms and behaviour, rather than on more enduring social concerns such as relationship or occupational activities. With this focus on particular HoNOS items, clinicians could set targets for changes in individual scores. Shane provided an example of a patient who would be ready for discharge once they had achieved a 40%

reduction in the total HoNOS score.

The presentation by Dr Tom Trauer, “**Understanding Reliable and Clinically Significant Change**”, highlighted statistical considerations in the interpretation of the scores on the standard measures of outcomes. Tom’s presentation encouraged attendees to consider the “reliability” of change, i.e. that the size of the change in scores is unlikely to be due to chance. He also discussed statistical considerations in determining the “clinical significance” of change, i.e. that change in scores reflects a move from one statistical population to another, such as a move from an admission population to a discharge population. Tom’s presentation highlighted the complexity of interpretation of results and the need for caution.

Tim Coombs gave a presentation outlining the progress of implementation of routine outcome measurement across Australia. He highlighted those factors which are necessary for successful implementation, in particular the need for strong leadership and good management support. He also identified the need to modify business practice and embed the outcome measures into existing clinical documentation and clinical pathways. Tim also presented information from the 1st Edition National Outcomes and Casemix Collection

Standard Reports. These reports are available on the mhnocc website.

Consultation Report Now Available on the web!

In 2004, the Australian Mental Health Outcomes and Classification Network undertook a comprehensive consultation aimed at determining the extent of implementation of the National Outcomes and Casemix Collection and the identification of those issues impacting on the sustainable implementation of routine outcome measurement.

The consultations elicited answers to the eight sets of questions from stakeholders in all States/Territories between 19 March and 30 April 2004. The consultations were attended by 123 stakeholders, representing a mix of policy-makers and technical personnel from central mental health units and mainstream health information sections, service managers, clinicians and individuals responsible for supporting the NOCC and NMDS collections at a site level, members of the Expert Groups, consumers and carers.

The result of this consultation process was the production of a report outlining the scope of implementation and emergent issues. This report is now available on the website at www.mhnocc.org

Newsletter compiled by Tim Coombs