



Welcome to issue 9 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.

Victorian Outcomes Forum

On the 12th May 2005, AMHOCN, in association with the Mental Health Branch of the Victorian Department of Health, held a forum entitled **“The Next Steps: Clinical and Management Utility of Routine Outcome Measurement in Mental Health”**. Over 90 people attended the forum which included a variety of presentations on the clinical and management utility of the National Outcomes and Casemix Collection (NOCC).

To start the day, Veronica Spillane, Manager, Clinical Policy and Standards, Mental Health Branch, in her presentation **“From Sector Compliance to Ownership”** outlined the history of routine outcome measurement in Victoria. She reported that HoNOS field trials were undertaken in 1996. Consultation with the sector on the suite of measures then took place during 1997-1999. Round 1 routine outcome measurement implementation

took place in four lead agencies during 2000. The period 1999 - 2003 also saw significant work on the establishment of an information technology infrastructure with the development of RAPID and the Wellbeing Reporting Tool, which allows both individual consumer and aggregate reports. 2002 - 2004 saw continued implementation, with Round 2 training taking place. This ten years of work lead to the Consolidation Phase of implementation (2005 – 2006) and the development of the **Quality Through Outcomes (QUATRO) Network**.



Veronica Spillane, Mario Santill and Gilbert Van Hoeydonck discuss the sustainable implementation of routine outcome measurement at the forum

The QUATRO Mission is *“to ensure that outcome measurement is integrated within a quality improvement framework and becomes an integral part of the organisational culture in*

clinical mental health services”.

To achieve this, three lead agencies in Victoria have been identified.

- **Barwon Health** (Western Cluster)
- **St. Vincent’s Health** (North East Cluster)
- **The Alfred** (South East Cluster)

Each of these agencies sits within established Education and Training Partnership clusters, further mainstreaming NOCC. At the forum, each agency presented their approach to supporting sustainable outcome measures implementation.

Tom Callaly, from **Barwon Health**, explained that their plan, in addition to promoting the completion of BASIS-32 and the SDQ, also promotes the sharing of HoNOS and LSP ratings with consumers. These activities will lead to more meaningful care planning. There will also be additional education for clinicians and consumers which will also assist in the development of a consumer education package. Ultimately, the plan involves consumers educating clinicians on the importance of routine outcome measurement. Indeed, this is

an approach already being adopted in New Zealand (for more information see <http://www.mhrds.govt.nz/>).

Lisa Gill explained that the approach at **St Vincent's** is a little different. The initial task is to scope existing compliance with the NOCC protocol within the cluster. This scoping study will identify examples of best practice and these will be showcased around the cluster. The scoping study will also identify barriers to sustainable implementation. The plan is to then implement a range of targeted improvement activities in response to identified needs. These activities will be developed through a cluster Steering Committee involving representation from the member agencies.

The plan also involves additional training, including: induction and refresher training in the use of the outcome measures, the use of the Wellbeing Reporting Tool, interpretation and the clinical utility of the measures. Training will be made available to all discipline groups and will include targeted activities for medical staff and consumer and carer consultants.

Jayashri Kulkarni outlined a slightly different approach taken by **The Alfred** where the aim is to further develop a culture of evaluation within services. The Alfred's plan involves the production of evidence about health outcomes in mental health, ensuring this information is fed

back to stakeholders, including consumers. A key component of The Alfred's plan is the development of a taskforce to undertake benchmarking activities within the services in the cluster.

The forum also included a variety of presentations on how people have already been using the NOCC measures as part of practice and service development.

Sandra Keppich-Arnold, ADON - Community Manager, Caulfield Aged Psychiatry Service gave a presentation entitled "**Can HoNOS be Used as a Case Load Management Tool?**". She outlined how the HoNOS is being used within her service to develop clinician understanding of the core business, including the need to define key intake and discharge criteria and an understanding of the burden of caseloads. So, for example, a HoNOS score of greater than 12 indicates the need for referral to the "Acute Care" team. While HoNOS scores of 10 - 12 are given a high contact weighting (time consuming and significant workload). A HoNOS score of 6 - 10 indicates the necessity for medium contact, between weekly – fortnightly visits, but with agency liaison and support. While HoNOS scores of 4 - 6 indicate low contact and relatively stable. For those consumers with HoNOS scores below 4, clinicians are encouraged to consider discharge or shared care. Sandra concludes: "*Whilst there is still a way to go, I believe there is reason to*

determine the value of existing tools to drive effective case management, clinical interventions and clinical priority."

Mario Santilli, in his presentation entitled "**Implementation of Outcome Measures in the Grampians Region: Past, Present, Future**", outlined the challenges faced during the process of implementation. In particular he noted that outcome measurement was something new for line managers and they struggled to make use of the measures. Mario's presentation highlighted the need for continued development of resources to support not only clinicians, but also managers.

Finally, **Alex Couley and Mike Verner** from Traralgon spoke on "**The Use of Assessment Science to Improve the Art of Intervention**". They outlined how they used routine outcome measures as part of their clinical practice in rehabilitation. They highlighted the value of the measures in supporting a dialogue between the consumer and clinician, as well as supporting the consumer's personal reflection on perceived changes. Alex and Mike challenged forum participants to use the measures in their clinical practice and **notice the difference**.

Forum presentations are available to download from the MHNOCC website.

Newsletter compiled by Tim Coombs