

INFORMMH
INFORMATION AND REPORTING
MENTAL HEALTH DRUG AND ALCOHOL OFFICE
NSW HEALTH

Using the HoNOS in Clinical Benchmarking and Performance Reporting



DEFINE ANALYSE IMPLEMENT REVIEW

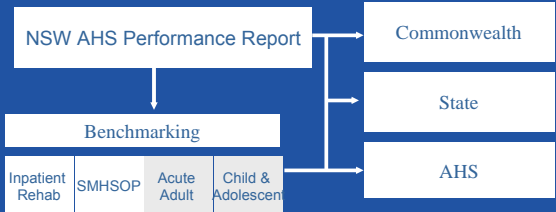
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InforMH and the NSW Performance Report

- InforMH is the information and reporting branch of the Mental Health Drug and Alcohol Office, NSW Health.
- InforMHs role is to support services to improve care through the delivery of clinical and service performance information.
- Central to this process is the NSW Mental Health Performance Report.
- The biannual report provides comparative performance information to the Area Health Services (AHS) and government against state and national key performance indicators.

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Use of Performance Reporting Information



NSW AHS Performance Report

Benchmarking

Inpatient Rehab SMHSOP Acute Adult Child & Adolescent

Commonwealth

State

AHS

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Reason for Benchmarking

"The fundamental *raison d'être* of benchmarking is to catalyse change that leads to improvement, oriented towards a recognised standard of good practice. If it does not drive change and innovation, then benchmarking is simply the accumulation of statistics for its own sake. It is vital that the results of the exercise are not left to gather dust on the shelf, but are used to inform and direct real action."

<http://www.locumconsulting.com/pdf/benchmarking>

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Governance-Inpatient Rehabilitation



Mental Health & Clinical Advisory Councils

Chronic & Continuing Care, Rehabilitation & Recovery Working Group

Benchmarking Subcommittee: Area Health Services Consumer Advisory Group, Mental Health & Drug Alcohol Office

Clinicians, Managers, Consumer Reps

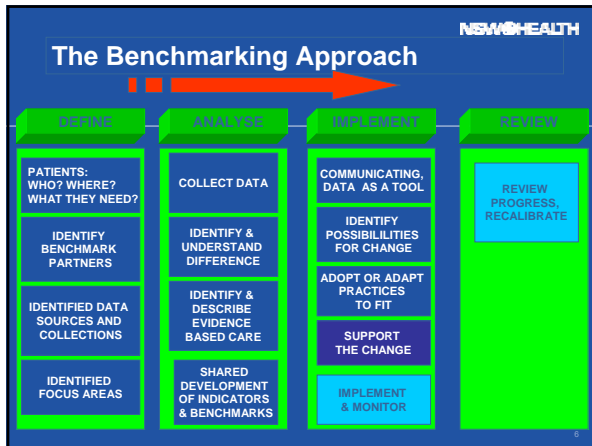
Advice & Action re: Policy, Planning, Benchmarks

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Current Benchmarking Programs



- Inpatient Adult Rehab.
- 8 AHS
- 20 Inpatient Rehab. Units and Cottages
- Stand alone & co-located
- "SMHSOP" Older people
- 8AHS
- 7Acute Inpatient Units
- 13 Community Teams



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Indicators developed for Inpatient Rehabilitation

Indicator 1: Average Length of Stay

Indicator 2: Readmission to mental health facility within 12 months of discharge.

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Indicator 3: "Overflows", stays under 7 days.

Indicator 4: Change in the HONOS.

HONOS Mean Change in Significant Scores from Admission to Discharge in NAIPUs 2006-2008. N= 240 Matched Pairs.

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Indicator 5: Contact with CMHT pre & post discharge.

Indicator 6: Proportion of current patients staying > 500 days.

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Indicator 7: Inpatient Rehabilitation Workforce FTEs

Indicator 8: Training- Recovery Focus

Indicator 9: Training- Managing Substance Misuse.

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Benchmarking Support Visits

- Critics, enemies and converts.
- Weak cultures of applying data to improve team clinical and service delivery
- ❖ Began discourse with clinicians and managers
- Developing Indicators for NAIPU
- Developing the utility of outcome measurement reporting
- Over 200 contacts with NAIPU staff
- 20% rise in outcome completions

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How we use the HONOS.

- A **tool** to aid clinical and managerial decision making.
- Within a set of **contextual** information eg. Diagnosis, LOS.
- **Comparative** presentation with similar service units.
- Reported on **completion rates** and scoring to assist in quantifying validity of the information.

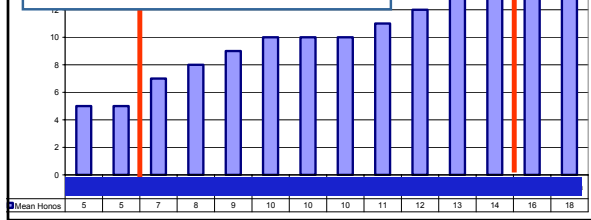
How our thinking about the HONOS changed in respect to feedback from clinicians.



First Learnings

Rehab Units: Mean Honos Total Score at Review 2005/2006

- HONOS preferred instrument for comparison
- Lower average total scores than expected
- Three units significantly different
- Low reported clinical utility of total scores
- Patient journey vs individual units.



Mean Honos

Patient Pathway

ENTRY



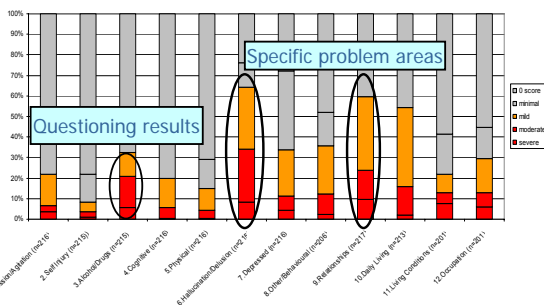
EXIT

Advantages

- Paired data only.
- Measure change.
- Reflect patient journey.
- First and Last Analysis

Second Learning's: Pairs in Patient Pathways HoNOS 1st Measure. 2006-2008

HONOS Items NSW NAPUs 2006-2008 Matched Pairs @ Admission.

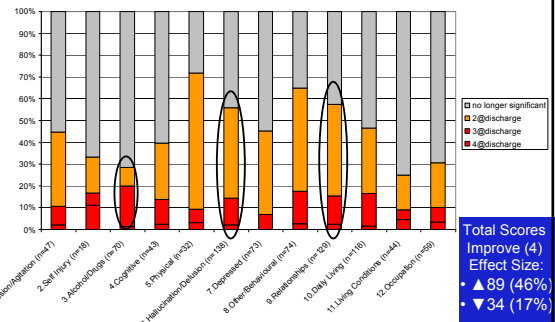


Questioning results

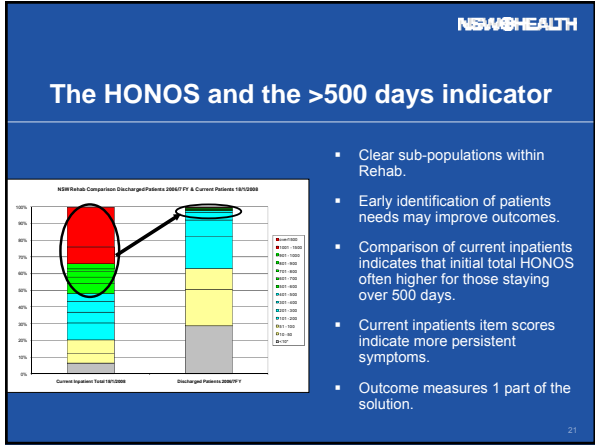
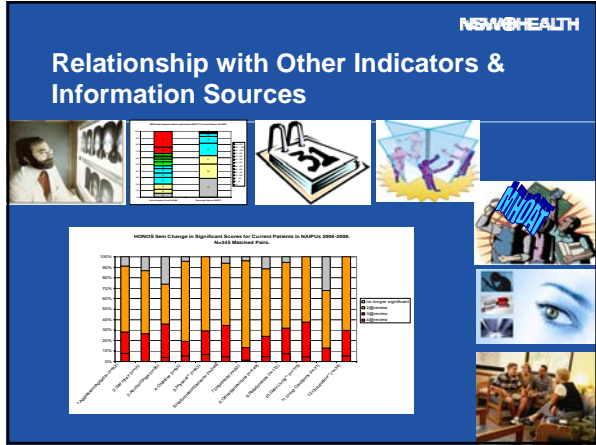
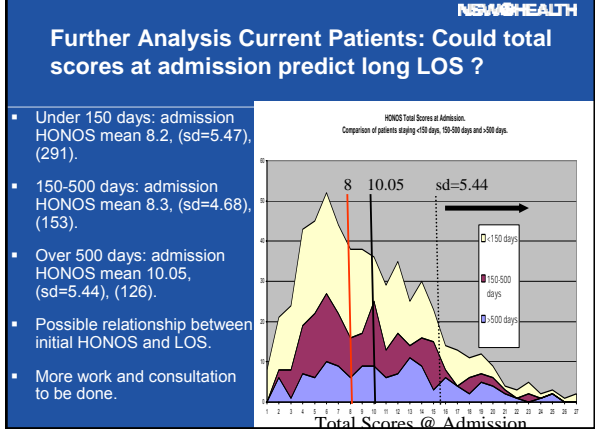
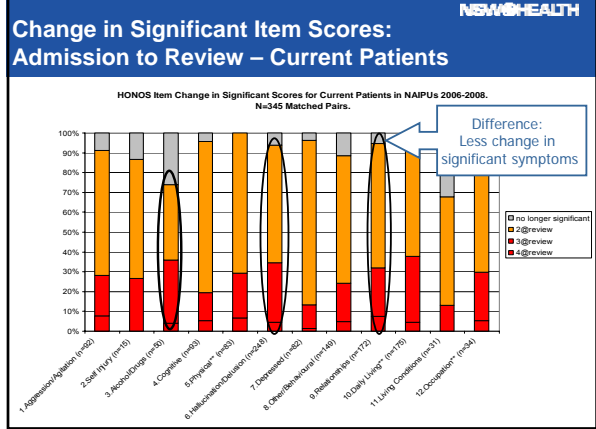
Specific problem areas

Change in Significant Item Scores: Admission-Discharge

HONOS Item Change in Significant Scores from Admission to Discharge in NSW NAPUs 2006-2008. N= 240 Matched Pairs.



Total Scores Improve (4)
Effect Size:
• ▲ 89 (46%)
• ▼ 34 (17%)



The HONOS and Workforce Training in Managing Substance Misuse.

- Identified patients with significant HONOS Drug and Alcohol (10%) issues lower than diagnostic information indicates (60-80%). Led to further investigation.
- Benchmarking staff training survey identified low training in substance misuse, management of psychosis, and family work.
- HONOS indicating that problems are persistent.

“Data is only as good as the action it generates”.

Actions

- Better reporting and increased use of outcome measures.
- AHSs implementing quality improvement projects :
 - 2 AHS addressing patients staying greater than 500 days.
 - 2 AHS addressing training indicators. All AHS further investigating training gaps.
 - 2 AHS implementing projects using change in the HONOS.
 - Learnings from the Benchmarking directly informing new NSW policy development.

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Like to know more?

- Inpatient Rehabilitation Benchmarking:
David Duerden on 02 88775125.
- Specialist Mental Health Services for Older People Benchmarking: *Tim Sussman on 02 88775186.*
- NSW Mental Health Performance Report:
Sharon Jones 02 88775121.

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