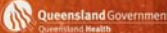


InforMHQ

Sustainable Outcome Information Collection: What makes the difference?

Herding Cats 101

Kathy Stapley
Acting Manager
Queensland Mental Health Clinical Improvement Team



A Brief History

- ❖ State training team – 3,500 clinicians
- ❖ Collection commenced late 2003
- ❖ State-wide electronic collection system (3x in total)
- ❖ Roll out of new integrated outcomes, activity and MHA application – 17th November 2008

The 'Outcomes' Team

Queensland Mental Health Clinical Improvement Team

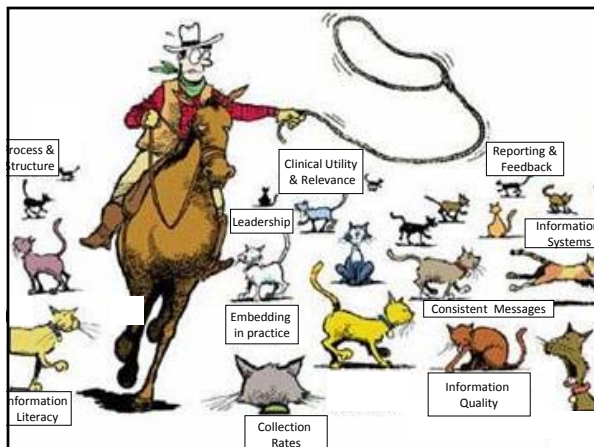
- ❖ 1 x Manager*
- ❖ 3 x Coordinators*
- ❖ 1 x Consumer Coordinator

Team established with recurrent State funding

* Positions in the process of permanent recruitment

Developmental Stages

The Name	The Stage	The Goal
Zonal Outcomes Team	Data Collection	Collect! Collect! Collect! Practice collecting & embed in daily practice
Area Clinical Information Team	Information Literacy	Quality & Use Quality of collection – telling the story Supporting stake holders to develop high level skills in information use
Queensland Mental Health Clinical Improvement Team	Information Expertise	Driving Clinical Improvement Mental health information drives & supports clinical reform, clinical and organisational change processes and using best practice to support service evaluation and improvement activities.



What makes the difference?

1. Consistent Messages
2. Reporting & Feedback
3. Clinical Utility & Relevance
4. Embedding

Consistent Messages

The Vision
Key Messages

The Vision

A move from.....data collectors



information users



Mental Health services in which information drives clinical reform, service evaluation & service improvement

Key Messages

- ❖ Mental health information can & should be used to improve the quality of service provision and consumers' outcomes
- ❖ Clinical judgment must be the primary driver – outcome measures support not replace the clinical process
- ❖ Measures are part of the process not a process unto themselves – i.e. no “HoNOS” assessments
- ❖ Information collected has the capacity to demonstrate what you do, who you provide service to and what changes for them
- ❖ No longer a project – this is core practice – it is here to stay

Reporting & Feedback

Report Cards

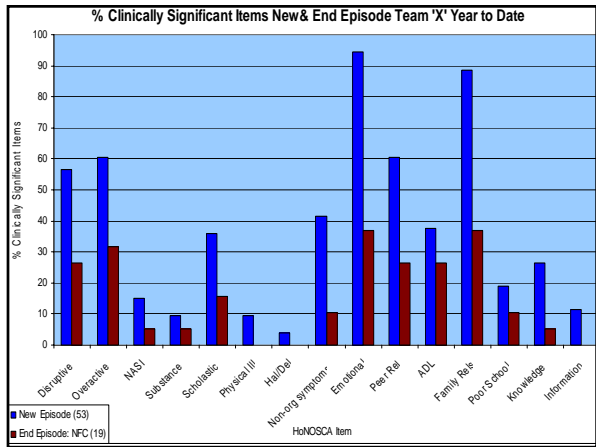
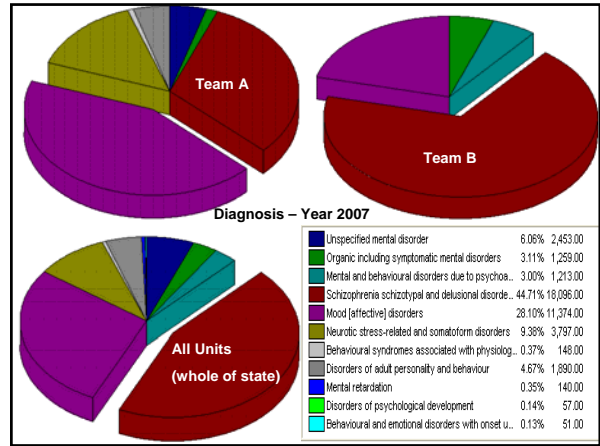
- “Participation” (Compliance) Reporting
- Quality Information Check

Telling the story of “Who are You?”

Treating Unit/Team	Outcomes Report Card - January to December 2007											
	New			Review			End			MHI	SDQ	MHI
	n	%	%	n	%	%	n	%	%	%	%	%
Acute Care Team	274	97	85	2	88	18	199	85	90	6		59
Adult Community MHS	302	92	91	683	87	74	257	85	89	16		37
Community Team	13	71	74	71	44	80	33	80	83	7		44
Consultation-Liaison	111	98		0			74	91		0		45
Community MHS	138	94	99	66	84	100	104	99	99	12		36
ult Community MHS	232	83	85	383	85	78	258	75	85	19		28
Psychogeriatric Team	56	74	84	144	70	52	72	88	88	1		22
Community Team	109	88	85	159	73	63	120	82	85	13		25



Team Name	New				Review				End					
	Total No.	One Scale	All 0's	> Two 7 or 9	Total No.	One Scale	All 0's	> Two 7 or 9	Diag F99	Total No.	One Scale	All 0's	> Two 7 or 9	Diag F99
		%	%	%		%	%	%			%	%	%	
Inpatient	186	9.7	1.1	5.4					0	139	14.4	4.3	5.8	3.6
Team One	27	3.7		7.4	12	8.3		8.3		21	9.5	4.8	47.6	33.3
Team Two	174	13.8	14.4	3.4	8		37.5	3.5		144	2.8	4.2	74.3	18.8
Team Three	66	4.5	1.5	18.2	57	14	10.5	3.5		69	4.3	5.8	59.4	8.7
Team Four	29		20.7	3.4	20	5	5			30	3.3	6.7	20	10
Team Five									0	1			100	100
Team Six	183	8.2	5.5	5.5	44	2.3		97.7	70.5	153	4.6	2.6	73.2	13.7



Clinical Utility & Relevance

Providing tools to support use in practice

Consumer: MARIA, MARIA DOB: 1/6/1962 Sex: Female Treating unit: Continuing Care Team - North

Collection occasion: Collection date: 21/11/2005 Collection reason: New episode: new referral Service type: Community/Ambulatory

Care Planning Issues

Based on the consumer's current collection occasion, the following are issues that may be considered when formulating the Care Plan, Service Plan or Treatment Plan.

Measure	Item Number	Item Description
ADL Issues		
HANOSCA5	10	Problems with activities of daily living
Behavioural Issues		
HANOSCA5	1	Overactive, aggressive, disruptive or agitated behaviour
Depressed Mood		
HANOSCA5	7	Problems with depressed mood
Life satisfaction Issues		
MHI	1	Happy, satisfied, or pleased with personal life
Other Psychological Problems		
HANOSCA5	8	Other mental and behavioural issues
MHI	30	Under any strain, stress or pressure
Positive Affect Issues		
MHI	31	Felt cheerful and lighthearted
Relationship Issues		
HANOSCA5	9	Problems with relationships
Self Harm Issues		
HANOSCA5	2	Non-accidental self-injury

Embedding in service

Outcomes Resource People (ORPs)

What is an ORP?

An ORP

- Is interested in and understands the role of information in service improvement
- Is a key resource in encouraging information literacy
- Is a source of knowledge, skill and wisdom in information collection and use

What is Not an ORP?

•An ORP is not:

- the Outcomes Police – it is NOT their role to enforce collection
- someone who will enter outcomes collections
- The Complaints Department

Key Learnings

- Process, procedures and structures are vital
- Comprehensive & comprehensible feedback is vital
- One size does not fit all
- Information literacy does not occur spontaneously
- Move must be made from data collection to information use
- Must meet the needs of multiple stakeholders

Key Learnings

- Culture change won't happen overnight (but it will happen)
- The cats must be herded repeatedly
- And when all else fails.....pure, unadulterated, uncompromising, unflagging stubbornness and optimism

The Challenges Ahead

- Developing information literacy across all service levels
- Making the link to information use to drive clinical reform, service evaluation and planning
- Developing more strategies to ensure consistent collection of quality information
- Improving rates of CSA collection
- Providing quality training when, how and where it's required

