

Queensland Government *Qld Mental Health*
Benchmarking Unit
 Mental health services measuring improvement

Does performance information like outcome measures improve service delivery?

An Assessment of a Benchmarking Process

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Benchmarking Unit

A State-wide service – hosted by The Park - Centre for Mental Health


- Funded by the Queensland Health Mental Health Branch for 3 years to provide the following services:
 - Facilitate State-wide benchmarking for extended treatment inpatient mental health services in the areas of ABI, Older Persons, Rehabilitation and Dual Diagnosis, Medium Secure and Forensic Mental Health Services
 - Coordinate QLD's participation the National Mental Health Benchmarking Project (Forensic Forum)
 - Contribute to the development of regular reporting for The Park (internal benchmarking).
 - Assist Dr Terry Stedman to form an evaluation framework for the Mental Health Plan 2007-2017

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Queensland's Mental Health Adult and Older Persons Inpatient Services

Acute Inpatient MHS 633 beds Extended Inpatient MHS 609 beds Forensic MHS 143 beds

Medium Secure 4 services Acquired Brain Injury 4 services Extended Treatment Rehab & Dual Diagnosis 12 services Older Persons Extended Services 9 services



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What is Benchmarking???

“...the systematic process of searching for and implementing best practice within an individual service or similar groups of services.”

Bullivant (1994)

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To date the QMHBU has engaged **97%** of extended inpatient services in state-wide benchmarking.

Extended Inpatient Treatment Service Type	Acquired Brain Injury	Older Persons	Extended Rehabilitation and Dual Diagnosis	Medium Secure	Total
Number of participating service units	4/4	8/9	12/12	4/4	28/29
Number of beds	62	106	312	99	579
Number of Staff survey respondents	61	159	231	105	556
Benchmarking rounds completed	1	1	2	2 (2 nd round in progress)	6

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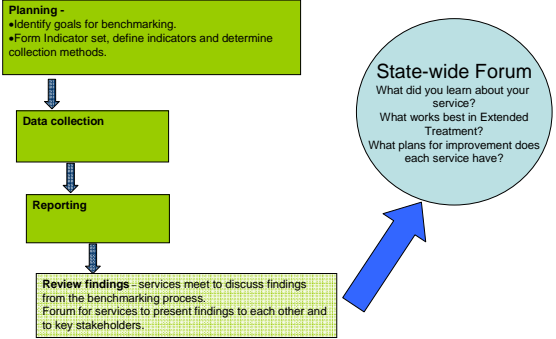
Planning -
 •Identify goals for benchmarking.
 •Form Indicator set, define indicators and determine collection methods.

Data collection

Reporting

Review findings - services meet to discuss findings from the benchmarking process. Forum for services to present findings to each other and to key stakeholders.

State-wide Forum
 What did you learn about your services?
 What works best in Extended Treatment?
 What plans for improvement does each service have?



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Support for Services:

- Working group meetings to determine process and indicators
- Information session for staff pre and post data collection
- Iterative process to review data and finalise report
- Toolkit to assist services to collect agreed information
- Hands on support to assist data collection if required
- Posters for consumers and staff to promote benchmarking
- Presentation of findings for participating services
- Assistance in preparing material for state-wide forum
- Organise and fund state-wide benchmarking forum for each group

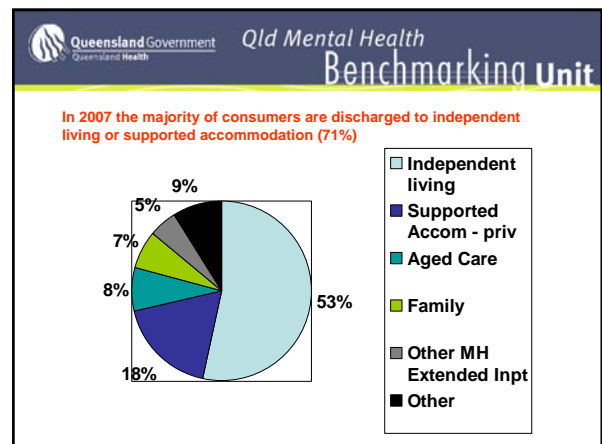
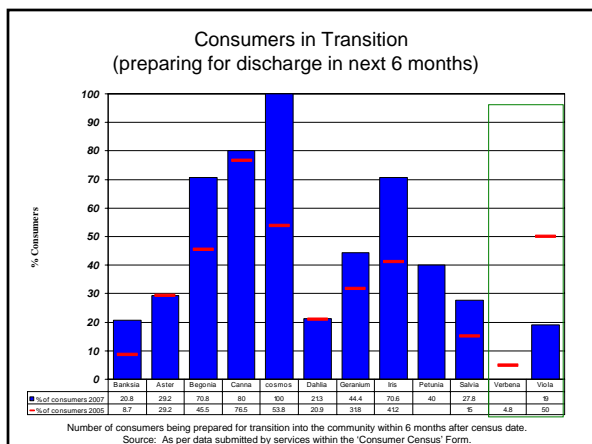
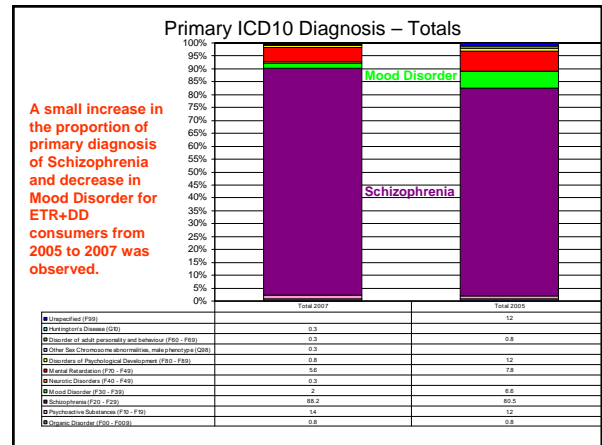
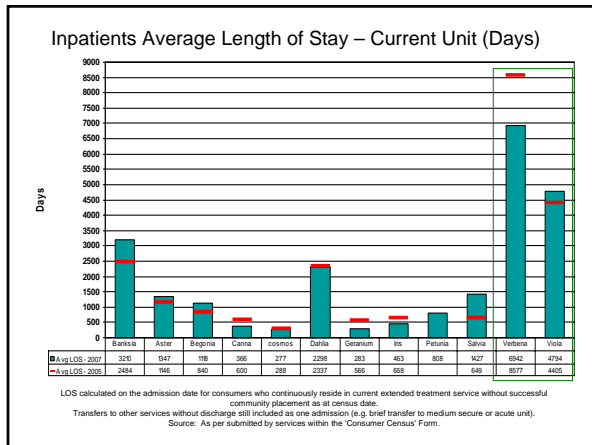
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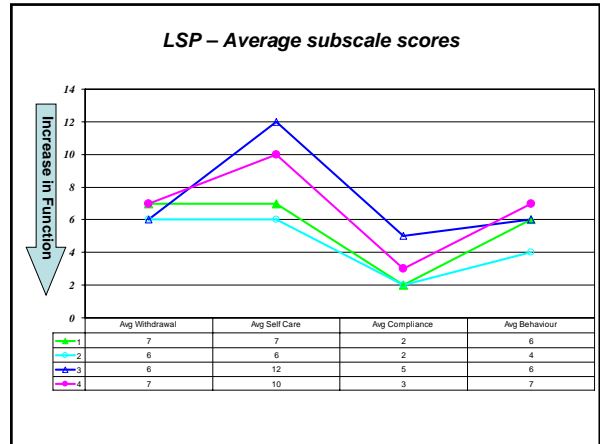
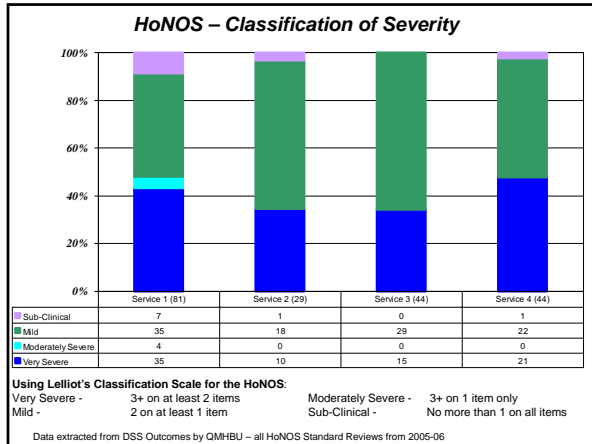
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Mental health services measuring improvement

Information for benchmarking:

- **Activity Indicators** (eg. admissions/discharges, length of stay, etc),
- **Client Related Indicators** (eg. age, diagnosis, previous admissions, mental health act status, weight, etc),
- **Process Indicators** (eg. incidents, seclusion use, leave, etc),
- **Outcome Indicators** (eg. HoNOS, LSP), and
- **Human Resource Indicators** (absenteeism, sick leave, vacancy rates, etc).
- **Staff Survey** (training, work satisfaction, unit activities, staff expectations, etc).
- **Consumer Satisfaction**





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Benchmarking Learnings.....

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Motivation (and expectation) varies....

"I understand the concept, sir, but I think I'd do better if it were a donut"

- Improve local service practices
- Information to lobby
- Accreditation
- To be part of a statewide process

Focus on areas that are relevant and within the services sphere of control.....

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Extended inpatient services are different.....

- Different pace
- Few projects focus on them
- Keen to work together
- Genuine commitment to improve care for consumers

Our Activities Area

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Engage and Reassure Clinicians:

Benchmarking = Service performance NOT individual performance

Collecting data manually means all staff can be involved = engaged in the process



"It does take time - it is a time consuming exercise and I don't think that clinicians and units can do it on the ground without the support of something like the benchmarking unit...it took enough time as it was."

Communities of practice....



Evaluation:

A part time evaluation officer was employed to undertake individual interviews and focus groups with participating services. The evaluation was externally supervised by the Service Evaluation and Research Unit (Dr Tom Meehan).

22 services were involved
N= 84 participants

What is benchmarking?


Well, clinical benchmarking is looking at facilities similar to you, so it's apples with apples not apples and oranges. Looking at similar units and basically seeing the standards or the KPIs that each of the units have and looking at the variance, why is mine lower than theirs? Is there a reason to that? Is it because of location? What we're doing wrong? And how we can improve? So it's your quality cycle and evaluating your own processes...

Did your service benefit from benchmarking? How?

A: It highlights the things that we have been doing right, which means that we can be ongoing with those things and improve them but also some of the negative things that we could improve on, well that can only help the consumer.

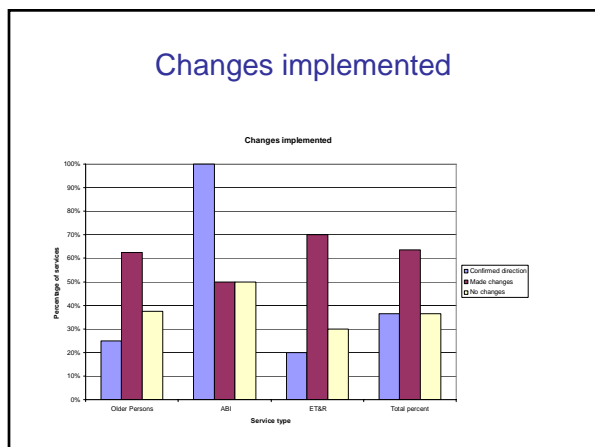
B: and I think there are things that we can do better. Which you can talk up when you come back to those other staff who didn't get to go and like it's good work. It's the motivation that keeps you going too, with that sort of stuff.

Yes, definitely did get a lot from [the Forum day], I mean even just going down for that day was excellent just talking to other people doing the same sort of thing, because it is very isolated here. There's not a lot of networking and I just need to catch up with people because my feet haven't hit the ground since I've been back... Definitely the networking has been excellent.

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Benefits of Benchmarking	Learning about own service	Highlights strengths and weaknesses Overview of service Tool for Reflection
	Learning about other services	Share information between services Networking Learn about other services
	Organisational benefits	Political benefits – visible to management, lobbying Feedback for staff – acknowledge success Accreditation
Collecting Information	Data collection concerns	Took staff away from clinical duties Uncertainty about indicators Difficulty in accessing data Staff movements Delegation problems
	Facilitating factors	QMHBU Support from higher management Good communication between staff

Issues identified by service type

	OP	ABI	ET&R	Total
Obesity	3	2	5	10
Incorrectly rating HoNOS	3	1	2	6
Insufficient family/ carer involvement	2	2	0	4
Poor documentation	2	1	1	4
Smoking	0	3	0	3
Falls	2	0	0	2
Need for improved rehab program	1	0	1	2
PRN usage	0	1	0	1
Low number of MH endorsed nurses	0	1	0	1
Staff sick leave	0	1	0	1
Not meeting clinical needs	0	0	1	1
Improve assessment process	0	0	1	1
decrease continuous observations	0	0	1	1



Service Improvements:

86% of services involved in benchmarking identified areas that required improvement.

64% of services identified that they had implemented one or more service improvement projects as a result of benchmarking

- ### Service Improvements:
- Projects to reduce adverse incidents (falls, medication errors)
 - Changes to practice in relation to the use of restraint
 - Improvements in the quality of data collected and used
 - Programs to reduce morbidity associated with obesity (healthy eating, exercise)
 - Programs to reduce morbidity associated with tobacco use
 - Improvements in diagnosis and recording of physical co-morbidities
 - Improvement in service throughput by employment of a transition support worker
 - Staffing profile enhancements to facilitate improved consumer access to leave
 - Enhancements to rehabilitation programs
 - Development of links between services and TAFE
 - Use of benchmarking information to review Models of Service Delivery

- ### Summary of findings:
- Facilitation of process is essential
 - Organisational dynamics are an important consideration – foster a culture of information use
 - Engagement of consumers, carers and staff
 - Important to provide opportunities for stakeholders to explore, understand and interpret findings
 - Celebrate successes as well as considering opportunities for improvement
 - Benchmarking can lead to service improvements and to organisational learning!!