

***Appropriateness – Interventions are selected based on the likelihood of producing the desired outcome for patients. Using the evidence to do the right thing to the right patient, at the right time, and avoiding under and over utilisation.***

## **Quality Project 4: IMHP Outcome Measurement Project**

### **Background**

The routine measurement of consumer outcomes in publicly-funded mental health services in Australia has been mandatory since 2003/4. The National Outcomes and Case-mix Collection Protocol (NOCC) involves ratings by clinicians and consumers of client mental health status at routine occasions – on entry, at 91 day review and exit. For Child and Adolescent Mental Health Services, the NOCC suite includes clinician measures (Health of the Nation Outcome Scales for Children and Adolescents or HoNOSCA and the Child Global Assessment Scale or C-GAS), and consumer and parent-rated measures (Strengths & Difficulties Questionnaire or SDQ).

The implementation of routine outcome measurement was unprecedented internationally and has resulted in significant challenges for mental health services. Most services, including ours, have struggled to embed the collection and utilisation of consumer outcomes in clinical practice. Instead of being able to use the measures and the information they generate in meaningful ways clinically, most services have emphasised administrative compliance with the protocol.

This project is helping clinicians to use outcome measures collaboratively with consumers, to engage them in monitoring progress, and in clinical decision making. It also will improve service delivery, although this depends on the presence of other factors that are increasingly evident. Services require a culture and practice of clinical science and measurement, and must adopt a collaborative approach to change management. This means being willing to expose areas of weakness for learning and improvement if CAMHS are to become learning organizations.

### **Issue Definition**

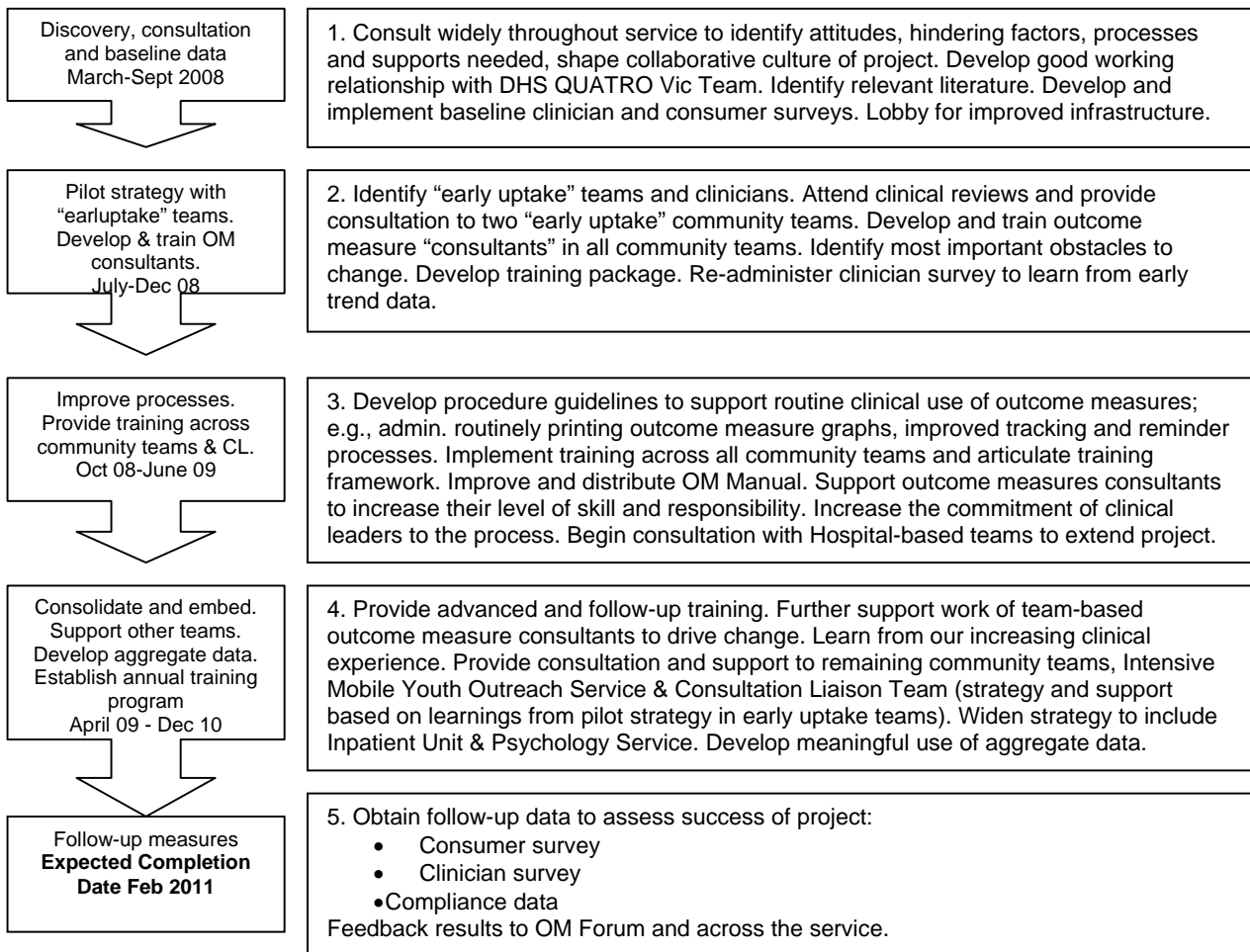
The project supports the RCH's goal of quality and safety improvement by enhancing the use of tools to monitor problems and impairment within routine clinical care to ensure the **appropriateness** of interventions with consumers through timely review, and enhance the **acceptability** of interventions through building a collaborative relationship with consumers to identify treatment goals and monitor progress, to improve the **effectiveness** of treatment.

### **Project & Outcomes**

The OM project aims to substantially improve the clinical utilisation of outcome measures across the mental health service and increase compliance with the NOCC protocol by radically changing the way OMs are used – from collection as an administrative task (or burden) to being woven meaningfully into the fabric of clinical care. The project commenced in March 2008, and is led by the RCH IMHP Outcome Measures Coordinator, 0.3 EFT / week, who works collaboratively with Decision Support, Medical Records, Team Coordinators, Admin staff, Outcome Measure Consultant clinicians on each team and clinicians; supported by the Outcome Measures Forum.

The properties of the scales are such that repeated measures are required to monitor change. While OMs may help to evaluate the effectiveness of routine treatment and increase the appropriateness of interventions, clinicians must use the OM information in collaborative discussion with consumers at each 91 day review. These review occasions are where the immediate effectiveness of treatment can be best assessed, and if necessary where clinical decisions are made about the best course of action – e.g., to consider an alternative intervention for that particular problem, co-morbidity, situation or predicament. Compliance rates at 91 day review have historically been the lowest and the most difficult to change in all services.

The Process and Methodology of the Project are described schematically below:



## Outcomes

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The project has overseen substantial improvements in compliance at all time points – at assessment, review and discharge. While review compliance has significantly improved, it remains problematic and processes are being implemented to substantially improve this.

**Give examples of where your program has improved the quality of care or services provided in relation to Appropriateness.**

Outcome – What happened	Evaluation method – how do you know it worked?	Evidence
OM Utilisation rates have improved, with a focus currently on review occasions.	Data collection is facilitated by using the DHS Consumer Management Interface (CMI) Information System (RAPID).	Refer graph. Overall compliance has improved from 57% to 64% between Feb 08 & Aug 2010. Discharge rates improved from 69% to 80% in same period & review rates more than doubled from 18% to approx 50%.

**Current Improvement activities planned or underway:**

What are you going to improve?	Proposed Evaluation Method (how will you	Who is responsible?	By When
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	<b>know it has worked?)</b>		
Improve utilisation rates through enhanced tracking, reporting & feedback systems, and by holding teams & clinicians accountable.	Data collection both internal and through DHS quarterly reports.	Kylie Scoullar	February 2010
Integrate outcome measures with the clinical care and processes of cases by routine discussion of outcome measures with consumers and in clinical governance and team reviews.	Consult with clinicians and consumers to evaluate their views on OM participation and improve processes.	Kylie Scoullar & Consumer Consultant	March 2011
A related project is being used to introduce routine outcome measure use in the RCH Consultation and Liaison service – which has not historically been required to use OM under the NOCC protocol.	C&L clinicians are using a modified OM tool and will evaluate its utility through a qualitative survey of clinicians and quantitative data on clients.	Kylie Scoullar, Dr C Prakash & David Reid C&L Team Coordinator	March 2010

