



What's the Outcome?

Implementation of Outcome
Measures in the Grampians Region,
Past Present Future

Past (1998 – 2002)

- One of 4 first round agencies
- Good Support from DHS
- Site Visits
- Resources
- Training Options
- Follow up

Past (1998 – 2002)

- The Service had good management Support from the Area Manager and DCS
- Common understanding and goal direction
- Commitment to local resources to undertake the change process ie document redesign, policy development, training, IT
- Expectation from line managers
- Adult Only

Past (1998 – 2002)

- Trained everyone in the NOCC collection protocols (train all)
- Provided policy direction re collection
- Provided tools to enable collection (documentation, flow chart, laminated sheets)
- Provided some expectation how measures could be used in clinical practice.
- No real monitoring mechanisms other than occasional file audits

Past (1998 – 2002)

○ Problems

- Line managers did not know how to supervise re outcome measures found it difficult to make connections
- Loss of support from the DCS and subsequently from other consultant psychiatrists
- Area Manager support remained but superficially with limited direction to line managers to supervise at appropriate points of care

Past (1998 – 2002)

- Limited sporadic use of measures to identify, plan, implement or evaluate care
- Anecdotal evidence supporting the Basis 32 as the most relevant measure
- Some Enthusiasm still evident within the Service
- Confident that collection was occurring as per NOCC
- Feedback through I.T. inconstant and haphazardly applied. (HBL)

Past (2002 – 2003)

- Roll out phase 2
- Re invigoration (raised awareness)
- Train the trainer in all age settings
- Documentation and policy review
- Emphasis still on collection
- Introduction of Wellbeing Reporting Tool raised some enthusiasm from clinicians for getting information out of the data systems

Past (2002 – 2003)

- Still no monitoring mechanisms in place however file audits indicated that collection was occurring
- Centralised data entry for the service was changed to team based, limited methods for checking if data was sent for entry.
- Still limited evidence that measures are used routinely in practice regardless of policy, training and supervision.

Past (2002 – 2003)

- Resignation of Area Manager (2002)
- DCS resigns (late 2003)
- Senior community manager resigns (2003)
- Period of uncertainty within the service due to Senior Staff Changes

Present (2004 – 2005)

- New Area Manager appointed
- New DCS appointed
- New Senior Staff appointed
- New agreed direction – Integrated Mental Health Care Model, EBP

Present (2004 – 2005)

- Reaffirmation of the outcome measure process with the establishment of a local reference group.
- Changes to supervision practice
- Ongoing embedded training (orientation, EBP, separate sessions)

Present (2004 – 2005)

- Clinical Audits undertaken for each team every six months, monitoring accuracy of outcome measures against other clinical documentation
- Reports given to reference group from clinical area
- Discussion and movement toward integration of outcome measures into the IMHC structure, recording and application

Present (2004 – 2005)

- Discussions on how outcomes can assist in evaluating interventions
- Basis 32 – more active involvement by clinicians
- LSP to be undertaken during the needs assessment for all new clients
- Form design to include subscales on ISP

Present (2004 – 2005)

- Quatro Western Cluster
 - Encourage consumer completion of self ratings
 - How to use the information
 - Outcome measures in quality framework
 - Data to be used in routine clinical processes i.e. case planning, review and discharge planning

Present (2004 – 2005)

○ Quatro How

- Education training and information packages for consumers, carers and c&c consultants
- Education packages for clinicians for enhancing dialogue and therapeutic alliances
- Enhancing reporting and feedback to all parties.

Future 2005 and beyond

- Within 1 year all clinicians to collect routinely
- Within 18 months consumers and carers are more actively involved in self reporting
- Individual and team supervision routinely use outcomes as part of the clinical discussion

Future 2005 and beyond

- Within 2 years all teams to use Outcomes in case planning, review and evaluation
- Within 5 years clinical information systems to assist in monitoring and flagging



So What is the Outcome?
