

Psychiatric Disability Rehabilitation and Support Services

Measuring Consumer Outcomes: Guidelines for PDRSS

Document history

Version Number:	2.4
Last updated:	8 December 2004
Prepared by:	Verna Fisher and Gilbert Van Hoeydonck
Approval status:	Draft – no approved status
Approved by:	Awaiting approval

1 Introduction

Purpose of this document

This document aims to support workers in Psychiatric Disability Rehabilitation and Support Services (PDRSS) in the implementation of outcome measurement (OM). While each of the three available outcome measures comes with its own administration guidelines, some additional instructions for their use are outlined in this document.

Background

Measuring consumer outcomes is part of an overall quality improvement strategy for the Psychiatric Disability Rehabilitation and Support Service (PDRSS) sector. The Mental Health Branch (MHB) of the Department of Human Services (DHS) recognises the value of offering service users an opportunity to rate their own mental health and encourages PDRS services to collect consumer ratings, to analyse them locally and to incorporate the information in their practice.

Why measure outcomes in PDRSS?

Monitoring consumer outcomes is a fundamental aspect of PDRSS work as it highlights changes that occur in the lives of *individual* consumers during the period they have been supported by a PDRSS. Providing consumers with the opportunity to rate their own mental health and quality of life enhances the ongoing relationship and discussion between staff and consumers.

Scope of outcome measurement in PDRSS

As outcome measurement implies measuring change over time, it is expected that outcome measures will only be offered to PDRSS consumers who have an Individual Program Plan.

This means that Mutual Support and Self Help services will not be involved in outcome measurement. Also, people who attend Day Program drop-in only or who may only attend a Planned Respite service once would typically not be involved in OM.

It is expected that all other relevant PDRS services will invite service users to participate in outcome measurement. Please contact your regional DHS Agency Liaison Officer (ALO) if you believe your service is unable to participate or that it does not make sense for your service and its users.

2 Measures in use in Victorian PDRS services

Overview of measures

There are three separate outcome measures in use in PDRS services in Victoria:

BASIS-32

The 32-item *Behaviour and Symptom Identification Scale*, or BASIS-32, is a brief self-reporting measure for use by consumers of mental health services. The 32 items are grouped into five domains, (relation to self and others, daily living and role functioning, depression and anxiety, impulsive and addictive behaviour and psychosis).

CANSAS

The *Camberwell Assessment of Need – Short Appraisal Schedule* or CANSAS is a one-page instrument for the comprehensive assessment of the needs of people with severe mental health problems. It covers possible difficulties in 22 domains over the last month. The measure can be completed from a user, carer or staff perspective. No formal training is required to complete the measure.

WHOQOL

The *World Health Organisation Quality of Life (WHOQoL BREF)* is the short version of the 100-item Quality of Life scale developed by the World Health Organisation. The scale's 26 items cover four domains: physical health, psychological health, social relationships and environment. There are also two global questions about the respondent's overall satisfaction with their health and quality of life. The responses relate to the previous two weeks.

Selecting an outcome measure for your service

The paper *Improving services through consumer population outcome measurement in PDRSS*, which can be downloaded from the outcome measurement website (see under *Resources* for details), includes a more detailed description of the tools and the general emphasis of each. It describes a process that PDRSS can go through to select the most appropriate measure for their service. What a PDRSS wants to know about consumer outcomes will determine the choice of tool(s).

At this stage most services have indicated their choice of instrument for outcome measurement collection and appropriate licences have been purchased.

Please consider your choice of tool carefully. For monitoring and comparative purposes it is important that the same tool is offered to a consumer for subsequent self-ratings. As the tools are not interchangeable, services will not be able to compare consumer outcomes between different tools.

Licensing issues

If you haven't already done so, please advise Mental Health Branch of the instrument(s) you intend to use. Not all measures are in the public domain, and there may be copyright restrictions or licensing arrangements that you need to comply with.

The BASIS-32, for example, was developed by McLean Hospital in Massachusetts (USA) and is not in the public domain. Copyright rests with McLean Hospital. DHS has an arrangement in place with McLean Hospital governing the use of the BASIS-32 in Victoria and PDRS services using the BASIS-32 need to sign an end-user 'deed of licence' in order to be covered by this agreement.

As arrangements differ from measure to measure and may also change over time, we suggest that you contact Mental Health Branch when your service intends to start using one of the instruments listed above.

3 Administration Guidelines

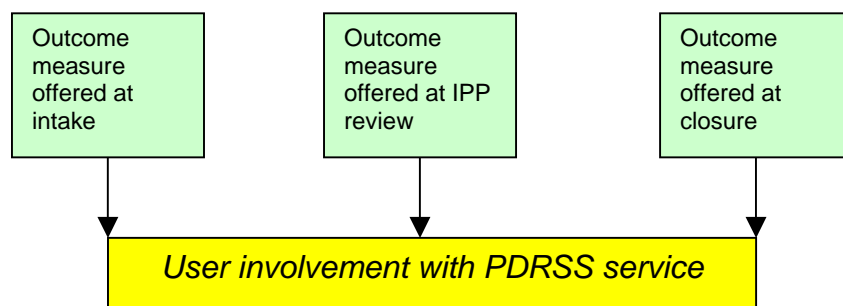
Implementing OM in your service

The introduction of outcome measurement is a big change for many services and implementation will require planning and the development of a clear local protocol.

The collection of outcome measures is expected to form part of your routine practice in working collaboratively with consumers with a recovery focus.

Offering the measure to consumers

Most PDRS services will probably find that it makes sense to offer the opportunity for self-rating when a person first enters the program and again where a review of an Individual Program Plan occurs. In addition, services may want to offer the relevant questionnaire to consumers as part of the closure process when they leave the service.



Consumer change, or outcome, is determined by comparing successive ratings. Outcome measurement data need to be interpreted with caution, as the change in health status, functioning or quality of life may not, or only partially, be attributable to the service provided by the PDRSS.

Consent

As with the administration of any tool, standard procedures regarding obtaining informed consent and adhering to appropriate confidentiality and privacy protocols should be followed. A sample Information Sheet for consumers is included in these guidelines. It can be copied or adapted and attached to each tool.

It is important that all consumers understand what information they are being asked to provide. The Information Sheet is a useful way of doing this. It is also designed to collect information about the program(s) the consumer attends and to record their ID number (the QDC statistical linkage key).

If you use the Information Sheet it should be read by, or with, consumers before they fill out the self-rating questionnaire.

Confidentiality and outcomes tracking

To maximise consumers' privacy and confidentiality, you need to instruct them not to complete the personal details on the tool; but explain that you have entered their client ID number (i.e., their QDC Statistical Linkage Key) to assist the service to track their changes and progress over time. As this ID number is a code, it will not identify the person to the Mental Health Branch or any other user of the data.

It is essential that you allocate a Statistical Linkage Key (SLK) to each consumer. You need the SLK in order to compare ratings made by the same consumer, thereby deriving the outcome. Without an SLK you will not be able to derive outcomes; all you will have is a series of unrelated snapshots. While these may provide you with some information about functioning at intake or closure, they will not inform discussions about outcomes and service effectiveness.

Program identification

Be sure to mark the appropriate PDRSS program type(s) at the bottom of the *Information Sheet* before handing the tool to the consumer.

The program categories are:

- 1 Home based outreach support (HBOS)
- 2 Residential rehabilitation
- 3 Psychosocial rehabilitation day program
- 4 Receiving both HBOS and psychosocial rehabilitation day program
- 5 Planned respite (for ongoing clients)
- 6 Supported accommodation.

4 Data Entry and Reporting

Entering the data

An interim data collection tool has been developed while the Department is examining the feasibility of incorporating the three outcome measurement instruments in the *Quarterly Data Collection* (QDC) tool.

The "PDRSS" data entry program is a small executable file that can be downloaded from the OM website and installed on a PC to facilitate data entry for the outcome measure used in your PDRS service. It acts as a quality assurance mechanism for data entry by ensuring that all fields are completed and that no inappropriate values are entered. It does not, however, calculate a total score for the measure or its subscales.

As stated above, it is essential that you allocate a Statistical Linkage Key (SLK) to each consumer if you wish to identify and compare outcomes.

More specific instructions for data entry can be found in the 'readme' file written for the "PDRSS" data entry program.

Retrieving the data

Outcome measurement data entered using the "PDRSS" data entry program are stored as comma separated values in a flat file that can be opened using MS-Excel. This data file should be backed up regularly.

Reporting to DHS

PDRSS will be advised about DHS reporting requirements.

Feedback from DHS

Once reporting arrangements are fully developed, the Mental Health Branch will provide a report to each service, presenting the analysis of their data and providing statewide comparisons where possible.

5 Summary

The 5-minute version of the busy professional's guide to OM implementation in PDRSS would look like this:

- ✓ **Select an outcome measure for use in your service**
- ✓ **Contact Mental Health Branch re licensing arrangements**
- ✓ **Develop a local protocol for engaging consumers and carers re OM**
- ✓ **Make clear to consumers and carers that participation in OM is voluntary**
- ✓ **Invite consumers with an IPP to complete a self-rating measure at intake, IPP review and closure**
- ✓ **Use the information provided in your work with the consumer and carer**
- ✓ **Safeguard the confidentiality of the information**
- ✓ **Remember to allocate a Statistical Linkage Key to each consumer**
- ✓ **Enter the data and periodically review trends**

6 Resources

6.1 Outcome Measurement website

The outcome measurement website of DHS contains some resources relating to OM in PDRSS:

- A background paper on *Improving services through consumer population outcome measurement in PDRSS*
- PDRSS data entry tool for downloading

The website can be found at:

<http://www.health.vic.gov.au/mentalhealth/outcomes/index.htm>

6.2 For further information

For further information about measuring outcomes in PDRSS please contact Mental Health Branch:

Gilbert Van Hoeydonck
Senior Policy Advisor
Mental Health Branch
Department of Human Services
Level 2, 555 Collins Street
Melbourne 3000

Tel: 9616 7128
Fax: 9616 8726

Email: Gilbert.VanHoeydonck@dhs.vic.gov.au

Website:
[Measuring Consumer Health Outcomes in Public Mental Health Services in Victoria, Australia](#)

6.3 Sample Information Sheet

Name of Service: _____

ID No. _____

Information Sheet

**Psychiatric Disability Rehabilitation and Support Services
Consumer Outcome Measurement**

We are interested in finding out how you are at the moment and have attached a set of questions to find out. At several points throughout your association with this service we hope to ask you the same questions again. By comparing your answers over time we will get a picture of how your sense of wellbeing is changing. We call this outcome measurement.

We hope that by collecting this information we will be able to see if this service is as effective and responsive as possible to your needs, as we aim to assist consumers to achieve positive mental health outcomes.

The Mental Health Branch of the Department of Human Services (DHS) may at times collate service and statewide outcome measurement data and provide reports to participating PDRS services about their consumers' outcomes. These reports will not identify individual consumers.

We are seeking your assistance.

*Your participation is completely **voluntary**. If you do not wish to take fill out the questionnaire, you do not have to. If you do not wish to answer any of the questions, you do not have to. If you decide to take part and later change your mind, you are free to withdraw at any stage and this will in no way disadvantage you or affect the services you use.*

*Your answers will be **confidential** and they will in no way disadvantage you or the services you use.*

*To help protect your **privacy**, you should not write your name on the form. Your Client ID Number has been entered to help us to track your changes and progress over time. As this ID Number is a code, it will not identify you to the Mental Health Branch.*

If you have any comments or questions about outcome measurement, please contact:

We value your opinion and appreciate your time in filling out this survey.

Thank you very much!

OFFICE USE ONLY			
<i>Please circle program type:</i>			
1	Home based outreach support (HBOS)	2	Psychosocial rehabilitation day program
3	Receiving both HBOS & psychosocial rehabilitation day program	4	Residential rehabilitation
5	Planned respite	6	Supported accommodation