



Australian Mental Health Outcomes and Classification Network

'Sharing Information to Improve Outcomes'

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Reporting domains of the experience of service measures: YES, YES CMO, CES

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BACKGROUND

A domain is a collection of items that reports on a single construct. For the Your Experiences of Service (YES) Survey, the Your Experiences of Service Community Managed Organisation (YES CMO) Survey and the Carer Experience Survey (CES), the domains are consistent. Jurisdictions have identified that domains are a useful way of reporting the results of the YES survey to stakeholders.

The initial Proof of Concept Trial for the YES survey presented nine domains, based on a policy review, as an interim measure to report data from the YES survey. These are shown in Table 1 below.

Table 1: Original YES domains

Domain	YES questions
Outcome	Q23, Q24, Q25, Q26
Individuality	Q6, Q16, Q21
Choice and involvement	Q10, Q.12, Q15
Attitudes, rights and responsibilities	Q1, Q2, Q4, Q5, Q7, Q19
Information	Q14, Q18
Partnerships	Q13, Q17
Access	Q8, Q20, Q22
Safety	Q3, Q9
Physical environment	Q11

This initial domain structure was endorsed by the Mental Health Information Strategy Standing Committee (MHISSC) in March 2015, anticipating that this structure would be reviewed when more data was available.

The MHISSC noted that these original nine domains mixed items measured on different scales and the domain names may not adequately reflect the items included. Following initial implementation of YES in three jurisdictions a larger data set was sourced. A principle component analysis of this data set revealed that the number of domains could be reduced and items aligned to the type of scale being used in the questionnaire, either the performance scale (Poor, Fair, Good, Very Good, Excellent) or the frequency scale (Never, Rarely Sometimes, Usually, Always).

This principle component analysis revealed that, statistically, items could be placed within any domain because overall the individual questions measured the construct of consumer experience. Therefore, the best approach was to align individual questions with domains that reflected policy considerations and the ability of domains to engage stakeholders in meaningful ways.

MHISSC undertook work which resulted in the removal of three domains and questions being aligned to new domain names. See Table 2 below. This resulted in the “Partnership” questions moving to the “Choice and involvement” domain; the “Access” questions moving to the “Choice and involvement” domain, the “Information” domain and the “Location” domain; and the “Safety” questions and the “Physical environment” questions moving to a new domain called “Safety and the physical environment”.

Table 2: Revised YES domains

Scale	Domain	YES question number
Performance scale	Outcome	Q23, Q24, Q25, Q26
	Information	Q18, Q19, Q20, Q21
	Location	Q22
Frequency scale	Individuality	Q6, Q16
	Choice and involvement	Q8, Q10, Q12, Q13, Q14, Q15, Q17
	Attitudes, rights and responsibilities	Q1, Q2, Q4, Q5, Q7
	Safety and the physical environment	Q3, Q9, Q11

A new domain structure was subsequently proposed and AMHOCN, under the guidance of MHISSC, undertook a process of consultation on naming these new domains. The focus of this consultation was to engage consumers, carers and clinicians in identifying suitable domain names to better support consumer understanding of reports and make for more meaningful reporting for quality improvement purposes.

The consultation process involved participants reviewing all three experience measures - the YES Survey, the YES CMO and the CES. Although individual forums varied, the majority of participants were not exposed to the a priori domain names but simply the items that made up a particular domain. Participants were then asked to review these individual items and encouraged to “think aloud” and describe what name could be given to a particular group of questions (domain).

The group facilitator then probed the responses provided by participants and worked towards the generation of a consensus for a particular domain name. These discussions included what words people liked and those that they did not. A modified snowballing technique was used across groups to check a particularly strong result for a domain name in one group with another group. All group and individual responses were collated and a modified constant comparative methodology was used where themes were identified and domain names generated. There was generally agreement within and across groups that the domain names should support the process of quality improvement making clear the link between reporting and active practice change based on the results. This process also enabled the generation of more detailed descriptions of each domain name.

MHISSC subsequently endorsed the following domain names as suitable for reporting across all three experience measures. Q22 which asked about service location was removed from reporting at the domain level (however it still contributes to the total score and can be reported at the individual item level). Q12, as a result of the process of consultation, was moved from the previously named “Choice and involvement” domain to the newly created “Showing respect” domain with better alignment across the suite of experience measures.

DOMAINS

Making a difference

This domain describes how the service contributed to outcomes for individuals. It includes social and emotional wellbeing and physical health.

Providing information and support

This domain describes how the service works for the individual. It includes resources such as written information, a care plan, and access to peer support.

Valuing individuality

This domain describes how the service meets individual’s needs. It includes sensitivity to culture, gender and faith and the importance of personal values and beliefs.

Supporting active participation

This domain describes how the service provides opportunities for engagement, choice and involvement in the process of service delivery.

Showing respect

The domain describes how the service provides the individual with a welcoming environment where they are recognised, valued and treated with dignity.

Ensuring safety and fairness

This domain describes how services provide individual’s with a physically and emotionally safety environment.

The following tables show, for the YES, the YES CMO and the CES, the questions that relate to these domains.

Making a difference

YES	YES CMO	CES
<p>Q 23. The effect the service had on your hopefulness for the future</p> <p>Q 24. The effect the service had on your ability to manage your day to day life</p> <p>Q 25. The effect the service had on your overall well-being</p> <p>Q 26. Overall, how would you rate your experience of care with this service in the last 3 months?</p>	<p>Q 24. The effect of the service on your hopefulness for the future</p> <p>Q 25. The effect of the service on your ability to manage your day to day life</p> <p>Q 26. The effect of the service on the management of your physical health</p> <p>Q 27. The effect of the service on your overall well-being</p> <p>Q 28. Overall, how would you rate your experience with this service in the last 3 months?</p>	<p>Q 23. Your relationship with the person for whom you care</p> <p>Q 24. Your hopefulness for your future</p> <p>Q 25. Your overall wellbeing</p> <p>Q 26. Overall, how would you rate your experience as a carer with this mental health service over the last three months?</p>

Providing information and support

YES	YES CMO	CES
<p>Q 18. Information given to you about this service (such as how the service works, which staff will be working with you, how to make a complaint, etc.)</p> <p>Q 19. Explanation of your rights and responsibilities</p> <p>Q 20. Access to peer support (such as information about peer workers, referral to consumer programs, advocates, etc.)</p> <p>Q 21. Development of a care plan with you that considered all of your needs (such as health, living situation, age, etc.)</p>	<p>Q 19 Information available to you about this service (such as how the service works, what to expect, how to make a complaint, upcoming changes that may affect you, etc.)</p> <p>Q 20. Explanation of your rights and responsibilities</p> <p>Q 21. Access to peer support (such as information about peer workers, referral to peer programs, advocates, etc.)</p> <p>Q 22 Development of a plan with you that addresses all of your support or care needs (such as accommodation, advocacy, employment, health, etc.)</p>	<p>Q 1. You understood what you could expect from the mental health service for yourself and your family member, partner or friend</p> <p>Q 2. You were given an explanation of any legal issues that might affect your family member, partner or friend</p> <p>Q 3. You understood your rights and responsibilities</p> <p>Q 15. You were given information about services and strategies available if your family member, partner or friend became unwell again</p> <p>Q 17. A brochure or other material about your rights and responsibilities</p> <p>Q 18. An explanation of how to make a compliment or complaint about the mental health service</p> <p>Q 19. Information about carer support services (such as local groups, carer consultants, counsellors)</p> <p>Q 20. Information on opportunities to participate in improving this mental health service</p> <p>Q 21. A number you could call after hours for the service</p> <p>Q 22. Information about taking a support person to meetings or hearings if you wished</p>

Valuing individuality

YES	YES CMO	CES
<p>Q 6. Your individuality and values were respected (such as your culture, faith or gender identity, etc.)</p> <p>Q 16. There were activities you could do that suited you</p>	<p>Q 6. Your individuality and values were respected (such as your culture, faith or gender identity, etc.)</p> <p>Q 17. The support or care available met your needs</p> <p>Q 18. Staff talked with you about your physical health in a way that was useful</p>	<p>Q 4. Your personal values, beliefs and circumstances were taken into consideration</p> <p>Q 5. You were able to obtain cultural or language support (such as an interpreter) when you needed</p> <p>Q 12. You were given the opportunity to enhance your abilities as a carer</p> <p>Q 14. Staff worked in a way that supported your relationship with your family member, partner or friend</p>

Supporting active participation

YES	YES CMO	CES
<p>Q 8. You had access to your treating doctor or psychiatrist when you needed</p> <p>Q 10. Your opinions about the involvement of family or friends in your care were respected</p> <p>Q 13. Staff worked as a team in your care and treatment (for example, you got consistent information and didn't have to repeat yourself to different staff)</p> <p>Q 14. Staff discussed the effects of your medication and other treatments with you</p> <p>Q 15. You had opportunities to discuss your progress with the staff caring for you</p> <p>Q 17. You had opportunities for your family and carers to be involved in your treatment and care if you wanted</p>	<p>Q 8. You had access to the staff involved in your support or care when you needed</p> <p>Q 10. You had opportunities for your family and friends to be involved in your support or care if you wanted</p> <p>Q 11 Your opinions about the involvement of family or friends in your support or care were respected</p> <p>Q 15 Staff worked as a team in your support or care (for example, sharing information and attending meetings with you)</p> <p>Q 16 You had opportunities to discuss your support or care needs with staff</p>	<p>Q 6. You were given the opportunity to provide relevant information about your family member, partner or friend</p> <p>Q 8. You were involved in decisions affecting your family member, partner or friend</p> <p>Q 10. You were given opportunities to discuss the care, treatment and recovery of your family member, partner or friend (even, if for reasons of confidentiality, you could not be told specific information)</p> <p>Q 11. You were involved in planning for the ongoing care, treatment and recovery of your family member, partner or friend</p> <p>Q 16. You had opportunities to communicate confidentially with the treating doctor if you needed (such as by phone, email or in person)</p>

Showing respect

YES	YES CMO	CES
<p>Q 1. You felt welcome at this service</p> <p>Q 2. Staff showed respect for how you were feeling</p> <p>Q 4. Your privacy was respected</p> <p>Q 5. Staff showed hopefulness for your future</p> <p>Q 7. Staff made an effort to see you when you wanted</p> <p>Q 12. You were listened to in all aspects of your care and treatment</p>	<p>Q 1. You felt comfortable using this service</p> <p>Q 2. Staff showed respect for how you were feeling</p> <p>Q 4. Your privacy was respected</p> <p>Q 5. Staff were positive for your future</p> <p>Q 7. Staff made an effort to contact you when you wanted</p> <p>Q 13. You had opportunities to help improve the service if you wanted (such as attending meetings to give your opinions or views)</p> <p>Q 14. You were listened to in all aspects of your support or care</p>	<p>Q 7. Your opinion as a carer was respected</p> <p>Q 9. You were identified as a carer of your family member, partner or friend</p> <p>Q 13. Staff conveyed hope for the recovery of your family member, partner or friend</p>

Ensuring safety and fairness

YES	YES CMO	CES
<p>Q 3. You felt safe using this service</p> <p>Q 9. You believe that you would receive fair treatment if you made a complaint</p> <p>Q 11. The facilities and environment met your needs (such as cleanliness, private space, reception area, furniture, common areas, etc.)</p>	<p>Q 3. You felt safe using this service</p> <p>Q 9. You would make a complaint to this service if you had a concern about your support or care</p> <p>Q 12. The facilities and environment met your needs (such as cleanliness, private space, toilets, access to facilities to make a drink, meeting rooms, etc.)</p>	

Notes:

- Q22 in the YES and Q23 in YES CMO do not contribute to the domain structure.
- Q27 on CES does not contribute to the domain structure.
- Refer to the *Guidelines for Use* for each measure to obtain information about the scoring of the individual measures.