

National Outcomes and Casemix Collection



**Older Persons Services
- Basic Training**



Acknowledgment of Country

- I begin today by acknowledging the Traditional Custodians of the land on which we all gather today and the Aboriginal and Torres Strait Islander people participating in this meeting. I pay my respects to Elders past, present and emerging and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of Australia.

Acknowledgment of Lived Experience

- We would like to recognise those with lived experience of mental health conditions in Australia. We acknowledge that we can only provide quality care through valuing, respecting and drawing upon the lived experience and expert knowledge of consumers, their families, carers and friends, staff and the local communities.



Learning Objectives

- Understanding of the context of the collection of Outcome Measures in Mental Health
- Understanding of the National Outcomes and Casemix Collection Data Collection Protocol and local adaptation
- Development of skills in the completion of the standard measures of Outcome and Casemix

Stakeholder	Benefits
Consumers	<ul style="list-style-type: none"> • Provides the opportunity to have input into the process of care through active engagement by sharing their perspective • Gives consumers a voice and input into the system to describe issues important to them • Provides information back to the consumer regarding their completion of the measure and change over time • Provides an opportunity for dialogue between clinicians, consumers, carers and families, enabling different perspectives to be represented and discussed
Carers/Parents	<ul style="list-style-type: none"> • Provides the opportunity to have input into the process of care through sharing their perspective and being actively engaged in the process of care • Gives carers and families a voice and input into the system to describe issues important to them • Provides information back to carers and families regarding measures and progress • Provides an opportunity for dialogue between clinicians, consumers, carers and families, enabling different perspectives to be represented and discussed
Clinicians	<ul style="list-style-type: none"> • Provides tools to support care planning, goal setting and monitoring change over time • Provides tools that support reflective practice and the evaluation of care
Service Managers	<ul style="list-style-type: none"> • Provides tools that support service development through the use of information to inform decision-making • Provides information that describes clinician workload • Provides information that can describe variation in groups of consumers presenting to mental health services • Provides information that describes the outcomes of care
Policy Makers	<ul style="list-style-type: none"> • Provides information that describes the needs of consumers and carers • Provides information that informs policy development
Funders	<ul style="list-style-type: none"> • Provides information that informs decisions regarding value for money
Communities	<ul style="list-style-type: none"> • Provides information to support transparency and accountability, highlighting how mental health services operate and where opportunities for quality improvement can occur
Researchers and Evaluators	<ul style="list-style-type: none"> • Provides information to support both research into, and evaluation of services, with the aim of supporting clinical practice and quality improvement activities



Use of NOCC information

Outcomes and Casemix Measures for Older Persons



- Clinician rated
 - Health of the Nation Outcome Scales (HoNOS 65+)
 - Life Skills Profile (LSP-16)
 - Mental Health Phase of Care (MH PoC)
- Consumer self-report (varies across states and territories)
 - Mental Health Inventory (MHI-38)
 - Kessler 10 (K-10)
 - Behaviour and Symptom Identification Scale (BASIS-32)

The Basic Data Collection Protocol



Standardised measures of consumers' clinical status are collected at three critical occasions during episodes of mental health care:

- **Admission** (to episode of health care)
- **Discharge** (from episode of care)
- And where an episode lasts for more than 91 days, at **Review**

NOCC - Collection Protocol



Collection Occasion: Older Persons	A	R	D
HoNOS 65+	✓	✓	✓
LSP-16 ¹	×	✓	✓
RUG-ADL ²	×	×	×
Consumer completed measure (MHI-38, BASIS-32, K10+) ³	✓	✓	✓
Principal and Additional Diagnosis	×	✓	✓
Phase of Care	✓	✓	×
Mental Health Legal Status	×	✓	✓

Abbreviations and Symbols	
A Admission to mental health care	✓ Collection of data on this occasion is mandatory
R Review of mental health care	×
D Discharge from mental health care	No collection requirements apply

Notes

¹ LSP is not collected in inpatient settings. It is collected at admission, review and discharge in community residential.

² RUG-ADL is collected at admission and review in inpatient and community residential settings.

³ The classification of consumer self-report measure as mandatory is intended only to indicate the expectation that consumer's will be invited to complete self-report measure.

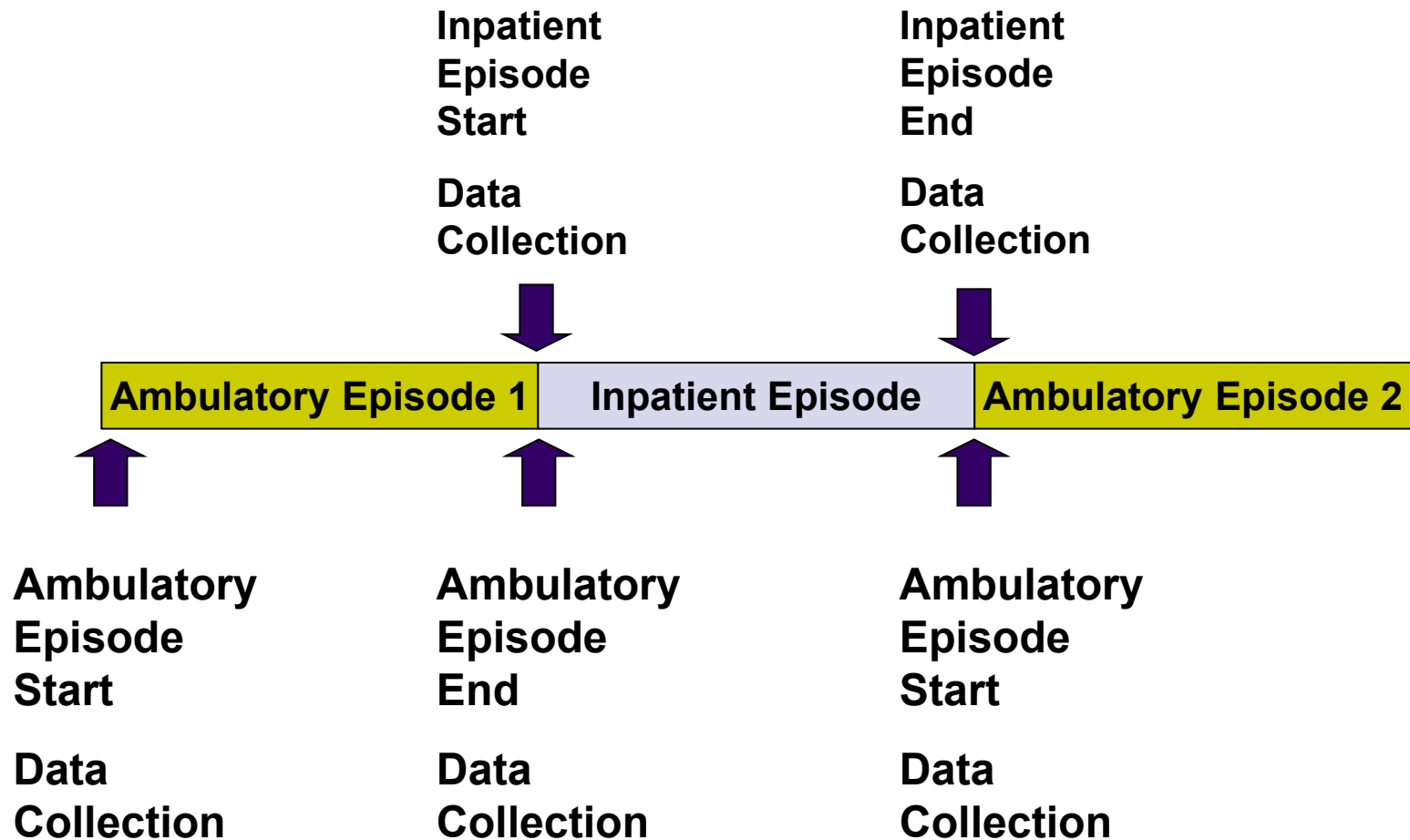


Episode of Mental Health Care

- Defined as “a more or less continuous period of contact between a consumer and a *Mental Health Service Organisation* that occurs within the one *Mental Health Service Setting*”
- **Mental Health separated into 3 types of service settings:**
 - Inpatient episodes (Overnight admitted)
 - Community Residential episodes (24 hour staffed)
 - Ambulatory episodes
- **Two business rules:**
 - ‘One episode at a time’
 - ‘Change of setting = new episode’
- **Start and end of each episode triggers a collection occasion**
- **Different measures are collected for different age groups**



The Start and End of Episodes





Consumer Self Report Measure: When NOT to Offer

- The consumer is too unwell or distressed to complete the measure
 - Psychotic or mood disturbance prevents the consumer from understanding the measure or alternatively, completing the measure would increase their level of distress
- The consumer is unable to understand the measure
 - As a result of an organic mental disorder or a developmental disability to consumer
- Cultural or language issues make the self-report measure inappropriate



Offering the Measure

- Why is it important to complete a consumer self rated measure?
- What happens if the consumer refuses to complete the measure, will it effect their treatment?
- Who is going to use the information?
- What is the information going to be used for?
- Assure the consumer of privacy and confidentiality.

Health of the Nation Outcome Scales 65+





The HoNOS 65+ 12 Scales

Clinician Rated from “0” No Problem to “4” Severe Problem within the last two weeks



1. Behavioural disturbance, overactivity, aggression
2. Non-accidental self-injury
3. Problem drinking or drug-taking



4. Cognitive problems
5. Physical illness or disability problems



6. Hallucinations/delusions
7. Problems with depressed mood
8. Other mental and behavioural problem



9. Problems with relationships
10. Problems with activities of daily living
11. Problems with living conditions
12. Problems with occupation and activities





Rating the HoNOS 65+

				Monitor ?	Active treatment or management plan ?
Clinically Significant	4	Severe to very severe problem	Most severe category for patient's with this problem. Warrants recording in clinical file. Should be incorporated in care plan. <i>Note – patient can get worse.</i>	✓	✓
	3	Moderate problem	Warrants recording in clinical file. Should be incorporated in care plan.	✓	✓
	2	Mild problem	Warrants recording in clinical notes. May or not be incorporated in care plan.	✓	✓
Not Clinically Significant	1	Minor problem	Requires no formal action. May or may not be recorded in clinical file.	Maybe	✗
	0	No problem	Problem not present.	✗	✗



HoNOS 65+ rating rules

- Rate each item in order from 1 to 12
- Do not include information rated in an earlier item, i.e. minimal item overlap
- Rate the most severe problem that has occurred over the previous two weeks (3 days discharge inpatient care)
- Consider both the **impact on behaviour** and/or the **degree of distress** it causes
- When in doubt read the glossary



Practice Rating the HoNOS 65+



Life Skills Profile

- Use all available information, from any source
- The LSP-16 is not a clinical interview
- Rate **the general level of functioning** over the last 3 months (preceding period)
- Four Subscales
 - Withdrawal
 - Antisocial behaviour
 - Self-care
 - Compliance

Rate what the person is capable of doing, not what is done for them.



Mental Health Phase of Care

Acute

The primary goals of care are intended to reduce high levels of distress, manage complex symptoms, contain and reduce immediate risk.

Functional Gain

The primary goal of care is to improve personal, social or occupational functioning or promote psychosocial adaptation in a patient with impairment arising from a psychiatric disorder.

Intensive Extended

The primary goal of care is prevention or minimisation of further deterioration, and reduction of risk of harm in a patient who has a stable pattern of severe symptoms, frequent relapses or severe inability to function independently and is judged to require care over an indefinite period.

Consolidating Gain

The primary goal of care is to maintain the level of functioning, or improving functioning during a period of recovery, minimise deterioration or prevent relapse where the patient has stabilised and functions relatively independently. Consolidating gain may also be known as maintenance.

Assessment Only

Assessment Only is used when the review outcome does not lead to the consumer being placed in one of the four mental health phases of care immediately after. If the assessment outcome leads to the Acute, Functional Gain, Intensive Extended or a Consolidating Gain phase being selected, then the assessment is included as part of the phase chosen.

Note: Assessment only has been removed as a *mental health phase of care* and redefined as an administrative data item. How this is captured within information systems will vary across states and territories.



Diagnosis

- Principal Diagnosis
 - The Principal Diagnosis is the diagnosis established after study to be chiefly responsible for occasioning the patient or client's care during the preceding *Period of Care*.
- Additional Diagnoses
 - Identify main secondary diagnoses that affected the person's care during the period in terms of requiring therapeutic intervention, clinical evaluation, extended management, or increased care or monitoring. Up to two *Additional Diagnoses* may be recorded.



Mental Health Legal Status

- Was the person treated on an involuntary basis (under the relevant mental health legislation) at some point during the preceding *Period of Care*

Resource Utilisation Groups – Activities of Daily Living (RUG-ADL)




- Used to measure physical dependency in the aged - only used for those over 65 years
- 4 items only:
 - bed mobility
 - toileting
 - transfer
 - eating
- Record what the person actually does, not what they are capable of doing i.e. record the poorest performance of the assessment period.
- Do not leave any spaces blank.
- It is essential that the rater knows what behaviours and/or tasks are contained within each scale and has a 'working knowledge' of the scale.

More information about the National Outcomes and Casemix Collection, including national reporting of the data collected can be found on the AMHOCN website:

<https://www.amhocn.org/>



 **AMHOCN** **NOCC COLLECTION** **NOCC REPORTING** **TRAINING AND SERVICE DEVELOPMENT** **RESOURCES** 

Australian Mental Health Outcomes and Classification Network


Sharing information to improve outcomes



Online Training




Reports Portal




Web Decision Support Tool

NEWS


EVENTS



11 SEPTEMBER



29 JULY



21 JUNE