

National Mental Health Benchmarking Project Manual

PART 1

- General information for participating organisations



Version 1.0 May 2006

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1. Overview of Part 1

The *National Mental Health Benchmarking Project Manual* has been prepared to assist mental health service organisations participating in the *National Mental Health Benchmarking Project* being established under the National Mental Health Strategy during 2006/2007.

The *National Mental Health Benchmarking Project* was developed as a collaborative initiative between the Australian and State and Territory governments. The project aims to establish demonstration benchmarking forums that will operate over a 12 month period in each of the main mental health program areas— general adult, child & adolescents, older persons and forensic mental health services. Each forum consists of between 4 and 8 mental health service organisations nominated by State and Territory central mental health branches. Organisations have been selected by the National Mental Health Performance Subcommittee (NMHPSC), see section 27. The NMHPSC was established under the Information Strategy Committee (see section 28) to progress the ongoing development of the national mental health performance framework and support benchmarking for mental health services. The Subcommittee will act as the steering committee for the project.

Part 1 of the manual aims to assist agencies that are participating in the forums by providing basic information about:

- the background to, and objectives of, the national benchmarking project;
- the current status of benchmarking in Australian mental health services;
- the expected benefits for participating organisations;
- the requirements of participating agencies;
- how the forums will be coordinated;
- the planned timetable of activities;
- how the forums will be run;
- what information will be benchmarked;
- how the project will be evaluated.

2. Background to the national benchmarking project

2.1 National emphasis on service quality and information support

Improving service quality has been a continuing theme of the National Mental Health Strategy since it began in 1993 and was given special prominence under the Second National Mental Health Plan. The current National Mental Health Plan (2003-2008) strengthens the call for action in this area and places significant obligations on funders and service providers to accelerate efforts to improve outcomes for people affected by mental illness.

Initiatives taken at the national level have covered a wide range of areas and include the development of National Service Standards¹ and National Practice Standards² along with a national agenda to improve safety in mental health care.³

The critical role of information systems and data, as a foundation for quality improvement, has been emphasised in all national work undertaken to date. Over recent years, major investments have been made by all State and Territory governments in upgrading the quantity and quality of information available to support decisions at the service delivery level. Foremost amongst these has been the introduction of standardised measures for the assessment of consumer outcomes, involving extensive workforce training and system re-development.

Notwithstanding these, the achievements to date have concentrated primarily on the collection aspects of information – putting systems in place, preparing documentation, training the clinical workforce and so forth. Priorities recently defined to guide the next phase of information development, under the *National Mental Health Plan 2003-2008*, aims to focus on fostering a service delivery culture in which information is used to support decisions at all levels.⁴

In developing a new set of priorities, strong consensus emerged between all jurisdictions that the main challenge for the future is to engage service providers in building a culture of information use where:

- data is used routinely to contribute both to improved clinical practice and service management; and
- benchmarking is established as the norm with all services having access to regular reports on their performance relative to similar services that can be used in a quality improvement cycle.

2.2 National performance indicator framework for mental health services

At the request of the Australian Health Ministers Conference in 2001 the National Health Performance Committee published its national health performance framework, covering the following three 'tiers':⁵

- health status and outcomes (Tier 1);
- determinants of health (Tier 2); and
- health system performance (Tier 3).

The framework advocates that indicators are needed for all three 'tiers' to provide a comprehensive picture of the population's health and how the health system is performing in meeting health needs. The relevant tier for the current project is Tier 3 – health system performance. The framework identifies nine performance domains.

- Effectiveness
- Appropriateness
- Efficiency
- Accessibility
- Continuity
- Responsiveness
- Safety
- Sustainability
- Capability

Based on the national health performance framework⁵, 13 'stage one' key performance indicators have been designed to assess the performance of whole mental health service organisations across six of the nine domains:

- Effectiveness
- Appropriateness
- Efficiency
- Accessibility
- Continuity
- Capability

These indicators have been designed explicitly around the concept of using indicators as tools for quality improvement at the service level and "... to facilitate collaborative benchmarking between public sector mental health service organisations".⁶

Copies of the report are available on line at <http://www.mhnooc.org/amhocn/benchmarking/>

The performance framework will be implemented progressively by each State and Territory over the period of the *National Mental Health Plan 2003-2008*. At the national level, further work will be undertaken to refine the indicators and further develop additional indicators through the National Mental Health Performance Subcommittee.

3. Benchmarking defined

Many definitions of benchmarking have been put forward in the literature. The National Mental Health Plan 2003-2008 adopts the approach taken by Bullivant (1994) who defined benchmarking as "... concerned with the systematic process of searching for and implementing a standard of best practice within an individual service or similar groups of services. Benchmarking activities focus on service excellence, customer/client needs, and concerns about changing organisational culture."⁷

There is often confusion with the related term 'benchmark'. The Collins Dictionary defines this as '... a reference point in surveying' or '... a criterion by which to measure something'.⁸ Because the term 'benchmark' implies a static object, fixed in time, benchmarking is often seen as a process that involves simple publication of data comparing the performance of organisations against the benchmark 'standard'. This reinforces the misconception of benchmarking as a passive exercise, that entails the risk of public exposure of the 'blame and shame' kind sometimes associated with the publication of league tables comparing health service organisations to identify best and worst performers. However, knowing where it stands in a league table does not help an organisation know what it needs to do to improve its performance.

In practice, benchmarking is an active process of participation and learning that involves bridging the gap between evidence and practice. It requires the engagement of participants in reflective practice, in measuring performance and receiving feedback in way that allows learning through comparisons.

*"It is important to acknowledge that successful benchmarking requires that performance comparison be followed by activities that seek to understand the practices contributing to superior performance, leading to the spread of those practices across participating organisations."*⁵

Benchmarking may take place by comparing performance of individual units within a single organisation (internal benchmarking) or be undertaken by groups of independent organisations with a common interest in a particular industry (collaborative benchmarking). Benchmarking partners generally identify a specific process or aspect of performance on which they agree to collaborate, or may seek to benchmark organisations as a whole.

The model of collaborative benchmarking has been described as follows:

- organisations collaborate to identify the organisation(s) that perform best in agreed activities;
- the methods used to achieve this peak performance become the model of 'best practice; and
- the level of performance achieved becomes the benchmark against which the performance of other organisations is compared.

Under this model, continuous quality improvement is an iterative process grounded in measurement and data analyses.

The detailed activities usually performed in benchmarking are described in Figure 1.

Figure 1: The Benchmarking Process

Benchmarking comprises five basic phases:

- 1 **Preparation**, in which the following are determined:
 - what to benchmark; and
 - who or what to benchmark against.
- 2 **Comparisons**, which may include the following activities:
 - data collection;
 - data manipulation, construction of indicators, etc; and
 - comparison of results with benchmarking partners.
- 3 **Investigation**, that is, identification of practices and processes that result in superior performance.
- 4 **Implementation**, in which best practices are adapted and/or adopted.
- 5 **Evaluation**, where new practices are monitored to ensure continuous improvement and, if necessary the whole cycle is repeated.

Source: Australian Manufacturing Council 1994, as cited in First National Report on Health Sector Performance Indicators.⁹

4. Current status of benchmarking in mental health

Benchmarking is relatively unexplored in the Australian mental health sector. One example of agencies coming together to share information and compare performance on selected indicators occurred in 2003, through an initiative taken by forensic psychiatry services. Benchmarking forums for acute hospital services, conducted through the Health Roundtable^a, have given attention to psychiatric units but not considered the concept of an integrated area mental health service in which the overall performance of the organisation, including its community services, is reviewed. More recently, a number of Victorian area mental health services joined together to facilitate benchmarking activities within the group and have extended their membership to several organisations in other jurisdictions and New Zealand.

There is much to be done to make benchmarking a meaningful, accepted and valued tradition in mental health services. Few examples are evident within the public domain that offer leadership to organisations seeking ideas about how to move forward and wanting to benefit from the experience of others.

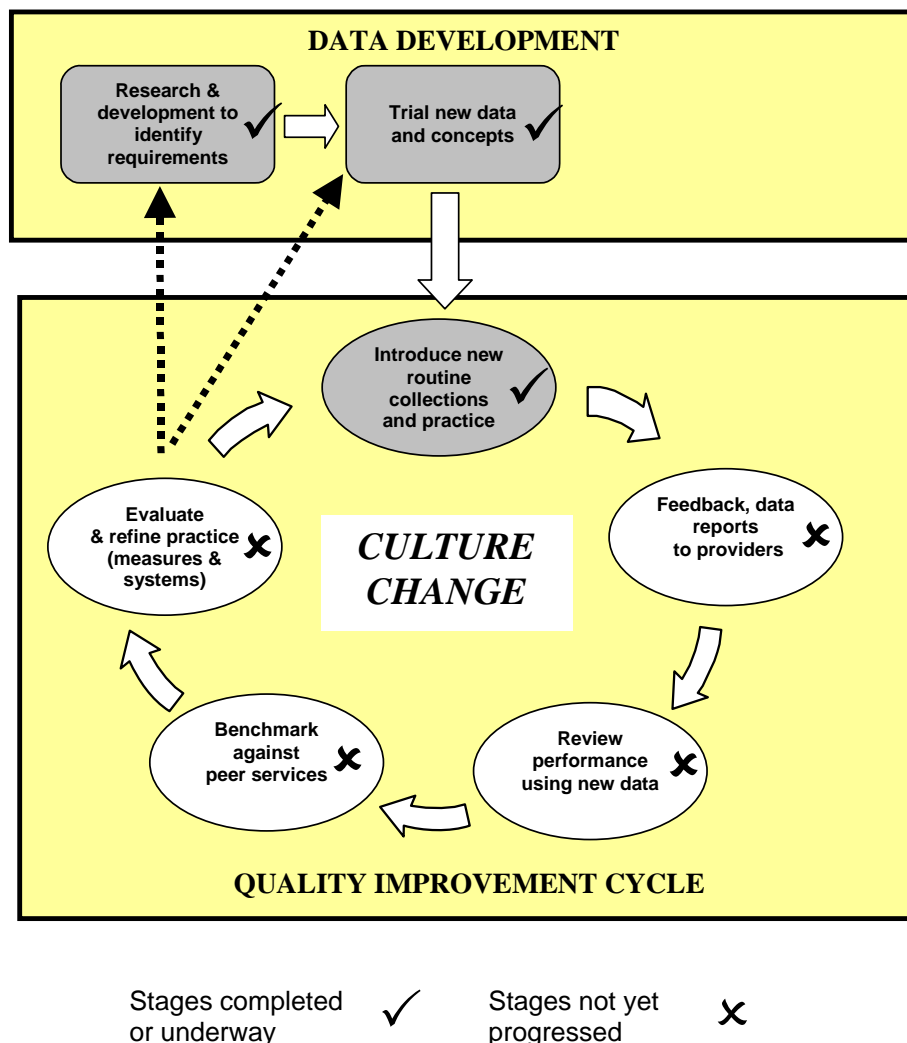
^a The Health Roundtable is an independent membership organisation of health services. It was set up by founding members to promote best practice in health service delivery through the collection, analysis and publication of information that compared organisations and provide opportunities for health executives to learn how to improve operational practices. It is one of several independent benchmarking consortia that have been developed by Australian and New Zealand health service organisations.

The current status of the sector is summarised in the recent second edition of national mental health information priorities as follows:

“... while the sector has taken major steps, these are early in the sequence of actions entailed in applying information to the performance management and quality improvement cycle. The results of research and development have been applied and new concepts introduced to routine collections. The next steps to be undertaken involve the provision of feedback systems for service providers to use in reviewing their performance, benchmarking to identify best practice, evaluating services against results and adjusting service delivery systems based on what has been learnt”.⁴

Figure 2 summarises the status of the mental health sector within the ‘measurement for quality improvement’ cycle at the beginning of the *National Mental Health Plan 2003-2008*.

Figure 2: Status of the mental health sector in the ‘measurement for quality improvement’ cycle at June 2003



It should be noted that since 2003 there has been significant work undertaken within and across jurisdictions to provide feedback and report on information collected in mental health services. In addition a range of projects have been undertaken to ensure that the information collected by services has been used to review performance and benchmark activities. The current national mental health benchmarking project is another step in the ongoing process of using information for quality improvement purposes.

5. Objectives of the national mental health benchmarking project

5.1 Core Objectives

There are four core objectives in undertaking the National Mental Health Benchmarking Project:

- promote the sharing of information between organisations to better understand variations in data and promote acceptance of the process of comparison as a fundamental concept/principle;
- identification of the benefits, barriers and issues arising for organisations in the mental health field engaging in benchmarking activities;
- learning what is required to promote such practices on a wider scale; and
- evaluating the suitability of tier 3 of the national mental health performance framework (domains, sub domains and mental health key performance indicators) as a basis for benchmarking and identifying areas for future improvement of the framework and its implementation.

5.2 Key Strategies

These objectives can be further clarified by identifying the key strategies that will facilitate the achievement of each objective. Additionally, these will ensure we are consistent in our understanding and communication of those objectives.

- Promoting the sharing of information between organisations to better understand variations in data and promote acceptance of the process of comparison as a fundamental concept/principle;
 - Collaborative interaction and regular communication between participants.
 - Identification of the benefits, barriers and issues arising for organisations in the mental health field engaging in benchmarking activities.
- Identification of the barriers to the collation, implementation and utilisation of the agreed indicators by services and variation across jurisdictions and service type.
 - Identification of the benefits to services in implementing and utilising the agreed indicators.
 - Identification of key issues that support the construction, implementation and utilisation of the agreed indicators by services (including variation in issues across jurisdictions and service type).

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- Learning what is required to promote such practices on a wider scale.
 - Identification of the process/es by which information on key performance indicators could be shared.
 - Identification of the benchmarking processes that support and develop an understanding of the practice and processes within services (particularly those related to the key performance indicators) and reasons for variation across services.
 - Support and encourage benchmarking activities throughout the mental health sector through the timely dissemination of relevant and appropriate information and the establishment of links between services.
 - Evaluation of perceptions and impact of the process at the service level, including Executive and clinical leaders.
 - Evaluating the suitability of the national health performance framework (domains, sub domains and mental health key performance indicators) as a basis for benchmarking and identifying areas for future improvement of the framework and its implementation.
 - Review of the suitability of the national health performance framework (domains and sub domains) across service types.
 - Review the suitability of the 13 nationally agreed key performance indicators for mental health services, noting variation across service types.
 - Identification of additional information or supplementary indicators needed to further understand variation in the 13 agreed national key performance indicators.
 - Identification of additional indicators that utilise the data from the National Outcomes and Casemix Collection.
 - Consideration of, and possible recommendations about, appropriate benchmarks based on experience and best practice.
 - Identification of issues/difficulties in the interpretation and establishment of benchmarks for the 13 national key performance indicators.

6. Expected benefits for participating organisations

Participation in the forums is expected to offer several benefits to organisations. It will:

- Sharpen the focus on quality improvement at local service level and accelerate local quality improvement initiatives.
- Strengthening local expertise in using data for performance management.
- Link the organisation to kindred organisations on a national level.
- Place the organisation at the leading edge of national developments.

7. Role of the National Mental Health Performance Subcommittee (NMHPSC)

The National Mental Health Performance Subcommittee, will act as the national steering group for the project. It has advised on selection of member organisations and will monitor the overall progress of the project. Terms of reference and membership of the committee are shown at Section 27.

8. Role of the Australian Mental Health Outcomes and Classification Network (AMHOCN)

The Australian Mental Health Outcomes and Classification Network (AMHOCN) will provide the main operational support and facilitate the establishment and running of the forums. Commissioned by the Australian Government in 2003, AMHOCN's main role is to provide leadership to the mental health sector in the use of outcome and casemix information for improving service quality. AMHOCN's service development and data analysis roles dovetail fully with the requirements for the project. Additional expertise, drawn from individuals involved in benchmarking activities in the broader health sector, will be engaged to supplement the AMHOCN skill base.

The Training and Service Development component of the Australian Mental Health Outcomes and Classification Network (AMHOCN) will coordinate and facilitate all the benchmarking forums. The role of AMHOCN will include:

- provision of educational and advisory support for the benchmarking process;
- advising on specifications for benchmarking data;
- facilitating meetings of the forums; and
- logistical and secretariat support for the conduct and evaluation of the forums.

AMHOCN will provide a facilitator for the forums. Regular communication between services and the facilitator will occur to ensure that interpretation of the indicators is consistent and to assist services continued participation.

The facilitator has made contact with all participating services prior to the forums to offer support and take advice on the development of the organisational survey to be used during the forums to better understand variation in the key performance indicators.

Where available and appropriate additional technical expertise will be engaged to assist the facilitator and participants during the forums.

9. Expectations of participants

9.1 Preparation and participation

It is expected that services will undertake a range of tasks associated with the benchmarking forums including, but not limited to:

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- participation by a variety of staff members, including senior managers and clinical leaders, in the benchmarking process through either attendance at the national meetings and forums, or participation, management and/or promotion within the service.
 - the construction within the organisation of the 13 nationally agreed key performance indicators as outlined in the key performance indicators technical specification manual produced for the benchmarking forums. Detailed specifications are being developed to ensure consistency in the understanding and interpretation of the indicators and will be provided to services early in 2006. The specifications currently available within the document Key Performance Indicators for Australian Public Mental Health Services will assist in understanding of the framework and indicator set.
 - the construction within the organisation of additional and/or supplementary performance indicators as agreed by forum participants as part of the benchmarking process. Please note that any additional and/or supplementary indicators will be agreed within the forums and must be within the full capacity of all services to construct and should not be reliant upon other services or central units.
 - the provision of constructed indicators to the forum facilitator, the Australian Mental Health Outcomes and Classification Network (AMHOCN), within agreed timelines for collation, use, presentation (de-identified unless otherwise agreed by all participants) and discussion at the forums.
 - ongoing liaison with the benchmarking participants and the AMHOCN through the identification of a key organisational contact and participation in regular teleconferences and email discussions.
 - contribution to the forums and benchmarking process through the exchange of ideas, experiences and learnings, relevant documents and information to facilitate discussion.
 - participation in an evaluation process to assess the extent that the forums achieved their objectives. This may include structured feedback captured through interview and survey approaches. Additional data to inform the evaluation may include evidence of organisational change identified through staff surveys or other means.
 - agreement and compliance with a code of conduct to govern the benchmarking forums, including principles of confidentiality, the exchange and use of information, preparation, and active participation.

9.2 Travel

All forums and national meetings will be held in Sydney, as it is the most cost efficient and convenient venue for most services. The travel requirements are:

- attendance at two one-day Technical Specifications Workshops by the staff within your organisation responsible for the collation and construction of the 13 nationally agreed key performance indicators.

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- attendance of up to three persons at four one-day Benchmarking Forums. Participants at these forums should have knowledge of organisational practices and be able to effect and support organisational change. Where possible, the attendance should be constant at all four forums.
 - attendance of up to three persons at two one-day National Mental Health Benchmarking Meetings, one prior to and one following the benchmarking forums.

10. What indicators and data will be used?

The 'stage 1' indicators specified in the national mental health performance framework will be used as the starting point to give the project initial focus. Data required to construct the indicators includes:

- expenditure data as reported to the National Survey of Mental Health Services; and
- activity and patient-level data as reported to the various national minimum data sets for mental health, covering inpatient and community mental health care.

While consumer outcomes data are not yet incorporated in the stage 1 indicators, participating organisations will be strongly encouraged to use their local data to build agreed indicators to enable outcomes comparisons.

The stage 1 framework is not intended to restrict forum participants. Additional indicators may be included where these are agreed by the four forums. For example, the forensic mental health forum might elect to add a number of measures that focus specifically on core issues relating their clinical populations. Additionally, some forums may resolve to trial one or more of the indicators being developed under the national action plan for safety in mental health care.³

In the first instance the benchmarking forums will review the 13 nationally agreed performance indicators from a whole of service perspective. Following this, specific dimensions of service delivery or aspects of the casemix may be further explored to better explain and identify variation between the 13 nationally agreed indicators.

11. Key performance indicators technical specifications manual

A comprehensive technical specifications manual for the 13 agreed indicators is found in part 3 of this manual which is to be used in conjunction with the excel spread sheet created to support the construction and reporting of the agreed indicators.

12. Developing supplementary and additional performance indicators

The first step in the benchmarking project is to gather an evidence-base around the utility and applicability of the current indicators. However, it is acknowledged that the current indicator set is not complete and some indicators may not be applicable to or usable within all program types. It is also recognised that indicators in addition to the agreed set will enable services to provide a more

comprehensive description and feedback on where the system is working well, as well as areas for improvement.

Therefore, a balance between the review of the agreed indicators and the value for participants in the development and use of additional indicators is required. Two types of additional indicators have been identified: supplementary and additional.

- *Supplementary indicators* are indicators that further clarify the 13 national indicators or provide contextual information that explains variation in performance between organisations on the 13 national indicators. Supplementary indicators are only used in conjunction with one or more of the 13 national indicators.
- *Additional indicators* are indicators that forum participants identify and trial that attempt to measure other domains or sub domains (or parts thereof) of the mental health performance framework.

The forums will be encouraged to develop, as they see fit, feasible sets of supplementary and/or additional indicators. The formulation of additional / supplementary indicators should utilise the following principles:

- The indicator is valid and reliable for the general population and diverse populations (i.e. Aboriginal and Torres Strait Islander peoples, rural/urban, socioeconomic etc).
- The information required for the indicator can be obtained at reasonable cost in relation to its value and can be collected, analysed and reported on in an appropriate time frame.
- Detailed specifications for the construction of the indicator should be available.
- The indicator must be within the capacity of individual organisations to produce, from collection and extraction of the data to the construction of the indicator.
- The indicator should have previously been collected and utilised within a service (ie have an established evidence-base for regarding its utility).

Any additional / supplementary indicators must be agreed for use and discussion by the majority of participating services.

13. Period of service delivery for constructing indicators

Each of the agreed indicators can be seen as measures of the status of the organisation at a particular point in time. Description of this point in time or the reporting period will have an impact on the construction of data by participating services and the subsequent comparison and interpretability of the indicators during the forum. In finalising the reporting period the following issues must be considered:

- There should be a common reference period across all forums. To reduce seasonal variation and other confounding variables the reference period should be one year.

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- There must be alignment between activity and costs data to ensure comparability between all indicators.
 - One of the aims of the benchmarking process is to identify the current performance of the organisations and suggest changes which may improve performance. In order to achieve this, the most recent data is the best data to use. For the purpose of the first benchmarking forum the most recent data will be 2004-05. During later forums even more recent data may be the subject of collection and comparison.
 - *Prospective* and *retrospective* indicator construction and comparison. In the first instance, the 13 national indicators will be constructed from the most recently validated data sets from the 2004/05 financial year. However, additional indicators may be similarly constructed or may involve a prospective collection.

14. Service profile

A service profile will be collected from all participating services to:

- facilitate understanding variation in structure and processes between services;
- assist the conduct and facilitation of the forums; and
- collect baseline data for the evaluation.

Following consultation with organisations a survey will be provided for services to complete and relevant information distributed to forum participants prior to the first forums.

15. Benchmarking code of conduct

The benchmarking forums will have a clearly articulated code of conduct that is based on a number of core principles. The code will be refined and ratified by the benchmarking forums. The core principles will include:

- *Principle of exchange*

Be willing to provide the same amount of information and level of detail that your organisation receives.

- *Principle of confidentiality*

Treat benchmarking activities as something confidential to the services involved. A services participation in the benchmarking forums should not be disclosed without their permission.

Information about the benchmarking forums and/or its participants must not be communicated outside the forums without prior consent from all relevant participants.

- *Principle of use*

Use benchmarking activities to inform and improve the quality of service provision.

- *Principle of preparation*

Demonstrate a commitment to the benchmarking process with adequate preparation with each step in the process

It is important to note that these principles extend to the entire participating organisation, not just the persons attending the forums. These principles also apply to the facilitators, evaluator and scribes that attend the forums and/or receive information about the forums.

16. Identification of ‘good’ performance during forums

Benchmarking involves the identification of and learning from good practice. In the current indicator set there are obvious limitations to the identification of good performance including the absence of agreed indicators for safety and outcomes.

An important facet of the performance framework and benchmarking is that no single indicator can be understood in isolation and therefore when identifying and discussing good performance the entire indicator and/or combinations of indicators should be considered.

These benchmarking forums do not aim to set performance benchmarks for Australian mental health services. The aim is to have services explore the process of benchmarking, to understand the opportunities and limitations of benchmarking and to encourage collaboration to facilitate service improvements.

As a result of participation in the benchmarking process, forums will be invited to make recommendations, where able and appropriate, on:

- performance levels on each of the indicators;
- key issues in the interpretation of performance indicators; and
- issues related to practice variation.

17. Timetable of meetings

Table 1 outlines the key dates for meetings, workshops and forums associated with the *National Mental Health Benchmarking Project*.

18. Venue

All meetings will be held at the Stamford Airport Hotel in Sydney as it offers the most flexibility and ease of access to the majority of services.

Table 1: Notional timetable for forums, workshops, and meetings

	Forum			
	Adult	Older Persons	Child and Adolescent	Forensic
Technical Workshop 1	25 May 2006	25 May 2006	25 May 2006	25 May 2006
Technical Workshop 2	16 June 2006	16 June 2006	16 June 2006	16 June 2006
National Benchmarking Meeting 1	24 May 2006	24 May 2006	24 May 2006	24 May 2006
National Benchmarking Meeting 2	24 May 2007	24 May 2007	24 May 2007	24 May 2007
Forum 1	1 August 2006	3 August 2006	15 August 2006	17 August 2006
Forum 2	14 November 2006	16 November 2006	21 November 2006	23 November 2006
Forum 3	6 February 2007	8 February 2007	13 February 2007	15 February 2007
Forum 4	16 April 2007	18 April 2007	20 April 2007	23 April 2007

19. National mental health benchmarking meetings

Two *National Mental Health Benchmarking Meetings* will be held during the project. The first meeting will be held prior to the commencement of the forums and aims provide an opportunity for participants to meet each other and to learn more about mental health information development, the key performance indicators, benchmarking and the national project. A draft agenda for the first meeting is at Table 2.

The second meeting will be held following the final benchmarking forum and will be an opportunity for participating services to discuss what they have learned from the forums and provide additional feedback to the evaluation and Steering Committee.

20. Key performance indicators technical specifications workshops

Each participating service will be responsible for the construction of the agreed indicators within their own organisation. Some of the indicators are complex and the potential variation in the construction of indicators poses a significant risk of producing variation between organisations where none exists.

The technical specifications manual (part 3 of this manual) will be the focus of two technical specifications workshops. Participants at these workshops should be responsible for the construction of indicators within participating organisations.

At the first workshop participants will have the opportunity to explore and discuss the construction of the 13 agreed indicators. Following this the participants will return to their services and begin construction of the agreed indicators. A draft agenda is at Table 3.

Table 2: First National Mental Health Benchmarking Meeting – Draft Agenda

Time	Title/Description	Presenter	Content
09.30 – 09.40	1. Welcome and Housekeeping	Tim Coombs (AMHOCN)	
09.40 – 10.00	2. National Mental Health Information Development	Ruth Catchpoole (Chair, National Mental Health Performance Subcommittee)	An overview of the national mental health information development agenda, particularly the development of the KPIs, the role of the Subcommittee and the aims of the National Benchmarking Project.
10.00 – 10.50	3. Benchmarking Overview and Utilisation of Mental Health Key Performance Indicators	Bill Buckingham (Buckingham & Associates)	An overview of what benchmarking is and an example of how the KPIs can be utilised.
10.50 – 11.15	MORNING TEA		
11.15 – 11.45	4. Benchmarking in health care	Pieter Walker (Health Roundtable)	An outline of an approach to benchmarking in health and examples of application in the mental health sector.
11.45 – 12.15	5. A mental health service's experience in Benchmarking	Tom Callaly (Director, Barwon Mental Health Services)	Application of the outcomes of benchmarking in a mental health service.
12.15 – 12.45	6. Benchmarking in mental health services	Tom Meehan (Director, Service Evaluation and Research Unit, The Park – Centre for Mental Health)	An overview of a service's experiences of benchmarking in forensic, medium secure and extended treatment mental health services.
12.40 – 13.45	LUNCH		
13.45 – 14.15	7. National Mental Health Benchmarking Project	Tim Coombs	Overview of logistical aspects of the project: structure and timetables; evaluation; sources of assistance.
14.15 – 15.45	8. Workshop	Small Groups	<i>Code of Conduct:</i> Refine and ratify. <i>Being an active participant:</i> What does your service need? <i>Expectations:</i> Agree expectations for participation in the forums.
15.45 – 16.15	9. Final Questions and Close	Tim Coombs	
16.15 – 16.30	AFTERNOON TEA		

Table 3: National Mental Health Benchmarking First Technical Specifications Meeting: Draft Agenda

Time	Title/Description	Presenter	Content
09.00 – 09.10	1. Welcome and Housekeeping	Tim Coombs (AMHOCN)	
09.10 – 09.40	2. Fundamental Concepts	Bill Buckingham (Buckingham & Associates)	An overview of the fundamental concepts, such as reporting period that will govern the construction of the indicators for the benchmarking project.
09.40 – 10.30	3. INDICATORS 28-day readmission National Service Standards Compliance		
10.30 – 10.45	MORNING TEA		
10.45 – 12.45	3. Cost per acute inpatient episode Average length of acute inpatient stay Cost per three month community care period Treatment days per three month community care period Population under care Local access to inpatient care		
12.45 – 13.45	LUNCH		
13.45 – 15.30	3. New client index Comparative area resources Pre-admission community assessment Post-discharge community care Outcomes readiness		
15.30 – 16.00	4. Next Steps, Final Questions & Close	Tim Coombs (AMHOCN)	
16.00 – 16.15	AFTERNOON TEA		

The second workshop provides an opportunity to resolve any issues and seek further clarification that may have arisen for services during the construction of the indicator set.

The Australian Mental Health Outcomes and Classification Network (AMHOCN) will be available to offer support to organisations in the construction of the key performance indicators. The technical specifications manual will be provided to services prior to the first technical specifications workshop.

21. Collation of data for presentation at forums

Organisations are responsible for constructing the performance indicators for their own service. These indicators will be provided to the AMHOCN, who will summate and distribute de-identified indicators for comparison at the forums. These de-identified indicators will be the focus of discussion during the forum.

22. Written records of benchmarking forums

Written notes will be taken to record action items, other relevant discussions and information for the purpose of facilitating the forums and their evaluation. No identifying information will be released to external persons.

23. Site visits by benchmarking participants

Site visits to participating services are not part of the current benchmarking process. However this does not preclude participants from making visits to services for the purposes of an informal 'site visit'.

24. Project communication strategy

Communication is one of the most critical aspects of the management of initiatives that attempt to change or reform systematic processes and organisational culture. Stakeholders should understand the reasoning for undertaking the initiative and subsequent changes, as well as the methods used to achieve the proposed outcomes. Successful and effective communication is planned, constructive and managed.

The purpose of the communication plan is to provide an overall framework for planning and managing the dissemination of consistent and accurate information and resources relating to mental health performance indicators and benchmarking to all stakeholders

The key messages are:

- The ultimate goal of collecting information for performance indicator and benchmarking activities is its use to improve the quality of mental health services provided and consumer outcomes.
- Information enables the right questions to be asked – it does not necessarily provide the answers.
- Information for performance measurements comes from a variety of sources – outcomes, perceptions, financial, human resources and service activity.
- It is a collaborative process between state, territory and Australian governments, consumers, carers and service providers – it is not 'big brother' watching.
- The aim of the National Benchmarking Project is not to set performance benchmarks for mental health services in Australia. It is about exploring the benchmarking process, explaining variation and improving service quality.

25. Project evaluation

The evaluation of the *National Mental Health Benchmarking Project* will assess the extent to which the forums meet the four core objectives. These objectives can be categorised as relating directly to either:

- *The benchmarking process (Objectives 1 – 3)*: An assessment of the effectiveness and utility of the process used for the national benchmarking forums. This will provide information and ideas to inform future activity related to benchmarking of mental health services across Australia; and
- *National Mental Health Performance Framework (Objective 4)*: A review of the suitability of the third tier of the National Mental Health Performance Framework as a basis for benchmarking of mental health services across Australia. This review may also identify possible refinements and/or additions to the Framework, particularly the mental health indicator set.

An action research methodology will be adopted for the evaluation as this will enable the impact of the benchmarking process to be assessed and also provide a review of what occurred within the forums. The evaluation will draw upon a number of different information sources, including documentary material relating to the benchmarking process (eg service profiles, baseline data, and any additional administrative data collected during the forums); observation and recording of the benchmarking forums; and surveys.

The following sub-headings and questions have been specified to enable measurement of the components and strategies utilised to achieve the core objectives.

25.1 The benchmarking process

- Key Learnings
 - What were the key learnings on:
 - the conduct of the forums, including facilitation, logistical and organisational issues such as presentation of information?
 - the content and focus of the forums, including the identification of variation and the reasons for this variation?
 - the overall benchmarking process, including the sharing of information and issues regarding the mental health performance indicator set?
 - the needs and contributions of different participants (eg clinicians versus team managers versus organisational managers)?
- Effectiveness
 - To what extent did the process enable exploration of service practices and processes?
 - To what extent did the process enable identification and explanation of actual variation between participating services compared to variation due to appropriateness of the indicators to program type or structural variation within jurisdictions?

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- What activities were suggested to change business practice to impact on the identified key performance indicator set?
 - What potential impact was identified and/or to what extent did the process (and its learnings) impact on service delivery and quality improvement activities within services?
 - **Relevance**
 - Did the project meet the expectations of participants? Did participants' expectations change during the course of the project?
 - What is the relevance of the key learnings about the process at the service, jurisdictional and national levels?
 - How could these learnings be utilised or applied at service, state and national levels?
 - **Data Quality**
 - What factors within organisations impacted on data quality?
 - To what extent did the process improve, or instigate improvements to, the data quality?
 - What were the key strategies identified and/or utilised to improve data quality?
 - **Information Dissemination**
 - What processes facilitated or impeded the sharing of information between participating services, as well as within the broader mental health sector?
 - To what extent was reliable and valid information disseminated to participating services and the broader mental health sector?
 - **Other**
 - What was the impact of the project on state and territory central mental health units (or other relevant areas of jurisdictions Health Departments)?
 - What was the impact within organisations on perceptions of benchmarking? performance measurement? and utilisation of information for service improvement?
 - What were the benefits for and burdens on services participating in the benchmarking projects?
 - What steps need to be taken to support sustainable benchmarking processes within public mental health services?

25.2 National mental health performance framework

- **Benefits and burden**
 - What were the benefits to services in the application of the framework for the benchmarking process?
 - What was the burden upon services in the application of the framework and for the benchmarking process?

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- What challenges did services face in the implementation and utilisation of the framework?
 - Suitability
 - How suitable is the framework (domains, sub domains and mental health indicators) as a basis for benchmarking mental health services across Australia, including variation identified across program type?
 - What is the applicability and utility of the information generated by the indicators to service delivery and quality improvement activity?
 - What was identified regarding: (i) performance levels on each of the performance indicators; (ii) key issues in the interpretation of performance indicators; and (iii) issues related to practice variation. What variation was identified between program types?
 - Gaps
 - What gaps were identified within the framework? What additional indicators were identified and/or developed? What variation was identified between program types?
 - What supplementary indicators were required/identified to understand or explore the performance indicators? Were these supplementary indicators developed and tested in the Forums? What variation was identified between service types?
 - Supports and barriers
 - What were the key issues that supported the construction and utilisation of the agreed indicators by services (including variation in issues across jurisdictions and service type)?
 - What were the barriers to the construction and utilisation of the agreed indicators by services (including variation in issues across jurisdictions and service type)?

26. Glossary of terminology

Additional indicators

Indicators that forum participants identify and trial that measure other domains or sub domains of the health performance framework.

Benchmarking

Many definitions of benchmarking have been put forward in the literature. The National Mental Health Plan 2003-2008 adopts the approach taken by Bullivant (1994) who defined benchmarking as:

“... concerned with the systematic process of searching for and implementing a standard of best practice within an individual service or similar groups of services. Benchmarking activities focus on service excellence, customer/client needs, and concerns about changing organisational culture.”

Source: Bullivant JRN (1994) Benchmarking for continuous improvement in the public sector. Longman. UK.

In practice, benchmarking is an active process of participation and learning that involves bridging the gap between evidence and practice. It requires the engagement of participants in reflective practice, in measuring performance and receiving feedback in way that allows learning through comparisons.

“It is important to acknowledge that successful benchmarking requires that performance comparison be followed by activities that seek to understand the practices contributing to superior performance, leading to the spread of those practices across participating organisations.”

Source: National Health Performance Committee August 2001, National Health Performance Framework Report: A report to the Australian Health Ministers' Conference, Brisbane 2001.

Facilitator

Refers to the role of the AMHOCN will play to organise forums, collate indicators, facilitate discussion during the benchmarking forums and provide support to participating organisation.

National Health Performance Framework

Refers to the Framework developed by the National Health Performance Committee in 2001. The development of the *National Mental Health Performance Framework* was guided by this framework.

National Mental Health Key Performance Indicators

Refers to the 13 Indicators developed for Tier 3 of the *National Mental Health Performance Framework*. A summary of the 13 indicators is outlined in Table 4.

National Mental Health Performance Framework

Refers to the three tiers of the National Health Performance Framework, the mental health sub-domains and mental health key performance indicators developed for tier 3 of the framework. The

focus of the *National Mental Health Benchmarking Project* is on Tier 3 of the framework. A summary of the Tier 3 framework (inclusive of domains, sub-domains and indicators) is outlined in Table 4.

Table 4: Tier 3 of National Health Performance Framework and nationally agreed mental health indicators.

DOMAIN	Effective			Appropriate			Efficient		
	Care, intervention or action achieves desired outcomes.			Care/intervention/action provided is relevant to the client's needs and based on established standards.			Achieving desired results with most cost effective use of resources.		
SUB-DOMAINS	Consumer Outcomes	Carer Outcomes	Community Tenure	Compliance with Standards	Relevance to client needs		Inpatient care	Community care	
INDICATORS	x	x	28-day readmission rate	National Service Standards compliance	x		Cost per acute inpatient episode Average length of acute inpatient stay	Cost per 3-month community care period Treatment dates per 3-month community care period	
DOMAIN	Responsive			Accessible			Safe		
	Service provides respect for persons and is client orientated: respect for dignity, confidentiality, participate in choices, prompt, quality of amenities, access to social support networks, and choice of provider.			Ability of people to obtain health care at the right place and right time irrespective of income, geography and cultural background.			Potential risks of an intervention or the environment are identified and avoided or minimised.		
SUB-DOMAINS	Client perceptions of care	Consumer & carer participation		Access for those in need	Local access	Emergency response	x		
INDICATORS	x	x		Population receiving care New client index	Comparative area resources Local access to inpatient care	x	x		
DOMAIN	Continuous			Capable			Sustainable		
	Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.			An individual or service's capacity to provide a health services based on skills and knowledge			System or organisation's capacity to provide infrastructure such as workforce, facilities, and equipment. and be innovative and respond to emerging needs (research, monitoring).		
SUB-DOMAINS	Workforce planning	Cross-setting continuity	Continuity over time	Provider knowledge & skill	Outcomes Orientation	Workforce planning	Training investment	Research investment	
INDICATORS	x	Pre-admission community care Post-discharge community care	x	x	Outcomes readiness	x	x	x	

x Indicators for future development

Supplementary indicators

Indicators additional to the 13 national indicators that further clarify those indicators and explain the variation in organisations' performance in relation to the agreed indicators.

27. National Mental Health Performance Subcommittee (NMHPSC)

27.1 Terms of Reference

The National Mental Health Performance Subcommittee was established by the AHMAC National Mental Health Working Group to advise on the ongoing development of a national performance measurement framework for mental health services, primarily to support benchmarking for mental health services improvement and to provide national information on mental health system performance.

The following terms of reference have been identified for the subcommittee:

- Advise on the ongoing development of a national performance measurement framework for mental health services, primarily to support benchmarking for health services improvement and to provide national information on mental health system performance.
- Prepare appropriate technical documentation and other resource materials required to support the use of performance indicators within mental health services.
- Provide a point of authoritative advice to assist States and Territories in the implementation of agreed key performance indicators for mental health services.
- Receive and consider input to the national mental health performance measurement framework and on existing and potential performance indicators.
- Advise on requirements for the development of national publications and other reporting process to facilitate comparative analysis and information on the performance of mental health services.
- Advise on mental health performance indicators suitable for use within the national health performance measurement framework.
- Develop and maintain linkages with other relevant national committees.
- Report quarterly to the Information Strategy Committee (ISC) on progress in the implementation and further development of agreed national performance indicators within mental health services.
- Produce an annual work plan for endorsement by the Information Strategy Committee.
- Establish a National Mental Health Performance Sub-Committee communication strategy.

27.2 NMHPSC Membership

Chair

Ms Ruth Catchpoole

Australian Government

Ms Suzy Saw

Jurisdictional

Dr Grant Sara
(New South Wales)

Jurisdictional

Mr Nick Legge
(Victoria)

Jurisdictional

Ms Danuta Pawelek
(Western Australia)

Jurisdictional

Dr Gopal Bose
(Queensland)

Australian Institute of Health and Welfare

Ms Jenny Hargreaves

**Safety and Quality in Mental Health
Partnership Group**

Ms Maria Bubnic

New Zealand Ministry of Health

Ms Phillipa Gaines

Consumer

Ms Helen Connor

Carer

Ms Judy Hardy

**Child and Adolescent Mental Health
Outcomes Expert Group**

Dr Paul Lee

**Adult Mental Health Outcomes Expert
Group**

Dr Tom Callaly

**Older Persons Mental Health Outcomes
Expert Group**

Dr Rod McKay

Forensic Mental Health Sector

Ms Karlyn Chettleburgh

**Strategic Planning Group for Private
Psychiatric Services (SPGPPS)**

Ms Moira Munro

**Australian Mental Health Outcomes and
Classification Network**

Professor Philip Burgess

Mr Tim Coombs

Secretariat Project Officer

Ms Kristen Breed

28. National Mental Health Working Group Information Strategy Committee (NMHWG ISC)

Membership

Chair

Dr Aaron Groves

Australian Government

Ms Suzy Saw

New South Wales

Dr Grant Sara

Victoria

Mr Nick Legge

Western Australia

Ms Danuta Pawelek

Queensland

Ms Ruth Catchpoole

Northern Territory

Mr Terry Barker

South Australia

Dr Peter O'Connor

Tasmania

Mr Kieran Mc Donald

Australian Capital Territory

Mr Mark Brown

Australian Institute of Health and Welfare

Ms Jenny Hargreaves

New Zealand Ministry of Health

Ms Phillipa Gaines

Australian Bureau of Statistics

Ms Catriona Bate

Steering Committee for the Review of Government Service Provision (SCRGSP)

Mr Jonathen Garde

Strategic Planning Group for Private Psychiatric Services (SPGPPS)

Ms Moira Munro

Consumer

Ms Helen Connor

Carer

Ms Judy Hardy

Australian Health Information Council

Professor Helen Christensen

National Health Performance Committee

Ms Jenny Hargreaves (AIHW)

Australian Mental Health Outcomes and Classification Network

Professor Philip Burgess

Mr Tim Coombs

Secretariat

Ms Janet Meuronen

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