AMHOCN

Australian Mental Health Outcomes and Classification Network

'Sharing Information to Improve Outcomes'
An Australian Government funded initiative

PREPARING, SHARING, COMPARING

A Training Framework for the National Outcomes and Casemix Collection

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This Training Framework was co-designed with a devoted Reference Group (listed below), who would like to dedicate it as a tribute to Noel Muller, a group member now passed. Noel was a brave, dedicated and tireless Lived Experience advocate who contributed his prodigious knowledge and experience to the improvement of consumer experiences in the health systems in Australia.

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INTRODUCTION

The AMHOCN National Training Framework, initially developed in 2011, outlines training in the measures that comprise the National Outcomes and Casemix Collection (NOCC).

The NOCC was designed to:

- be meaningful to consumers, carers, clinicians, and the community;
- provide a consistent approach to measurement regardless of where the consumer receives their care;
- provide timely and meaningful information in formats that can be understood.

The NOCC Strategic Directions 2014-2024 Final Report (National Mental Health Information Development Expert Advisory Panel, 2013) made a number of recommendations regarding changes to the collection which have subsequently been implemented. This National Training Framework is a reference for states and territories to plan and implement training that embeds the measures into clinical care. The NOCC comprises both consumer completed measures and clinician completed measures, collected using a standard data collection protocol. In this way, it generates meaningful information that drives continuous quality improvement, local communities of learning and service development.

The National Training Framework forms an ideal set of training activities to sustain routine outcome measurement and acknowledges that states and territories are primarily responsible for the delivery of the training outlined in this Framework. The Framework can be conceptualized as containing three broad sets of activities:

- **Preparing** for the use of the measures;
- **Sharing** the meaning of the measures; and
- **Comparing** the measures in clinical practice.

While it may be desirable to follow the training in a sequential manner, it may not always be possible. The 'Preparing' training activities are foundational, however participant's prior learning should be taken into consideration regarding decisions about the order of delivery. The Framework is designed to be flexible for local services to adapt and adopt to meet local needs. The timings listed in this Framework are estimates and are dependent upon the number of participants and their experience.

POLICY CONTEXT

The development of this Framework has been informed by the following policies, documents and guidelines:

- Fifth National Mental Health & Suicide Prevention Plan (Australian Government Department of Health, 2017)
- National Practice Standards for the Mental Health Workforce (Victorian Government. Department of Health, 2013)
- Mental Health Safety and Quality Engagement Guide (National Mental Health Commission, 2021)
- A Practical Guide for Working with Carers of People with Mental Illness (Mind Australia, Helping Minds, Private Mental Health Consumer Carer Network (Australia), Mental Health Carers Arafmi and Mental Health Australia, 2016)
- National Mental Health and Suicide Prevention Information Priorities, 3rd Edition (Australian Instituite of Health and Welfare, 2020)
- Australian Mental Health Care Classification V1.0 (Independent Hospital Pricing Authority, 2016)
- A National Framework for Recovery-Oriented Mental Health Services: Policy and Theory (Australian Government. Department of Health and Ageing, 2013)
- A National Framework for Recovery-Oriented Mental Health Services: Guide for Practitioners and Providers (Australian Government. Department of Health and Ageing, 2013)

PRINCIPLES OF THE FRAMEWORK

This Framework is guided by a number of principles that include:

- Focused use of the measures in a 'triangle of care' - between the consumers, carers and clinicians so they engage with and learn from one another (Mind Australia, Helping Minds, Private Mental Health Consumer Carer Network (Australia), Mental Health Carers Arafmi and Mental Health Australia, 2016).
- An individual consumer's values, culture, language, faith, gender identity and beliefs are central to personal recovery.
- Respect for the privacy and confidentiality of consumers and carers.
- The use of lived experience in the co-design and co-delivery of practical and skills-based activities to ensure genuine partnerships to deliver the best training outcomes at individual, service, organisation and system level (National Mental Health Commission, 2016).
- Clinical emphasis on the use of the measures for care planning.
- Training is available and easily accessible e.g., at orientation, out of hours and in rural/regional/remote contexts and tailored to the needs of the learner.
- The importance of maintaining and refreshing the knowledge, skills and attitudes that underlie the use of outcome measures in clinical practice, especially when the clinician changes their role, service setting and/or the age group they are working with.
- The development of information literacy, i.e., the ability to identify, locate, evaluate and use information effectively.
- The need to comprehensively evaluate and ensure currency of all training activities.
- The use of the measures to monitor individual and organisational change.

01 PREPARING
Initial Learning for Clinical Practice

Part 1A and Part 1B together are considered necessary to maximise the utility of outcome measurement in clinical practice. The focus is on the consumer initially as the centre of care, followed by the development of the requisite knowledge, skills and attitudes that clinicians need to support consumers in their recovery.

Part 1A: Overview and Introducing the Consumer Completed Measure into Clinical Practice

Purpose To provide clinicians with an overview of the National Outcomes and Casemix Collection (NOCC), the measures and their use; with a particular focus on the consumer completed measure.

These training activities aim to give participants an overview of the NOCC, its various components, and potential uses. Participants will be introduced to the measures, making a clear distinction between consumer completed and clinician completed measures and given a broad overview of the data collection protocol. The role of the consumer completed measures to support assessment practice will also be outlined. Through skill rehearsal, participants will practice personalised approaches to explaining the outcome measurement system in mental health services, including offering the consumer completed measure and preparing for discussion of both consumer and clinician completed measures at key milestones of care.

Prior learning An understanding of the content and process of a comprehensive mental health assessment

Participants New clinicians, clinicians working in a new setting or with a different age group

Trainers Experienced educators or senior clinicians (age group specific) in co-design and co-delivery with a lived experience consultant or advocate

Learning Outcomes

At the completion of this session participants will be able to:

- discuss the reasons for the NOCC and its potential uses;
- explain the difference between consumer completed and clinician completed measures;
- describe the potential uses of both clinician and consumer completed measures;
- recognise the relationship between assessment practice, clinical decision making, and the ratings of clinician completed measures; and
- demonstrate the skills necessary to engage the consumer in completion of the consumer measure.

Sample Program: Overview and Introducing the Consumer Completed Measure into Clinical Practice

Time	Activity	Content
5 minutes	Presentation	Welcome, introductions and overview.
15 minutes	Facilitated discussion	Consumer Lived Experience representative What is the content and process of a comprehensive mental health assessment? Elicit: mental state, history, relationships, goals, rapport, therapeutic alliance, trust, strengths. How do we determine if things have changed for the consumer? The facilitators will link these observations to the use of the consumer and clinician completed measures.
10 minutes	Presentation	NOCC measures at a glance, consumer and clinician completed measures and potential uses.
10 minutes	Presentation	NOCC collection protocol – setting and age group specific.
10 minutes	Presentation	The importance of the consumer's voice in the collection. The consumer completed measure (jurisdiction/age group specific). How to offer the measure, understanding barriers and enablers to meaningful engagement, temporary contraindications and general exclusions.
35 minutes	Skill rehearsal	The development and rehearsal of personalized approaches to offering the consumer completed measure and skills in the sharing and discussion of those results and monitoring over time. Discussion of the clinical judgements necessary when considering acuity, setting, age, temporal and individual needs when offering the measure and discussing the results.
5 minutes	Facilitated discussion	Thoughts, concerns, questions or comments.
TOTAL 90 minutes		

Part 1B: Introducing the Clinician Completed Measures into Clinical Practice

Purpose To provide clinicians with an understanding of the importance of outcomes and casemix measures to clinical practice, how they are rated and then interpreted.

Participants will be provided with a more detailed understanding of the clinician completed measures, including outcome and casemix measures. Using a vignette or shared case, participants will practice rating the appropriate HoNOS family measure. The relationship between HoNOS scores and possible interventions will be explored. Training can be offered in different modes - from the AMHOCN online training to webinars and expanded face to face sessions. Finally, the interface between the measures, clinical processes and the clinical information systems that support them should be included.

Prior learning Part 1A – General Introduction and introducing a consumer completed measure to practice

Participants New clinicians, clinicians working in a new setting or with a different age group

Trainers Experienced educators or senior clinicians (age group specific) in a co-design process and co-delivery with a lived experience consultant or advocate.

Learning Outcomes

At the completion of this session participants will be able to:

- practice rating a HoNOS/CA/65+;
- describe the relationship between HoNOS/CA/65+ ratings and clinical significance;
- identify the relationship between the NOCC measures and possible interventions offered; and
- recognise the purpose of the additional measures that comprise the NOCC.

Sample Program: Introducing the Clinician Completed Measures into Clinical Practice

Time	Activity	Content
5 minutes	Presentation	Welcome, introductions and overview.
15 minutes	Presentation	Overview of the Mental Health Phase of Care, Life Skills Profile 16, CGAS & FIHS, RUG-ADL (age group specific).
20 minutes	Presentation	Overview of HoNOS/CA/65+ including the rating rules. The relationship between HoNOS/CA/65+ scores and clinical significance (Burgess, Trauer, Coombs, McKay, & Pirkis, 2009).
40 minutes depending on group size	Vignette and facilitated discussion	Review vignette or shared case. Rating of vignette or shared case - Individual practice. Compare individual participant ratings to 'gold standard' ratings.
15 minutes	Facilitated discussion	How the clinician completed measures provide insight into the consumer's problems, needs and strengths. How these clinician completed measures can be used in recovery oriented practice. What interventions would be associated with any or all of the clinician completed measures? How would you initiate and support a discussion with the consumer about the clinician completed measures to allow for the later discussion of results?
20 minutes	Demonstration	Local clinical information systems – entry of outcome information, retrieval and reporting.
5 minutes	Facilitated discussion	Thoughts, concerns, questions or comments.
TOTAL 120 minutes		

02 SHARING
Mutual Learning Through Clinical Practice

Sharing Perspectives and Shared/Supported Decision Making

Purpose To develop clinical skills in establishing an open dialogue between consumers, carers and clinicians that can inform and guide decision making

In this training clinicians will learn how to invite consumer and carer comment on the NOCC measures (both the consumer and the clinician completed measures), interpret the results and discuss any variation in perspectives. Discussion of the measures in this way enables feedback on consumer strengths, the severity of problems and psychosocial difficulties, and the degree of distress. These training activities will highlight the skills necessary to identify the most appropriate time, and which measures to use, to support discussions and plan care. Clarification of differences in perspective can be explored to establish a partnership for the development of mutually identified goals.

Using the measures to plan and/or review care, or to inform a transfer of care or discharge, can provide a common language to support decision making (Boswell, Constantino, Kraus, Bugatti, & Oswald, 2016). It creates a platform to review goals, accountabilities and timelines and sparks meaningful discussions about personal recovery based on perceived or demonstrated signs of improvement, deterioration or no change. The evidence suggests that routinely using standard measures, sharing the results with consumers, and using the measures to inform care improves consumer outcomes. (Brooks Holliday, et al., 2020).

Prior learning Preparing (Parts 1A and 1B)

Participants All clinicians

Trainers Experienced educators or senior clinicians (age group specific) in co-design process and co-delivery with a lived experience consultant or advocate

Learning Outcomes

At the completion of this session participants will be able to:

- recognise the value of discussing the results of the completion of the clinician and consumer completed measures with the consumer and carer;
- describe the importance of sharing perspectives in a clinically meaningful recovery oriented manner;
- identify the place of the consumer and clinician completed measures in the process of care planning; and
- practice how to present the ratings, resolve differences of opinion and reach mutually identified goals to plan care.

Sample Program: Sharing Perspectives and Shared/Supported Decision Making

Time	Activity	Content
15 minutes	Presentation	Welcome, introductions and overview. Rationale for the utility of measures in care planning and transfers of care/discharge.
15 minutes	Presentation	Approaches to shared decision making (Australian Commission on Safety and Quality in Health Care, 2021) /supported decision making (The Royal Australian and New Zealand College of Psychiatrists. Victorian Branch, 2018): • introducing choice; • describing options; and • exploring preferences and making decisions.
30 minutes	Facilitated discussion/ Skill rehearsal	Clinician interpretation of a single collection. The development and rehearsal of skills in the discussion of the results of clinician and consumer completed measures: • using clinical judgement to ascertain the approach to providing individual feedback (i.e., acuity, setting, age, carer/ family and cultural considerations) and the benefits of shared/ supported decision making; • framing exploratory questions; and • convergent and divergent views at a particular collection occasion and its implications in clinical practice.
30 minutes	Facilitated discussion /Skill rehearsal	Clinician interpretation of multiple collections and change over time.
30 minutes	Facilitated discussion	Discussing the clinician's interpretation with the consumer and carer: • convergent and divergent views on change over time and its implications in clinical practice; • clarification and agreement of goals; and • understanding challenges to engagement.
TOTAL 120 minutes		

03 COMPARING
Continued Learning in Clinical Practice

Part 3A: Comparing Clinical Perspectives

Purpose To enable clinical leads to use the measures to support recovery oriented practice, clinical review, and clinical supervision processes within teams

This training is for clinical leads to facilitate meaningful discussion of the NOCC measures as part of Recovery oriented practice, clinical review, case conferencing and clinical supervision. Clinical leads can harness the collegial knowledge, skills, and attitudes within teams to guide and develop good clinical practice. Bringing together differences in discipline, experience and the characteristics of service setting can provide new insights, enrich understanding and support reflective practice, particularly for less experienced clinicians. The capability to use that information, and to reinforce its use in daily decision-making, is facilitated by both the leadership and culture of services.

A structured process to ensure the measures are integrated into meaningful clinical discussion at review and supervision is presented and discussed. While it is ideal that the consumer is directly involved in clinical reviews, the consumer's voice can still be heard in absentia by including the consumer completed measure into case conferences and clinical review processes.

Prior learning Preparing (Parts 1A and 1B), Sharing (Part 2)

Participants Clinical Leads and Supervisors

Trainers Clinical/ discipline leads who have regularly used NOCC measures as part of recovery oriented practice, clinical review, case conferencing and clinical supervision.

Learning Outcomes

At the completion of this session participants will be able to:

- critique the process and value of measurement in mental health practice;
- compare and contrast consumer completed, and clinician completed measures and their use in practice; and
- describe how the NOCC measures can be used to support Recovery oriented practice, clinical review, case conferencing and clinical supervision.

Sample Program: Comparing Clinical Perspectives

Time	Activity	Content
10 minutes	Presentation	Welcome, introductions and overview. The value of NOCC measures for recovery oriented practice, clinical review, case conferencing and clinical supervision.

40 minutes	Facilitated discussion and video presentation or interactive session	**Review:**
		
		• Interpretation of completed measures and implications for Recovery oriented practice and transfers of care.
		• Exploration of the value of multi-disciplinary perspectives at review (Te Pou o te Whakaaro Nui, 2021).
		• Review of:
		  • Three Cs (NZ model for the use of the measures in multidisciplinary team reviews (Te Pou o te Whakaaro Nui, 2015);
		  • MDT presentation template (Australian Mental Health Outcomes and Classificiation Network, 2019); and
		  • other models.

30 minutes	Facilitated discussion and video presentation or interactive session	**Supervision:** • Within clinical supervision, exploring the role of the NOCC and how it is best used. • Assessing and monitoring the completion of the consumer measure. • Interpreting results of the measures and highlighting of areas of focus/interest. • Exploring and managing clinician concerns in relation to using clinician and consumer completed measures as part of a therapeutic process. • Reviewing the clinician/consumer/carer dynamics and level of involvement in decision making.
TOTAL 90 minutes		

Part 3B: Calibration Through Collaboration

Purpose To ensure that clinicians maintain their individual and collective proficiency in outcome measurement

The regular calibration of skills required to accurately and consistently rate the clinician completed measures is necessary to maintain inter-rater reliability. Rater drift can occur with the misapplication of rating rules, and the de-sensitisation to problem severity over time, which can often produce under-rating. For consumers, accurate and consistent rating standards also enhance the meaningful discussion of change over time, especially when there are multiple case managers throughout their care.

Calibration of ratings should occur on an annual basis and may be undertaken by repeating Part 1B – Introducing the clinician completed measures into clinical practice, however a superior approach is recommended that entails a collaborative exercise of sharing ratings with colleagues. This provides the opportunity to reinforce the use of a common language in mental health services where problem severity or functioning are rated both accurately and consistently.

To ensure intra-team calibration the following method is suggested. Clinicians use a vignette or shared case to practice rating the measure individually. Through a discussion within the team and an exploration of the reasons for variations in rating, a team consensus rating is generated. This team consensus rating is then compared to a 'gold standard' rating with an agreed set of rationales for the rating of individual scales. Variation between the team's consensus rating compared to the 'gold standard' rating provides reflection and learning opportunities using performance-based feedback.

Prior learning Preparing (Parts 1A and 1B)

Participants All Clinicians and Clinical Leads

Trainers Experienced educators or senior clinicians (age group specific) in co-design and co-delivery with a lived experience consultant or advocate

Learning Outcomes

At the completion of this session participants will be able to:

- explain the ratings rules of each measure;
- identify the use of and value of measure glossaries to support the accuracy of ratings;
- compare ratings with other clinicians to develop consensus; and
- rate clinician measures accurately and consistently.

Sample Program: Calibration Through Collaboration

Time	Activity	Content
5 minutes	Self-directed learning	Review of rating rules and measure glossaries.
10 minutes	Self-directed activity	Individual rating of vignette or shared case (age specific) guided by rules and glossary.
30 minutes	Facilitated team discussion	Comparison of individual ratings and development of team consensus ratings through the resolution of disparities.
15 minutes	Facilitated team discussion	Comparison of team consensus rating with the 'gold standard' and the discussion of variation.
TOTAL 60 minutes		

Part 3C: Comparing Service Perspectives

Purpose To explore the use of aggregated information to support service development and quality assurance and improvement.

In this training, clinicians and service managers are introduced to the use of aggregated information. This information can be used to:

- develop and monitor key performance indicators;
- benchmark service performance;
- support casemix and activity-based funding; and
- promote research and quality improvement activities.

The types of training activities will be determined by states and territories and organisational priorities and resources. For example, organisations might focus on the use of the NOCC measures to:

- understand variability in workloads between clinicians and guide caseload management decisions;
- understand the reasons for variability in key performance indicators;
- explore casemix variability within the service and its effect on activity-based funding; and
- differentiate the effectiveness of specific treatment approaches.

Prior learning Preparing (Parts 1A and 1B)

Participants Clinical Leads, Team Leaders, Nurse Unit Managers, Service Managers

Trainers Experienced educators, senior clinicians, information system personnel and other staff with appropriate content knowledge

Learning Outcomes

At the completion of this session participants will be able to:

- critique the use of the standard measures for service development and quality improvement
- identify the use of routinely collected information for key performance indicators e.g., completion of the consumer completed measure as an indicator of service responsiveness;
- describe the use of routinely collected information for research and evaluation in recovery oriented practice and the outcomes of care;
- discuss the use of routinely collected information for service comparison and benchmarking activities by fostering mutual learning and quality improvement; and
- interpret the contribution of NOCC measures to casemix and activity-based funding.

Sample Program: Comparing Service Perspectives

These suggested activities can be presented in isolation, or combined as required, and the content will be tailored to the specific needs of individual services or groups of services.

Time	Activity	Content
60 -120 minutes	Presentation Activity Facilitated discussion	**Key Performance Indicators and Benchmarking Service Performance** • What are performance indicators and benchmarking? • NOCC measurement and KPIs – outcomes readiness, completion of consumer measure, change in clinical outcomes (Australian Institute of Health and Welfare, 2021). • What information on service delivery should be compared (quantitative and qualitative)? • Identification of comparable services. • Report analysis on service performance with comparisons to other services and trends over time. • Areas of interest and reasons for similarities and differences in performance. • Sharing of ideas and success stories (improvement science) (NSW Clinical Excellence Commission, 2021).
60 minutes	Presentation Activity Facilitated discussion	**Casemix and activity-based funding** • What is casemix? • The role of NOCC measures in activity-based funding models and the need for accurate and consistent rating. • Application of model to existing service demand and structures. • Implications for local service provision – caseload management, staffing mix, changing trends, future growth and planning.
60 minutes	Presentation Activity Facilitated discussion	**Research and quality improvement activities** • What is quality improvement? • The role of information (including the NOCC measures) to identify and drive potential research and improvement projects. • How to develop a methodology that uses selected information for pre and post intervention comparisons. • Responsibility to publish and share results.

GLOSSARY

Casemix is information about the mix of people who are receiving mental health services grouped according to their clinical status and the pattern of services they are receiving.

Casemix measures are designed to determine clinically meaningful factors that can be used to build a patient classification and explain service costs.

Clinician completed measures are used by clinicians to monitor the progress of the consumer, evaluate the effectiveness of treatments, and provide information that will assist decisions about clinical practices.

Consumer completed measures are structured surveys that help people articulate what is important to them about their quality of life, social, emotional and physical factors affecting them and symptoms relating to their care or treatment.

Convergent and divergent views are the similarities and differences in perspective based on shared information.

Co-design is a process of identifying and creating an entirely new plan, initiative or service, that is successful, sustainable and cost-effective, and reflects the needs, expectations and requirements of all those who participated in, and will be affected by the plan, initiative or service. Co-design processes should include people who are directly affected by an issue but can also include other stakeholders and the general community.

Co-delivery is the development, delivery and evaluation of mental health services that put individuals first, requires strong partnership between consumers and carers, health service providers and health service leaders. (National Mental Health Commission, 2021)

General Exclusion. The consumer is unable to understand the measure because of an organic mental disorder or a developmental disability.

'Gold standard' ratings are considered a superior quality (often generated from knowledgeable expertise) and serve as a point of reference against which other ratings may be compared.

Inter-rater reliability is the degree of agreement among raters (i.e., how much consensus exists in the ratings given by various clinicians).

Lived experience consultants and lived experiences educators co-design and co-deliver innovative training and educational programs, service improvement and evaluation initiatives from the consumer and carer perspective, and are essential within service planning and design (including services designed and operated by people with lived experience of mental health issues).. (Peer Inside, Centre for Mental Health Learning Victoria, 2019)

Outcome measures assist consumers in considering options for their care and treatment and support the development of a therapeutic relationship between the clinician and the consumer and can also measure whether a change has occurred as a result of mental health care.

Rater drift is the misapplication of the rating rules and/or the development of erroneous idiosyncratic rules when completing a clinician completed measure.

Recovery-oriented mental health practice refers to the application of sets of capabilities that support people to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations. (Australian Government. Department of Health and Ageing, 2013)

Shared decision making involves discussion and collaboration between a consumer and their healthcare provider. It is about bringing together the consumer's values, goals and preferences with the best available evidence about benefits, risks and uncertainties of treatment, in order to reach the most appropriate healthcare decisions for that person. (Australian Commission on Safety and Quality in Health Care, 2021)

Supported decision making enables consumers to understand choices in relation to their treatment, when their decision-making may be impaired. Consumers receive support in their efforts to make decisions for themselves. (The Royal Australian and New Zealand College of Psychiatrists. Victorian Branch, 2018)

Temporary contraindications occur when the consumer is too unwell or distressed to complete the measure. Psychotic or mood disturbance prevents the consumer from understanding the measure or completing the measure would increase their level of distress.

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