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# Benchmarking across sectors: Comparisons of residential dual diagnosis and mental health programs

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## Publication Details

Deane, F. P., Kelly, P., Gonda, T., Murugesan, G. & Jeffrey, R. (2009). Benchmarking across sectors: Comparisons of residential dual diagnosis and mental health programs. Outside-In Conference.

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# Benchmarking across sectors: Comparisons of residential dual diagnosis and mental health programs

## **Abstract**

[extract] A Question to Ponder: How does your service compare to other similar services in the industry? How would knowing this help your organisation?

## **Keywords**

programs, health, mental, diagnosis, across, dual, benchmarking, residential, comparisons, sectors

## **Disciplines**

Arts and Humanities | Life Sciences | Medicine and Health Sciences | Social and Behavioral Sciences

## **Publication Details**

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# Benchmarking in the Non-Government Sector

Peter Kelly, Frank Deane, Trevor Crowe & Carla Morgan



University of Wollongong



# Benchmarking across sectors: Comparisons of residential dual diagnosis and mental health programs

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# A Question to Ponder

How does your service compare to other similar services in the industry?

How would knowing this help your organisation?



# What is benchmarking?

A structured approach to measuring and comparing processes within your organisation to other comparable processes

- Internally or externally

Benchmarking is a core component of Continuous Quality initiatives

- E.g. QMS and ACHS guidelines

The aim of benchmarking is to learn from the practices of other organisations

- Identify areas for improvement
- Stimulate innovation
- Motivating for clinicians
- Improve client care



# What do you benchmark

Human Resources

Financial Management

OH&S

Promotion and Advertising

Service Delivery

External Relationships



# Identifying Areas to Benchmark

## Brainstorm

- Clear areas for improvement
- Particularly important parts of your organisation
- Areas you would like to excel in

## Review external material

- Literature reviews (Google scholar)
- Accreditation standards
- Your funding agreements

**Make them useful!**





# Selecting Measures

Make sure it measures what you want it to measure

Where possible select measures:

- That have comparison data available
- Is useful for clinicians and/or managers

Examples

- File audits
- Surveys
- Interviews
- Outcome measures
- Process measures



# Internal Benchmarking

Comparison against other people, departments or units within your organisation

Identify which Units are performing at the highest level

Ideal for larger NGOs

- e.g. Richmond Fellowship, Aftercare, Neami, WHO's, The Salvation Army.

Overtime, examine differences



# External Benchmarking

Type	Example
Standards	DDCAT, Accreditations guidelines
Averages	Norms from psychological test manuals, published studies
Statistical	Clinically significant change
Partnerships	Comparison against competitors



# Current Project

- 3 year evaluation of The Salvation Army drug and alcohol services in NSW, QLD and ACT
- The Salvation Army provides a range of outpatient and inpatient services (approx 500 beds)
- Partnership with the Illawarra Institute for Mental Health, University of Wollongong
- The Aim is to Establish an evidence base for The Salvation Army services and to provide recommendations for service improvement



# Average Benchmarking Burnout





# Why Look at Burnout?

## Burnout

- Cognitive, behavioural & affective symptoms that reflect a chronic stress reaction to the work environment
- Emotional exhaustion, depersonalization & personal accomplishment

## High rates of burnout within D&A and mental health sector

- Higher staff turnover
- Negative impacts on health of staff
- Impacts on client care



# Method

## Participants

- 156 Salvation Army staff members working in Recovery Service Centres in QLD, NSW & ACT

## Measures

- Mashlash Burnout Inventory
  - Emotional exhaustion,
  - Depersonalization
  - Personal accomplishment

## Procedure

- Survey completed 2008



# Emotional Exhaustion

Mashlash Burnout Inventory

## Definition

- Feelings of fatigue, apathy and negative thoughts related to work

## Emotional Exhaustion

- 27+ High
- 17 - 26 Moderate
- 0 - 16 Low

	SALVOs Current study	D&A Price & Spence	Mental Health MBI manual
Emotional Exhaustion	15.55	15.58	16.89

- 24 people (16%) of The Salvation Staff report High Emotional Exhaustion





# Personal Accomplishment

Mashlash Burnout Inventory

## Definition

- Feelings of competence & successful achievement in one's work

## Personal Accomplishment

- 0 - 30 Low
- 31 - 36 Moderate
- 37+ High

	SALVOs Current study	D&A Price & Spence	Mental Health MBI manual
Personal Accomplishment	38.31	37.16	32.75

- 22 people (15%) of The Salvation Army staff report low Personal Accomplishment



# Depersonalization

Mashlash Burnout Inventory

## Definition

- Distancing and emotional hardness and unfeeling perceptions of clients

## Depersonalization

- 14+ High
- 9 - 13 Moderate
- 0 - 8 Low

	SALVOs Current study	D&A Price & Spence	Mental Health MBI manual
Depersonalization	4.56	5.62	5.72

- 11 people (7%) of The Salvation Army staff report High Depersonalization



# Average Benchmarking

- Provide a broad measure of how the organisation is going
  - Thermometer
- Limitations
  - Comparing against averages, not against industry leaders



# Internal Benchmarking Client Satisfaction





# Client Satisfaction

- Client satisfaction is considered an important measure of the quality of treatment provided by a health facility.
- It typically provides a very broad measure
  - Did the service meet your expectations?
  - Would you return to the program in the future?
- Can provide very important information to facilitate service improvement.



# Method

## Participants

- 600 clients from across the 8 Salvation Army Recovery Service Centres

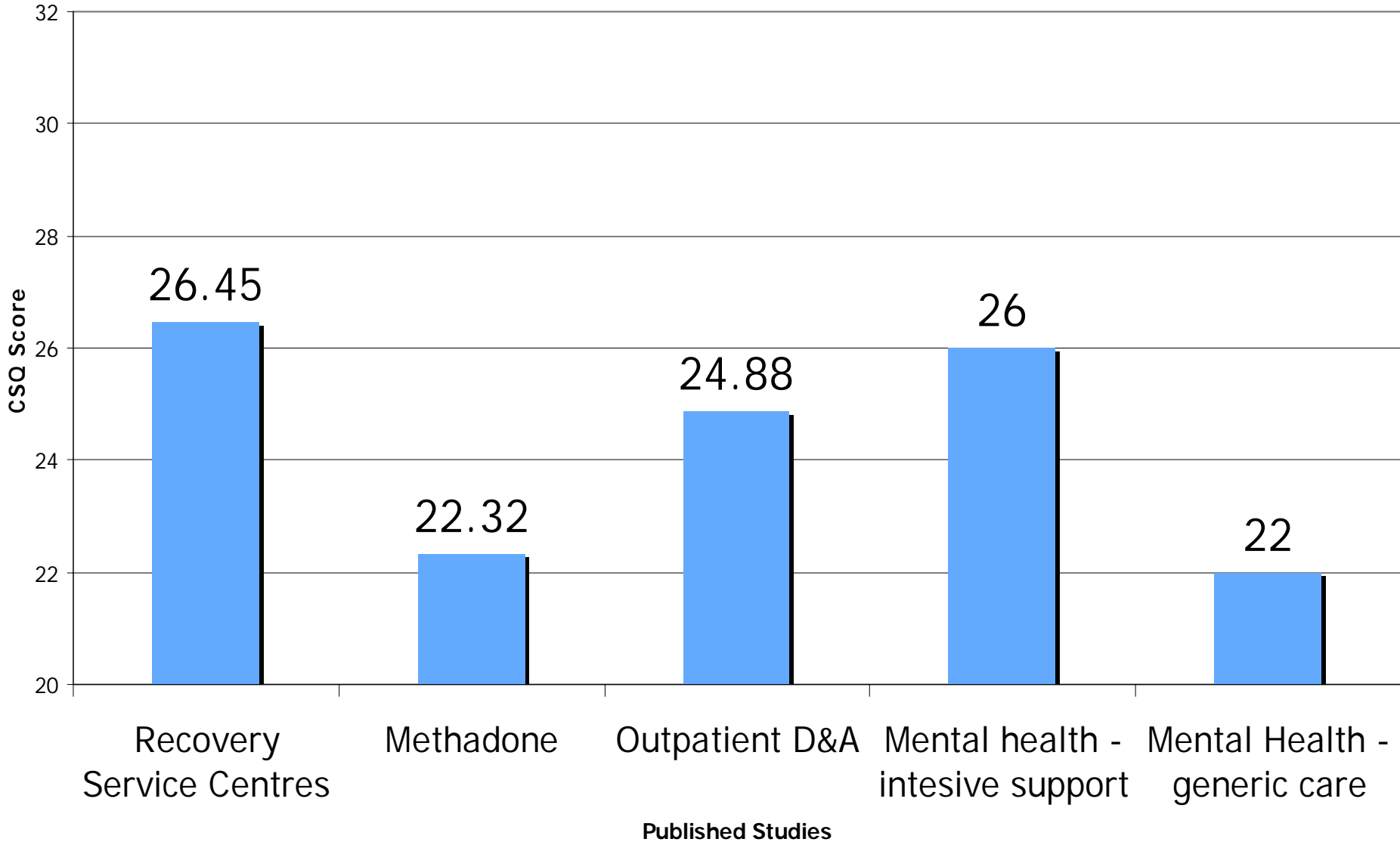
## Measure

- Client Satisfaction Questionnaire (CSQ-8)
- It provides an overall, global measure of client satisfaction
- Widely used measure of client satisfaction

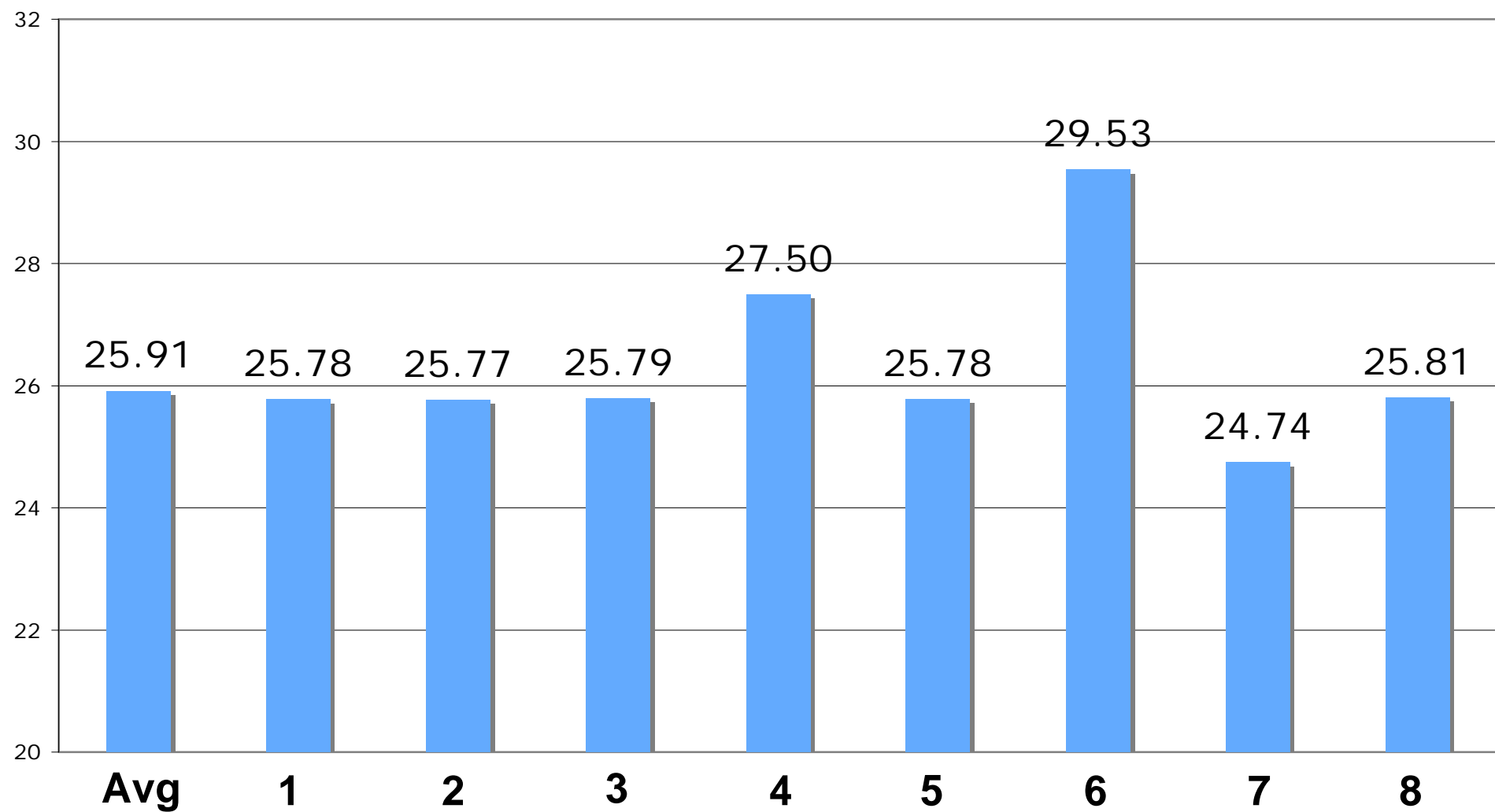
## Procedure

- 2 X Cross sectional surveys completed at each site

# CSQ 8 Across Published Studies



# Client Satisfaction across Recovery Service Centres







# Statistical Benchmarking: Client Outcome Data





# Do your clients improve?

## **Are changes due to chance?**

- Statistically significant change

## **Are the changes clinically meaningful?**

- Clinically significant change
- Patient must improve beyond what is attributable to chance
- Patient moves from score that reflects membership of dysfunctional population to more functional population



# Inpatient mental health example

- Murugesan et al. (2007). *Australian & New Zealand Journal of Psychiatry*.
- Bloomfield Hospital - medium length inpatient facilities providing psychosocial rehabilitation for people with severe mental illness
- Male and female units, both 16 bed units
- Patients in acute phase of illness with florid symptoms not included
- Treatment team:
  - psychiatrist, psychologist, SW, nurses



## Participants

- 88 of the first 100 consecutive admissions
- All with Schizophrenia (89%) or Schizoaffective disorders (11%)
- All on compulsory treatment orders (Mental Health Act, NSW)
- Age M = 31.5 years
- Average length of stay was 4.5 months



# Measures

## Brief Psychiatric Rating Scale (BPRS)

- 24 item measure of psychiatric symptomatology, completed in structured interview by rater (staff)

## Health of the Nation Outcome Scales (HoNOS)

- 12 item measure of psychosocial functioning, (behavioural, symptom, social). Staff rated.

## Kessler-10 (K10)

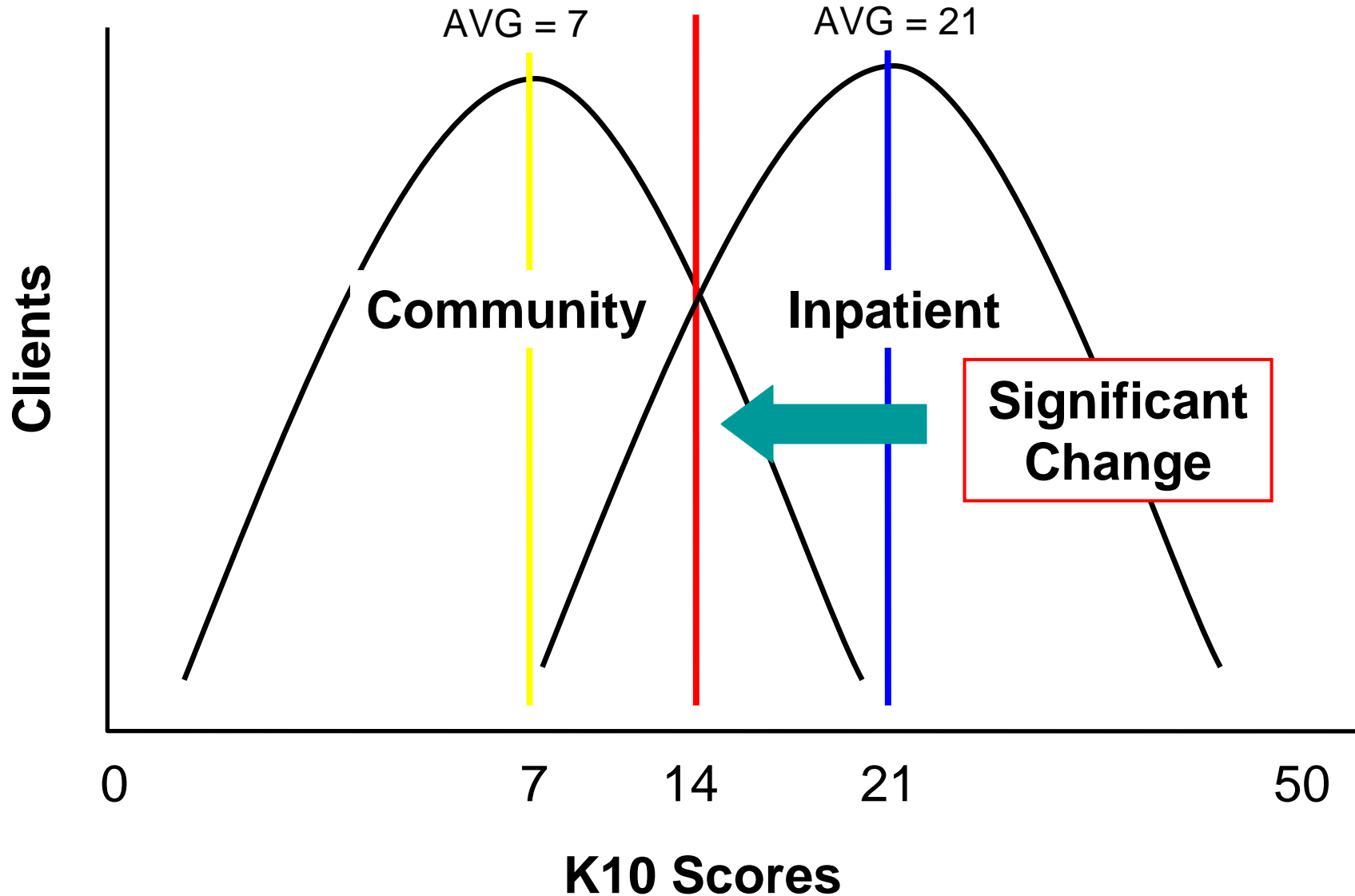
- 10 item symptom distress, rated by patient



# Measuring Reliable and Clinically Significant Change

1. You need to make sure that the change isn't just due to chance
  - Calculate Reliable Change Index
    - This tells you how much a measure needs to change
    - Christensen and Mendoza (1986) formula
2. Statistically Significant change (I.e it has clinical meaning)
  - Moves closer to a functional population
  - Clinical significance cut-off scores calculated using Jacobson and Truax (1991)

# Clinically Significant Change





# Results

- What percent of clients move closer to scores outpatient mental health patients than inpatient clients
  - Reliable change on each measure
  - Baseline scores need to be closer to the inpatient sample

Measure	Percent Improved
BPRS	32.9%
HoNOS	39.3%
K10	21.4%





## K10 Clinical Significance Over Time

K10	2003-2004	2005-2007
Improved	22.4%	21.4%
Average length of Treatment	4.5 months	3.7 months

What does this show us?

- The Units have remained consistent
- Increased length of time doesn't seem to make a difference to K10 scores
  - But????



# Partnership Benchmarking

## Comparison Between Mental Health and Substance Abuse programs





# Comparisons across services

- Comparisons between mental health and substance abuse services on some outcome measures

## Why?

- High levels of comorbidity
- Useful to benchmark across “industries”
- Potential to learn from other treatment approaches



# Comorbid Substance abuse and Mental illness residential program

## Salvation Army

- 125 clients entering Lake Macquarie Recovery Service Centre
  - 104 bed unit
    - 26 dual diagnosis specific beds
  - 10 month program
    - Double trouble for clients in the dual diagnosis stream

## Inpatient mental health

- 161 clients entering medium length inpatient facilities providing psychosocial rehabilitation for people with severe mental illness



# K10 Comparisons

Group	Admission		Discharge	
	Mean	SD	Mean	SD
Dual Diagnosis	24.53	9.34	15.76	6.56
Severe Mental Illness	21.48	9.23	17.13	7.04

**There is a statistically significant change between admission and discharge for both groups.**



# Reliable and Clinically Significant Change

- The criteria

- The change between intake and baseline demonstrated reliable change (I.e. moved 7 points on the K10)
- Clients K10 score started closer to an inpatient sample than to an outpatient sample (K10 score of 14 or less)

	Co-morbidity	Mental Illness
Clinically Significant Change	54%	63%



# Conclusions

- Benchmarking is an important component of continuous quality management
- It can be used across different parts of an organisation and there are a range of different approaches available
- Important to spend time to establish both appropriate benchmarks and reliable measures
- Make it useful!



# Contact Details

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