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Benchmarking in the non-government sector

Peter Kelly
University of Wollongong, pkelly@uow.edu.au

Frank Deane
University of Wollongong, fdeane@uow.edu.au

Trevor Crowe
University of Wollongong, tcrowe@uow.edu.au

Carla Morgan

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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?

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Benchmarking in the Non-Government Sector

Peter Kelly, Frank Deane, Trevor Crowe & Carla Morgan
Benchmarking across sectors: Comparisons of residential dual diagnosis and mental health programs

Frank P. Deane¹, Peter Kelly¹, Talia Gonda¹, Ganapathi Murugesan² and Robyn Jeffrey².

1. Illawarra Institute for Mental Health and School of Psychology, University of Wollongong
2. Bloomfield Hospital, Greater Western Area health Service, NSW
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, WHOs, The Salvation Army.

Overtime, examine differences
# External Benchmarking

<table>
<thead>
<tr>
<th>Type</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standards</td>
<td>DDCAT, Accreditations guidelines</td>
</tr>
<tr>
<td>Averages</td>
<td>Norms from psychological test manuals, published studies</td>
</tr>
<tr>
<td>Statistical</td>
<td>Clinically significant change</td>
</tr>
<tr>
<td>Partnerships</td>
<td>Comparison against competitors</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th></th>
<th>SALVOs</th>
<th>D&amp;A</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Exhaustion</td>
<td>15.55</td>
<td>15.58</td>
<td>16.89</td>
</tr>
</tbody>
</table>

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

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

Personal Accomplishment

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

<table>
<thead>
<tr>
<th>Personal Accomplishment</th>
<th>SALVOs Current study</th>
<th>D&amp;A Price &amp; Spence</th>
<th>Mental Health MBI manual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>38.31</td>
<td>37.16</td>
<td>32.75</td>
</tr>
</tbody>
</table>

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

- Distancing and emotional hardness and unfeeling perceptions of clients

Depersonalization

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

<table>
<thead>
<tr>
<th>Depersonalization</th>
<th>SALVOs (Current study)</th>
<th>D&amp;A (Price &amp; Spence)</th>
<th>Mental Health (MBI manual)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4.56</td>
<td>5.62</td>
<td>5.72</td>
</tr>
</tbody>
</table>

- 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 you 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

<table>
<thead>
<tr>
<th>Published Studies</th>
<th>CSQ Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery Service Centres</td>
<td>26.45</td>
</tr>
<tr>
<td>Methadone</td>
<td>22.32</td>
</tr>
<tr>
<td>Outpatient D&amp;A - Intensive Support</td>
<td>24.88</td>
</tr>
<tr>
<td>Mental Health - Generic Care</td>
<td>22</td>
</tr>
<tr>
<td>Mental Health - Intensive Support</td>
<td>26</td>
</tr>
</tbody>
</table>
Client Satisfaction across Recovery Service Centres

<table>
<thead>
<tr>
<th>Centre</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg</td>
<td>25.91</td>
</tr>
<tr>
<td>1</td>
<td>25.78</td>
</tr>
<tr>
<td>2</td>
<td>25.77</td>
</tr>
<tr>
<td>3</td>
<td>25.79</td>
</tr>
<tr>
<td>4</td>
<td>27.50</td>
</tr>
<tr>
<td>5</td>
<td>25.78</td>
</tr>
<tr>
<td>6</td>
<td>29.53</td>
</tr>
<tr>
<td>7</td>
<td>24.74</td>
</tr>
<tr>
<td>8</td>
<td>25.81</td>
</tr>
</tbody>
</table>
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


• 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

AVG = 7

AVG = 21

Community

Inpatient

Significant Change

K10 Scores

Clients
Results

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Percent Improved</th>
</tr>
</thead>
<tbody>
<tr>
<td>BPRS</td>
<td>32.9%</td>
</tr>
<tr>
<td>HoNOS</td>
<td>39.3%</td>
</tr>
<tr>
<td>K10</td>
<td>21.4%</td>
</tr>
</tbody>
</table>
### K10 Clinical Significance Over Time

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Improved</td>
<td>22.4%</td>
<td>21.4%</td>
</tr>
<tr>
<td>Average length of Treatment</td>
<td>4.5 months</td>
<td>3.7 months</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Group</th>
<th>Admission</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Dual Diagnosis</td>
<td>24.53</td>
<td>9.34</td>
</tr>
<tr>
<td>Severe Mental Illness</td>
<td>21.48</td>
<td>9.23</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th></th>
<th>Co-morbidity</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinically Significant Change</td>
<td>54%</td>
<td>63%</td>
</tr>
</tbody>
</table>
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

Dr Peter Kelly

pkelly@uow.edu.au