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

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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?

Keywords

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Disciplines

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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

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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, 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
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

<table>
<thead>
<tr>
<th></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>Personal Accomplishment</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
## Depersonalization

**Mashlash Burnout Inventory**

### Definition
- Distancing and emotional hardness and unfeeling perceptions of clients

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

<table>
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<th>D&amp;A Price &amp; Spence</th>
<th>Mental Health MBI manual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depersonalization</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 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

- Recovery Service Centres: 26.45
- Methadone: 22.32
- Outpatient D&A: 24.88
- Mental health - intensive support: 26
- Mental Health - generic care: 22
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
Community

AVG = 21
Inpatient

K10 Scores

Clients

0 7 14 21 50

Significant Change
Results

- What percent of clients move closer to scores of outpatient 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>
<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
<table>
<thead>
<tr>
<th>Group</th>
<th>Admission</th>
<th></th>
<th>Discharge</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Dual Diagnosis</td>
<td>24.53</td>
<td>9.34</td>
<td>15.76</td>
<td>6.56</td>
</tr>
<tr>
<td>Severe Mental Illness</td>
<td>21.48</td>
<td>9.23</td>
<td>17.13</td>
<td>7.04</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!
Dr Peter Kelly

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