Benchmarking activities in Queensland

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Four approaches to benchmarking

- Mental Health Clinical Collaborative
- Queensland Mental Health Benchmarking Unit
- Performance frameworks and reporting
- Queensland Mental Health Clinical Improvement Team

The initiatives each:
- Have a different focus
- Use different methodologies
- Have evolved over time
- Contribute to better outcomes for Queenslanders
Mental Health Clinical Collaborative

- State-wide initiative of clinicians working together to improve service delivery in clinical topic areas
- Established in 2005 using an adaptation of the IHI collaborative breakthrough series method
- Quality improvement focus
- Driven by a lead clinician and state-wide clinical steering committee
- Voluntary membership (open to all adult acute and community mental health services state-wide)
Mental Health Clinical Collaborative

• Clinical issue focus for 2-3 years as determined by member vote
• Clinically relevant indicators developed and reported by MHCC to members via secure reporting and site visits
• State-wide forum every 6 months:
  – Benchmarking performance against the indicators
  – Service presentations share progress, learnings and ideas
  – Hear from experts in the topic area
  – Disseminate guidelines, best practice tools
  – Opportunity for networking across the state

Topics covered:
✓ Seclusion
✓ Inpatient management of schizophrenia
✓ Length of stay
✓ Readmission rates
✓ Polypharmacy
✓ Community follow-up
✓ Recording of GP
✓ Metabolic monitoring
✓ Smoking cessation
Queensland Mental Health Benchmarking Unit

- Focus on Extended Treatment services
- Separate benchmarking groups for:
  - Secure mental health rehabilitation units
  - Community care units
  - Extended treatment and rehabilitation units
  - Acquired brain injury units
  - Psychogeriatric nursing homes
- Each group runs a two year cycle
- Voluntary participation – 100%

- Broad range of data utilised
- Data collection through a mix of:
  - Corporate information systems
  - Snap shot chart audits and questionnaires on agreed census dates
  - Surveys - Consumer, family/significant other & staff
- Data collated, validated and reported by QMHBU
- Forums held for each service type
Queensland Mental Health Benchmarking Unit

• Methodology promotes ownership in the process as services participate in:
  – Collection of information on ‘census day’; then
  – Attend the forums and discuss similarities and differences

• Provides a clear view of service:
  – Users
  – Staffing profiles
  – Interventions and programs
  – Partnerships and linkages
  – Processes

• Forums provide opportunity for
  – Services present to share successes and how they achieve them
  – Hearing from external experts on relevant topics
  – Hearing from speakers from similar interstate services
  – Networking
Evolution of a Performance Framework
Connecting Care to Recovery: Measurement Strategy

• Queensland’s 5 year plan has an accompanying measurement strategy
• A range of national and state KPIs included
• Reported monthly in PDF format with raw data available
• Reporting including a dashboard being developed on the data warehouse
Connecting Care to Recovery: Measurement Strategy

• One component of a range of performance drivers

• Provides a framework across multiple domains
Queensland Mental Health Clinical Improvement Team

- Team of senior mental health clinicians
- Hosted by five Hospital and Health Services (LHN’s) across Queensland
- Operationally and strategically part of the MHAODB
- Historically formed from two pathways:
  - NOCC Outcomes implementation
  - Performance framework implementation

QMHCIT Role

- Linking clinicians with information
- Promoting clinical utility of mental health information
- Promoting KPI and broader information literacy
- Promoting the generation of ‘practice based evidence’
- Contribute to services’ strategic planning
- Mechanism for two-way communication between clinicians and the MHAODB
Queensland Mental Health Clinical Improvement Team

- Grief counsellors...
- ... leading clinicians through the process of DATA GRIEF
- Then clinicians are able to actively participate in quality improvement processes
QMHCIT Bespoke benchmarking

• Bespoke benchmarking for:
  – Individual teams
  – Service leadership/exec groups
  – Whole services
  – Clinical Clusters
  – Model of Service groups

• We benchmark:
  – Performance against KPIs
  – Outcomes information
  – Activity – referrals, episodes, intervention profiles
OVER TO YOU....