



Te Pou

o Te Whakaaro Nui

 **Midland**
District Health Boards
MENTAL HEALTH & ADDICTION
REGIONAL NETWORK

Learning objectives

- ❖ participants will be more informed about mental health information
- ❖ Participants will understand the importance of consistently and accurately submitting PRIMHD
- ❖ Participants will gain knowledge about how service user information is stored and PRIMHD information is collected and submitted under the privacy guidelines from the MoH Health Network
- ❖ Participants gain an understanding of future directions

What does PRIMHD mean for NGOs?



NGOs a primer...

- ❖ NGOs make a considerable contribution to the New Zealand economy, and their geographical distribution and close community links make them invaluable in providing personalised, customised and localised health and disability services
- ❖ Play a key role in supporting government objectives to deliver more and better health and disability services, while adapting to changing public expectations of value and service delivery
- ❖ Provide a locus for flexible, responsive and innovative frontline service delivery

(Harrison -H&D sector working group 2010)

NGO a primer...

- ❖ Believe that innovative adaptability is critical to developing and sustaining effective and affordable twenty first century services
- ❖ NGOs provide a locus for local communities, cultural and ethnic groups, indigenous groups such as Maori to realise their aspirations to have a say in the direction of the delivery of health and disability services
- ❖ There is growing international recognition of the ‘third sector’ role in facilitating networked or devolved government, meeting government objectives by means other than direct intervention

(Harrison -H&D sector working group 2010)

www.tepou.co.nz

Political environment...

- ❖ Governments are facing rising demand for effective public services
- ❖ Significant cost pressures on their service delivery, within a very tight economic environment
- ❖ These imperatives drive a common interest in public sector service improvement by means of a shift from:
 - outputs to outcomes
 - welfare to social investment
 - command and control to innovation and collaboration
 - standardisation to personalisation and customisation.

Public value...

- ❖ We expect value from our public services, and our expectations of that value (both in quality and in quantity) are increasing. Governments which fail to meet those expectations (through for example, health service delivery failures) do so at a risk to their electoral futures
- ❖ *Public value refers to the value created by government through services, laws, regulation and other services*
- ❖ Trust is important to demonstrating public value -
 - in those delivering the services
 - in the service delivered
 - in the way the public are included in the process of creating and delivering the service
 - in the measurement of any process or product of delivery

Mental Health and Addiction priority areas

Measures of input

Measures of output

Measures of outcome

Was the funding utilised as Intended?

To what extent has the infrastructure and capacity of the system increased?

Has the quality of the system improved?

How have initiatives impacted on the lives of people living with the effects of mental illness?

Has the Mental health of the community improved?

Performance monitoring process and independent evaluation

An era of inquiry

- ❖ what gets measured gets done
- ❖ when you measure results, it's easier to define success from failure
- ❖ when you can see success, it's easier to reward it
- ❖ if you reward success without measurement, you might be rewarding failure
- ❖ when you can see success, you can learn from it
- ❖ when you can identify mistakes, they're easier to fix
- ❖ when you can demonstrate results, it's easier to win public support

Adapted from: Re-inventing government, Osborne and Gaebler (1992)

- ❖ Prof. Burgess suggests that mental health workers should ask the question, ‘What information do we need to provide a good service?’
- ❖ ‘If services don’t have information or data then all they have is an opinion.’

The logo for Te Pou, featuring the words 'Te Pou' in a stylized, dark purple font. The 'T' and 'P' are large and bold, with a yellow and orange striped pattern on their vertical stems. The 'e' and 'ou' are smaller and more fluid in design.

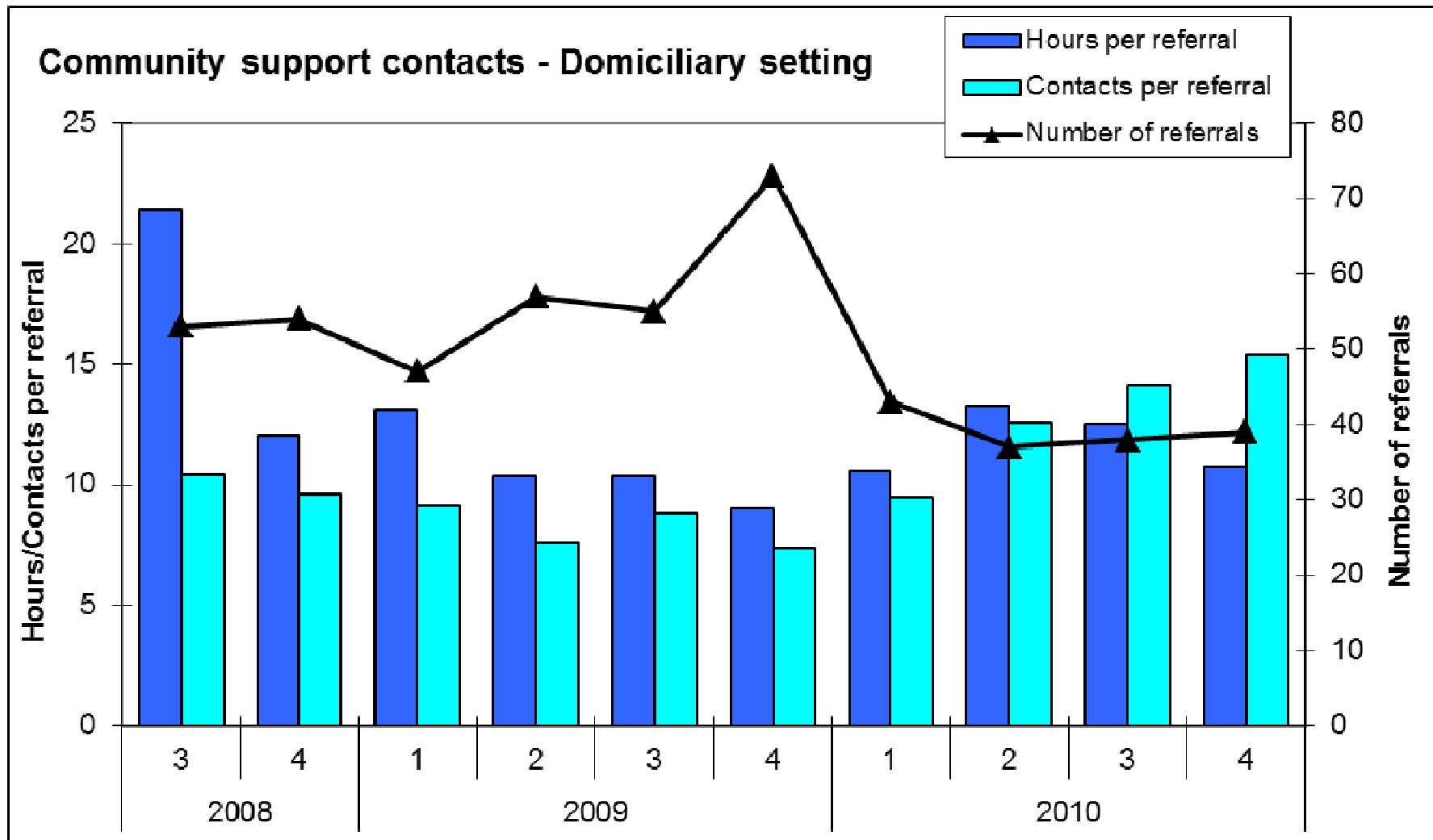
o Te Whakaaro Nui

The Data

NGO data in PRIMHD as at 28 February 2011, 1 July 2008 to extract

	2008	2009	2010	2011	Total
Number of Bednights	48,878	175,523	290,490	36,744	551,635
Number of Leave Days	1,453	1,946	1,625	789	5,813
Number of Contacts	47,097	193,154	465,940	62,384	768,575
Total	97,428	370,623	758,055	99,917	1,326,023

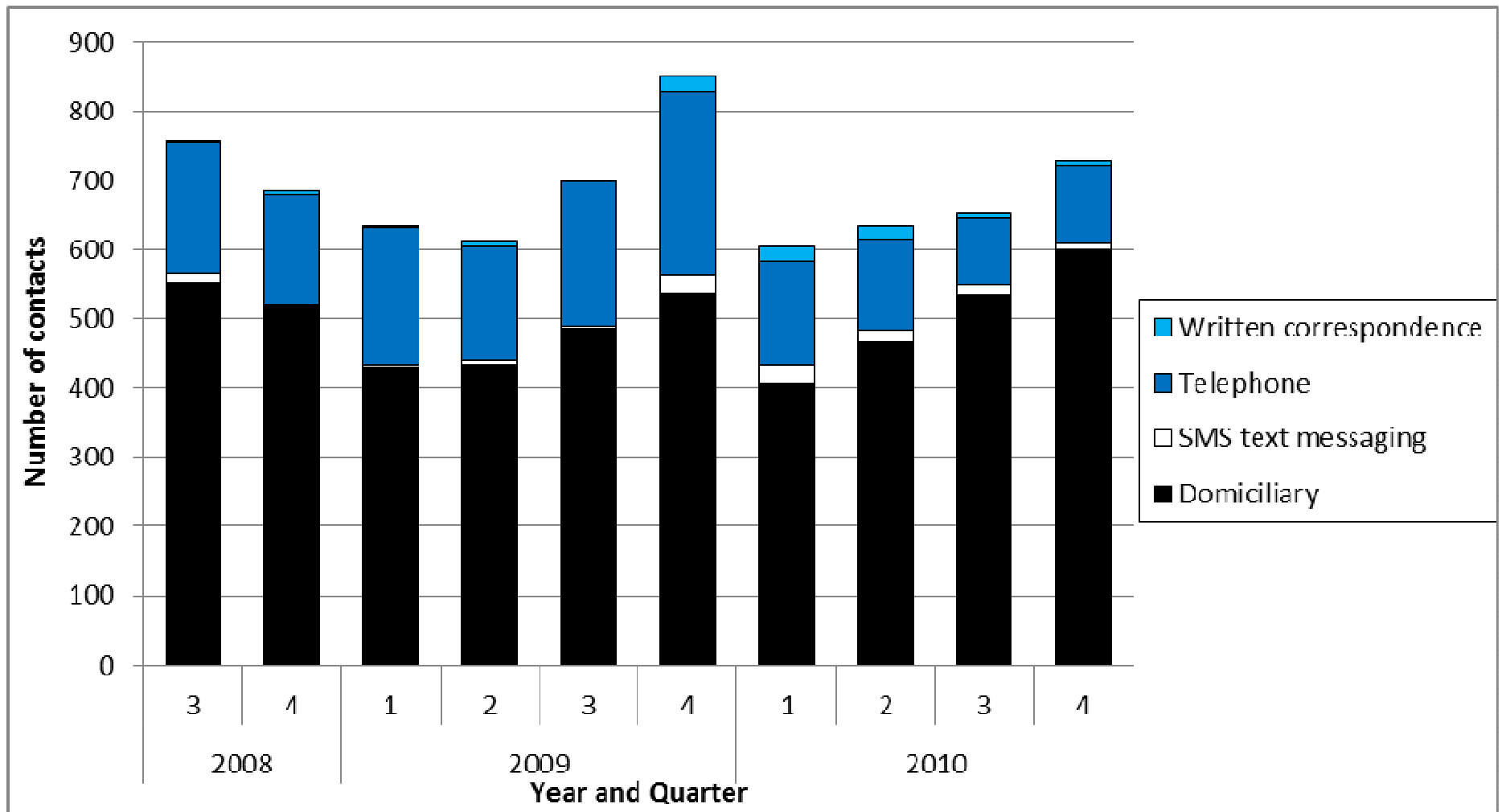
Quarter Analysis of Community Support Contacts - Domiciliary comparing hours/contacts per referral, a community team, July 2008 - December 2010



Source: Ministry of Health, PRIMHD extract 28 February 2011.

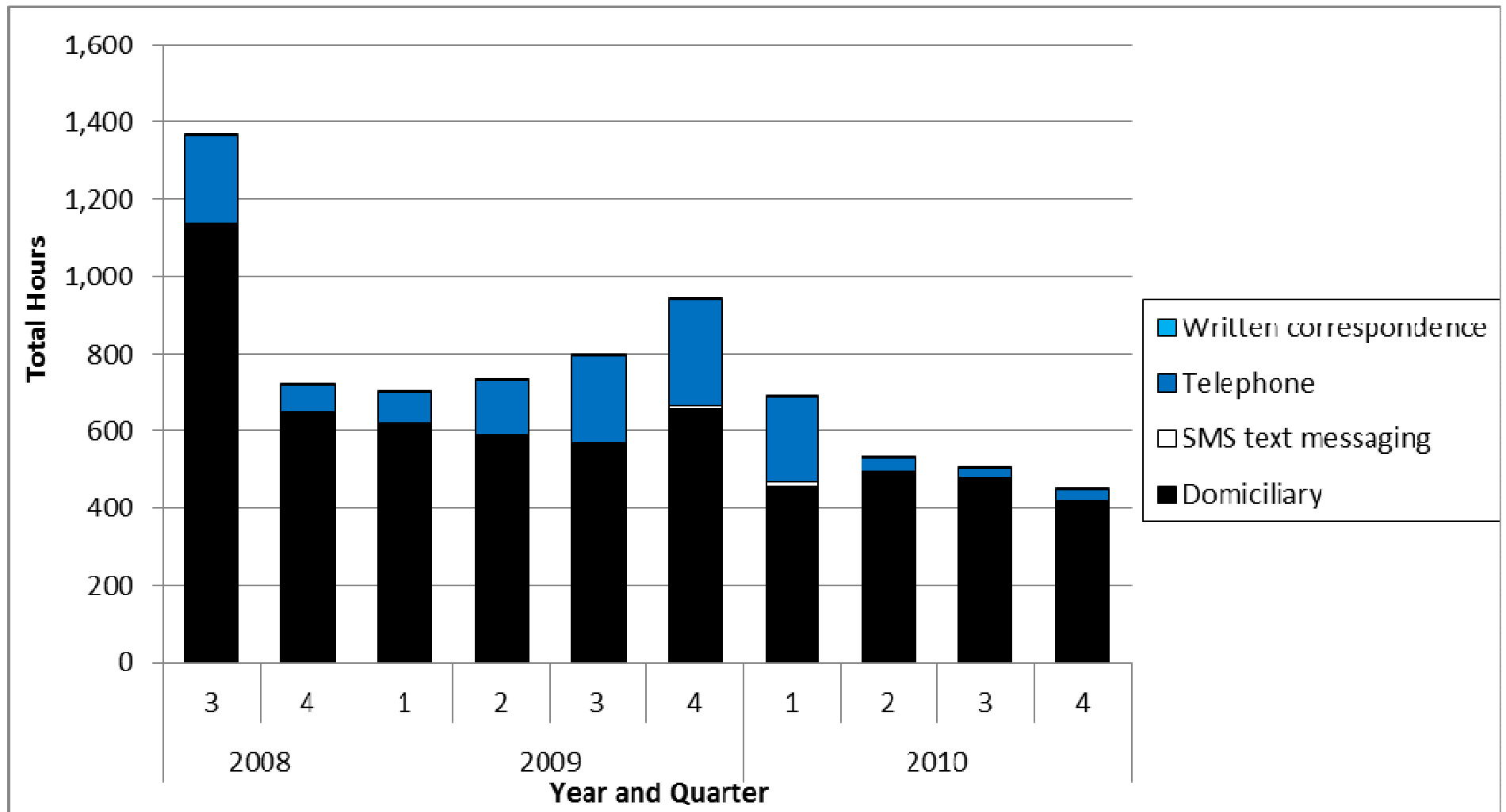
SOLID FOUNDATIONS SUSTAIN GROWTH. BUILD.

Number of Community Support Contacts, by Activity Setting and Quarter, a community team, July 2008 - December 2010



Source: Ministry of Health, PRIMHD extract 28 February 2011.

Total hours of Community Support Contacts, by Activity Setting and Quarter, a community team, July 2008 - December 2010



Source: Ministry of Health, PRIMHD extract 28 February 2011.

SOLID FOUNDATIONS SUSTAIN GROWTH. BUILD.

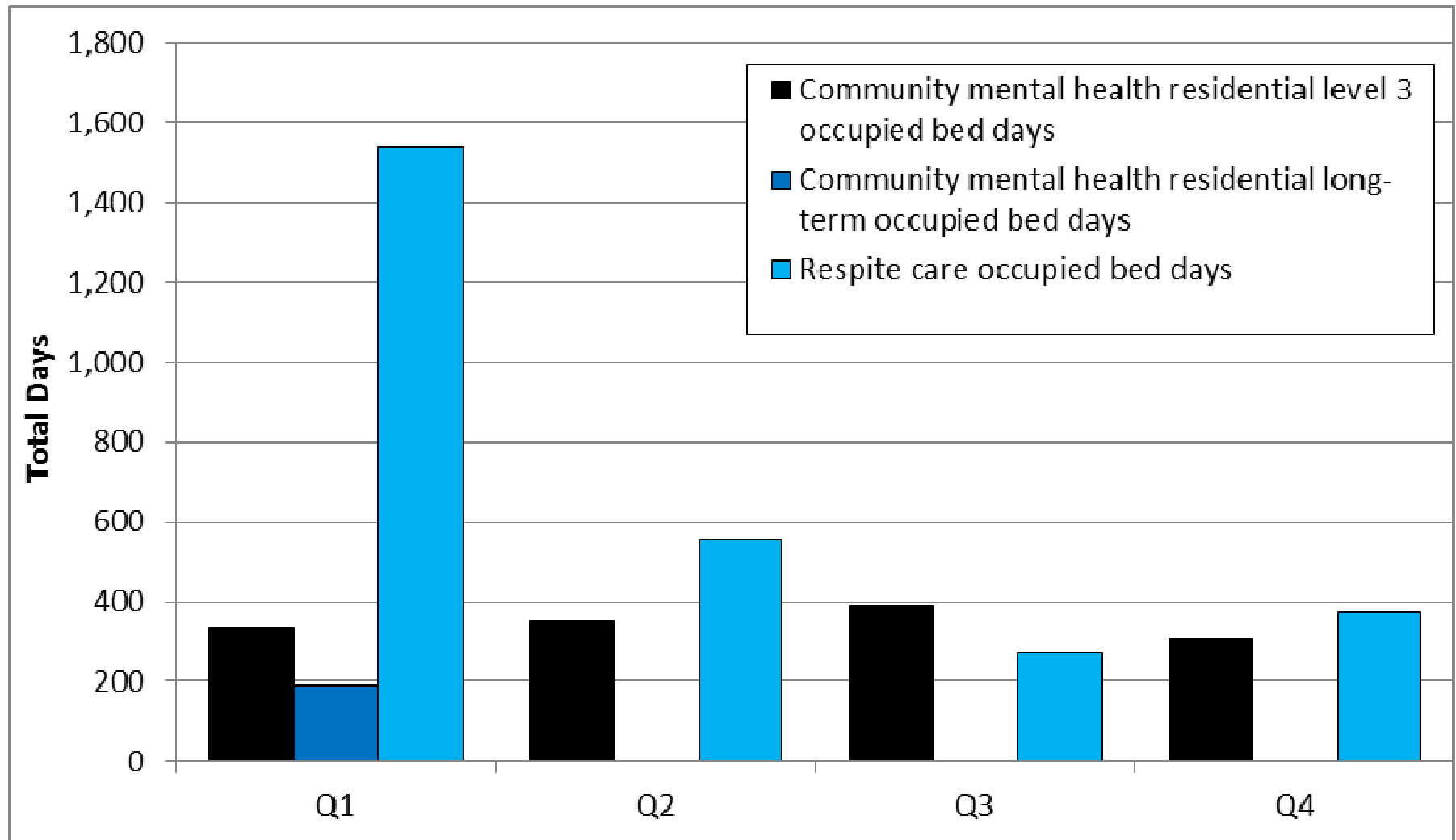
Number of contacts and total hours, by Activity Type, Adult Alcohol and Drug Kaupapa Team, January - December 2010

Activity Type	Contacts	Total hours
Mental health individual treatment attendances: Family not present	1,529	1,108
Support needs assessment attendances	376	224
Integrated Maori and clinical interventions	104	62
Mental health care co-ordination contacts	102	54
Mental health crisis attendances	60	38
Maori specific interventions only	37	37
Peer Support	29	17
Whanau/family face to face	16	13
Community Support Contacts	10	7
Mental health contact with family/whanau	9	4
Mental health day activity programme attendances	8	9
Mental health group programme attendances	2	5
Pacific peoples cultural activity	1	1
Did not attend	606	562
Total	2,889	2,140

Source: Ministry of Health, PRIMHD extract 28 February 2011.

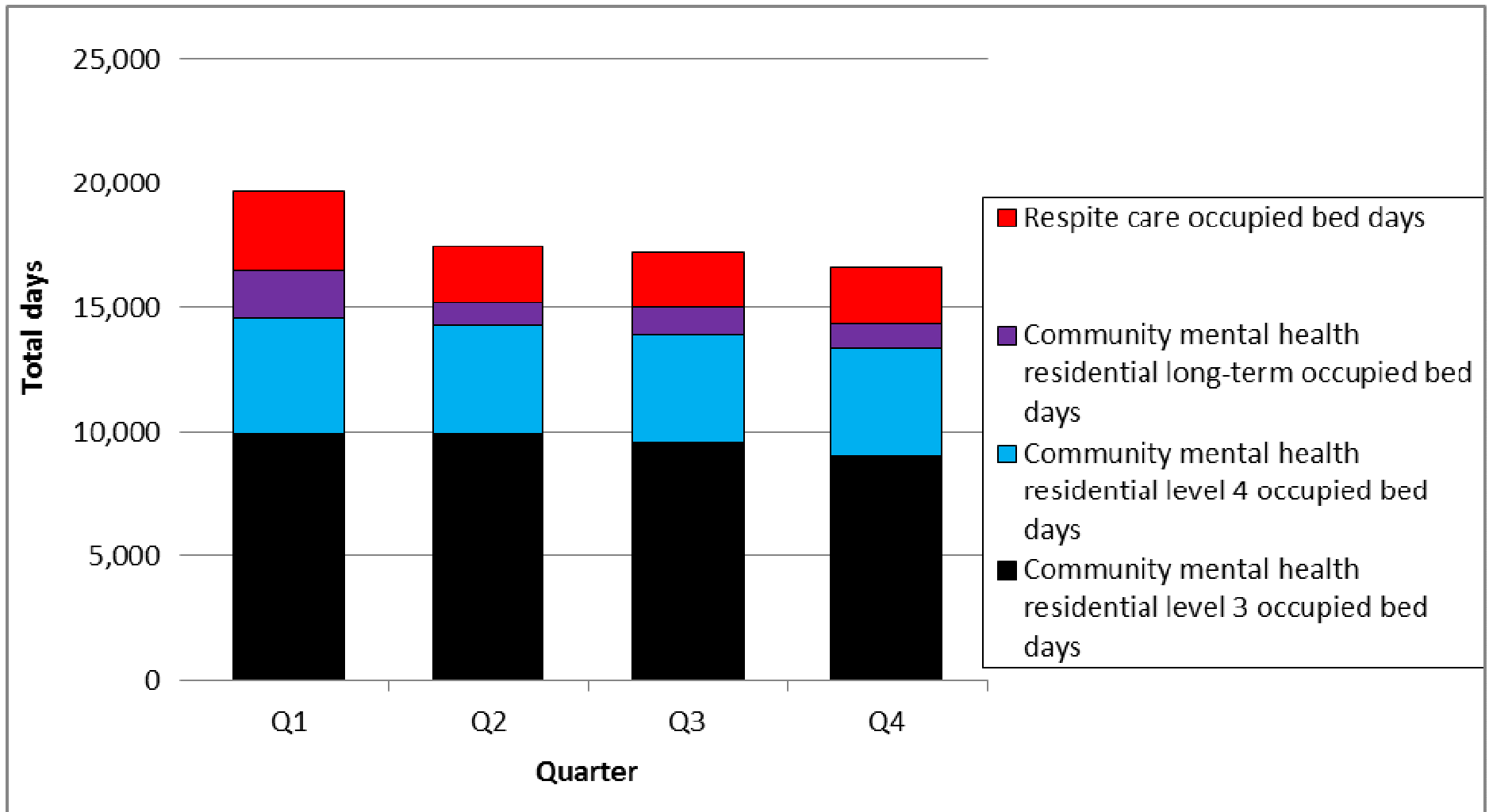
SOLID FOUNDATIONS SUSTAIN GROWTH. BUILD.

Total Bed days, by Activity Type and Quarter, a Residential team, January - December 2010



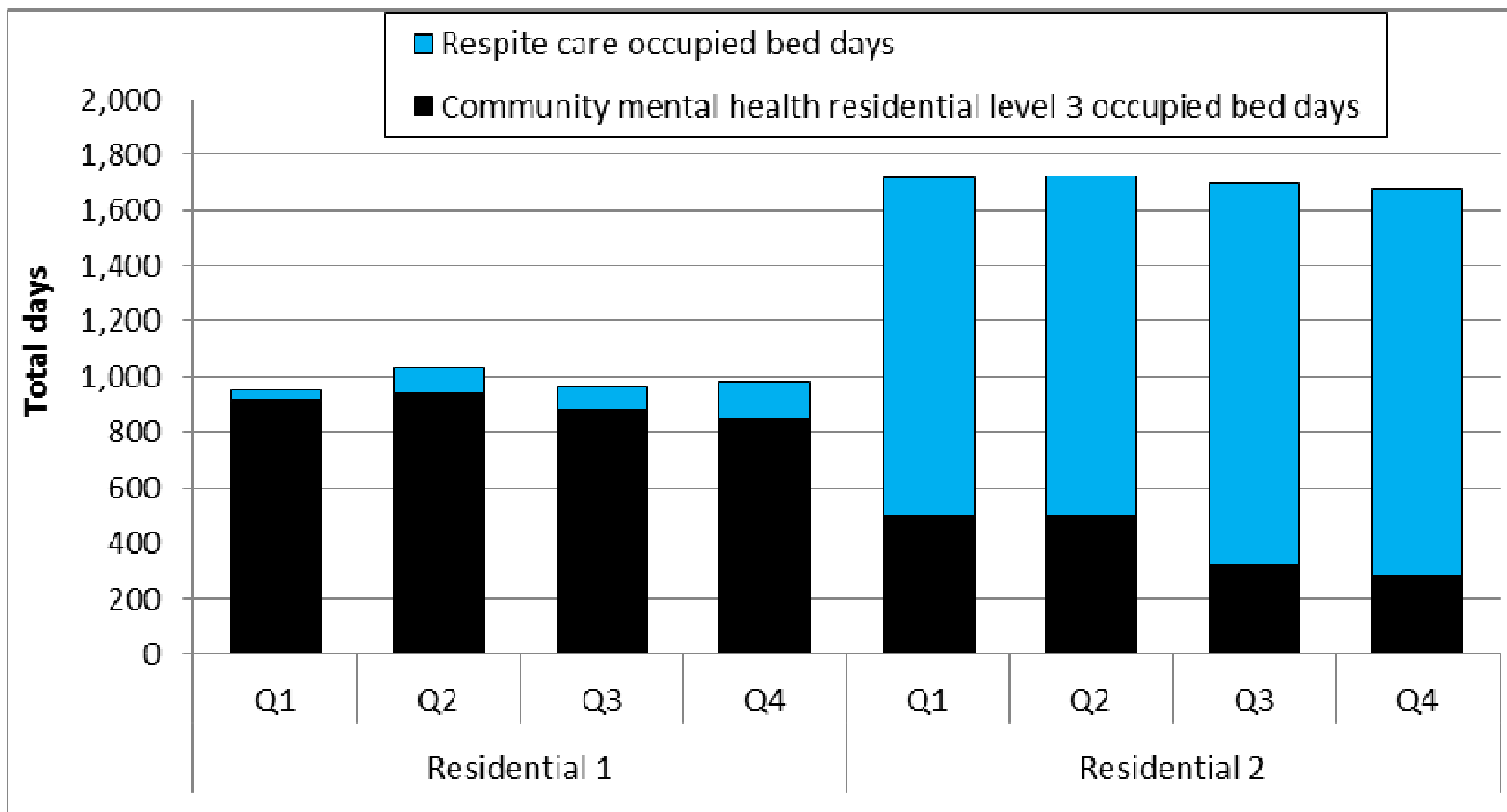
Source: Ministry of Health, PRIMHD extract 28 February 2011.

Total Bed days, by Activity Type and Quarter, a NGO Residential Service, January - December 2010



Source: Ministry of Health, PRIMHD extract 28 February 2011.

Total Bed days, by Activity Type, Quarter and Residential Team, January - December 2010



Source: Ministry of Health, PRIMHD extract 28 February 2011.

SOLID FOUNDATIONS SUSTAIN GROWTH. BUILD.

Nation Reports

- ❖ 6 KPI reports
- ❖ 4 Funder and Planner reports
- ❖ 4 NGO reports

Main information Needs Identified

- ❖ What are we doing?
- ❖ How are we doing compared with DHB population?
- ❖ How are we doing compared to other NGOs?
- ❖ Where are people going?
- ❖ Where are people coming from?
- ❖ How long are people staying with us?
- ❖ Are they improving ?

KPI Reports

- ❖ Key Performance Indicator 1: Total HoNOS score (inpatients) - effect size large
- ❖ Key Performance Indicator 2: 28 day acute inpatient readmission rate
- ❖ Key Performance Indicator 18: Preadmission Community Care
- ❖ Key Performance Indicator 19: Post-discharge community care
- ❖ KPI 8 - Average Length of Stay
- ❖ KPI 12 - Community Treatment Days per Service User

Funder and Planner Reports

❖ PROVIDER MONITORING REPORT

1. DHB Planners and Funders can monitor performance of the services that they hold contracts for
2. Provides easy to use graphs and tables for use at regular monitoring meetings with providers
3. Data can be used to monitor service performance in terms of caseload (clients seen), FTE efficiency (no. contacts and contact time) and bed day utilisation

Funder and Planner Reports

❖ CLIENTS AND SERVICES USED

- ◆ 1. DHB Planners and Funders can view the range and combination of services their residents are using
- ◆ 2. Provides base data for analysing population subgroups based on services they are accessing
- ◆ 3. Data can be used for service planning and development

Funder and Planner Reports

- ❖ Comparing DHBs: Access/Clients seen during period
 - ◆ Purpose to increase access, to identify under-accessing populations

NGO Report 1

- ❖ This report will consist of 6 tables:
 1. Demographics - Clients seen by NGO of Service, Team Type, Age Group and Ethnicity
 2. Demographics - Clients Seen by NGO of Service, Team Type and Gender
 3. Clients seen by NGO of Service and also seen by another NGO or DHB
 4. Referral From - Referral Source for Clients by Organisation, Team Type and Team
 5. Referral To - Referral To for Clients by Organisation, Team Type and Team
 6. Average Length of Stay by by Organisation of Service, Team Type and Team

NGO Report 2

- ❖ This report will consist of 2 tables:
 1. Clients seen by NGO of Service and Team Type
 2. Clients seen nationally by Service and Team Type

NGO Report 3

- ❖ This report will consist of 1 table:
 1. Clients referred by Team Type, DHB Team Type and Average change HoNOS

How to obtain reports from own PRIMHD Data

- ❖ InfoView
- ❖ Business Objects
- ❖ Patient Management system

Note: A Health connection is required to obtain PRIMHD data via Ministry of Health

Privacy Guidelines

- ❖ Obtaining consent to collect PRIMHD data from Clients/consumers/tangata whaiora and their family whaanau.
- ❖ Collecting PRIMHD data
- ❖ Transmitting PRIMHD data
- ❖ Heath Network Guidelines

Where to from here?

- ❖ Ministry of Health BAU support
- ❖ Midland Regional Network BAU support
- ❖ Midland PRIMHD User Guide

Lets talk about outcomes

What are outcomes?

- ❖ changes in the mental health of individuals or populations using mental health services (MH-SMART training material)
- ❖ these changes can be measured in different areas, for example: functioning, quality of life, clinical symptoms etc..

Why bother?

Rationale:

- ❖ Show individual changes for service users
- ❖ Service user mechanism for engagement
- ❖ Services able to have an indicative sense of their own performance
- ❖ Teams and staff are able to have a sense of their own performance
- ❖ National performance
- ❖ Able to assist with training and workforce development, quality initiatives (i.e. audits) and research

Why use outcomes?

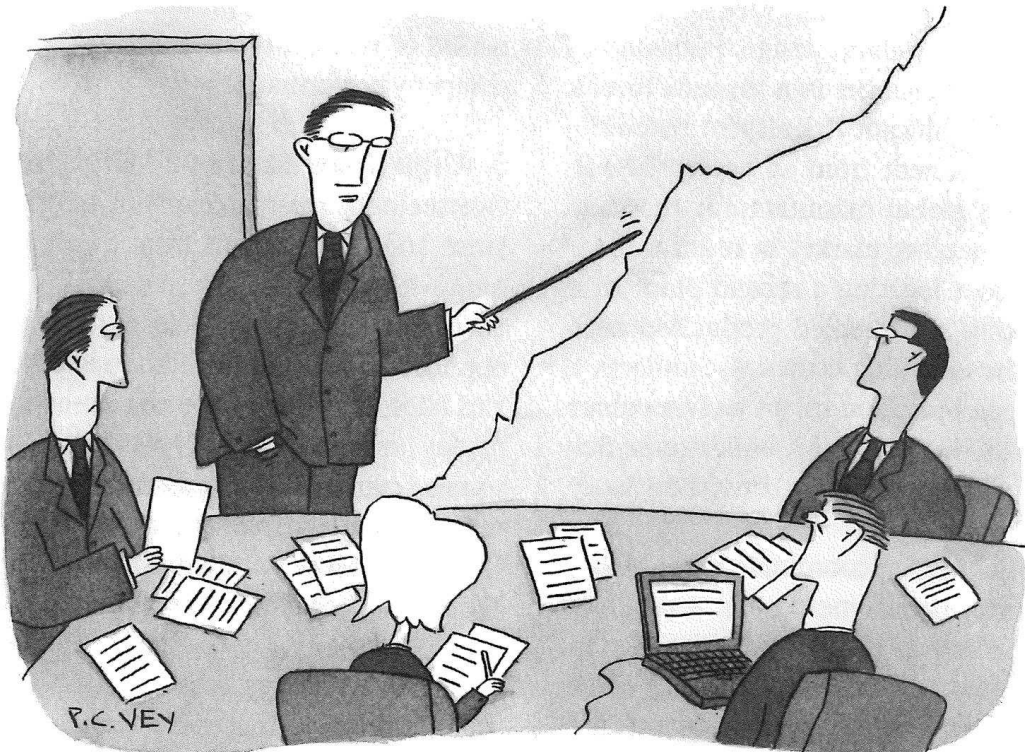
- ❖ Effective engagement
- ❖ Evidence base
- ❖ Intervention planning
 - ◆ Understanding service user strengths, resources, challenges, and needs
 - ◆ Understanding the service user values and goals
 - ◆ Setting intervention goals
- ❖ Outcome tracking
 - ◆ Recording change in key areas
 - ◆ Demonstrating impact of the intervention

What can outcomes measure?

- ❖ Many outcome measures available
- ❖ Symptoms
 - ◆ HoNOS
 - ◆ BDI- Becks Depression Inventory
 - ◆ PNSI- Positive Negative Symptom Inventory
- ❖ Function
 - ◆ Personal Social Performance measure PSP
 - ◆ Camberwell
- ❖ Lifestyle
 - ◆ Life Style Profile LSP

What can outcomes measure?

- ❖ AOD
 - ◆ Alcohol Drug Outcome Measure ADOM -NZ
- ❖ Cultural wellbeing
 - ◆ Hua Oranga - NZ
- ❖ Service user self rated
 - ◆ Kessler 10
 - ◆ Taku Reo - Taku Mauri Ora - NZ



"If we go by this crack in the wall, things are going well."