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Benchmarking in the non-government sector

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Benchmarking in the non-government sector

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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Disciplines

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Benchmarking in the Non-Government Sector

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THE SALVATION ARMY

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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 measures

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

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




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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




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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

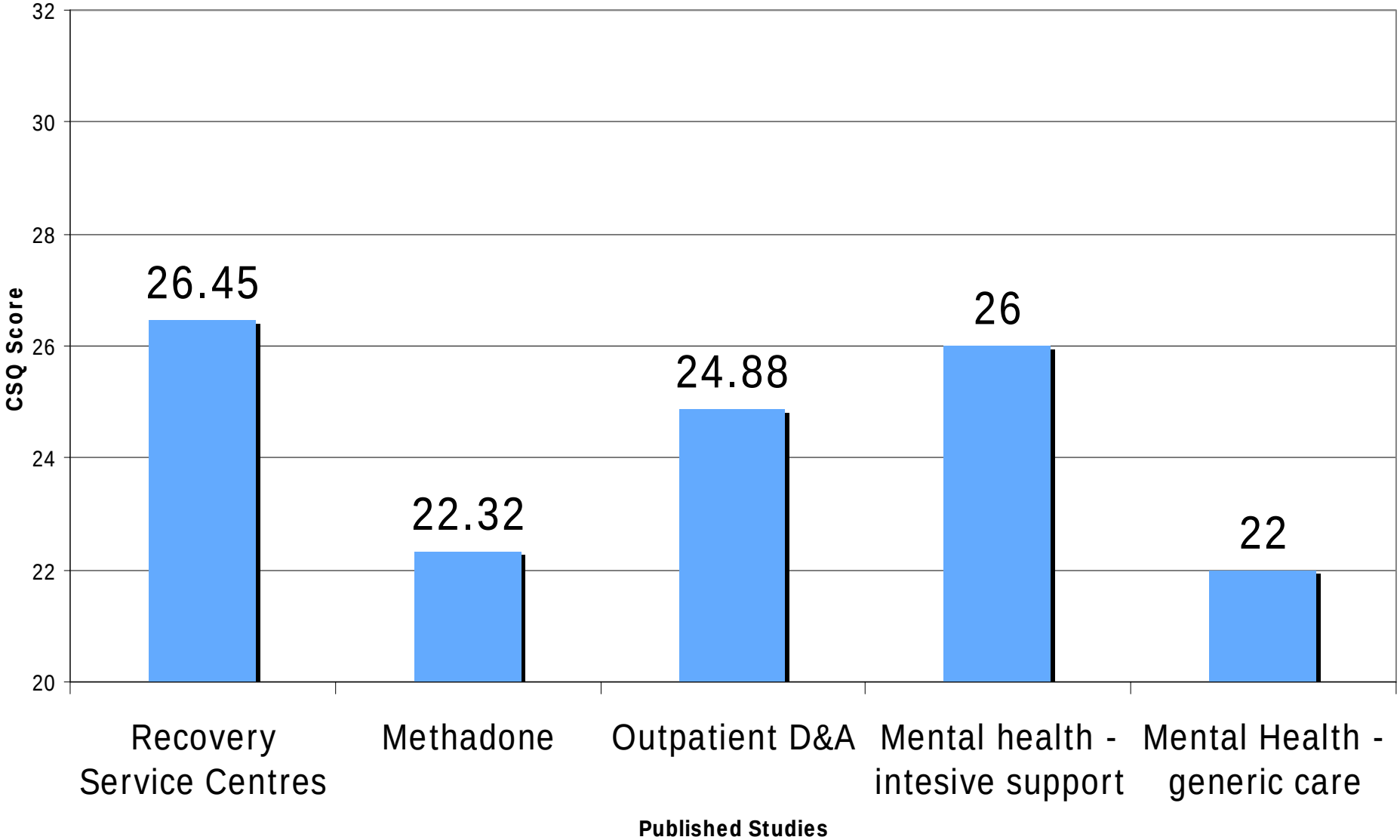
Measure

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

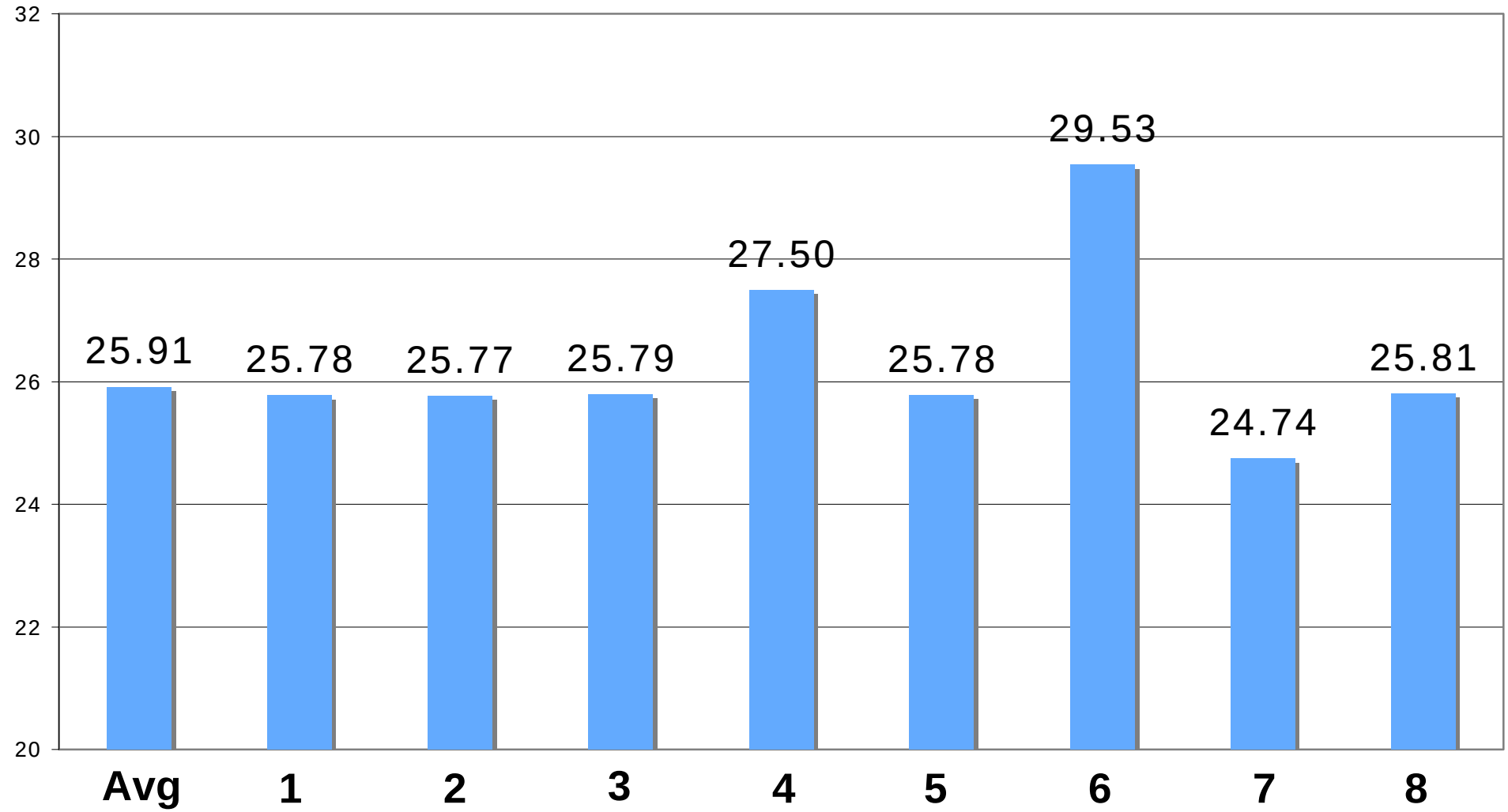
Procedure

- 2 X Cross sectional surveys completed at each site

CSQ 8 Across Published Studies



Client Satisfaction across Recovery Service Centres



Statistical Benchmarking: Client Outcome Data

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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)

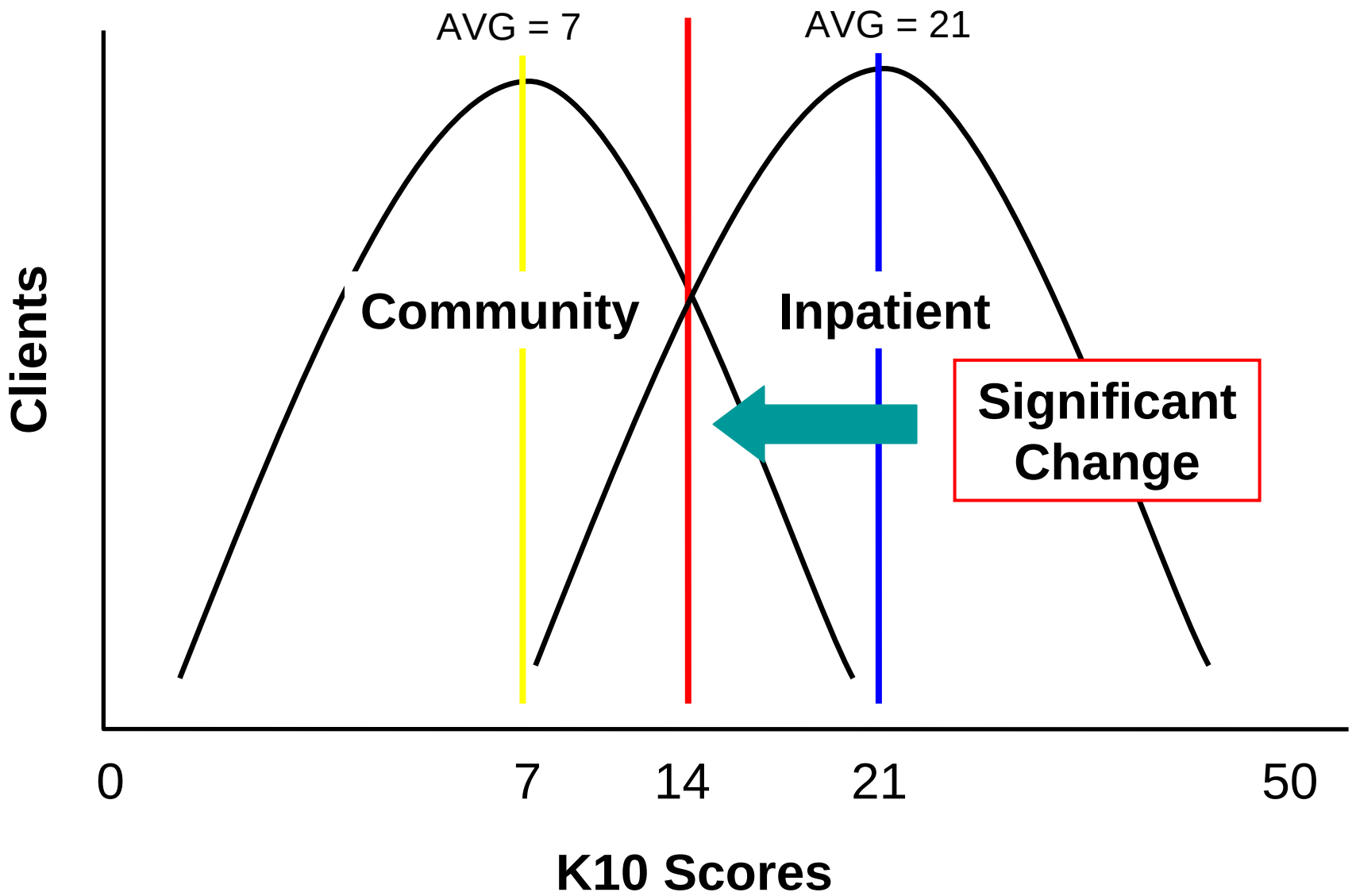
- 10 item symptom distress, rated by patient

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

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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!

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