



CORC Case Study

Title: Bringing CORC to Canada: IWK Health Centre implements routine outcome monitoring

Summary

The IWK Health Centre Mental Health and Addictions (MHA) programme in Canada, recognized the essential need to understand whether, and how, their clients were achieving improved mental health outcomes.

Fully realising the benefits of their CORC membership, the service has been drawing on best practice expertise in implementing routine outcome monitoring. Since joining CORC they have formulated a structure for data collection using the CORC Best Practice Framework, identified gaps in the their current information management system, benchmarked with other member services to assist with decision making and received support to move forward with other initiatives including the development of an electronic platform for ROM.

We look forward to reporting on their further progress.

Background

The program is embedded within a pediatric tertiary care hospital located in an urban setting (population 400,000) on the east coast of Canada. The MHA program is responsible for the intake of over 5700 patients annually and over 30,000 individual visits from children and youth up to the age of 19 residing in the local areas, within the province of Nova Scotia, as well as specific services to the three nearby provinces (the Maritimes).

They wanted to develop methods of outcome measurement that were in alignment with the hospital's strategic plan; which outlined measurement in the following way:

- Benchmark against national and international quality and patient safety standards for children and women.
- Demonstrate and report on our value through improved outcomes, experience, and cost.
- Improved health outcomes in targeted population health areas.

Unfortunately, they lacked a systematic approach to measuring patient and system outcomes, nor were they meaningfully engaging patients in feedback and outcome measures, to contribute towards informed clinical practice and program planning. Their previous evaluation structures did not let them benchmark against any other similar health care provider, guide their understanding of what treatment outcomes should be considered acceptable, and therefore did not have a standard method to drive treatment outcome improvement.

Using paper based measures such as the Strengths and Difficulties Questionnaire (SDQ), one major limitation was the lack of an IT system that allowed them to administer them electronically, score them in real time, track evaluation data alongside demographic and scheduling data and allows

clinicians easy and timely access to outcomes for review with clients. The programme also lacked a specific avenue for sharing our outcome data at a regional, provincial, or national level.

Further to this they had little experience in collecting and using routine outcome monitoring data to support decision making with our patients, teams and leaders.

They believed that joining CORC would provide them with the support and structure required to meet our goals for routine outcome measurement.

Key learning

- Routine outcome monitoring is vitally important to understanding and responsibly delivering MHA services;
- They did not have the infrastructure to do this well - for example, in order to gather the data necessary for their submission, they had to pull data from three sources and complete multiple data checks and re-checks. While this was a time consuming task for their first submission, it was very useful in helping them identify opportunities to improve the fidelity of their data collection, address issues of data integrity (e.g., ensuring they are all measuring wait time the same way or pulling primary clinical complaint from the same menu), and now serves as a strong example to use when advocating for an improved IT system.
- They needed a structure to assist in guiding the development of our ROM process;
- They are learning a great deal from the CORC staff and other CORC member groups and look forward to continued collaboration and knowledge sharing.

Outcome and Impact

Since joining CORC in January 2017 and gaining access to our network of international mental health service providers they are beginning to find solutions to the challenges of how best to measure outcomes in various paediatric mental health settings. IWK have also:

- Gained access to CORC support and implemented the CORC approach, supporting practice and decision making in the areas of identification of effective interventions, practitioner development, service quality review and improvement, cross-sector service design, and real-world effectiveness research.
- Added their data to CORC's extensive data set
- Benchmark against international standards
- Access customized outcome reports
- Attended the CORC implementers meeting which offered an intense opportunity for networking.
- Attended webinars; workshops/education sessions and in person to the CORC Forum.

Joining CORC has provided the IWK MHA program with a low-cost investment that:

- Supports their current processes to achieve standard outcome measurement through the shared knowledge of the members of CORC;
- Following their recent data submission, will provide quarterly up-dates on their own outcomes and compare them with other service providers. This data sharing will be informative for the evaluation team, and clinicians providing direct care making the work they do every day feel more informed and spur on continuous service improvement efforts;

- Provided access to a network of evaluation expertise to aid in our knowledge acquisition, and supported our efforts of knowledge translation;
- Implemented the CORC Best Practice Framework as an invaluable resource in planning next steps. They intend on using it both for strategic planning and also as a communication tool to explain their ROM goals and objectives to patients, families, staff and leadership.

Next steps

- They will be coordinating the collection of data from our Community based mental health and addictions clinics (CMHA); their largest care area, serving over 5300 unique patients per year across three different sites. This will present challenges related to the data that is available in their current information management systems as well as highlighting data integrity/quality issues.
- They will be implementing a pilot program to place our current outcome measures, the SDQ and goal-based measures, on an electronic platform in order to capture real time data in a manner that reduces the manual labour associated with paper and pencil based data collection.