Developing a Meaningful Outcome Measurement Tool: a practice development initiative

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Practice Development

Introduction
The term ‘outcomes’ refers to ‘the positive changes, benefits, learning or other effects that’ are a consequence of the work that is carried out by practitioners, the service-user and their carer (Clark & Purdy 2007). The ultimate examples of outcomes may be viewed as ‘better health and well-being for individuals, families and communities’ (Clark & Purdy 2007).

However, monitoring service-user outcomes has thus far been a poorly addressed area for the majority of teams and services, and in many cases has tended to be limited to monitoring changes in the service-user’s severity of symptoms over time, and too often in an inconsistent way. Furthermore, few teams or services have then collated outcome data as the basis for planning service improvements and/or forming a case for further resourcing.

There are many compelling reasons for focusing upon, developing and introducing a systematic framework for service-user outcome measurement – for example: actively involving the service-user in monitoring and tracking their own progress / change; promoting self-awareness and self-regulation; aiding the identification and targeting of key issues and specific needs; maintaining a focus on an agreed goal; demonstrating the value of the care process and specific interventions; and, contributing to service evaluation. As an example, Hitch (2007) highlights the development of an outcomes measurement system within an Assertive Outreach Team, which promotes good practice and fosters meaningful therapeutic relationships with service-users.
Method
Following an initial meeting of a Trust Outcomes Measurement Working Group in September 2007, it was agreed to review the available outcome measurement tools and to consider developing a specific service-user outcome measurement tool, following which a time-limited pilot of the new tool would be planned. A series of stages were therefore agreed for this practice development initiative, as follows:

- to review any available outcomes measurement tools;
- to develop a new outcomes measurement tool, that focuses upon meaningful service-user outcomes;
- to plan and undertake a time-limited pilot of the draft version of the outcomes measurement tool with three selected teams;
- to undertake a series of consultation events with service-users during the pilot phase, in capturing important feedback on the draft version of the outcome measurement tool;
- to seek feedback on the presentation and use of the draft version of the outcomes measurement tool from those service-users who are involved in using it;
- to analyse the findings from the pilot of the draft version of the outcomes measurement tool;
- to prepare a report of the findings and make any necessary revisions in producing a final version of the outcomes measurement tool;
- to present the findings to the Outcomes Measurement Working Group and share the report more widely with other interested groups;
- to form and implement a plan for the implementation of systematic outcomes measurement across Trust services.

Development of the Draft Version of the Outcomes Measurement Tool
Following a review of existing tools, which included the Recovery Orientated Services Benchmark Tool (South Staffordshire Healthcare NHS Foundation Trust 2007), the Camberwell Assessment of Need (Slade et al 1999) and the Health of the Nation Outcome Scales (Wing et al 1996), a draft version of a new outcomes measurement tool was developed in March 2008, as a specific method for capturing meaningful service-user outcomes at initial assessment and care review phases of the service-user’s pathway through care.
The draft version of this new tool included 60 items arranged within 10 key domains (as shown in Fig 1), taking the form of a series of statements which the service-user is asked to read and indicate their responses by placing a marking on a scale (using a visual analogue scale). For the draft version, items were later scored from 0 – 5 by placing a scoring template (printed onto a clear acetate) over the completed outcome measure, with higher scores indicating a higher level of overall functioning and lower level of needs / issues.

Fig. 1: Personal Outcome Measure – 10 Domains & 60 Items

As there are currently a range of outcomes and outcome measures that the service is required to evidence and focus upon within the delivery of care, it was envisioned that this new tool would support and inform this, and eventually becoming a standard part of the Care Programme Approach process.

This new tool was designed to provide the information that is required of national minimum data sets for meeting the health and social care outcome frameworks, enabling staff to better evidence the work they carry out as well as being consistent with the aim of personalising care, by enabling self-assessment.
Pilot Phase
Three teams, covering a diverse population and service area, were identified for participating in the pilot of the draft version of the new tool: (1) an Acute In-Patient Team; (2) an Assertive Outreach Team (AOT); and, a Community Mental Health Team (CMHT).

Following a short briefing session, each team undertook to pilot this outcomes measurement tool over a four month period, from late Spring 2008 until Summer 2008.

During the pilot phase, each team was requested to ask a sample of service-users to each complete the outcomes measure on two occasions – for example, at the (1) assessment / care review stage, and again at the (2) progress stage / discharge planning stage.

The outcomes measure was designed to be completed by the service-user on their own OR in a guided way between the practitioner and service-user, for those who prefer or require further guidance.

During the pilot phase, participating service-users were asked to spend 5-minutes completing a short feedback survey form, as a method of capturing important service-user feedback on the presentation and use of the tool. In addition, a series of service-user consultation events were undertaken in seeking comment on the structure and format of the draft outcomes measure, whether the tool would be meaningful for service-users, and providing opportunities for a service-user focus within the ongoing development and implementation of the tool. These events included:

- Two consultation discussions, held during the local ‘Have Your Say’ forums in July 2008. These two events involved 19 service-users / former service-users, service-user representatives and carers, and were facilitated by a Practice Development Practitioner who had thus far not been involved in developing the tool. At each consultation event, a short 10-minute presentation was provided, which included an overview of the reasons for developing the tool, an introduction to the intended practical implementation of the tool and a brief review of the areas covered within the tool. This was followed by a facilitated discussion.
A consultation exercise facilitated by Impact (a local Service-User Organisation), which involved ten service-users, some of whom road tested the draft outcomes measure.

**Findings of Pilot Phase: May – September 2008**

Practitioners within the three selected teams used the draft version of the outcomes measurement tool with participating service-users. By the time of completing the pilot phase, though 54 completed outcome questionnaires had been returned at the assessment / first care review stage, only 17 completed outcome questionnaires had been returned at the progress review / discharge stage, with the majority of the latter being returned by the Assertive Outreach Team.

An automated MS Excel-based scoring tool was developed to assist with the scoring and analysis of questionnaire responses, and for summarising and producing visual representations of self-reported outcome scores that could potentially be shared with service-users. By way of illustration, consider the outcomes achieved for a service-user from the acute in-patient unit – see Fig. 2 (though this can be represented in different ways, the idea of a star representation is used in this example, as loosely based upon the Recovery Star approach of the Mental Health Providers Forum).

As shown, this service-user shows an increased score in all domains at the pre-discharge (post-intervention) stage, indicating a higher level of functioning / lower level of needs or issues.

A total of 29 service-users completed the short service-user feedback questionnaire, which generally indicates that the draft outcomes measurement tool has been positively received, is understandable, relevant and takes an average of about 15 minutes to complete (6 CMHT service-users reported an average of 24 minutes for completion; 10 acute in-patients reported an average of 12 minutes for completion; 13 AOT service-users reported an average of 14 minutes for completion). Some of the key findings from this short survey of service-user participants are shown in Chart 1.
A number of valuable comments were made by those involved in completing the outcomes measure: 19 participants stated that the measure was either good, very good or was useful; two specifically
commented that it was easy to understand and complete; one commented that it ‘opened my mind’; 27 participants were unable to suggest any other areas that should be included in the tool; one suggested the inclusion of an item on the therapeutic activity of fitness and learning; two felt uncomfortable about being asked personal questions, though understood why they were asked; three made comments drawing attention to the need for requesting the service-user’s completion of the measure at the right time; one found that completing the measure provided an opportunity to express self about the help being provided; one specifically commented that they found the questionnaire difficult to understand, though it was noted that this service-user did not receive an explanation as to its use.

A number of important comments were made through the local ‘Have Your Say’ consultation events, which included positive views about the principle of outcome measurement, about the use of tool and the expectation of talking to service-users about outcomes. A number of improvements to the draft tool were suggested, which included: a general preference for inserting numbers or reference marks to the item response scale; a need to simplify the language; ensure that each questionnaire item only asks one question; a need to shorten the tool, as it was considered too long by some; further consider the design of the tool. It was felt that it would be important to ensure explanation about the use of the tool prior to requesting completion, to consider the use of core trigger questions as the basis for discussion, highlighting the use of a qualitative approach, and to request completion only when the service-user feels well enough to do so. Concerns raised included the amount of information being requested, that it could be used in the wrong way as an assessment of well-being and satisfaction, and that if not presented at the right time, it may lead to some service-users feeling worse or inadequate about their situation.

Valuable comments were made through the consultation event by Impact: most felt that the tool was easy to understand, though one service-user found some of the language confusing; it took 10 – 20 minutes for service-users to complete during their road test of the tool (which confirms the experience within teams); some thought that some service-users would struggle to complete the tool due to the complex language and literacy issues; it was suggested that a ‘not applicable’ response category be added to items, as not all items would directly apply to all; many comments were
made as to the preferred presentation of the item response scale, with a
general preference for using discrete response boxes; it was felt that a few
of the questionnaire items would need to further broken down; a
suggestion was made to include an item on the quality of the service-user’s
relationship with the doctor / healthcare professional, perhaps in the
‘Choice’ section; one suggestion was made to improve the section on drug
and alcohol use; though some felt there to be too many items, others
thought that this was ‘OK’; whilst some found the content of the tool
somewhat ‘intense’, others felt that it represented a useful self-
assessment and would give the service-user independence; another
respondent felt that the tool would assist care-planning; a suggestion for
improvement was made with regard to re-ordering the sections (to Choice,
Health, Personal Functioning, Safety, Daytime Activities, Living Situation,
Family Situation, Financial, and Use of Alcohol / Drugs); a further
suggestion was to make more of the section on personal goal setting and
looking forward, perhaps including this at the end of each section, though
importantly re-visiting goals to ensure progress over time; finally,
confirming the comments of others, it was felt that it would be important
to carefully decide when best to present the tool to a service-user.

Conclusion
Though the number of returned completed outcomes questionnaires was
lower than expected, the pilot phase confirmed that the introduction of an
outcomes measure into routine practice would be valuable and has helped
to generate rich information relating to the face validity, structure,
presentation and use of the proposed outcomes measure.

Much of the feedback received on the draft outcomes measure has
consistently suggested a number of improvements to the structure and
presentation of the tool:
- to reduce the number of items;
- if possible, to use a consistent item response scale;
- though some liked the idea of using a response scale that does not
  include numbers, the consensus was to either insert numbers or
discrete marks onto the item response scale or to use discrete
response boxes, which would help in clarifying the service-user’s
response, facilitate quick analysis and allow both the practitioner and
service-user to easily monitor change / progress;
To visually represent outcome scores, in facilitating meaningful discussion with the service-user, through a method such as the star chart;

- to further clarify the instructions on how to use and complete the outcomes measure, which importantly would need to include guidance on carefully timing the use of the outcomes measure and methods of completion – self-report and/or guided completion.

**Actions**

The project group was re-convened during October 2008 to discuss the findings of the pilot phase and service-user consultation events. It has been decided to complete the next stage of the development and implementation of the outcomes measure, taking account of the extensive comment received.

In producing a final version of the outcomes measure, it has been agreed to simplify the tool, using the format of a discrete rated personal goal attainment scale that relates to the most meaningful issues (domains) to the individual service-user. It is planned to produce the tool in preparation for implementation by services in a staged way from Spring 2009.

**References**


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