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Department for Communities  
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# Domiciliary Care



**Implementing outcome measurement tools in community care: consumer and staff perspectives**

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## Domiciliary Care

- Introduction – Dom Care then and now
- Outcomes measures routinely used include:
  - Clinical
  - Goal attainment
  - Client satisfaction and exit surveying
- This paper will outline Dom Care's exploration of care related QoL as an indicator of service impact, based on the Adult Social Care Outcomes Toolkit (ASCOT)  
*(PSSRU, University of Kent, Canterbury UK).*

## 2003 OPUS Pilot

- Trial of the Older People's Utility Scale for Social Care (OPUS-SC) tool (5 care related QoL domains)  
*(PSSRU, University of Kent, Canterbury UK)*
- Tool identifies levels (3 point scale) of met need with and without services
- Pre- and post-services (at 3 months) completion of OPUS by staff only
- Results compared with the Barthel's Index and IADL score, global functional and sustainability ratings

## 2003 OPUS Pilot

### Findings

- Personal (Barthels), social (IADL) and global function measures remained static
- OPUS showed a significant reduction in the level of unmet need across time
- OPUS showed a significant difference in the ratings of unmet need with and without services at a point in time
- Acceptable to staff (*note: risks of bias*)

## 2003 OPUS Pilot

### Findings

- Missing domains:  
In 51% of cases other issues identified not covered in OPUS domains
  - mainly carer issues, sustainability/viability, rehab potential
- Dom Care core service priorities did not match weighting of the domains, ie safety rather than, say, control
- Addition of a 'medium' rating category would increase sensitivity to change

## 2003 OPUS Pilot – application of findings

Dom Care intake screening - adaption of ONI to include

- Unmet need score in ADL/IADL functional domains
- Overall care sustainability question
- Carer stress rating

Incorporated into ONI+ screening tool from 2005/6.

Still in use.

## 2012 Having Outcomes Measured Effectively (HOME) Project *(HACC Innovations Funding Program)*

- To develop a way to reliably and systematically measure the impact or benefit of community care services for older people over time
- To move beyond outputs and functional measurement towards *'Do we make a difference?'*
- To pilot-test a client outcomes measurement approach & tools for all clients at entry assessment and review

# Outcomes tools pilots



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## Key project questions

- Is this method acceptable to clients and staff?
- Are tools valid in our service setting?
- Can a staff tool provide a proxy measure for client tool?
- Will the tools measure change?

## Tools

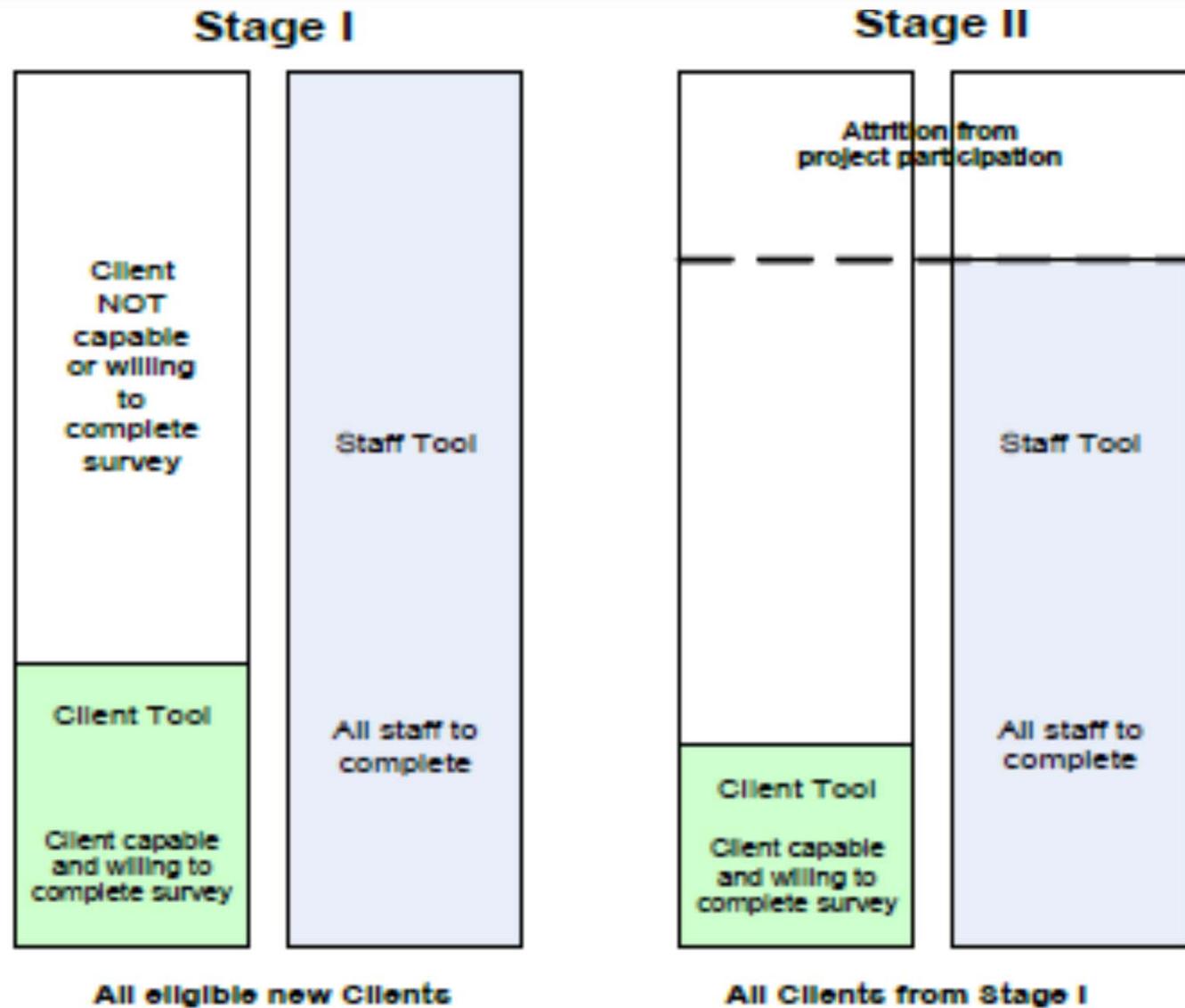
- Client tool - ASCOT SCT4 (9 domains, 4 levels)  
(PSSRU, University of Kent, Canterbury UK)
- Staff tool - Hybrid four-level tool based on ASCOT SCT4
- Supplementary questions at Stage II
- Plus feedback questions about using the tools

# Outcomes tools pilots



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## 2012 HOME Project Methodology



## 2012 HOME Project

### Participation

#### Stage I n = 682 clients

- Clients offered the questionnaire = 386
- Clients returned the questionnaire = 171 (44.3%)
- Staff return rate = 60%

#### Stage II n = 206 clients

- Clients offered the questionnaire = 112
- Clients returned the questionnaire = 75 (66.9%)
- Staff return rate = 80%

## 2012 HOME Project

### RESULTS - CLIENT TOOL

- High acceptability amongst clients who responded, but 75% of clients were unwilling/unable to self complete
- Stage I (pre-services) rated low needs in key ADL domains (but these were highest functioning clients)
- Stage II ratings did show evidence of positive changes over time (after services)
- Data analysis showed that client tool results
  - CAN be generalised to those who took but did not return the questionnaire
  - CANNOT be generalised to those not invited to self-assess

## 2012 HOME Project

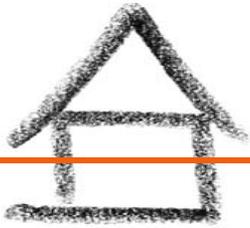
### RESULTS – STAFF TOOL

- Mixed staff acceptability
- Evidence of positive changes between Stage I and II
- But NO EVIDENCE that tool can be used as a proxy measure for clients who did not self-assess
- Staff more confident with single question ratings
  - ‘sustainability of care situation’ - increased by 71%
  - ‘carer capacity to continue caring’ - statistically significant increase from Stage I to Stage II

## 2012 HOME Project

### Key challenges

- Practical issues for collecting outcomes data within current practice
- Interpreting change in scores - Clinical significance may be more important than statistical significance
- Is a QoL tool possible for a whole client population including those who can't self rate?
- Attribution - isolating the impacts of particular services from other factors influencing QoL



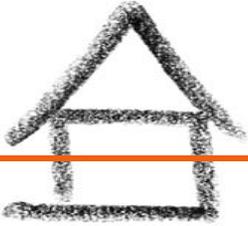
## HOME CARE PACKAGES PROJECT 2014

- 6 month pilot of a consumer directed care model, with individualised budgets and CDC practices and systems
- 30 participants
- Adapted ASCOT SCT4 tool used as a self completed pre-entry QoL questionnaire to inform goal setting and care planning
- Evaluation included
  - repeat QoL questionnaire after 6 months
  - structured phone interviews re impacts of the services and model

# Outcomes tools pilots



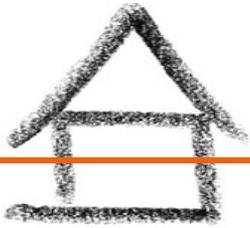
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## HOME CARE PACKAGES PROJECT 2014

### Pre-Pilot QoL questionnaire

- High acceptability by clients
- Overall participant QoL rating profiles consistent with HOME Project findings
- Domain based QoL questions valued by clients and staff as a background to goal setting and service planning



## HOME CARE PACKAGES PROJECT 2014

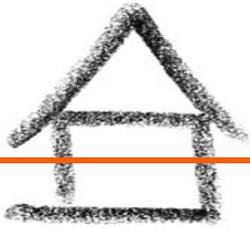
### Post-Pilot questionnaire (6 months after entry)

- Showed individual rating changes consistent with other Pilot observations
- ‘Overall QoL’ scores little changed, but individual domain improvements
- Strongest changes in the ‘Control’ domain, and ‘How the way I’m helped makes me feel about myself’
- Interviews: ‘Impact of pilot’ question produced more directly attributable global measure

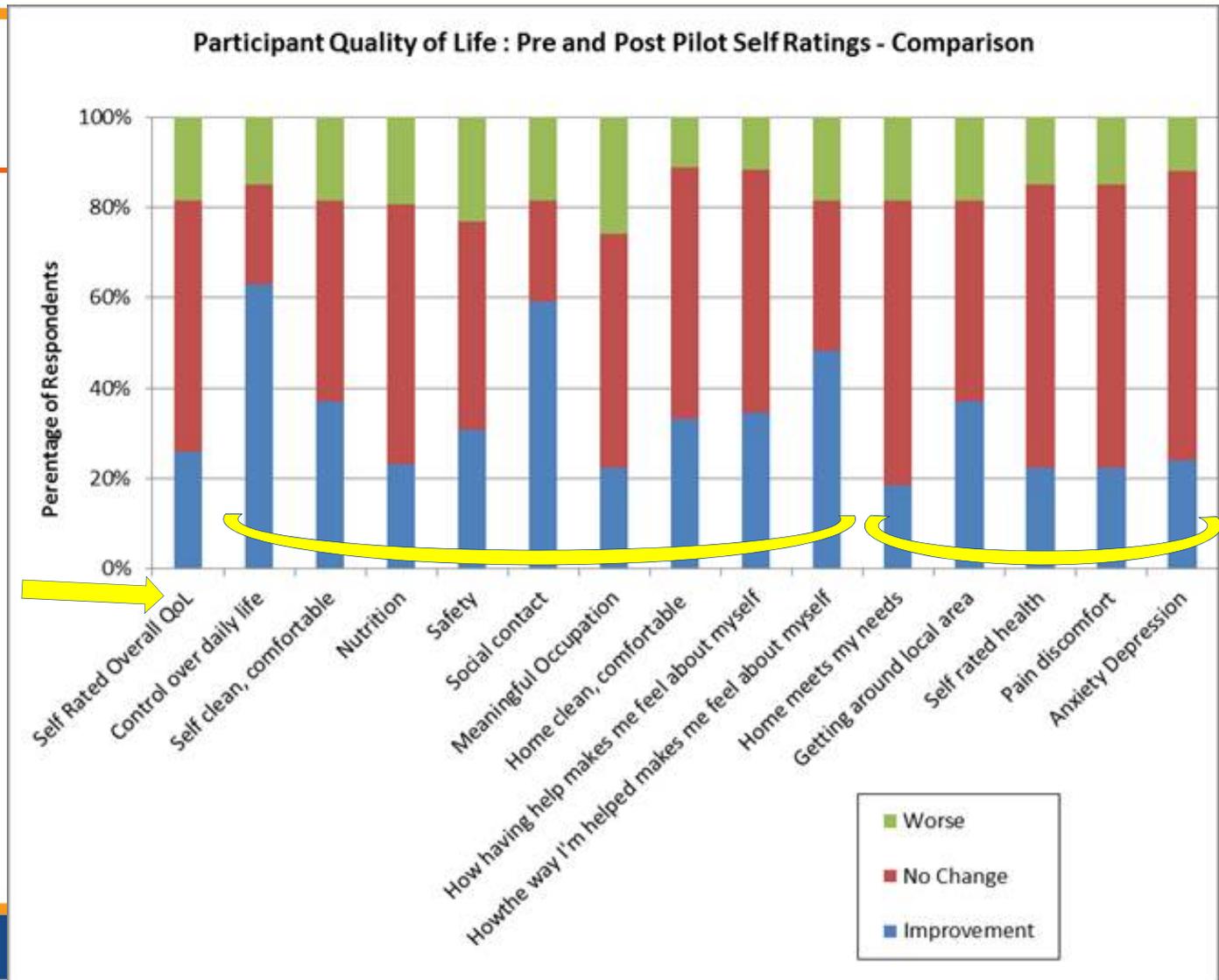
# Outcomes tools pilots



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Post-Pilot  
Questionnaire  
(6 mths post entry)





## 2014 Client Profiling Project

- Developing a population service level profile
- Reverse application of QoL domain based tools, using domain count as indicator of complexity & need

## Issues to add to the discussion

### 1. Application of QoL tools – purposes vary

- Individual client QoL profile and change over time
- Provider client population profile and change over time
- Population sampling - snapshot including self rated 'impact of community care' measures
- Risk reduction (unmet needs reduction) in specific domains
- Impact of community care as a whole or a specific aspect of care eg service type, quality, quantity, model of delivery

## Issues to add to the discussion

### 2. Which tools?

- QoL rating, or unmet need, or goals?
- Self rating QoL tools exclude population groups
- Provider rated QoL domains (ACCOM)
  - ACCOM approach depends on holistic unbiased assessment
  - Selected domain focus to reflect specific service types?
- Single measure questions
- Acceptability/usability for clients and providers

## Issues to add to the discussion

### 3. QoL scores as a change measure

- 'No change' may not reflect the real outcome
  - Movement from informal to formal care
  - Alongside functional decline
  - Clinical significance vs statistical significance
- Service provision within changing health/social profiles and life contexts
- Attribution for change problematic if no 'without services' rating

## Issues to add to the discussion

### 4. The future

After the introduction of the new Commonwealth model

- Who will fund?
- Part of national aged care evaluation?
- How to capture privatisation?
- How will the outcomes information be used?

# Domiciliary Care

Thank you

Dom Care acknowledges the work of Netten, A., Forder, J., Beadle-Brown, J., Caiels, J., Malley, J., Smith, N., Trukeschitz, B., Towers, A., Welsh, E. and Windle, K. (2011) Adult Social Care Outcomes Toolkit v2.0: Main guidance, PSSRU Discussion Paper 2716/2, Personal Social Services Research Unit, University of Kent.