

Service Evaluation & Formulation of
Strategies Development Plan for
Lok Hong ICCMW
Tung Wah Group of Hospitals

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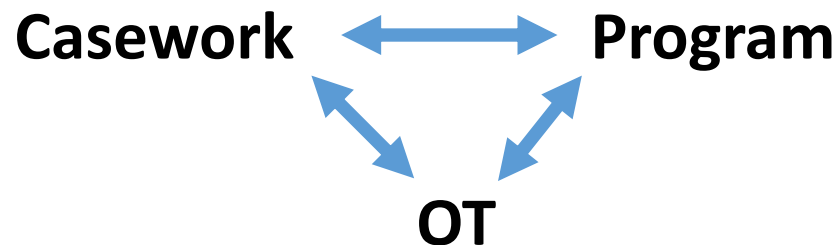
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Background

- 2010: SWD launched ICCMWs
 - 24 teams covering HK
 - Incorporated previous '3-COMs'
 - Extended its mission to be a one-stop mental health service center
- Key service components
 1. Casework
 2. OT
 3. Program
- Service users
 - Both SMI & CMD
 - Crisis/emergency, acute ↔ chronic condition
 - High functioning ↔ Severely impaired

Theoretical merits (to be tested)

- **Case/care management approach** for persons with chronic SMI & significant impairment
 - Theoretical framework of previous '3-COMs'
 - Well researched across countries & cultures
 - Efficacy: YES
 - Service modality:
 - Assertive outreach, daily HV (or more)
 - Sustainability?
- Theoretical merits of ICCMW
 - Synergy among 3 components → Efficiency & effectiveness ↑



Multimodal research methods - quantitative & qualitative

1. First staff retreat (Nov. 2012)
 - SWOT analysis
 - Formulating action plans
2. Clinical data mining (CDM)
 - On casework, OT & program
3. Individual interviews with staff members
4. Second staff retreat (January 2014)
 - Critical review
 - Formulating strategic directions

First staff retreat (Nov. 2012)

- SWOT analysis conducted
- Critically reviewed the 3 service components
- Identified 3 action plans → 3 F/U groups were formed
 1. Mission statements development
 - Guide service development & operation
 2. Conceptual models identification
 - Guide professional development & service quality/efficacy
 3. Program reorganization
 - Refocusing, restructuring

CDM - casework

- 100% sampling, studied all cases
 - Except those cases still ongoing as at June 2013
- N = 283
- Service users
 - SMI vs. CMD vs N/A = 40:30:30
- Incoming pathway
 - Referred vs. self-refer = 70:30
- Intake assessment
 - Clinical observations, e.g. MSE
 - Standardized measures: BPRS, SLICLS
 - Setting intervention goals

- Length of casework service
 - Median: 1 – 1.5 years
 - Mostly completed by 2.5 years (96%)
 - SMI > CMD > N/A
- Services used at ICCMW

• Casework only	68.5%	(SMI: 57%)
• Casework + OT	1.5%	(SMI: 3%)
• Casework + program	23.8%	(SMI: 29%)
• Casework + OT + program	6.2%	(SMI: 11%)
- Mode of service delivery (mean/client)
 - Phone call (8) > HV (7) > OPD attendance (2) > letter > escort > referral > office interview

- Outcomes

- Significant improvements in BPRS (n=44) and SLICLS (n=42)

- Achievements of intervention goals (n = 249 clients, totally 445 goals rated)

- Achieved: 77.3%

- Partially achieved: 17.3%

- Not achieved: 6.3%

- Rating by researchers on 4 domains (n = 283)

- 1. Work/training/study

- 2. Family relationship

- 3. Interpersonal relationship

- 4. Leisure activity

- Significant improvements in all 4 domains

- Outgoing pathway

- Members of program service 46.3% (62.5% for SMI)
- Not members 24.4%
- T/O to other ICCMW 16.3%
- Passed away 3.5%
- Admitted to residential service 4.9%
- Others 4.6%

CDM – OT & program

- 100% sampling, all service delivered in 2012
- Due to resources constraint, OT service not yet in full operation
- N = 147 programs
 - Duration: median 1 month, max 12 months
 - No. of sessions: median 4, max 78
 - Staffing: median 1, max 20
- Nature:

• Interest groups	41%
• Linkage/mass programs	27%
• OT	1%
• Supportive groups	17%
• Therapeutic groups	15%

- Findings & observations
 - Over-stretched: quantity & range of service
 - Surpassed FSA by ~60%
 - Some programs only remotely related to mental health
 - Evaluation methods
 - Most common methods: Participants feedback (81%) & attendance (44%)
 - Less common methods: Observations (36.6%) & questionnaires (18.3%)

Individual interviews with staff members

- All professional staff members were invited.
- N=15
- Impressed by their insight, wisdom & innovative ideas (*Incorporated in the recommendations section)

Second staff retreat (Jan 2014)

- Reviewed the whole research process
- 3 working groups reported back
- Strategic directions fine-tuned & agreed
(*Incorporated in the recommendations section)

Key recommendations

- Casework

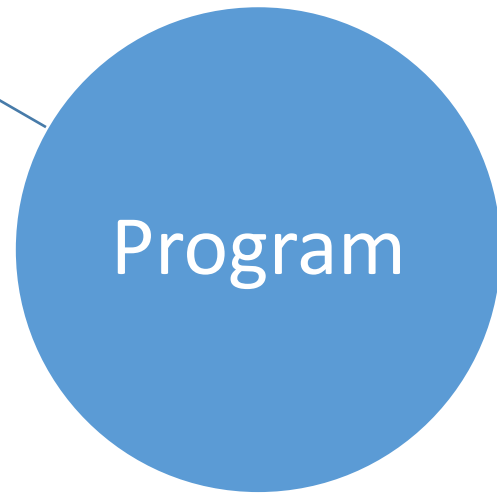
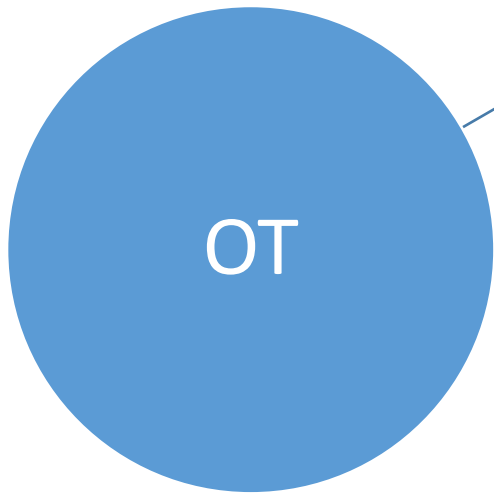
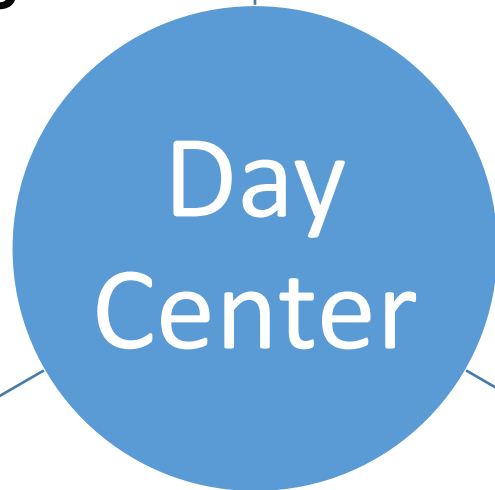
- Unlike previous '3-COMs', service users are highly heterogeneous, including SMI & CMD, highly impaired to highly capable persons → Single theoretical/service model inadequate & inappropriate
- Service models for SMI & CMD have to be different
- Nature of 'MI' → Evidence-based medicine (EBM) approach has great limitations. Diagnosis alone informs little about intervention. Need to develop case formulation for every client.
- Despite the limitations of EBM, still important to generate evidence of efficacy. Recommendations on strengthening outcome measures for SMI, CMD & other client groups are made (*Technical details depicted in the Research Report)
- Interface with OT & program could be further strengthened (*see Day Centre)

- OT & Programs

- Over stretched in quantity & range of service
- With reference to Center's mission statements
 - Delete programs which are only remotely related to missions
 - Identify service gaps, & add in new programs
- To develop a few areas of excellence
 - e.g. Some staff members are keen on expressive art therapy
- To incorporate outcome measures whenever relevant & feasible (*Technical details depicted in the Research Report)
- To strengthen the interface among casework, OT & program (*see Day Centre)



***Day Center: connecting
Casework, OT & Program***



- Day Center – connecting casework, OT & program
 - A Day Center can be established ‘cost-neutral’
 - Clever rescheduling of existing OT and program services
→ backbone of Day Center
 - Some SMI clients may use Day Center → Workload of case managers ↓
 - For clients in crisis, including both SMI & CMD clients.
 - A key worker system is suggested.
 - A client-centered operation mode is suggested.
 - A combined clinical file system is suggested.
 - To promote multidisciplinary spirit, staff members with different professional background should have chance to be the coordinator of the Day Center. A fixed-term appointment system (say 2 to 3 years) is recommended.

Successful change management

- Change management is always (most) difficult!
- Key to successful change management
 - No short-cut, be patient & persistent
 - Highly desirable: Generating consensus in the team →
Shared ownership of decisions
- Implications to staff training & development
 - To implement the recommendations & pursue continued quality improvement, relevant training and development programs for staff members are essential.

Acknowledgement

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 - Their trust & relentless support!
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THANKS