The WHOS experience-
frontline service
directed research

By Jo Lunn
Agenda

This presentation will

• Discuss why frontline services should actively drive AOD treatment research

• WHOS as a case study
  • WHOS historical involvement in research
  • Review the impact of WHOS Improving Organisational Capacity Project in relation to WHOS directed research
  • Provide a summary of WHOS current research projects

• Summarize how frontline services can get more involved in research
Why should frontline services be involved with research?

“Good ideas for improving health services aren’t in the heads of people sitting in darkened rooms in a back office. They come from people on the shop-room floor. But they have to be given permission to flag ideas and make service improvement part of their job”

Prof Sir Bruce Keogh, Medical Director, NHS England

Using performance management to drive health systems change, Sydney, 12th May 2014
Why do frontline services need to get involved in research?

- Frontline services have the insight into what might work or what is needed in relation to treatment.
- Frontline services have access to the client group to conduct research.
- Our clients deserve the best possible treatment available.
- Accreditation requirements.
- Future funding directions-sector/service.
What does the literature tell us......

What proportion of research findings lead to improved patient health care?

A) 22%  
B) 37%  
C) 14%  
D) 9%  

How many years on average does it take health practitioners to adopt new evidence based practices?

A) 3 years  
B) 7 years  
C) 14 years  
D) 17 years  
(Balas & Boren, 2000)
Why is it so hard to transfer research findings into practice?

- Who funds the research?
- Who benefits from the research?
- Who determines what research will occur?
  - Private sector
  - Government
  - Academics
Why is it so hard to transfer research findings into practice?

- Useful research?
  - Client Applicability
  - Costs of new interventions to implement re: resources, training skill sets professional qualifications
- Full schedules what has to go?
Why is it so hard to transfer research findings into practice?

• AOD sectors
  • access to research
  • assessment of relevance, strength of the findings
• Implementation
Barriers to research being conducted by frontline services?

- Time and money
- Staff workloads
- Skill set
- Stress levels of service
Why is the research that is completed, often not published or accessible?

• Time and money
• Skill set
• Ethics processes
• Publication requirements
History of WHOS involvement in formal research

- Historically WHOS has always been involved in research.
- Involvement was generally opportunistic (NDARC, 1992)
- 2010, WHOS successfully applied for research funding to review a staff driven research question.

*Effects of client characteristics and mental health on treatment completion and retention in a therapeutic community.*
WHOS Improving Organisational Capacity Project

- 2007 under Improved Services Initiative IOC project was funded-capacity
- Refunded 2012-Funded through Substance Misuse Service Delivery Grants (until June 2015)
- Complexity was expanded to include mental health, cognitive impairment, involvement in the criminal justice system, homelessness, GLBTI Indigenous or CALD status.
From 2012 WHOS has had a designated position to conduct and review research

IOC Key KPIs

• developing WHOS research strategies to approve, conduct and disseminate relevant findings of internal/external research.

• incorporating evidence based recommendations into all new WHOS projects, interventions and innovations.

• ensure that the introduction of treatment resources / new approaches is comprehensively evaluated.
1) Approve, conduct and disseminate relevant findings of internal/external research.

- Re-write of WHOS Research Policy
- **External research**
  - Information pack for prospective external researchers
  - Outline of the criteria of excepting external research
  - Research goals broadly align with WHOS goals
  - Access to de-identified WHOS client data and the researcher explanation

- **Internal Research**
  - Processes required
Disseminating Findings

- WHOS IOC has consistently presented at forums, conferences etc
- WHOS IOC Project Officer has had active involvement with industry consultants e.g. NADA projects
- Small number of publications
2) Incorporate evidence based recommendations into all new WHOS projects

- Paid literature reviews-budget
- Treatment Outcome Data (COMS, NADA)
- Cognitive Impairment (NADA)
- Cognitive impairment evaluation tools
- Psycho-social treatment for clients on opioid substitution- WHOS DATS
2) Incorporate evidence based recommendations into all new WHOS projects

- Paid literature reviews-budget
  - Utilization of ACT in the treatment of trauma for AOD clients-new WHOS Group-work
- Recommendations for women specific groups
- New WHOS Group-work
2) Incorporate evidence based recommendations into all new WHOS projects.

**Industry consultants-budget**
- Treatment Outcome Data, NDARC, UOW
- Case Notes-Turning Point
- Psychopharmacotherapy Professor Iain McGregor
- Cognitive Impairment Dr Jamie Berry
- CHDARN-Client focus groups
- New Group work- ACT -experts
- PTSD Group-work Dr Kath Mills, Dr Peter Kelly, Rachel Roe
- Indigenous Dr Bronwyn Lumby
2) Incorporate evidence based recommendations into all new WHOS projects.

**Relevant Guidelines/Resources**

- Admissions
- Discharge
- Care Planning
- Aggression Management
- Incident Management
- Suicide Management
- Working with clients with complex needs
3) New treatment resources / new approaches is comprehensively evaluated.

- Implementation Planning!!-Resources needed, design evaluation, review

- Access to expert advice/ assistance (links with Universities)
3) New treatment resources / new approaches is comprehensively evaluated.

- Engaging with staff/consumers to develop but also evaluate key change
- WHOS examples include
  - Electronic client file
  - admissions,
  - care planning
  - case notes
  - Consumer Participation processes
  - New group-work
WHOS Improving Organisational Project

$155,000 worth of additional research based projects over the last 3 years

Including

- Practice Enhancement Program
- MHCC/Nada Research Grant
- MHDAO Research Grant
- Nada Women’s Research Grant
WHOS Current recent/current research projects

**Internal research**

- Evaluating outcomes for clients attending trauma symptom management group-work at WHOS – MHDAO

- Evaluating outcomes for clients attending new Mental Wellness and Gender Group-work- NADA Women’s Grants
WHOS Current recent/current research projects

**Internal research**

- Evaluating the impact of exercise physiology placements in relation to client satisfaction and health outcomes, University of Sydney

- Benchmarking WHOS Treatment Outcome data, University of Wollongong
WHOS Current
tRecent/Current Research Projects

External Research

• Legal Mandates and Perceived Coercion in Residential Alcohol and other Drug Treatment
• Evaluation of Acceptance and Commitment Therapy (ACT) as a Treatment for Individuals on Opioid Maintenance Pharmacotherapy
Efficacy of the Improving Organisation Capacity Project

• Reporting requirements of the initial IOC project, WHOS had to periodically administer the DDCAT.

**DDCAT Ratings**

35-items, each rated on a scale of 1 to 5:

1 = Alcohol Only Service
A focus on clients with Alcohol and Other Drug issues only.

3 = Dual Diagnosis Capable Service
Services to some individuals with co-occurring alcohol and other drug related and mental health disorders but has greater capacity to serve individuals with alcohol and other drug related disorders

5 = Dual Diagnosis Enhanced Service
the program can address both AOD and Mental health types of disorders fully and equally
## DDCAT Dimensions

<table>
<thead>
<tr>
<th>Program Structure</th>
<th>Program mission and collaboration with MH services</th>
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<tbody>
<tr>
<td>Program Milieu</td>
<td>Physical / social environment</td>
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<tr>
<td>Clinical Process: Assessment</td>
<td>Screening, assessment &amp; diagnosis</td>
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<tr>
<td>Clinical Process: Treatment</td>
<td>Medication &amp; psychosocial treatment</td>
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<td>Continuity of Care</td>
<td>Discharge &amp; ongoing care</td>
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<tr>
<td>Staffing</td>
<td>Composition of staff to support co-occurring disorders</td>
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<tr>
<td>Training</td>
<td>Proportion of staff trained in strategies to work with co-occurring disorders</td>
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WHOS Progress over 5 Reviews

Dual Diagnosis Enhanced

Dual Diagnosis Capable

D&A Only

Significant Increase

Year 1  |  Year 2  |  Year 3  |  Year 4  |  Year 5
2.11    |  2.44    |  2.85    |  3.32    |  3.54

[Graph showing the progression over 5 years with significant increase indicated]
In summary-what can agencies do......

As part of accreditation

- Think about your process of implementing change within your organisation
- Develop a plan to evaluate that change before you implement it
- Talk to other organisations NADA, CHDARN for guidance
In summary-what can agencies do......

*Using the organisations DATA*

1) What sources of data do you collect?
2) What is done with that data? What does the data tell you about the service?
3) Talk to your staff, talk to your clients, what do they say about the service being delivered? How can it be improved?
4) NADA COMS review
In summary-what can agencies do…….

Developing an open workplace culture

1) Encourage discussion about identifying problems and solutions but without the blame!

2) Create opportunities to bring in new ideas e.g. one staff member to present a new article at every second staff meeting/supervision - focusing on how it could impact the service - embrace staff directed change

3) Give the staff feedback about the data collected - benchmarking

4) Ask prospective staff about research
In summary-what can agencies do......

Establish research links

- Review your data, talk to your staff, residents and come up with some questions
- Call your local university and ask to speak to someone in the psychology or social work faculties that coordinates student research
- Student placements-interns
In summary-what can agencies do......

Lobby

- Lobby government and peak bodies for support for research
- Include money for expert consultation and employment of Research Assistants in your service funding applications
- Attach research to a position within the organisations
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