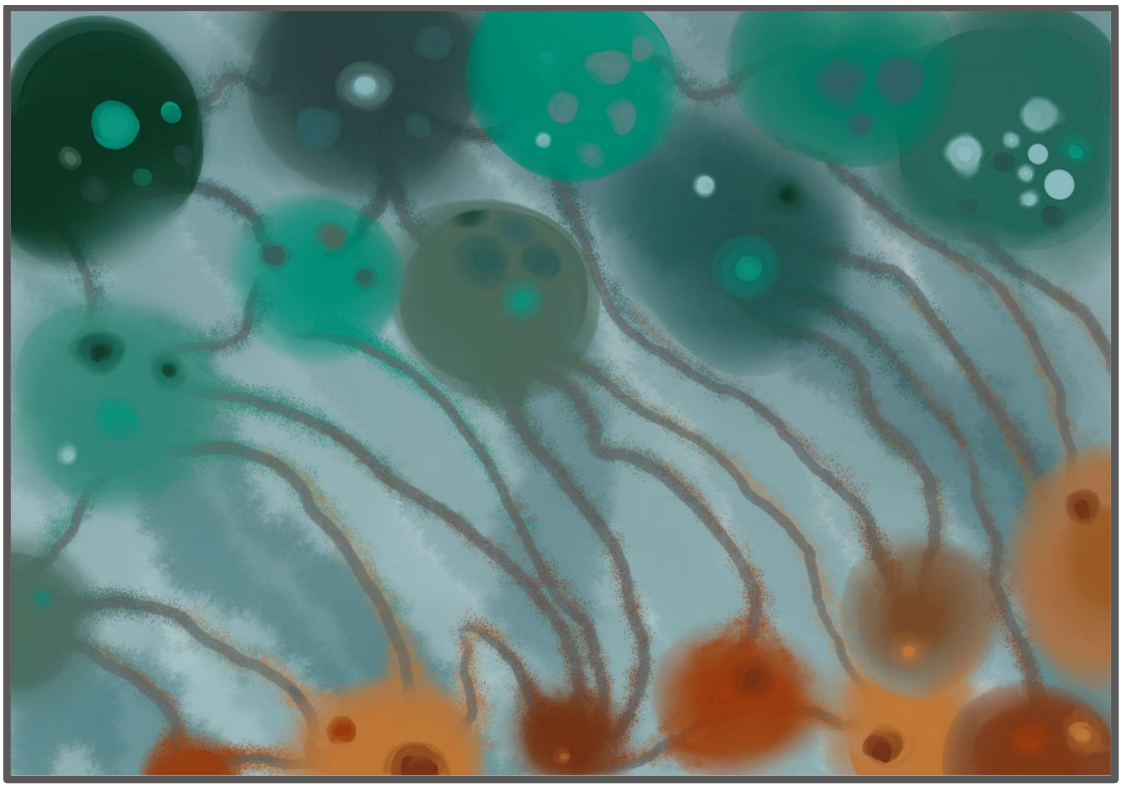
Peer-Supported Transfer of Care (Peer-STOC)

Independent Evaluation



"Bridges" by Kim Ramjan

FINAL REPORT July 2021

Australian National University

THE UNIVERSITY OF SYDNEY

Suggested citation for report:

Hancock, N., Scanlan, J.N., Banfield, M., Berry, B., Pike-Rowney, G., Salisbury, A. & Norris, S. (2021). *Independent Evaluation of NSW Peer Supported Transfer of Care initiative (Peer-STOC): Final report.* The University of Sydney & Australian National University, Australia.

Project Team

The University of Sydney

Associate Professor Nicola Hancock

Associate Professor Justin Scanlan

Ms Bridget Berry

Dr Sarah Norris

Ms Amber Salisbury

Australian National University

Associate Professor Michelle Banfield

Dr Georgia Pike-Rowney

Lived Experience Advisory Panel

Ayesha Khan

Bani Aadam

Trisha Lloyd

Ryan D'Lima

Rose Liddall

EXECUTIVE SUMMARY

Overview of the Program: Peer Supported Transfer of Care (Peer-STOC) is a NSW wide initiative funded by a $2.7M annual commitment from the NSW Ministry of Health. Peer-STOC is designed to provide additional person-centred and recovery focused supports to individuals with complex mental health needs during a 6-week period of transition to home or community after an inpatient admission. Peer workers are employed by Local Health Districts and Health Networks and embedded within multi-disciplinary community or inpatient teams to deliver this innovative program.

Aim of the Evaluation: Our research team from The University of Sydney and Australian National University was engaged to examine program impacts and outcomes as well as any strengths and/or challenges to implementation, sustainability and expansion or scale-up.

Evaluation Approach: This was an 18-month, co-designed and co-delivered evaluation. The evaluation team was comprised of predominantly lived experience reearchers and a Lived Experience Advisory Panel (LEAP) supported development, interpretation and translation aspects of the project. A mixed methods approach was used. We drew upon a breadth of stakeholder perspectives, service useage data and individual health related outcome data. Specific methods of analyses are detailed in the body of the report.

Findings:

Service Use:

For this part of the evaluation, we accessed service utilisation data via InforMH, System Information and Analytics Branch, NSW Ministry of Health. We received data for a total of 987 Peer-STOC participants and for a comparison group of 4,122 individuals who were similar to the Peer-STOC participants, but had not received Peer-STOC support. Having data from the comparison group enabled us to explore whether Peer-STOC supports made a substantial impact on service utilisation outcomes above and beyond what might have happened naturally over time. Data for Peer-STOC participants could only be extracted in Local Health Districts (LHD) / Specialty Health Networks (SHN) where Peer-STOC service units had been set up in the eMR. This was the case in 12 of the 18 LHDs/SHNs which means that not all Peer-STOC participants will have been identified and not all Peer-STOC worker activities will have been captured.

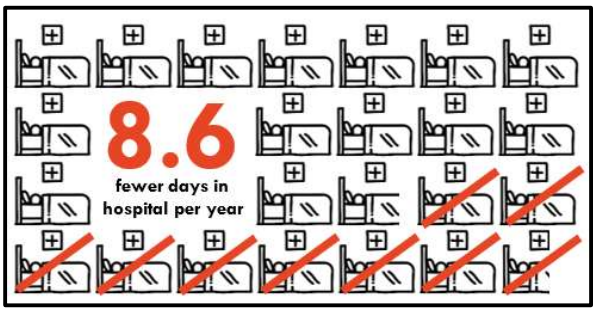
We explored service use in terms of hospital admissions, emergency department presentations and contacts with community mental health services in the 12 months before and the 12 months after discharge from hospital or first connection with Peer-STOC.

Hospital admissions

A primary aim of the Peer-STOC program is to reduce readmission to hospital. To explore whether Peer-STOC achieved this aim, we compared Peer-STOC partipcants to the comparison group who did not receive Peer-STOC. We examined the number of readmissions within 28 days after discharge and the number of hospital admissions and number of days in hospital in the 12 months following discharge or first engagement with Peer-STOC.

Peer-STOC participants were **significantly less likely to be readmitted to hospital within 28 days of discharge.** Peer-STOC participants were 32% less likely to be readmitted than individuals in the comparison group. Only 1 in 10 Peer-STOC participants were readmitted within 28 days following discharge. This is compared to 1 in 7 people in the comparison group being readmitted. These results suggest that Peer-STOC has met its primary aim of supporting people to manage better in the community and not need readmission in the month following discharge.

Peer-STOC participants also had **significantly fewer admissions to hospital over the 12 months after discharge or connection with Peer-STOC**. Peer-STOC participants **spent 8.6 fewer days in hospital** than people in the comparison group (an average of 14.8 days in the 12 month follow up period compared to and average of 23.4 days for individuals in the comparison group – see Table 1.6.)

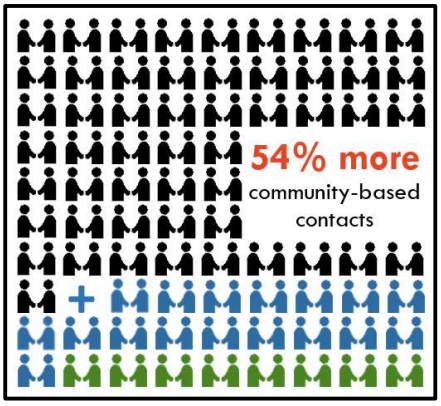


Emergency department presentations

We also explored the number of mental health / psychiatric-related presentations to emergency departments in the follow up period. In the "pre-contact" phase Peer-STOC participants had a substantially higher frequency of presentations to emergency departments. This made comparison between the Peer-STOC and comparison groups difficult. However, the overall result for this analysis was that **there was no real change in the number of emergency department presentations** from the 12 months before or 12 months after contact with Peer-STOC in either the Peer-STOC participant or comparison group.

Community mental health contacts

Another aim of Peer-STOC was to support increased engagement with community-based services. Therefore, we examined the number of contacts with community mental health services in the follow up period. **Peer-STOC participants had a significantly higher number of community-based mental health service contacts in the follow up period** than individuals in the comparison group. Individuals in the comparison group had an average of 52 contacts in the follow up period compared with an average of 77 contacts for Peer-STOC participants. Even when contacts only involving Peer-STOC workers were excluded (an average of 8 contacts per person), Peer-STOC participants still had a significantly higher number of community-based contacts than people in the comparison group.

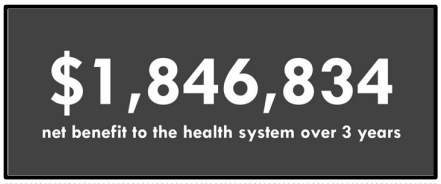


Economic impact related to service use:

Important note: when reviewing these results, it should be noted that as not all Peer-STOC contacts were accessible to the project team (i.e., Peer-STOC contact data were only accessible from 12 of the 18 LHDs / SHNs across the state and some of these did not have Peer-STOC data accessible across the full period of the first three years of roll out). This means that **estimates presented in this section of the report are almost certainly underestimates of the benefits of Peer-STOC**, and in some cases, are potentially dramatically understated. For full details of the analyses and assumptions underlying these estimates, please see full details presented in Chapter 1 of the full evaluation report.

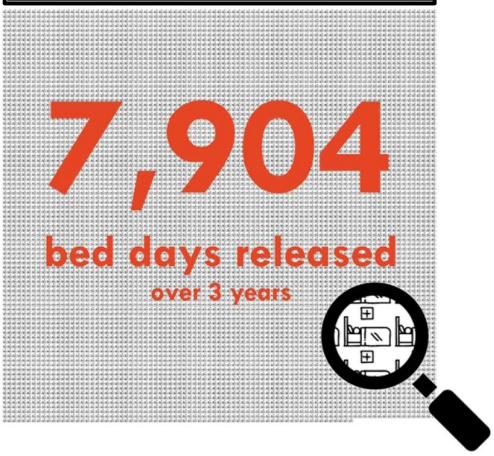
Cost-Benefit analysis

The reduction in the number of inpatient bed days associated with Peer-STOC leads to the program being highly cost-beneficial. Although it is difficult to accurately estimate the program funds spent each year per Peer-STOC participant, the amount is likely to lie between $994 and $5,998. By comparison, every year Peer-STOC avoids hospital costs of $18,210 per participant. This means, that even if we apply the highest possible program funding amount per participant for Peer-STOC, the program is associated with **net savings of at least $12, 211 per participant per year**.



Impact on NSW Health budget

Over the first three years of Peer-STOC NSW Health invested $7.92M in the program, which included one-off establishment costs in Year 1 of the program. Over the same three-year period Peer-STOC has been associated with savings to the NSW health system of at least $9.77M which is **equivalent to the release of 7,904 hospital bed days**. This represents **a net budget impact (saving) of $1.85M over the first 3 years of the program.** The release of this resource would be expected to ease pressure on the mental health system, providing access to necessary services for individuals who might otherwise have gone without.



Suggestion for future data collection

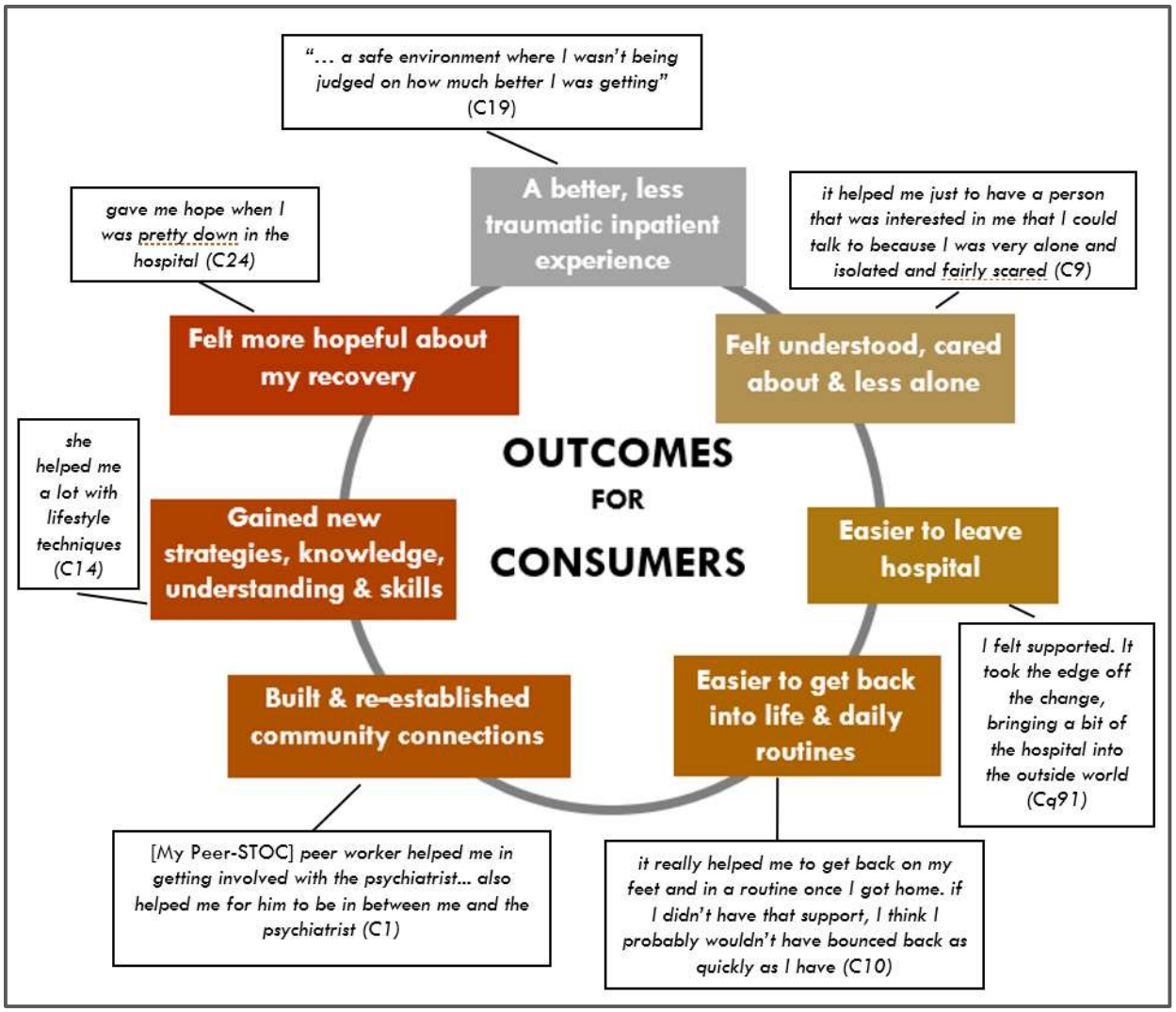
As noted above, analyses were limited given limitations in data availability for Peer-STOC contacts. To support more accurate analyses of the impacts of Peer-STOC to be completed in the future, all LHDs / SHNs should establish specific Peer-STOC teams / service entities in the eMR so that all service contact data can be accurately captured and extracted.

Consumer related outcomes:

1. What people said - Findings from the qualitative data

Across 58 interviews and 82 questionnaires, consumers themselves, peer workers and other workers repeatedly and consistently described positive outcomes and impacts of the Peer-STOC program on consumers.

These outcomes included: a) a better, less traumatic inpatient experience; b) felt understood, cared about and less alone; c) easier to leave hospital; d) easier to get back into life and daily routines; e) built and re-established community connections; f) gained new strategies, knowledge, understanding and skills; g) felt more hopeful about my recovery. These nine themes are provided in the figure below with a single example quote to illuminate each. A detailed description of each theme is presented in Chapter 2 of the report.



Note. C = consumer interviewed; Cq = consumer completed questionnaire

2. **What was measured - results from routinely collected outcome measures.**

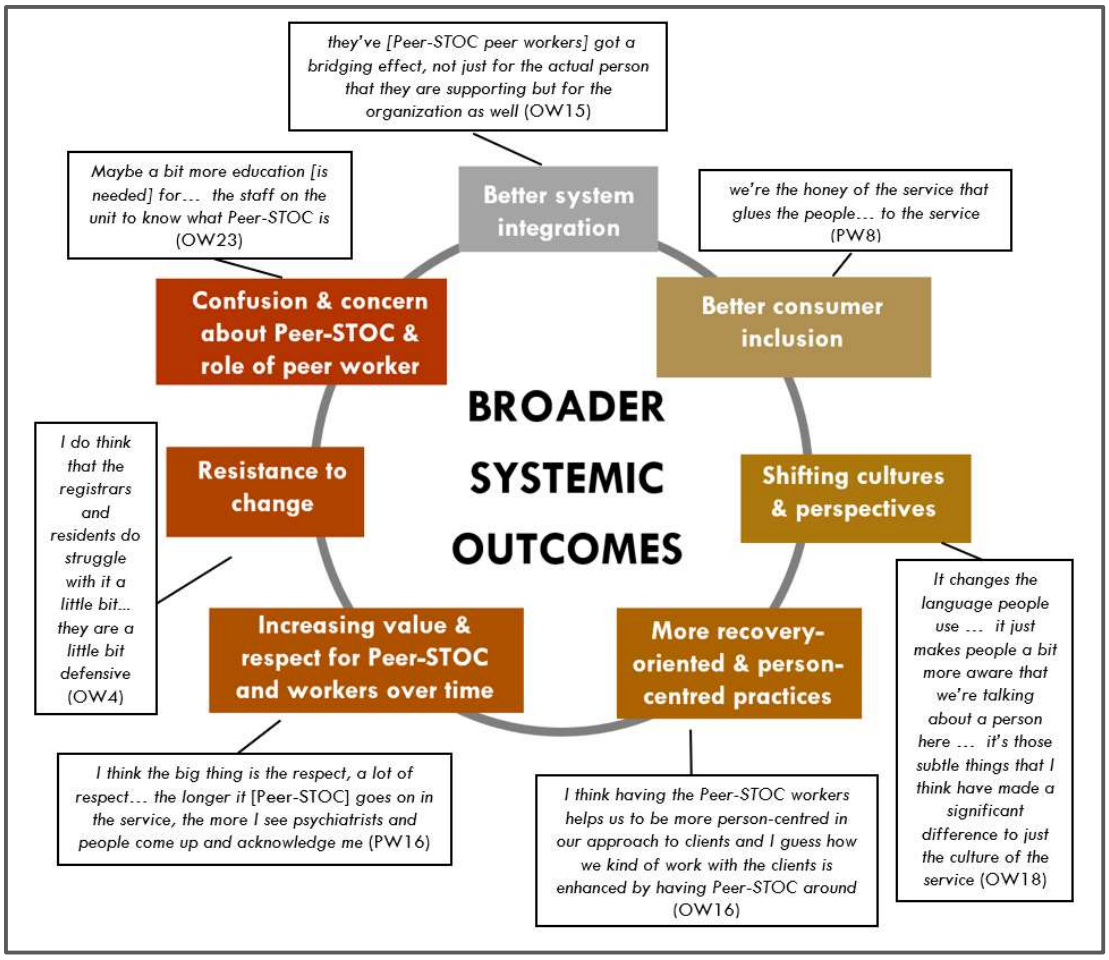
The dataset received from InforMH for the service utlisation component of this project also included data on completed outcome measures for the Peer-STOC participant and comparison groups. These included the Kessler Psychological Distress Scale (K10), Health of the Nation Outcome Scale (HoNOS) and Life Skills Profile (LSP) measures. There were **very low completion rates**. Generally, **less than 5% of participants had measures completed at baseline and at each of the follow up periods**. This meant that it was **not possible to complete meaningful analyses** of these outcome measures. Of the analyses completed, there were few changes over time for the Peer-STOC participant group or the comparison group.

However, some Peer-STOC programs also used the Recovery Assessment Scale – Domains and Stages (RAS-DS) as an additional outcome measure. The RAS-DS is a self-report measure of mental health recovery and can be used to evaluate the impact of Peer-STOC on participants' recovery as well as to facilitate recovery-focused discussion and goal setting.

Data were provided by three LHDs for a total of 41 participants. Measures were completed at the commencement of engagement with the Peer-STOC program and then again at completion. At completion, **participants reported a significant increase in each of the four domains of recovery and in their total recovery scores**. The **'mastering my illness' domain demonstrated the most substantial improvement,** suggesting that engaging with Peer-STOC may support more effective self-management and mastery of coping with the effects of symptoms on daily life. Overall, there was a 13% improvement in scores from commencement to completion, which is higher than has been reported in other programs.

Given that outcomes for the RAS-DS were quite positive and there was limited change in other outcome measures, this could suggest that to accurately capture the full impact of Peer-STOC, self-reported mental health recovery may be the most suitable outcome measure to be used.

Flow on Outcomes or Impacts on the System more broadly:



Note. OW = other worker interviewed; PW = Peer-STOC peer worker interviewed

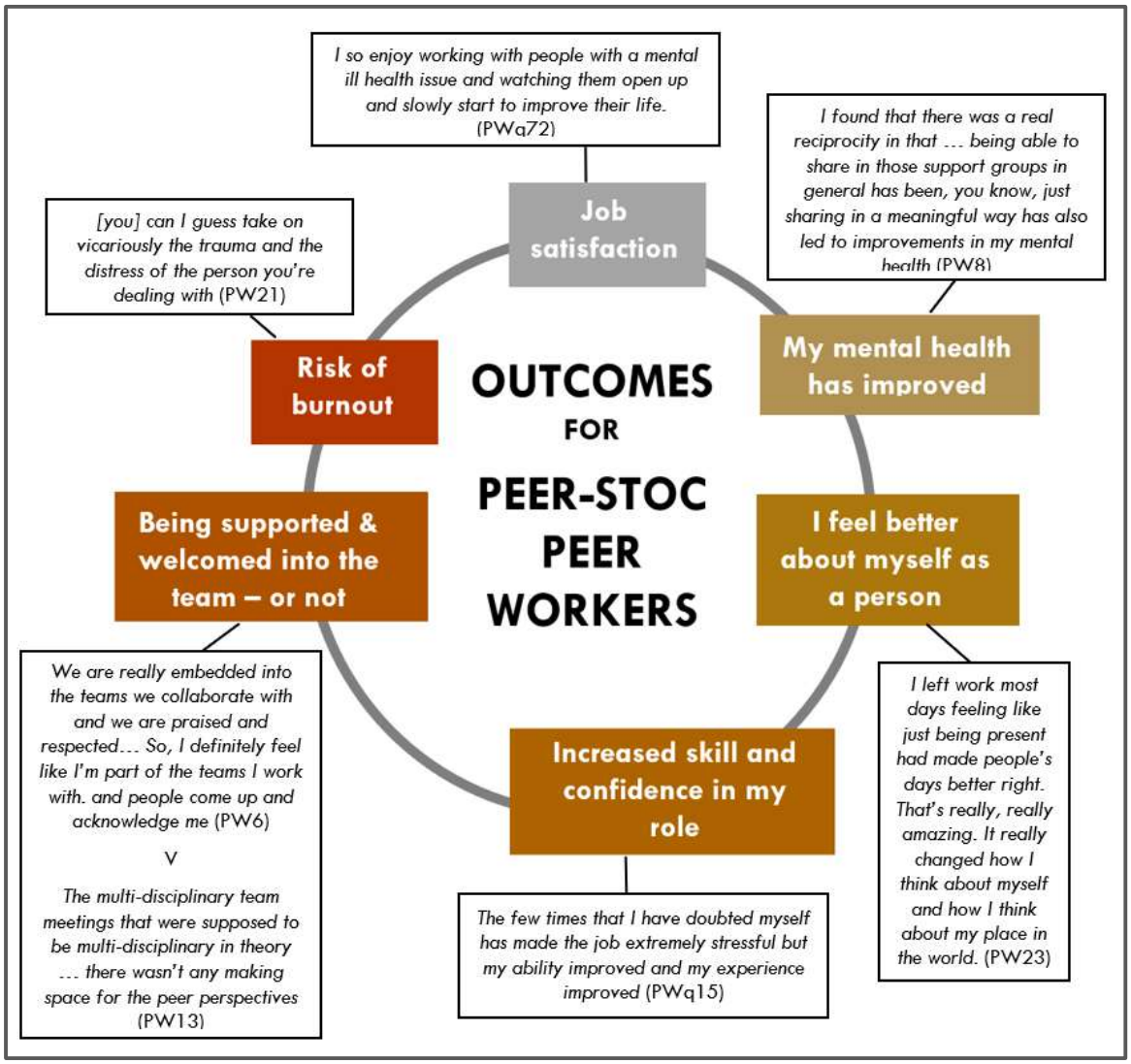
Repeatedly in interviews and questionnaires, Peer-STOC peer workers and other workers, included a broad spectrum of mental health staff such as allied health, clinical and peer workers outside of the Peer-STOC program, said that the program and Peer-STOC peer workers created **bridges across the mental health system** and **bridges between consumers and services**.

Positive system changes attributed to Peer-STOC included: a) Better system integration; b) Better consumer engagement; c) Shifting cultures and perspectives; d) More recovery-oriented and person-centred practices; and e) Increasing value and respect for Peer-STOC and peer workers over time. While positive system changes or impacts dominated, from the perspectives of both Other Workers and Peer-STOC peer workers, they also described potential system changes or impacts being limited by barriers. These barriers or negative outcomes included a) Resistance to change and b) Confusion and concern about Peer-STOC and the role of the peer worker. These themes are provided in the figure above with a single example quote to illuminate each. A detailed description of each theme is presented in Chapter 3 of the report.

Flow on Outcomes or Impacts on Peer-STOC peer workers:

The Peer-STOC program has also resulted in outcomes for, or had an impact upon, the Peer-STOC peer workers themselves. These impacts or changes were noticed and described both by peer workers themselves as well as by other health workers who engaged with them. Positive Peer-STOC peer worker outcomes included a) job satisfaction; b) My mental health has improved; c) I feel better about myself as a person; d) increased skill and confidence in my role; and e) Being supported and welcomed into the team.

While outcomes for peer workers were predominantly positive, this was not the case for all. It was Peer-STOC peer workers who had a clearly understood and defined role, were valued, and respected by colleagues and had support networks (both peer and other) who were more likely to describe positive outcomes for themselves. Where their experience was one of exclusion, unmanageable workloads and lack of support and supervision, peer workers were more likely to describe negative outcomes: f) not being supported or welcomed into the team - isolation and exclusion, and g) risk of burn-out. Again, these themes are provided in the figure below with a single example quote to illuminate each. A detailed description of each theme is presented in Chapter 3 of the report.



Note. PW = Peer-STOC peer worker interviewed; PWq = Peer-STOC peer worker completed questionnaire

The Implementation of Peer-STOC – strengths and suggestions:

Information on the implementation of the Peer-STOC program was gathered in interviews with consumers, peer workers and other workers, including senior managers, decision-makers and clinicians. To ensure a comprehensive exploration of program implementation, this part of the evaluation used the Consolidated Framework for Implementation Research (CFIR)[1] to guide investigation and analysis. The CFIR draws together core elements of several implementation frameworks and consists of a detailed set of constructs that cover program implementation at multiple levels, from the system-level to the individual. It also explores the influence of program and process factors on implementation success. Its five primary domains allow easy identification of *where* in the system action may be required.

As described below, the specific domains were:

1. The Peer-STOC model (CFIR Intervention Characteristics)
2. NSW mental health system (CFIR Outer Setting)
3. LHD/SHN characteristics, culture and climate (CFIR Inner Setting)
4. Personal attitudes and beliefs influencing implementation (CFIR Characteristics of Individuals)
5. Planning, engagement, leadership and evaluation (CFIR Process)

Findings indicate many areas of implementation strength. The Peer-STOC program was seated in a strong peer ideology, with sufficient flexibility to allow tailoring to the needs of LHDs/SHNs and their specific populations, and well-aligned with the NSW Living Well Strategic Plan. There was considerable variation in the maturity of both peer work and the Peer-STOC program specifically across LHD/SHNs, contributing to substantial differences in the culture and climate for implementation. Exemplary models had sophisticated supervision arrangements (a combination of peer, clinical, internal and external supervision), availability of senior/more experienced peer workers for mentoring, opportunities for networking amongst Peer-STOC workers, and documentation to guide processes. However, LHD/SHNs with smaller and/or more newly established peer workforces and Peer-STOC programs lacked many of these characteristics, which often led peer workers to feel isolated and lacking support, and without clear role direction. Across many LHD/SHNs, there was a good sense of integration into multidisciplinary teams, clinical "champions" who assisted with acceptance and a positive organisational culture, but program-wide this was tempered by some areas where peer workers were treated indifferently or with hostility.

Specific areas of strength, and participants' suggestions for improvements are summarised below according to CFIR domain. Findings are described in full, with supporting quotes in Chapter 4 of the report.

Domain 1: Peer-STOC Model (Intervention Characteristics) – *"It's got good genes"*

Strengths:

- Peer-STOC is strongly based in peer-directed ideology
- Flexibility in the use of formalised tools and approaches, in order to meet individual needs of consumers, and working styles of peer workers

- Some LHD/SHNs exercised flexibility with the 6-week time frame to meet local and individual consumer needs, while maintaining the key nature of Peer-STOC as a transition service, not an ongoing service

Suggestions:

- Ensure Peer-STOC workforce meets consumer needs across all LHD/SHNs, particularly focusing on inpatient in-reach, referral pathways and prompt post-discharge follow-up
- Engage peer workers in the process of developing Models of Care for every LHD/SHN
- Develop a central 'bank' of documentation and processes based on strong models, available for program implementation and to support induction of new Peer-STOC workers
- Ensure clinicians and peer workers have agreed boundaries for the scope of peer work and level of autonomy for peer workers
- Provide equitable allocation of funding for implementation, programs and materials across LHD/SHNs, and support exemplary models to share successes

Domain 2: NSW Mental Health System (Outer Setting) – *"We…walk along with the person while they're navigating that"*

Strengths:

- The Peer-STOC model is uniquely designed to support all priority areas of the Living Well Strategic Plan
- Support to complete the Cert IV in Mental Health Peer work is a core investment

Suggestions:

- Greater investment is needed in peer leadership to support peer workers, particularly when developing connections with other organisations and services outside Peer-STOC

Domain 3: LHD/SHN Characteristics, culture and climate (Inner Setting) – *"It's hard…to speak up about cultural change when you are the newest and the lowest paid"*

Strengths:

- Supervision is a critical area requiring significant planning and investment, and quite sophisticated in some LHDs, which should be exemplars for the entire program. These exemplars included line management, clinical supervision and peer supervision, including options for group and reflective practice, and supervision external to the area in which the peer worker was situated
- Flexibility for full- or part-time positions for peer workers was appreciated
- Some LHDs had a very positive organisational culture, fostered by "champions" in clinical and management roles, supporting the successful integration of Peer-STOC workers. This is vital to shift attitudes in less receptive or resistant LHDs

- Areas where peer workers were not working alone, or had access to a network of other peer workers provided valued peer support and reflective practice opportunities. This could be expanded through a Peer-STOC community of practice reportedly being developed, support for formal peer worker conferences, and assistance for Peer-STOC peer workers to attend

Suggestions:

- Every LHD/SHN should be encouraged to develop a supervisory model in consultation with peer workers and management, based on existing exemplary models, and support senior peer workers to undergo management training to become effective supervisors
- Develop a peer worker specific award such as used in QLD, that appropriately recognises the skills and experience of peer workers, appropriately reflects the challenges of the Peer-STOC role and recognises qualifications and graduate degrees
- Open up higher levels of the award rate for more experienced peer workers, to provide scope for career progression and attract and retain more highly skilled peer workers to the Peer-STOC program
- Examine geographical limitations or boundaries between LHD/SHNs, especially in rural and regional areas to prevent people "falling through cracks" between inpatient and community care
- Optimise eMR for peer work referrals and outcomes
- Maintain an ongoing process of staff education, particularly by peer workers, about peer work and Peer-STOC to ensure cultural change and a flow of referrals

Domain 4: Personal attitudes and beliefs influencing Peer-STOC implementation (Characteristics of Individuals) – *"...respect me as a fellow person who's trying to help someone with mental distress"*

Strengths:

- A shared sense of hope and recovery were the core attributes of a good peer worker and present across the state
- Many peer workers, particularly in the exemplary models, felt embedded within teams and that they had a choice on who to consult for clinical or supervisory issues

Suggestions

- Attention should be paid to areas where clinician and manager attitudes indicate lack of understanding and/or respect for peer work, to focus on individual support and education
- Feedback channels and management of workplace issues need to be included in all supervisory frameworks so that peer workers are clear about who they should turn to when they have particular issues, whether clinical or peer related

Domain 5: Planning, engagement, leadership and evaluation (Process) – "*We…took the mindset of we wouldn't know if the Peer-STOC system and support would work unless we just gave it a really good red-hot go*"

Strengths:

- LHD/SHNs with "champions" who provided implementation leadership were more likely to provide a good environment. Champions of the program should be recognised and supported to network across the state, and create a resource to those who wish to be champions but who are unsure where to begin
- Likewise, LHD/SHNs with senior peer workers to oversee planning, documentation and processes had smoother early implementation. It would be beneficial to embed senior peer worker roles across the program, at each LHD or at a minimum during planning and early implementation including peer worker recruitment and training

Suggestions:

- Sharing of documentation, processes and training opportunities for staff about peer work may assist in preparing an LHD/SHN with a less developed peer workforce
- Aligning engagement, referral and exit processes across LHD/SHNs, with guidelines and templates, may assist with further embedding peer workers within multidisciplinary teams, and increasing respect for the role
- Better guidelines might be required at the program level for roles and responsibilities in implementation: who is responsible for what aspect and stage of the implementation at the local level
- Develop models of data collection that capture a range of data, both qualitative and quantitative, formal and informal feedback, which may be used as a resource by consumers, peer workers and clinicians in evaluation

Reference

1. Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. Implementation science : IS. 2009 Aug 7;4:50.

Peer-Supported Transfer of Care (Peer-STOC)

Key outcome findings from the independent evaluation

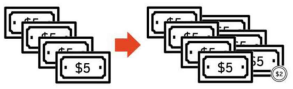
A/Prof Nicola Hancock[1], A/Prof Justin Scanlan[1], A/Prof Michelle Banfield[2], Bridget Berry[1], Dr Georgia Pike-Rowney[2], Dr Sarah Norris[1] & Amber Salisbury[1]

[1] The University of Sydney, [2] Australian National University

Impacts on the mental health system

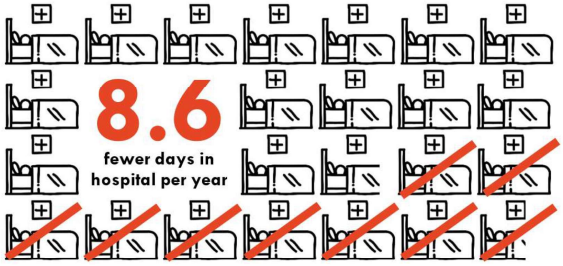
7,904
bed days released
over 3 years

$1,846,834
net benefit to the health system over 3 years



for every **$1 invested** in Peer-STOC it returned **$1.85 in benefits**

Outcomes for consumers



8.6
fewer days in hospital per year

32% fewer
individuals readmitted within 28 days

$12,211
annual net savings per participant

Themes from interviews & surveys (n = 140)

A better less traumatic inpatient experience

Felt understood, cared about & less alone

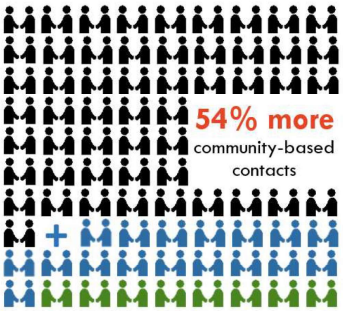
Easier to leave hospital

Easier to get back into daily life & routines

Built & re-established community connections

Gained new strategies, knowledge, understanding & skills

More hopeful about my recovery

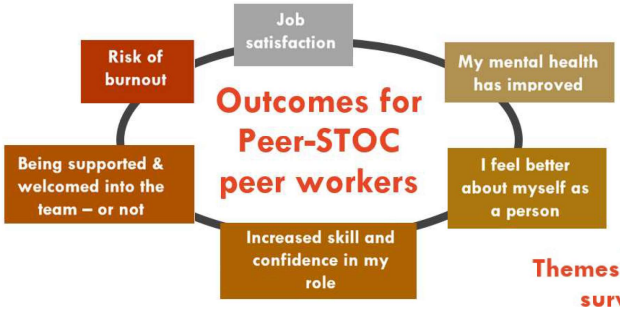


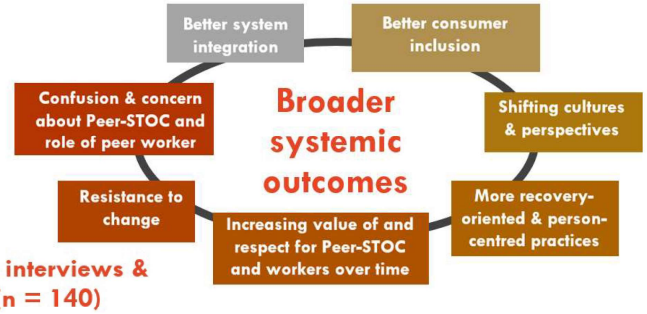
54% more community-based contacts

13% recovery

- 11% doing things I value
- 13% looking forward
- 20% mastering my illness
- 9% connecting and belonging

Other outcomes





Themes from interviews & surveys (n = 140)

THE UNIVERSITY OF SYDNEY

More information: nicola.hancock@sydney.edu.au

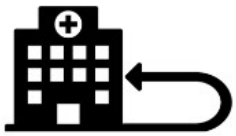
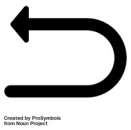
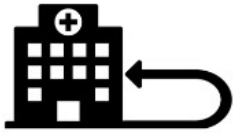
Infographic developed by Justin Scanlan

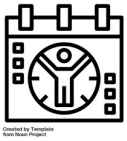
Australian National University

Appendix 4

Image credits

All images are from the Noun Project and licenced with a Creative Commons Attribution 3.0 Unported (CC BY 3.0) licence. This licence allows for reuse and remixing so long as the original creator is given attribution and changes made are described. Details are listed below.

Original image	Final image	Credit and description of remixing
		***Credit:*** Hospital by trang5000 from the Noun Project ***Remixing:*** combined with return by ProSymbols
		***Credit:*** return by ProSymbols from the Noun Project ***Remixing:*** resized and combined with Hospital by trang5000
		***Credit:*** Meeting by Round Pixel from the Noun Project ***Remixing:*** recoloured and multiplied
		***Credit:*** emergency by Med Marki from the Noun Project ***Remixing:*** cropped and text added
		***Credit:*** Magnifying Glass by Vectors Market from the Noun Project ***Remixing:*** combined with Hospital bed by Linseed Studio
		***Credit:*** Hospital Bed by Linseed Studio from the Noun Project ***Remixing:*** reversed, multiplied and combined with Magnifying Glass by Vectors Market
		***Credit:*** Hospital Bed by Linseed Studio from the Noun Project ***Remixing:*** reversed, combined and crosses added
		***Credit:*** Piggy Bank by Delta from the Noun Project ***Remixing:*** cropped
		***Credit:*** dollar by Vectorstall from the Noun Project ***Remixing:*** $5 text added, multiplied and combined with coin by Sri Rahayu

Original image	Final image	Credit and description of remixing
		***Credit:*** coin by Sri Rahayu from the Noun Project ***Remixing:*** $2 text added and combined with dollar by Vectorstall
		***Credit:*** care by Teewara soontorn from the Noun Project ***Remixing:*** cropped
		***Credit:*** empathy sympathy by Eucalyp from the Noun Project ***Remixing:*** recoloured and cropped
		***Credit:*** advance by Nithinan Tatah from the Noun Project ***Remixing:*** cropped
		***Credit:*** routine by Template from the Noun Project ***Remixing:*** recoloured and cropped
		***Credit:*** connection by Guilherme Furtado from the Noun Project ***Remixing:*** cropped
		***Credit:*** skill by Rusmaniah from the Noun Project ***Remixing:*** recoloured and cropped
		***Credit:*** sunrise by Binpodo from the Noun Project ***Remixing:*** cropped