Making HoNOS(CA) Clinically Useful

Strategies for Making HoNOSCA, HoNOS and HoNOS 65+ a useful tool for your clinical team

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How Can HoNOS Information be Useful?

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- **National Level**

- **DHB / MHS Level**

- **Team Level**

- **Clinician/Client Interaction Level**

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Grouped information to understand service users, understand outcomes, and identify best practice

Both of these

Promoting conversation about individual's goals and outcomes

Many Clinician's and Team's Perception of the Use of HoNOS Information
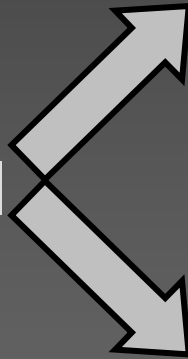
National Level

DHB / MHS Level

Lost from View

How Can HoNOS Information be Useful To Your Team?

Team Level

Grouped Information
Client characteristics.
Outcomes , Workloads

Identifying **individual's** status, progress to date, concerns and goals for intervention

How Can HoNOS Information be Useful To Your Team?

Team Level ➡️ Identifying **individual's** status, progress to date, concerns and goals for intervention

Team Discussions: The Value HoNOS(CA) Can Add

- Quick summary
- Covers many important aspects of:
  - individual's wellbeing
  - drivers for mental health/illness
- Draws attention to change over time in a way that is difficult to remember

Use of HoNOS

- HoNOS is not a decision making tool

  BUT

- It is a tool for helping to make good decisions.

A Suggested Quick Strategy for Using HoNOS(CA) in Individual Client Discussions

A quick strategy for…
Using HoNOSCA to Help Plan Care and Recovery …in the team meeting

1 Are we the right service?

If the person's HoNOSCA has no items that score 2 or more, are we are the right service for this person?

We may be - there may be reasons not captured by the HoNOSCA that make us right for this person. However, if no items score over 2, it is well worth stating how we can help and asking if their wants and needs may be better met by transfer to a different kind of service. People with scores of greater than two may also be most appropriate for transfer, with the right support.

2 Check out the Three Cs

Concordance:

Do we agree over the HoNOSCA ratings that have been given? This includes the rater, the service user, and other clinicians.

This does not need to be a debate - in general the raters' rating should stand unless they decide to change it. However, this is an option for others to **briefly** say that they think that a rating should be different, and why. Even without the rating changing, these opinions are useful to help with recovery planning.

Change:

What has changed since the HoNOSCA was last completed? This includes both positive and negative change.

This is a very brief summary of items that have got better or worse, and, if known, why they may have changed.

Concerns:

What are the areas of concern and what plans are, or should be, in place to address these?

For each item with a score of 2: Ask the question "Do we need a plan to help to address this item now?"

If the answer is yes, identify or develop the plan to address this issue and ensure it is put in the person's recovery plan.

For each item with a score of 3 or 4 - a plan is needed!

If the plan cannot be developed right now, ensure that a person and process are identified to develop it.

3 Choose the Top Priority

Identify one (or at the most two) areas of concern that you most want to have change in by the next HoNOSCA. This will often, but not always be the item on which they score the highest. It will usually be the item which you think can most contribute to their recovery. For example if the team felt that an unsatisfactory living arrangement (scoring a 3) was a major contributor to the person's distressing hallucinations (scoring a 4), then helping them to improve their living situation may be made the top priority. Of course, all reasonable steps would be taken to help address other items (eg the hallucinations) also.

Purpose of the Questions

1	**Are we the right service?**	Identifying people who could/should be discharged/ "Permission to discharge"
2a	**Concordance**	Encourage fuller, multi-perspective understanding of the person
2b	**Change**	Identifying positive and negative changes over time
2c	**Concerns**	Identifying issues to be addressed Identifying the plans to address them
3	**Priorities**	Specifying highest priority changes to promote recovery

Using this Approach to Make More Efficient and Effective Discussions

Completed prior to review

One page long

Quick to complete

Helps to clarify thinking about this person

Focuses on identifying solutions

MDT Review Form

Preliminary Information

Name:	NHI:	Review Date:
Reason for Review / Desired Outcomes		
Brief Background (Maximum of 3 minutes to present)		
Current Situation (Maximum of 2 minutes to present)		
Diagnoses	Formulation	

Present HoNOS(CA)

"HoNOS and Beyond" Discussion

Changes in Last 3 Months	
Concerns: (If no HoNOS items score higher than 1, why are we still the right service for this person?)	
HoNOS Items Scoring 3 and 4	
Item Name	**Plan(s) to Address this Issue**
HoNOS Items Scoring 2	
Item Name	**Plan(s) to Address this Issue**
Other Concerns/Goals not reflected by HoNOS Items	
Concern/Goal	**Plan(s) to Address this Issue**
Top Priority for the Next 3 Months	

Concordance		Changes in Last 3 Months
		Concerns: (If no HoNOS items score higher than 1, why are we still the right service for this person?)
Change		*HoNOS Items Scoring 3 and 4*
			Item Name	Plan(s) to Address this Issue
Are we the right service?		*HoNOS Items Scoring 2*
			Item Name	Plan(s) to Address this Issue
Concerns		*Other Concerns/Goals not reflected by HoNOS Items*
			Concern/Goal	Plan(s) to Address this Issue
Priorities		Top Priority for the Next 3 Months

Looks Long - But Doesn't Need to Be

- With a little preparation beforehand, discussion can be efficient and effective

- Focus on solutions to concerns (interventions)

- Would help to make discussion well targeted,

- More effective planning reduces need for repetitive discussion of same clients