

Improving Patient Flow in an Acute Mental Health Crisis Service

February 2017

**Dr Catherine McDonnell
Dr Deirdre McGlennon**



Western Health
and Social Care Trust

Poor Flow Through Systems





Western Health
and Social Care Trust

The 5 Year Story: 2012-2017

- Background
- Service Improvement
- Outcomes



Key Drivers

- Bamford, Local review Moving Forward and Health in Mind, Regional Bed Management Policy and TYC – Compton Report
- CBYL – 7 day follow up



Project Team

Geraldine Allen (Team Manager)

Kitty O'Kane (Service User)

Dr Catherine Mc Donnell (Consultant)

Liam Dunne (Charge Nurse)

Dr Deirdre Mc Glennon (Consultant)

Dr Woods (Senior Registrar)

Linda Adams (Crisis Service Manager)

Kathleen Bradley (Medical Secretary)

Christine Little (Social Worker)

Annette O'Doherty (CAUSE)

Lorna Akroyd (Head of Occupational Therapy)

Amanda Mc Fadden (Lead Nurse & Head of Crisis Service)



Key Objectives/Aims

1. To establish fidelity model CRHT. 24/7 Crisis Assessment and single point of access
2. To enhance the provision of alternatives to reduce the number of hospital inpatient beds –
3. Manage within a decreased bed compliment i.e. had to move from 40 beds to 30 bedded unit.
4. To improve the patient experience
5. To improve staff experience
6. To establish New Ways of working
7. To enhance the skill base of all staff



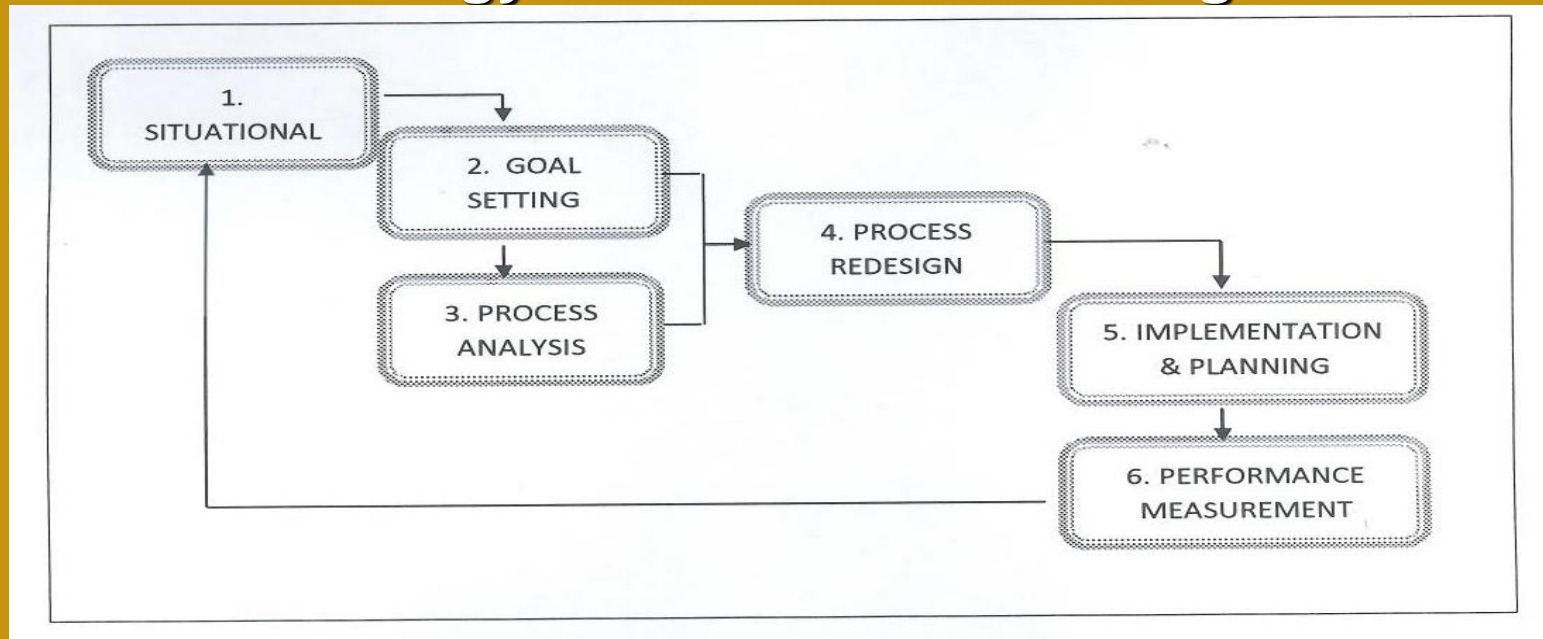
In Patient Unit – February 2012

- 15+ ward rounds per week
- Over-occupancy 110%
- Increasing admission rates
- Emergency discharges
- Lack of multidisciplinary team
- Skills deficits
- Lack of community rehabilitation places
- Lack of alternatives to hospital admission



Cobra: A holistic framework. Based on service improvement practice in health care systems.

The methodology is divided into six stages



Each stage of the methodology is described using the following common headings:

- * Description of the stage
- * Typical outputs
- * Activities to be carried out
- * Relevant tools and techniques
- * Critical success factors
- * Summary

New Structure, New Processes

- Single Crisis Team with development of Acute Day Care and CRHTT
- Medical Staff Restructuring- 2 Consultants
- Management Restructuring- Overarching Manager
- Introduction of the Integrated Care Pathway
- Development of Multidisciplinary Team
- Monday morning interface meeting with Community teams with traffic light system to aid planning
- Thursday afternoon Discharge planning meetings



Crisis Service Timetable

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Interface Meeting between Crisis service and Community Teams	Dr Mc Donnell – Full MDT Meeting (new assessments and discharge - more acute) Dr Mc Glennon - Reviews	MDT meeting for CRHTT	Dr Mc Donnell – Reviews Dr Mc Glennon – Full MDT Meeting (new assessments and discharge - more acute)	Board Rounds for CRHTT and Wards
PM		4 weekly 1. Reflective Practice 2. MD Team Meeting 3. MDT Journal Club 4. Training		Case Discussions Enhanced Care Plans	



Alternatives to Hospital Admission

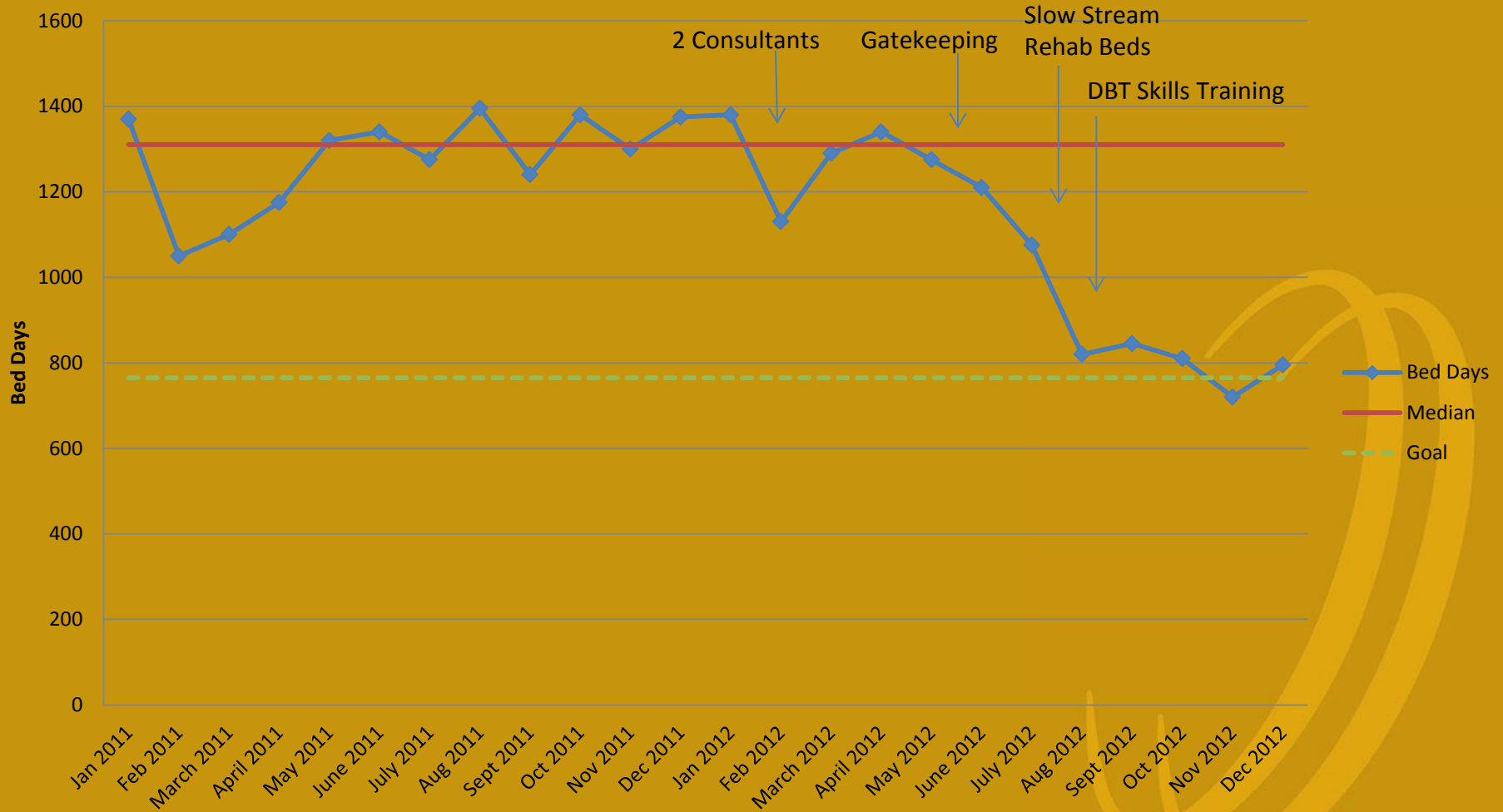
- Single Team Approach
- Mirrored Hospital Processes
- Integrated Care Pathway
- Therapeutic 1:1, Physical Health Monitoring, Safety Planning, Structured Activity,
- Consistent Medical Team
- Step Up/Step Down
- Gate keeping role



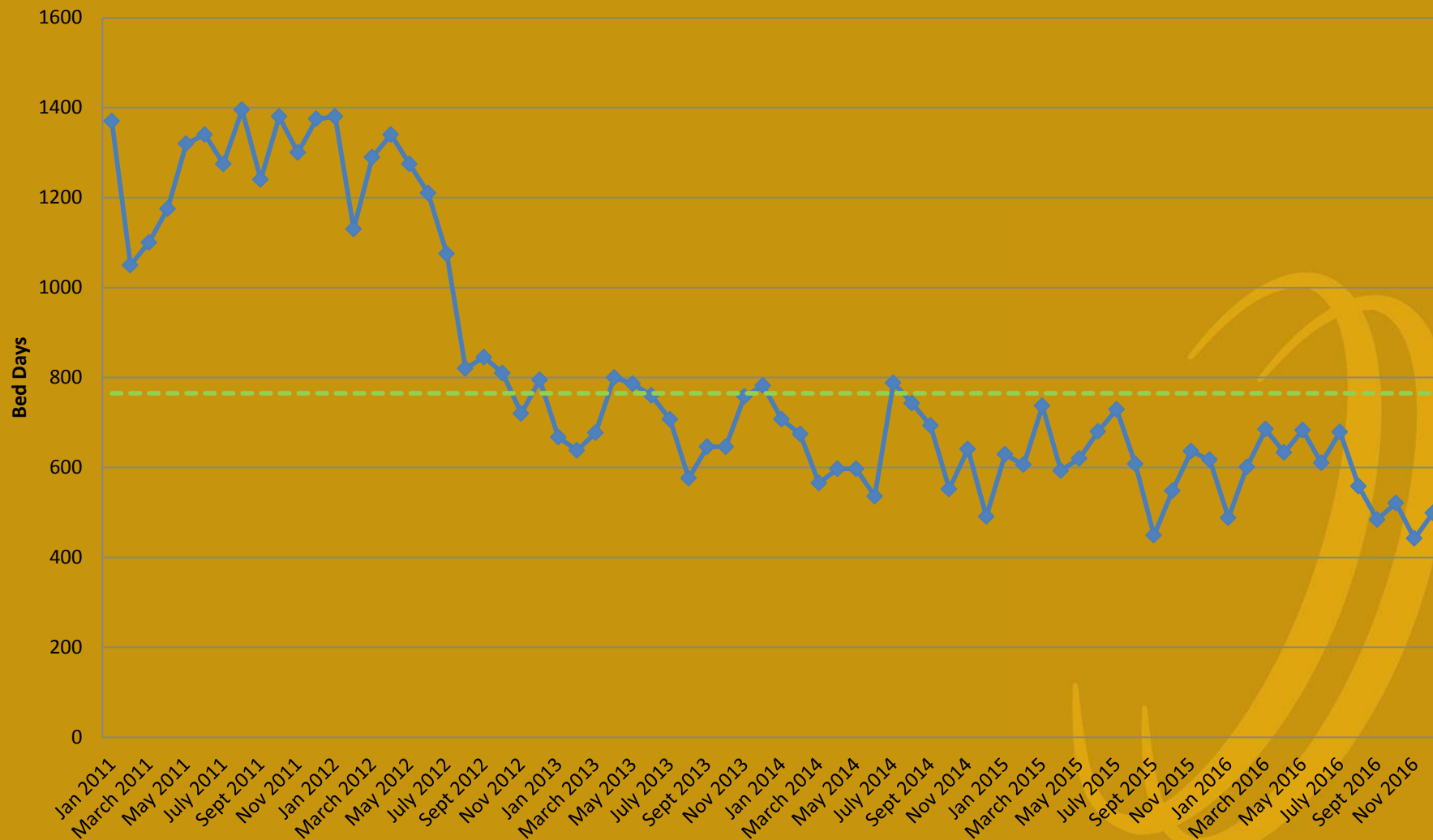
- Quantitative Outcomes
- Qualitative Outcomes



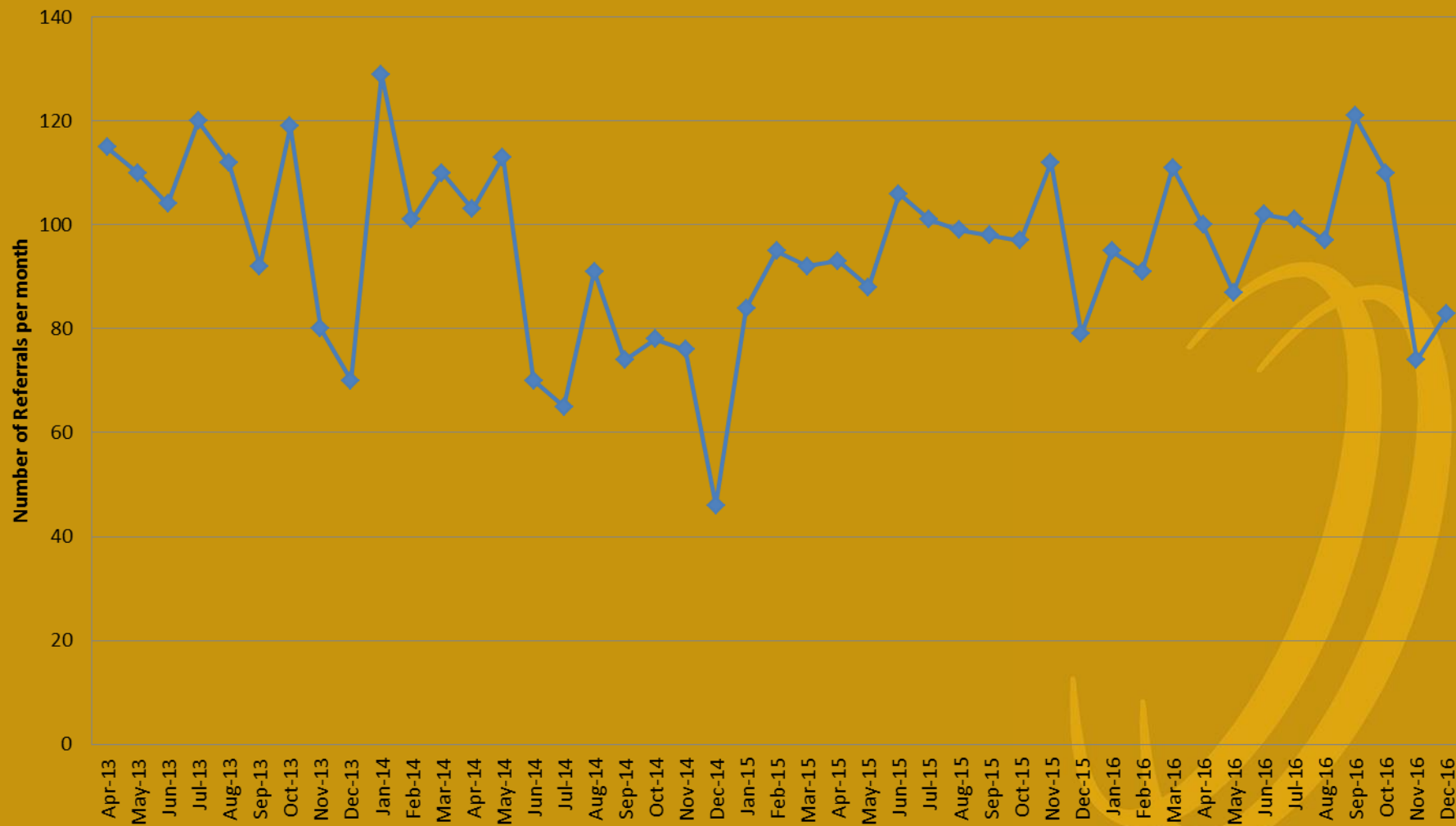
Total Bed Days



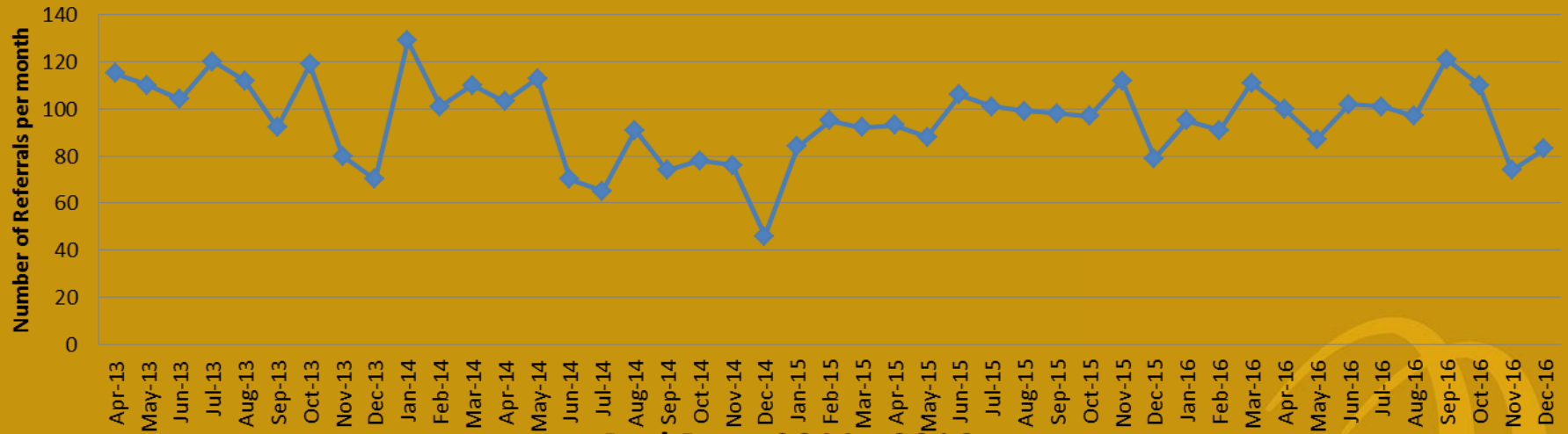
Bed Days 2011 - 2016



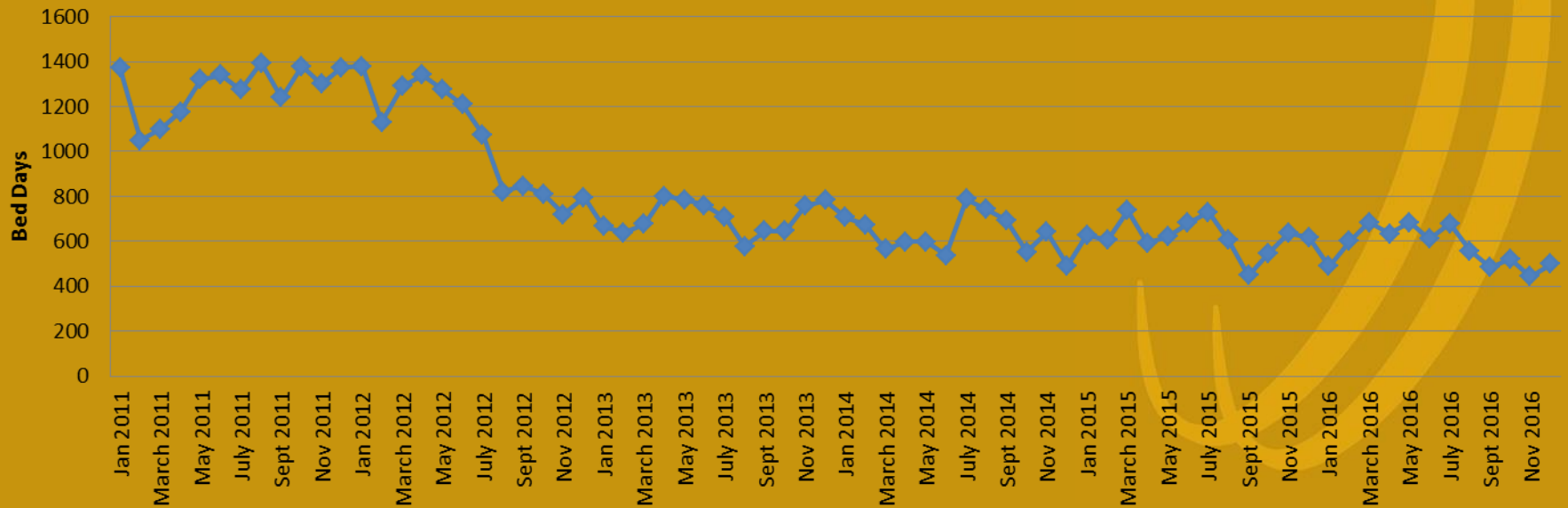
Crisis Referrals April 13 - Dec 16



Crisis Referrals April 13 - Dec 16



Bed Days 2011 - 2016



Western Health
and Social Care Trust

What does Improved Patient Flow Mean for Patients?

- Timely Admission

↓ Risk

Maintaining bed availability locally

- Timely Discharge

↓ Risk

Decreasing S/E of hospital admission

Deskilling, social disconnection, regressive behaviour, modelling dysfunction



A New Patient Space

- Consistency and predictability
- Daily therapeutic 1:1 work
- Individualised Therapeutic Activity Program
- Safety Planning
- Physical Health Monitoring
- Family Involvement
- Step down discharges



What Does it Mean for Staff?

Time for:

- Team Meetings -monthly
- Team Education -monthly
- Team Reflection -monthly
- Team Quality Improvement Work -weekly



Quality Improvement

- Individual Projects
- Pilot within Trust for Clinical Microsystems Quality Improvement Initiative
- Created an Improvement Culture.
Embodied in Team Weekly Timetable.

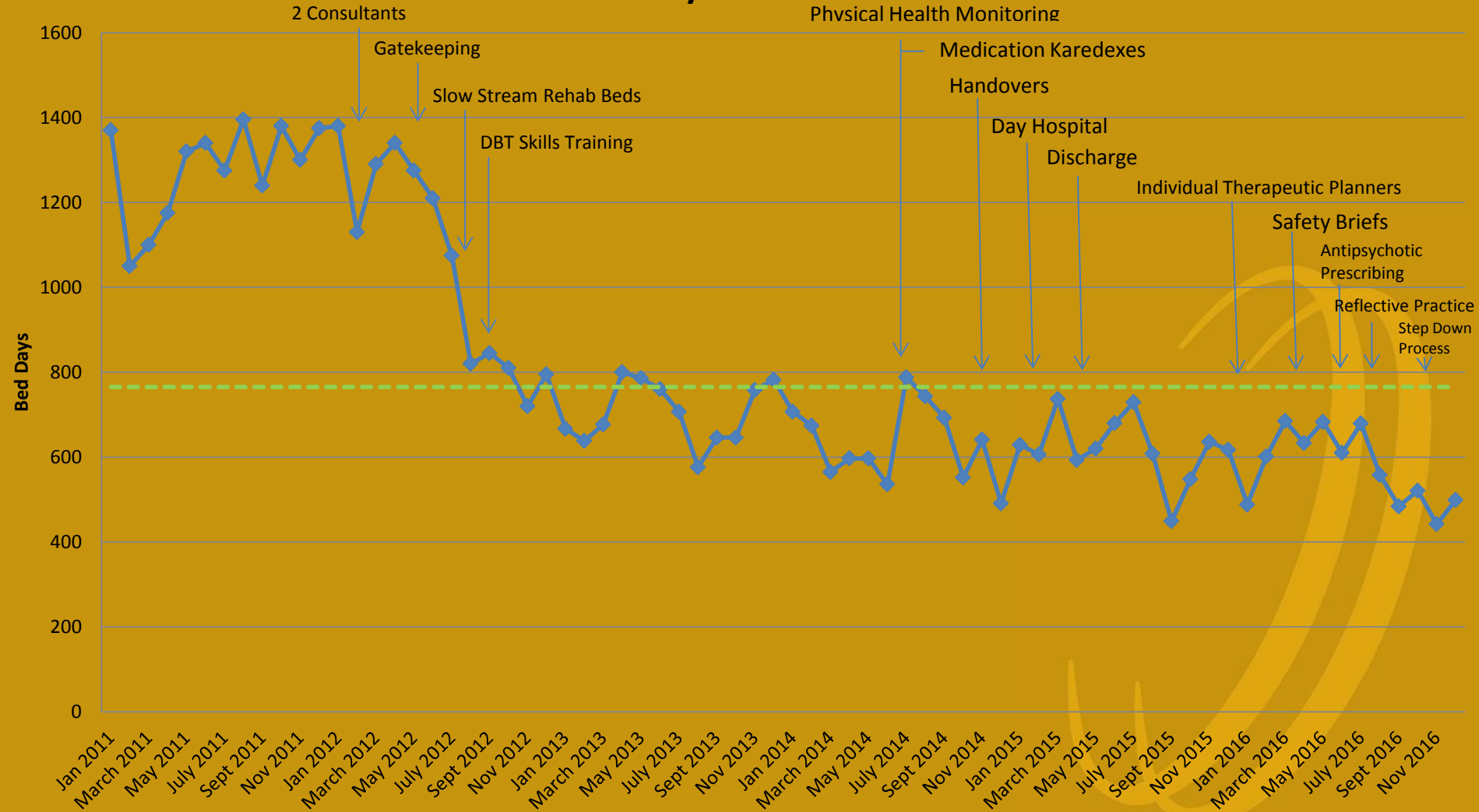


Projects

- Medication Governance
- Physical Health Monitoring
- Handovers
- Discharge letters
- Individual Therapeutic Plans
- Safety Briefs
- Step-down Process



Bed Days 2011 - 2016



Improving Patient Flow

- “how do we remove the barriers and for the patient make it seem integrated ? Because that’s where the quality and efficiency gains lie”.
- Tom Downes, Clinical Director for Quality Improvement Sheffield.
Improving Patient Flow: The Health Foundation



Improving Patient Flow

- “when the chaos goes and the stress it creates, it frees up your team to think about the more difficult and challenging system redesign problems and that’s where you get the big benefits”
- Dr Simon Dodds Vascular Surgeon. Foundation for Improvement Science in Health



Thank You



Western Health
and Social Care Trust