Improving Patient Flow in an Acute Mental Health Crisis Service

February 2017

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Poor Flow Through Systems
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
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<td>AM</td>
<td>Interface Meeting between Crisis service and Community Teams</td>
<td>Dr Mc Donnell – Full MDT Meeting (new assessments and discharge - more acute)</td>
<td>MDT meeting for CRHTT</td>
<td>Dr Mc Donnell – Reviews</td>
<td>Board Rounds for CRHTT and Wards</td>
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<td>Dr Mc Glennon - Reviews</td>
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<td>1. Reflective Practice</td>
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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
- Gatekeeping role
• Quantitative Outcomes

• Qualitative Outcomes
Crisis Referrals April 13 - Dec 16

Number of Referrals per month

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
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