Newham Centre for Mental Health
Occupational Therapy Project
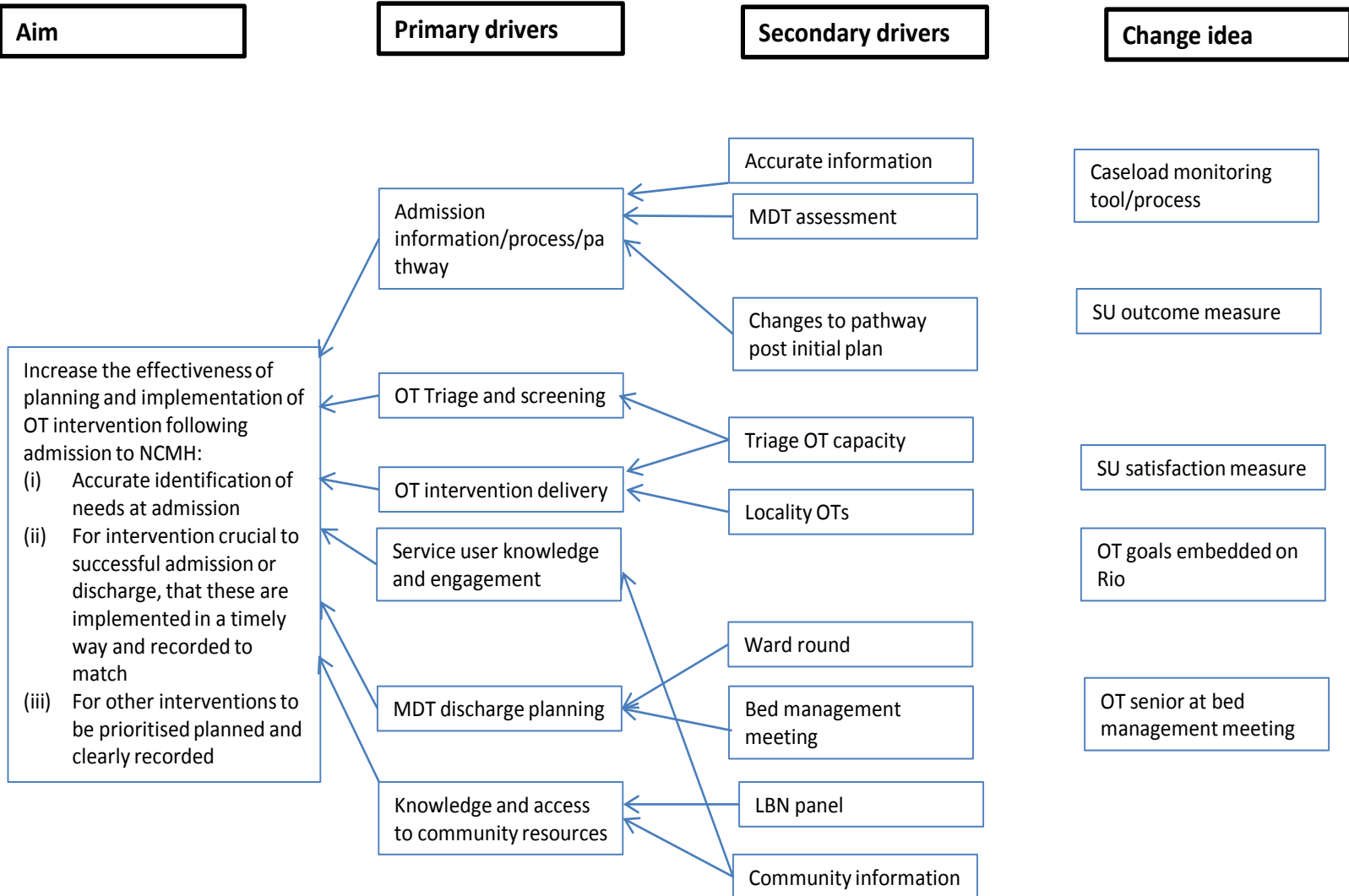
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Project sponsor:

Background

- Inpatient OT input is a scarce resource, which needs to be effectively prioritised

- Historically inpatient MH OT input has been over determined by spontaneous service user engagement or concretely understood tasks in a process divorced from clinical need (eg: ADL assessment for panel)

- Intervention (and engagement) crucial to discharge has often been overlooked until late in the admission, which leads to delays (and often disputes)

- We need:
  - Early and accurate enough identification of OT need
  - Timely delivery of interventions crucial to successful admission and discharge
  - Prioritisation of remaining needs, including community follow up

(right care, right place, right time)

Driver diagram

| Aim | Primary drivers | Secondary drivers | Change idea |

Accurate information

Caseload monitoring tool/process

Admission information/process/pathway

MDT assessment

Changes to pathway post initial plan

SU outcome measure

Increase the effectiveness of planning and implementation of OT intervention following admission to NCMH:
(i) Accurate identification of needs at admission
(ii) For intervention crucial to successful admission or discharge, that these are implemented in a timely way and recorded to match
(iii) For other interventions to be prioritised planned and clearly recorded

OT Triage and screening

Triage OT capacity

SU satisfaction measure

OT intervention delivery

Locality OTs

Service user knowledge and engagement

OT goals embedded on Rio

Ward round

MDT discharge planning

Bed management meeting

OT senior at bed management meeting

Knowledge and access to community resources

LBN panel

Community information

Initial focus

- Develop a robust senior-led OT screening process for admissions
- Communicate priorities to sector OTs
- Managed delivery of prioritised interventions

NO BASELINE DATA, SO FIRST CHALLENGE IS PRE-WORK OF GETTING A SYSTEM THAT WILL PRODUCE SOME (USEFUL) DATA

Excel overload…

No.	Client Name	Likely sector consultant	Ward Name	Consultant	Client ID (Rio no.)	Post Code	Admission Date	Admission Method	Admission Source	Commissioner	Discharge Date	OT input indicated at screening	Rio OT screening entry
1	BLOGGS Joe	Dr Dougal	NH Ruby Triage Ward	Manns Dudley (NH)	1112233	Z99 0ZZ	02/03/2015	Elective Planned	Usual place of residence	NHS NEWHAM CCG	02/04/2015	No	Short bla bla
2	SMITH John	Dr Jabbar	NH Ruby Triage Ward	Manns Dudley (NH)	2223344	Z98 0ZZ	02/03/2015	Elective Planned	Usual place of residence	NHS NEWHAM CCG		No	Short bla bla
3	BODY No	Dr Iwata	NH Ruby Triage Ward	Manns Dudley (NH)	3334455	Z97 0ZZ	02/03/2015	Elective Planned	Other NHS provider ward or mat	NHS BRENT CCG		Yes	Longer bla bla
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Achievements

- OT screening of admissions now takes place not only in Newham , but also Tower Hamlets

- Learnt we need an automated system to record screening outcomes and priority weighting (and that building this from scratch is beyond my excel skills!)

- Been able to intervene in a timely cases where OT input was key to successful admission (particularly where additional physical disability was present)

- Started discussion with Informatics colleagues about pathway monitoring system

Learning

- Therapy outcomes can be hard to measure, and there is little to work with at present.

- We need better process data too.

- We need all this BEFORE we can properly measure improvement.

- Engaging the team in a discussion about this helps focus everyone.