Department of Psychological Medicine (RAID)

The Royal London Hospital

QI Project: 'To reduce the number and mean duration of mental health breaches at the RLH whilst maintaining high levels of staff and service user satisfaction.'

Project Team

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* Additional thanks to Mohit Venkataram (BDU) and Amrus Ali (Performance & Quality)

Origins

* Urgent Care meeting unexpectedly raised the issue of the deadline for submitting operational resilience scheme funding for 2014. Leaving us with less than one month to submit a business case

* Breaches seemed like an issue that might make a suitable winter pressures proposal and improve the quality of patient care at the same time.

* One third of all ED presentation occur between the hours of 17:00-23:00 yet this period accounts for 47% of all mental health breaches

* The (simplistic) idea was that evening MH breaches occurred because of delays caused by: a) trainee handover from 20:00-21:30; b) delays escalating a patient from PLN to CT and then to off-site ST.

* If you could put a senior doctor on site who would see the complex patients straight away we could eliminate delays and improve SU and staff satisfaction.

* ST Doctor started working in ED on the 1st on November, Monday-Friday 17:00-23:00hrs

* Triage patients, prioritise workload

* Obtain patient and staff satisfaction feedback

Service User Satisfaction Mon-Fri 17:00-23:00   **Date:**

1. How satisfied were you with your overall experience of the MH service this evening?

Very Satisfied	Satisfied	Neither satisfied/nor dissatisfied	Unsatisfied	Very unsatisfied

2. How long did you have to wait to be seen by a mental health professional?

Very Satisfied	Satisfied	Neither satisfied/nor dissatisfied	Unsatisfied	Very unsatisfied

3. If you were transferred to another hospital, were you happy with the speed of this process?

Very Satisfied	Satisfied	Neither satisfied/nor dissatisfied	Unsatisfied	Very unsatisfied

Any comments:

1. How satisfied were you with your overall experience of the MH service this evening?

Very Satisfied	Satisfied	Neither satisfied/nor dissatisfied	Unsatisfied	Very unsatisfied

2. Was it easy to refer?

Very Satisfied	Satisfied	Neither satisfied/nor dissatisfied	Unsatisfied	Very unsatisfied

3. Was the patient seen promptly?

Very Satisfied	Satisfied	Neither satisfied/nor dissatisfied	Unsatisfied	Very unsatisfied

4. Was the patient transferred or discharged within a reasonable time frame?

Very Satisfied	Satisfied	Neither satisfied/nor dissatisfied	Unsatisfied	Very unsatisfied

Any comments:

Problem 1

* One significant problem was that we had no time to obtain solid baseline data

* It was also unclear what exactly the term 'MH breach' actually meant

* The first step of this QI project was therefore to carry out an audit of breach data

16 Week Audit: Results

* Almost half (47%) of recorded breaches attributed to RAID are due to delayed referral from A&E

* A further 20% are due to delays in the Barts health transport service, usually for complicated out of area patients

* About one third of breaches attributed to RAID are 'valid' in the sense that we have failed to 'see and sort' our patients out in 4 hours

* There are three common causes of a MH breach:
  * Breaches of 8hrs of more (MHAA + out of area)
  * Breaches of 4hrs or more (MHAA + ELFT)
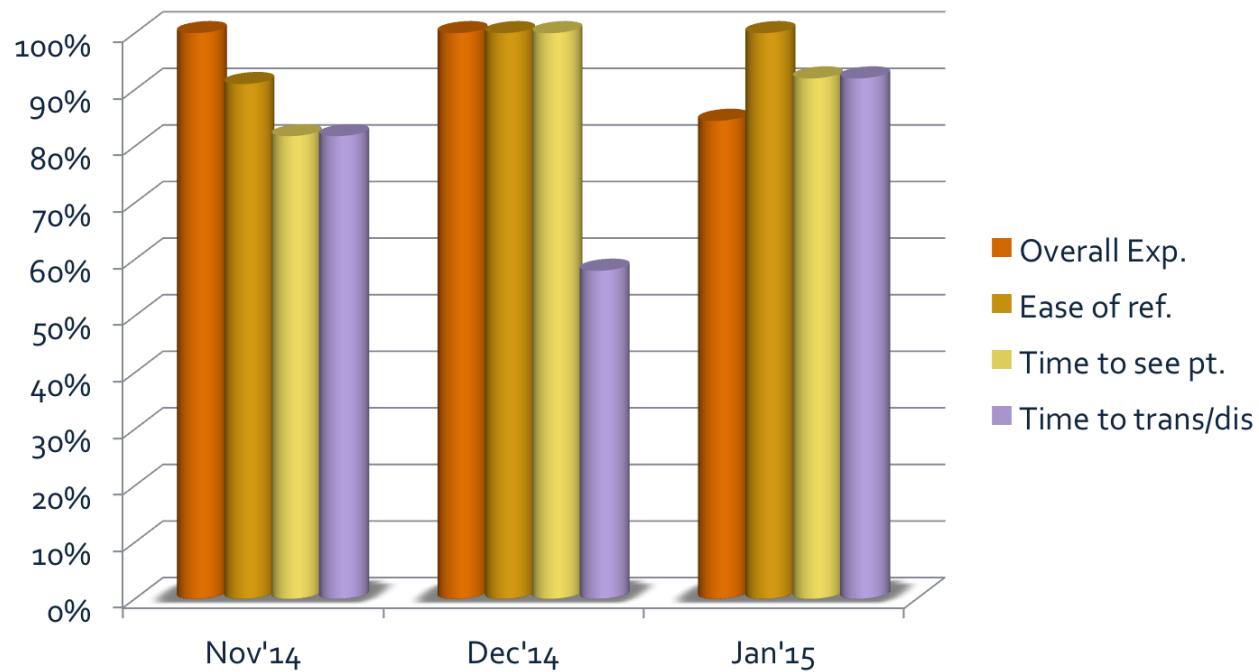 * CAMHS patients in middle of the night (numbers are small – 4 in 16 weeks)

Breakdown of breaches

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
A&E pts seen	178	172	178	187	201	200	196	181	169	215	233	250
12hr								0	0	0	0	0
8hr								0	4	0	1	3
4hr								6	2	7	6	13
Mean BL (hrs)								5.6	8	5	5.3	5.95
Breach compliance								97.7	96.5	96.7	97	93.6

SERVICE USER SATISFACTION
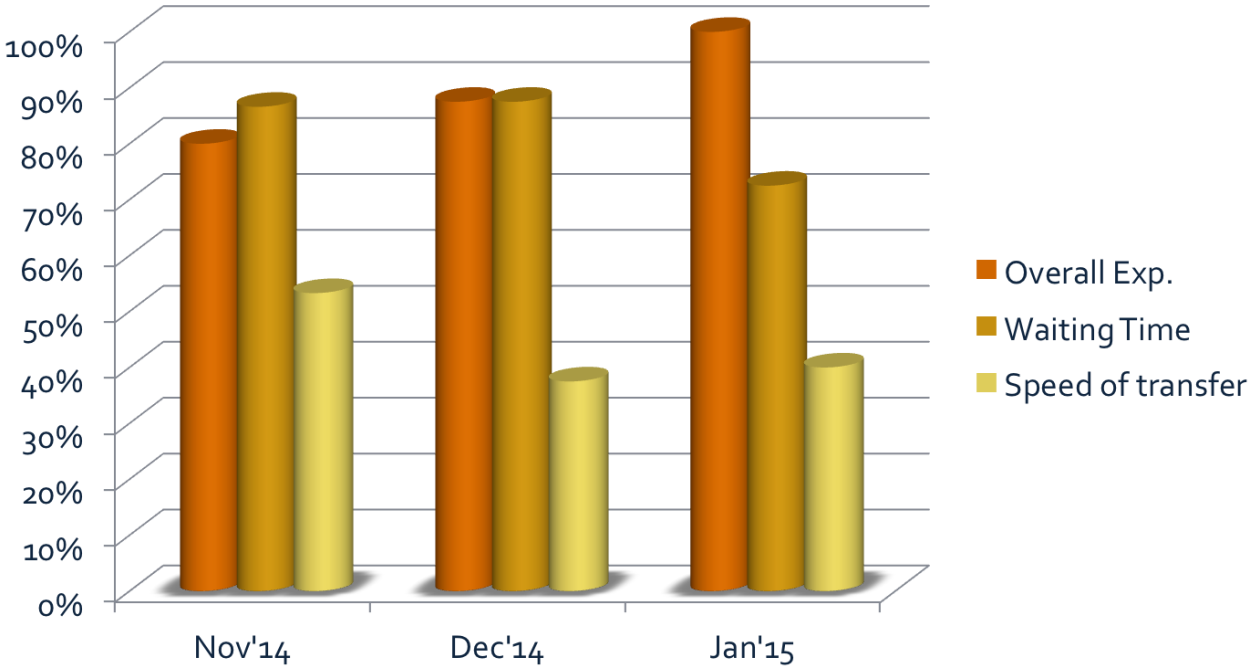
A&E Staff Satisfaction

Thoughts

* The plan was to audit the number of breaches between 17:00-23:00 for the six months prior to and after the scheme

* What we have discovered is that the addition of the senior doctor is unlikely to reduce the number of breaches because there is little they can do to speed up MHA assessments and out of area transfers

* We are now largely compliant due to a change in definition of what we accept to be a MH breach.

* What the scheme does provide however is high levels of patient and staff satisfaction and senior medical input/supervision into A&E out of hours – something that has been lacking for many years.

CONCLUSION

* Following this project and refining the definition of breach, we were able to achieve compliance with the breach time in 4 out of five months.

* Cost-effective = £57,000 for 6 months.

* Project has been extended for another month.

* Business case for long-term continuity of this project has been submitted to Improving Access to mental health by 2020.