Physical Health of City & Hackney Community Rehabilitation & Recovery Services Caseload

Project lead: Dr Khadijah Hussain and Dr Vincenzo Giordano

Project team: C&H Community Rehab & Recovery Service

Project sponsor: Dr Susham Gupta

Background

- Why you chose this project:

- Directorate priority due to a number of recent cases where patients physical health was compromised for a variety of reasons.

- We prescribe medication that impacts patients physical health and in combination of our cohort of patients lifestyle, co-morbidity is high

- Our cohort of patients (usually having treatment-resistance, chronically unwell, difficult to engage and socially isolated) are much more likely to be on a depot, Clozapine and high dose antipsychotics, as well as higher doses of regular medication and therefore physical health monitoring needs to be even more closely monitored.

Background

- What was the problem?

- We had no structured way of recording when and what physical health checks had taken place for our patients (ie a database) other than sporadic entries on RiO
- Had already started an audit on this but doing a QI allowed us to start testing solutions immediately.
- Audit was mainly being done by doctors and QI allowed us to involve the whole team.

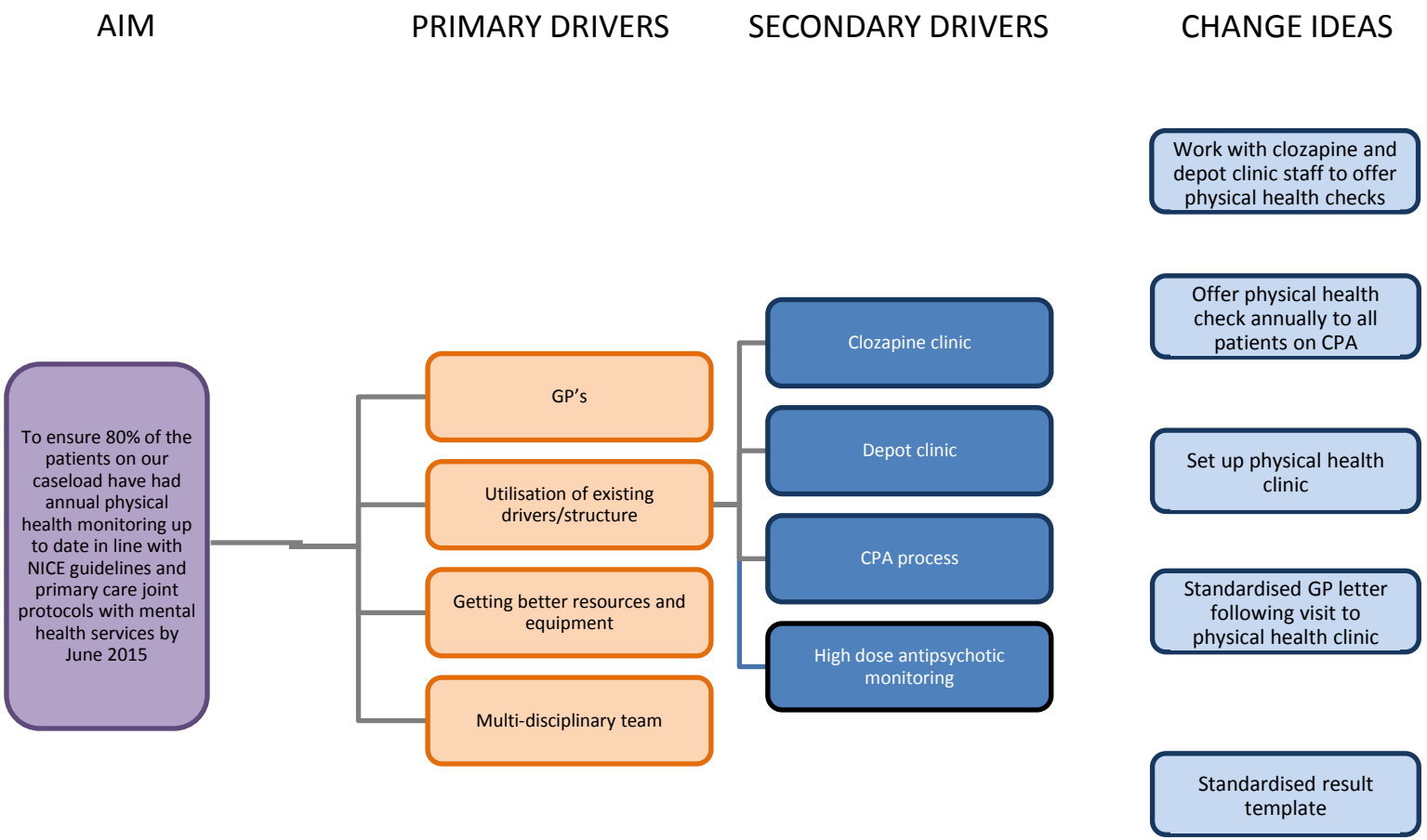
Background

- Project aim:

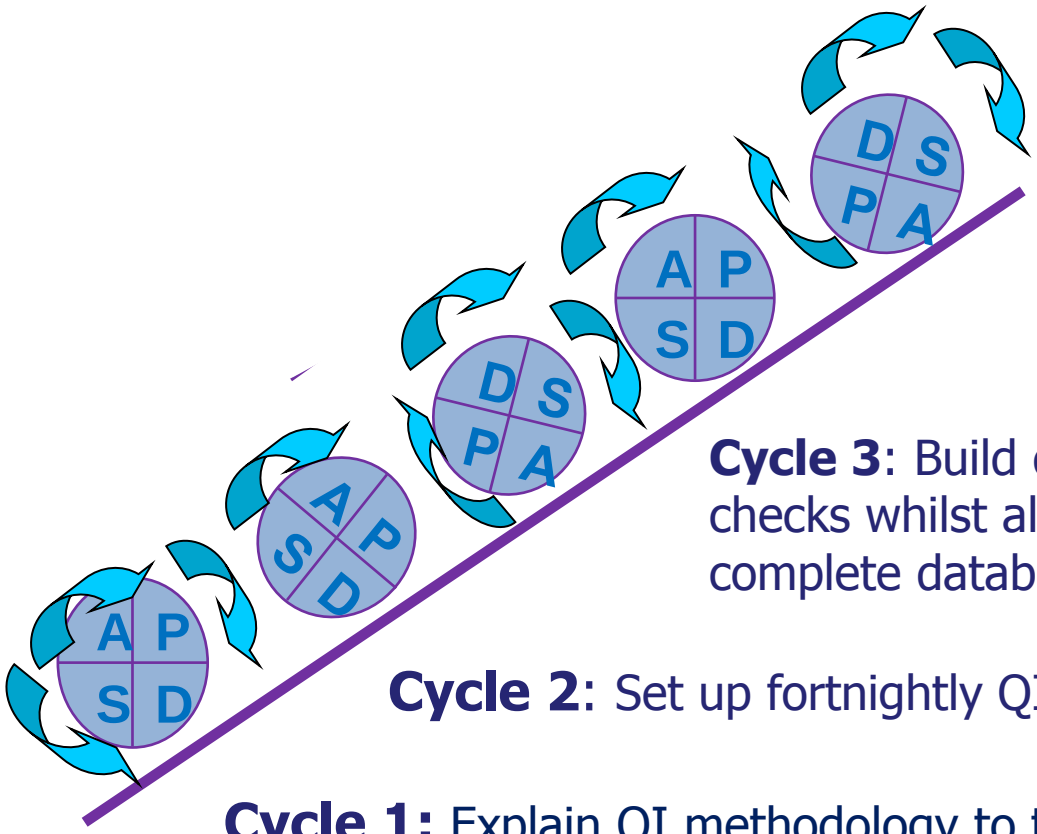
- 80% of patients on our caseload to have had annual physical health monitoring up to date in line with NICE guidelines and primary care joint protocols with mental health services by June 2015.

Driver diagram

Physical Health of C&H Community Rehabilitation & Recovery Caseload



Sequence of PDSA's – for one change idea or secondary driver



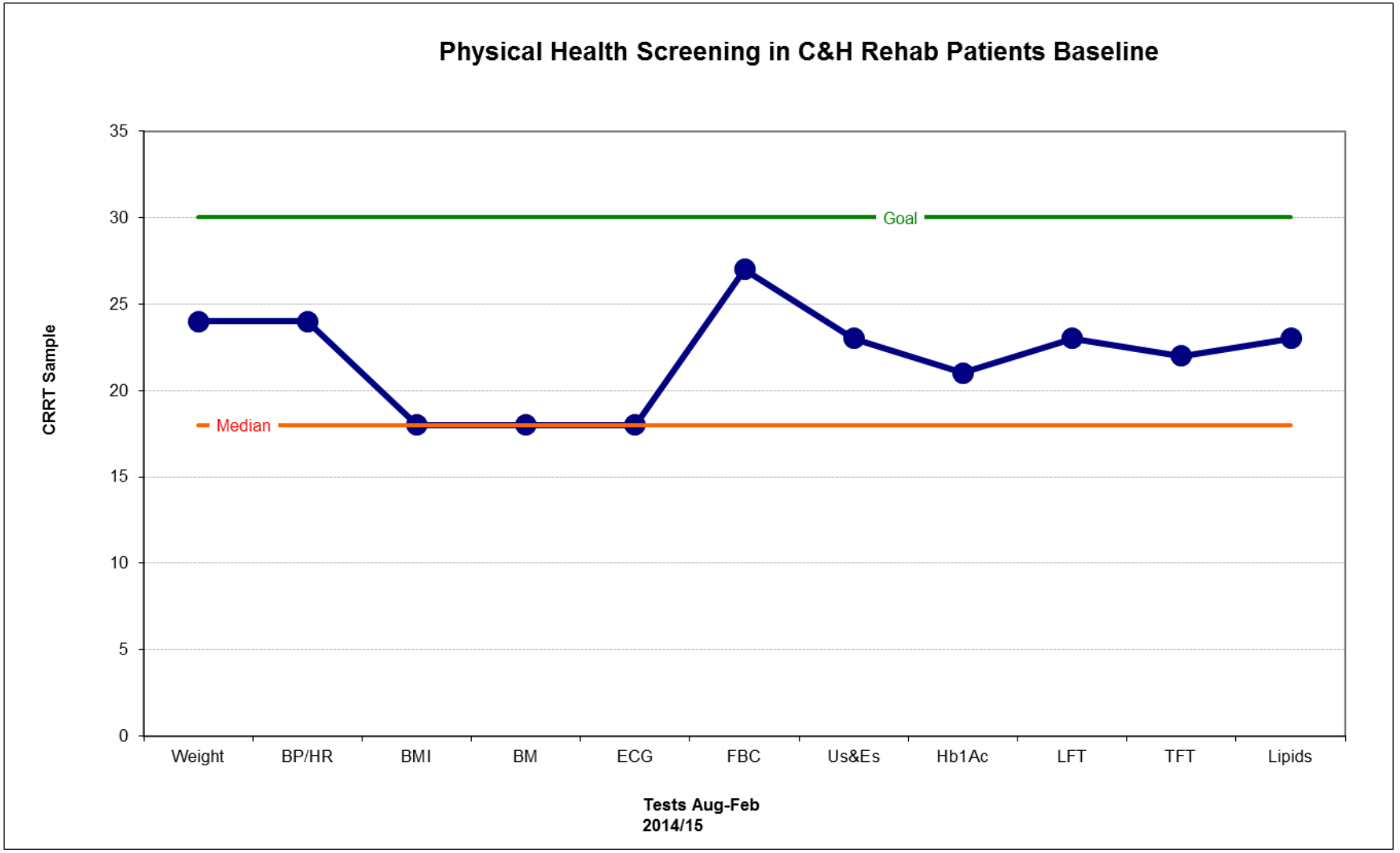
Cycle 4: trained a team nurse how to complete database, and now ….. to be continued…..

Cycle 3: Build database on physical health checks whilst also asking clozapine nurse to complete database on 5 patients.

Cycle 2: Set up fortnightly QI meetings within team

Cycle 1: Explain QI methodology to the team

Run Chart: Aug-Feb 2014/15



Learning

- What did we learn?

1. Barriers/Obstacles:

- No ECG machine on-site
- No resources to do the clinic
- Extra time needed to do the two-stop clinic
- Extra time and effort required from our already overloaded care co-ordinators

2. Through QI we learned how to involve every team member in the physical health monitoring of our caseload

3. PDSA cycles have helped us to breakdown the work and effort required into smaller achievable chunks.

What next?

- What will we be doing next?
- Extending the physical healthcare monitoring to the whole caseload
- Formal presentation of results to the team, Specialist Services Management Group, QI Physical Health Forum, Directorate and Trust Board

- How will you be applying your improvement skills next?

The End