

Improving assessment and developing stepped care treatment for patients with EUPD

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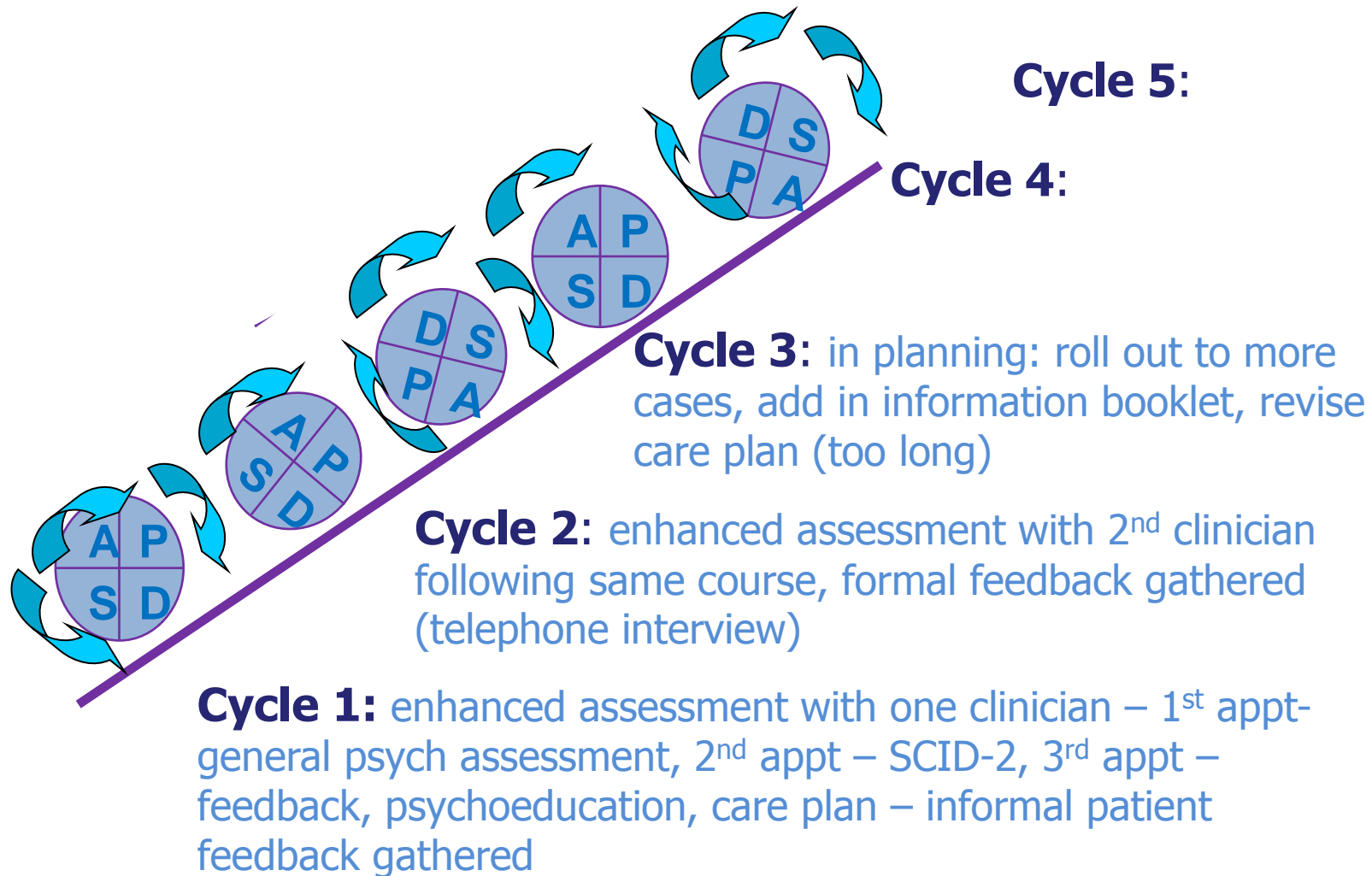
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Project sponsor: Jan Falkowski

Background

- Why we chose this project? What problems did we want to tackle?
 - **Access to tertiary service** - Restrictions in accessing PD service – resource limitations/patient access issues e.g. work/other commitments
 - **Limited engagement** of those referred
 - **High referrals from GPs** of patients that self harm
 - The **need to offer an alternative to DC** within our team, for those not meeting threshold
 - **Managing risk and containing anxiety within team** – offering helpful & effective interventions
- Project aim
 1. **Improve assessment experience** of patients with possible EUPD who are referred to the CMHT
 2. **Improve short-term management** of new patients with EUPD within CMHT
 3. For patients we refer to Dean Cross, **improve attendance rates at initial assessment** at Dean Cross by 50% compared to current attendance rates (within six months)

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



Data

- Limited outcome data as of yet, in process of collecting data – one service user reported she found the assessment comprehensive and helpful
- Using service user feedback questionnaire, looking at DNA rates of first attenders referred to DC, after they have been through the enhanced assessment process

Learning

- What did you learn?
 - *We have learnt the importance of regular meetings to keep the momentum going*
 - *Using the SCID and feedback instruments were useful for the patients and clinicians – much more comprehensive assessment and deeper understanding of the specific issues patients were struggling with*
 - *Care planning document was too long and needs ongoing revision*
 - *The need to keep focus in appointments as resource intensive and time limitations considerable (and variable)*
 - *Size of the entire project is big and at times daunting – need to break down into small steps*

What next?

- What will you be doing in your project next?
 - **Further PDSA cycles** – more clinicians, revision of content and tools, gather more patient feedback and clinician feedback of process
 - **Developing an information pack** that the patient can take away with them following feedback session
 - **CMHT group** - Psychologists within CMHT preparing structure for running a stepped care group in the CMHT – 8 sessions DBT/Psychoeducation
- How will you be applying your improvement skills next?
 - **Continue to develop stepped care pathway within CMHT, incorporate training within the team, extend to other part of B and P team**