Tower Hamlets Centre for Mental Health
Therapies Project

Project lead: Patricia Potter, Jennifer French, Fenno Outen
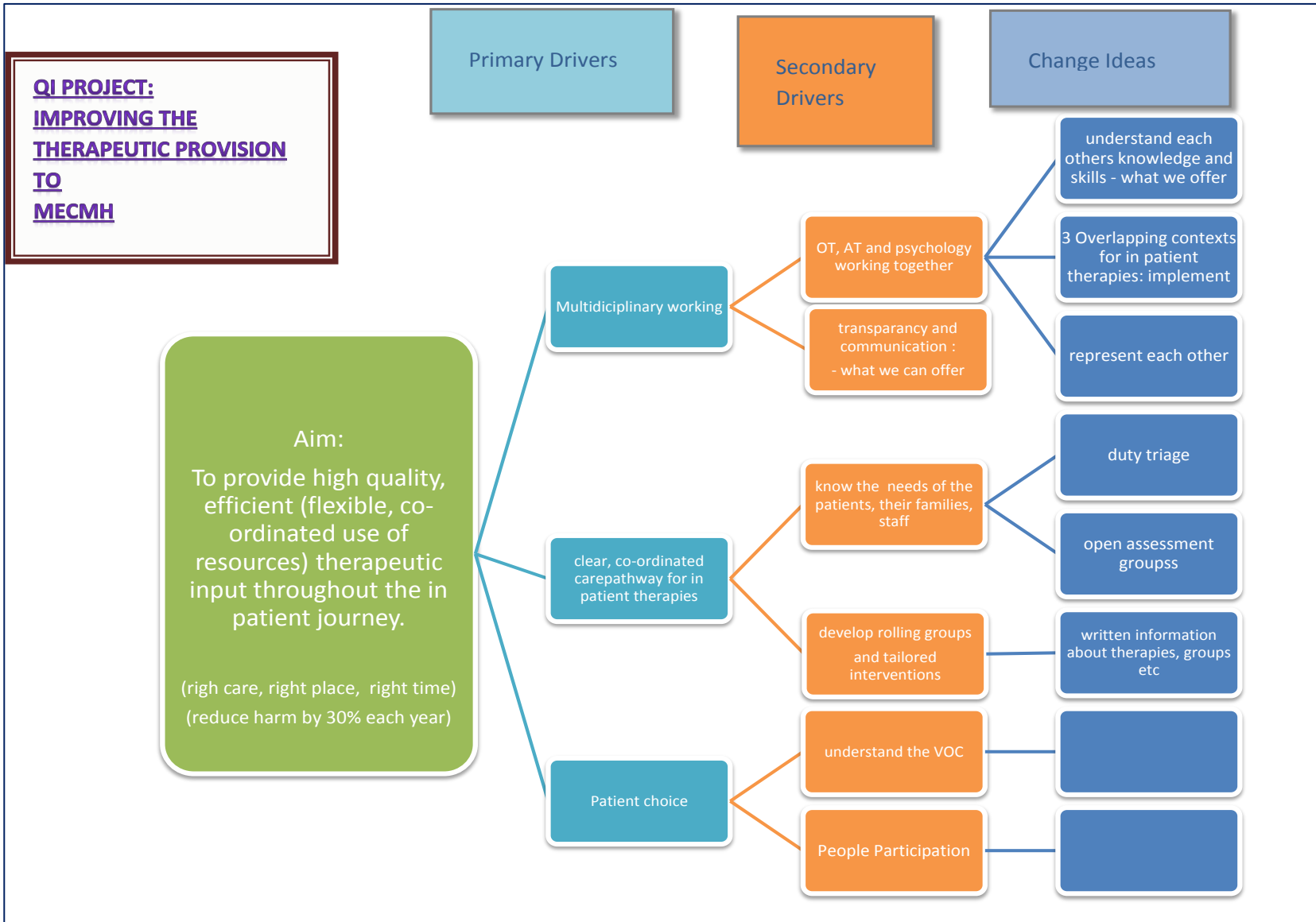
Project team: Brenda Naso, Julia Branton, Zoe Knight,
                  Najia Sultana, Charis Pandis

Project sponsor: Andy Cruickshank

Background

- We chose this project because we wanted to improve the therapy services to patients on the ward. The therapy services involved are

    arts therapies, occupational therapy and psychology .

- The *challenge* was to co-ordinate therapeutic input to meet the needs of patients and their families. The *problem* was that we didn't have opportunities to think together about what patients need, or how best to provide that. Communication with each other, and with the ward teams, was not well developed, and we weren't always sure about what each other were doing, or why, or when. We *all* wanted to improve things.

- The project aim is to provide a high quality care pathway for patients (right care, right place, right time).

Driver diagram

QUALITY
IMPROVEMENT
PROGRAMME

QI PROJECT:
IMPROVING THE
THERAPEUTIC PROVISION
TO
MECMH

Primary Drivers

Secondary Drivers

Change Ideas

Aim:

To provide high quality, efficient (flexible, co-ordinated use of resources) therapeutic input throughout the in patient journey.

(righ care, right place, right time)

(reduce harm by 30% each year)

Multidiciplinary working

- OT, AT and psychology working together
  - understand each others knowledge and skills - what we offer
  - 3 Overlapping contexts for in patient therapies: implement
- transparancy and communication :
  - what we can offer
  - represent each other

clear, co-ordinated carepathway for in patient therapies

- know the needs of the patients, their families, staff
  - duty triage
  - open assessment groupss
- develop rolling groups and tailored interventions
  - written information about therapies, groups etc

Patient choice

- understand the VOC
- People Participation

PDSA cycles

Left Panel

MODEL FOR IMPROVEMENT   *DATE March 2015*

Objective for this PDSA Cycle:

To see if 1 or 2 of the existing groups on Globe ward can be run with a co-worker from another discipline

Is this cycle used to develop, test, or implement a change?

What question(s) do we want to answer on this PDSA cycle?

Plan:

Plan to answer questions: Who, What, When, Where

1. Format of groups:
   - Use existing group agreed as follows::
     - Weds 4th March :psychology compassion focused group with AT co-worker and
     - Friday 6th March: AT dance movement group with OT co-worker
   - co-therapist role as participant observer
   - talk/think together afterwards from both perspectives
   - share/divide responsibility to feedback and update RiO

Plan for collection of data: Who, What, When, Where

1. Basic **Patient Session Rating Scale** completed as part of the group at the end of the session for all patients who take part some/any in a session.
2. Completed forms to be dated, stapled together and held in Globe Ward QI file in main OT office.
3. Data collection sheet to be completed to include info on number of patient SRS completed / refused
4. **Staff Knowledge Rating Scale** to be completed after the session by each therapist for each group (2 forms per group, 4 in total for this cycle) and stored in the QI file

Predictions (for questions above based on plan):

- **At least one group will run**

- **Staff will find it helpful in terms of**
  - **Increasing knowledge and understanding of other professions**
  - **Improving staff satisfaction with ward based work**

- **Patients will find the group helpful in some way (score above 0)**

Right Panel

MODEL FOR IMPROVEMENT   *DATE 4/5/15*

Is this cycle used to **develop**, test, or implement a change?

Objective: To add notes from the ward based joint therapy groups to individual care plans as stored by the ward on the k drive

Question(s): Is the care plan (k drive) a good place to note therapy contribution to treatment

Plan:

Plan to answer questions: Who, What, When, Where

Beginning from week of 4/5/15 the lead therapist for each ward based group will cut and paste their RiO note for each patient to the Globe Ward care plan for that patient, as stored on the K drive.

The test will run for a minimum of 2 weeks (w/b 4.5.15 and w/b 11.5.15)

Jennifer will advise Parwez that we will be running this trial.

Plan for collection of data: Who, What, When, Where

Psychology staff will monitor if any reference to therapy is picked up from the care plan in ward rounds , and the response/use of that material.
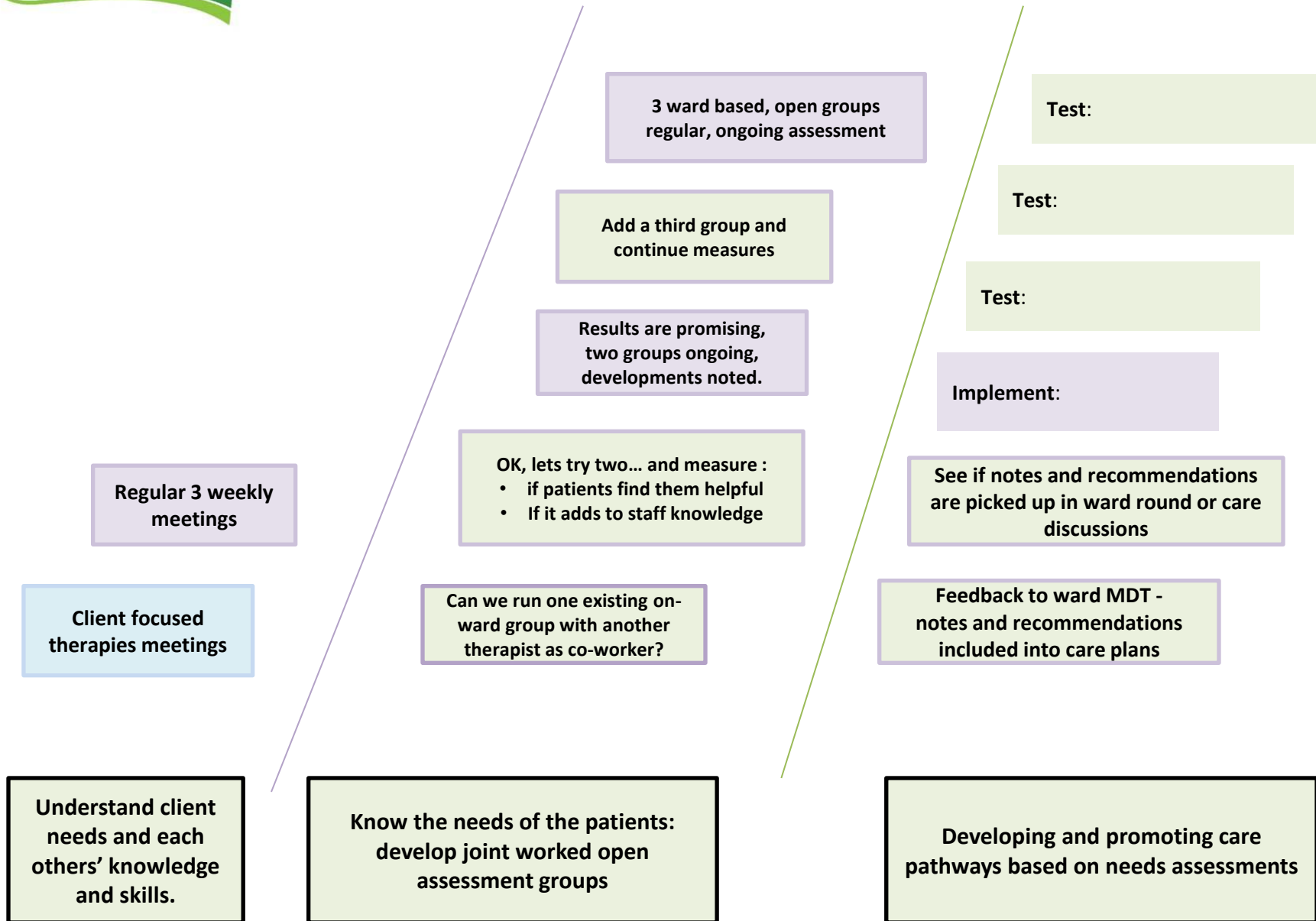
Zoe will ask Anna to be aware in the ward rounds she attends

Narrative data only to be collected, *and noted on this form please*
- How possible / onerous the note making in care plans is.
- How useful the note making in care plans is in terms of members of the MDT becoming more aware of therapy provision and

Predictions (for questions above based on plan):

1. **Staff will be able to complete the additional notes**

2. **At least one note will be read / noticed / picked up in a ward round or otherwise gainfully used by member/s of the MDT**

QUALITY IMPROVEMENT PROGRAMME

3 ward based, open groups regular, ongoing assessment

Test:

Add a third group and continue measures

Test:

Results are promising, two groups ongoing, developments noted.

Test:

Regular 3 weekly meetings

Implement:

OK, lets try two… and measure :
- **if patients find them helpful**
- **If it adds to staff knowledge**

See if notes and recommendations are picked up in ward round or care discussions

Client focused therapies meetings

Can we run one existing on-ward group with another therapist as co-worker?

Feedback to ward MDT - notes and recommendations included into care plans

Understand client needs and each others' knowledge and skills.

Know the needs of the patients: develop joint worked open assessment groups

Developing and promoting care pathways based on needs assessments

Measures

We wanted a rating scale that was suitable for patients in the acute phase of admission, and that could reflect a therapeutic value.

Session Rating Scale

Day	Lead therapist: AT OT Psy
Date:	Co-therapist: AT OT Psy

Overall, did you find the group today….

Not helpful --- Helpful

---

Please complete after each joint session, by circling the rating that best matches your self assessment of your understanding of your colleague's approach your and confidence in representing their approach.

Day:	* please circle _your_ role	* Please circle profession of _both_ workers		
	Lead	AT	OT	Psychologist
Date:	Co-therapist	AT	OT	Psychologist

Q1. I understand the of the profession of my colleague:

Not at all	A little bit	Satisfactorily	Reasonably well	Very well

Q2. I could explain to a patient how my colleague could help them:

Not at all	A little bit	Satisfactorily	Reasonably well	Very well

Q3. I understand the approach/intervention used in this group:

Not at all	A little bit	Satisfactorily	Reasonably well	Very well

Q4. I could explain the benefits of this group to a patient:

Not at all	A little bit	Satisfactorily	Reasonably well	Very well

Q5 Please list up to three of the benefits of the group

This measure is to capture staff knowledge and understanding of each others' disciplines.

Data

Patient session rating scale
(average scores for helpfulness)

Staff Knowledge rating scale

C Chart
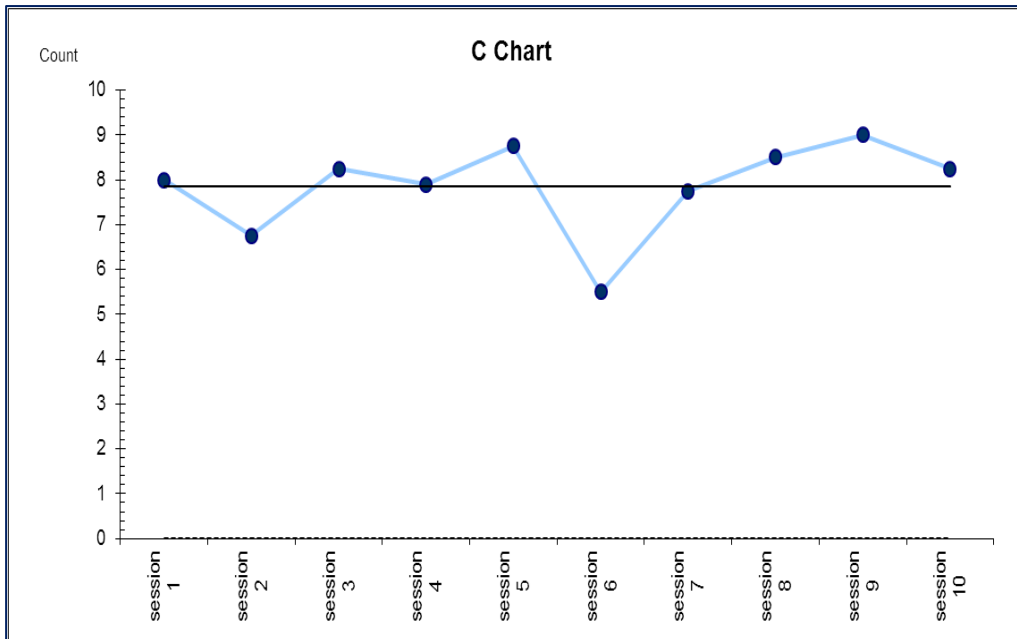
I understand the profession of my colleague

Psychology Lead				
Very well				
Reasonably well				
Satisfactorily				
A little				
Not at all				
session	1	2	3	4

Arts Therapy Co-worker				
Very well				
Reasonably well				
Satisfactorily				
A little				
Not at all				
session	1	2	3	4

I could explain to a patient how my colleague could help them

Arts Therapy Lead				
Very well				
Reasonably well				
Satisfactorily				
A little				
Not at all				
session	1	2	3	4

OT Co-worker				
Very well				
Reasonably well				
Satisfactorily				
A little				
Not at all				
session	1	2	3	4

Learning

- Our project was very complex and needed to be broken down into manageable parts… driver diagrams helped with this.

- Therapy outcomes can be hard to measure, and we think a lot about how best to do this in an MDT context.

- Therapy staff are keen to make better links with each other and with ward teams, and to improve the services they provide.

- Patients find our joint sessions helpful…

  …and therapists also find them beneficial!

- We can see what we have achieved – and how far there is still to go…

What next?

- We will continue to develop our therapies multidisciplinary working, for example trialling the role of a duty therapist and representing for each other at ward rounds.

- We will continue to develop and improve our work on care pathways by strengthening the links between on ward and off ward work, joint work and specialist work, as appropriate to client needs.

- We will be seeking to represent the voice of carers more, perhaps though joining with another QI project!

- Most importantly we will work with the wider MDT to facilitate joint working on busy acute wards.

- Arts therapists are adapting the learning from this project to other wards, and incorporating QI methodology into general service improvements.