

Is the Crisis House offering the Right Care for the Right People?

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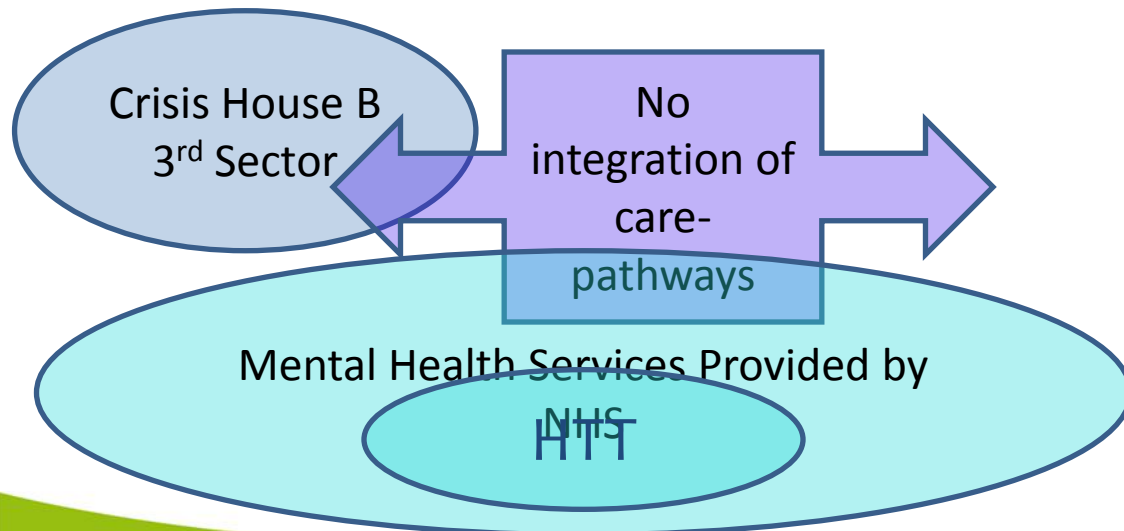
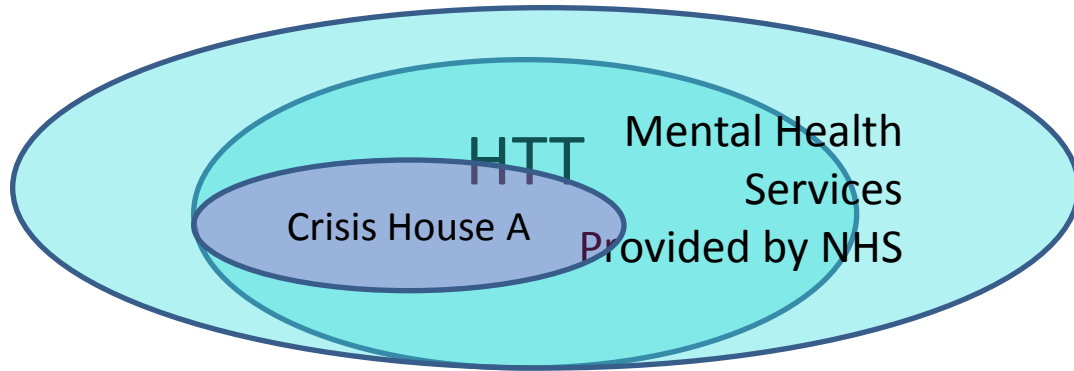
Crisis Houses- Background

What we knew in 2010?

- Patients preferred crisis house options over hospital admissions

What we didn't know?

- Are the patients in crisis houses similar to patients in the wards?
- Challenge is Crisis House came in all shapes and sizes. When we tried to evaluate data- heterogeneity was a problem!
- Value based on clinical effectiveness or reducing financial 'waste' was therefore unclear



What we learnt since 2010

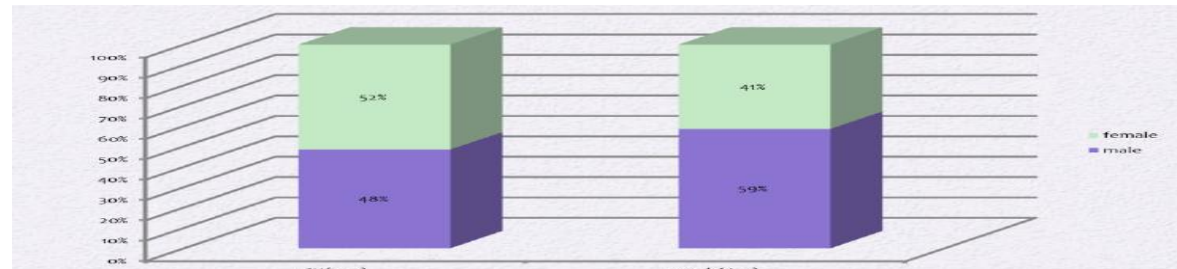
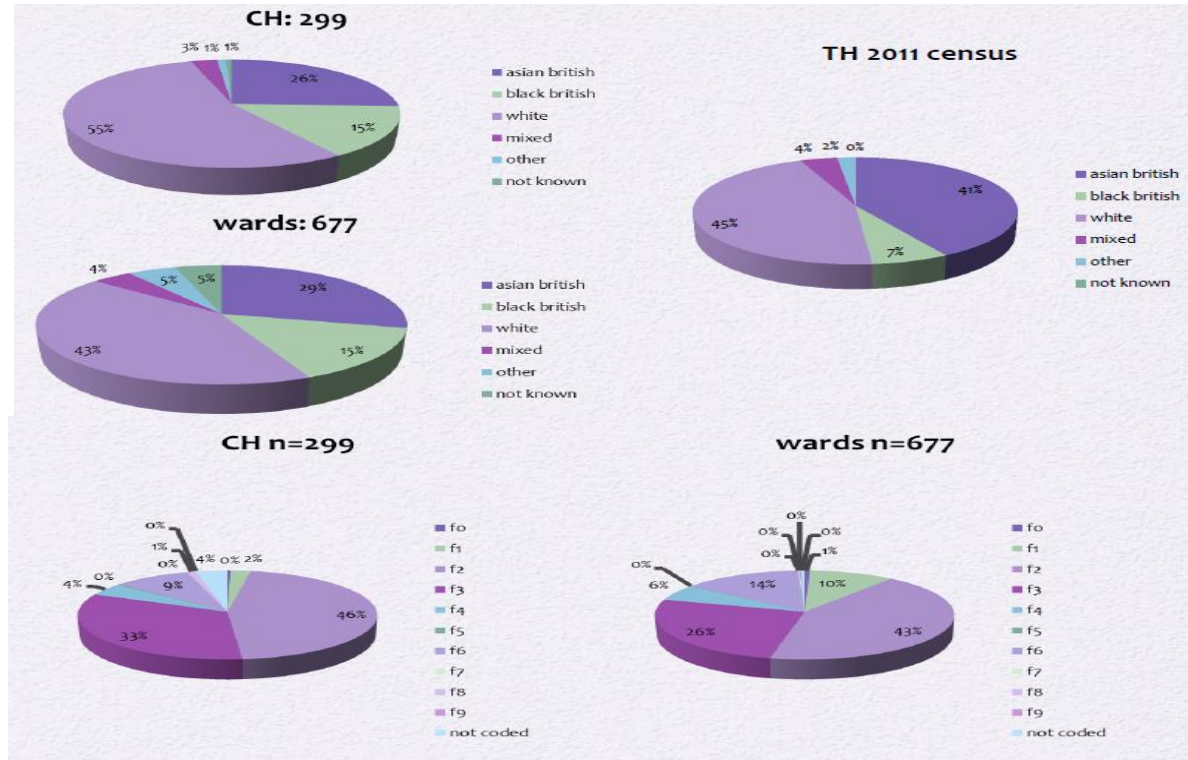
- We developed an integrated Crisis House / HTT model of care
- With our model of care we were able to treat a diverse population at crisis house:

-diagnosis

-gender

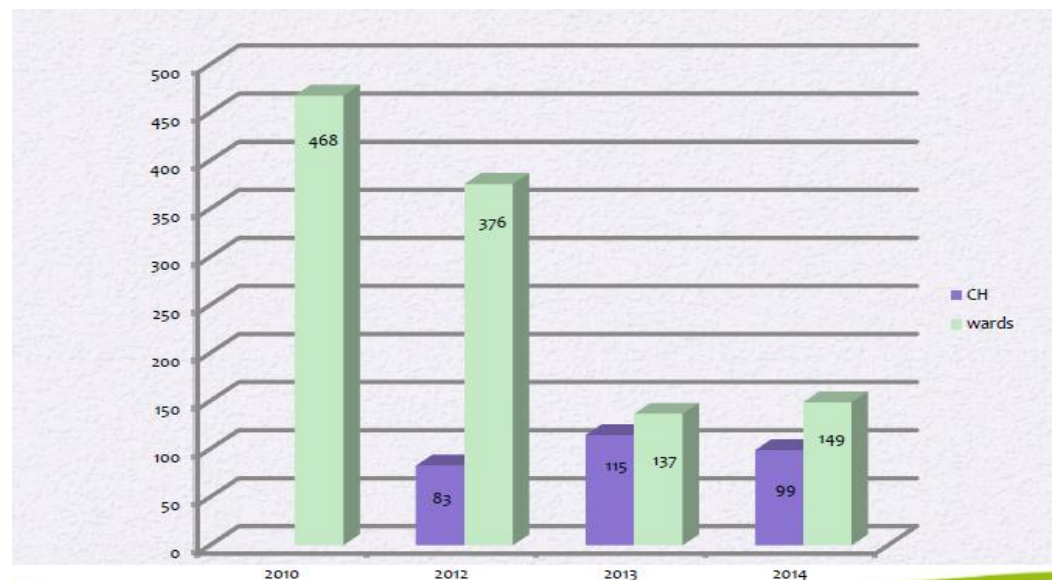
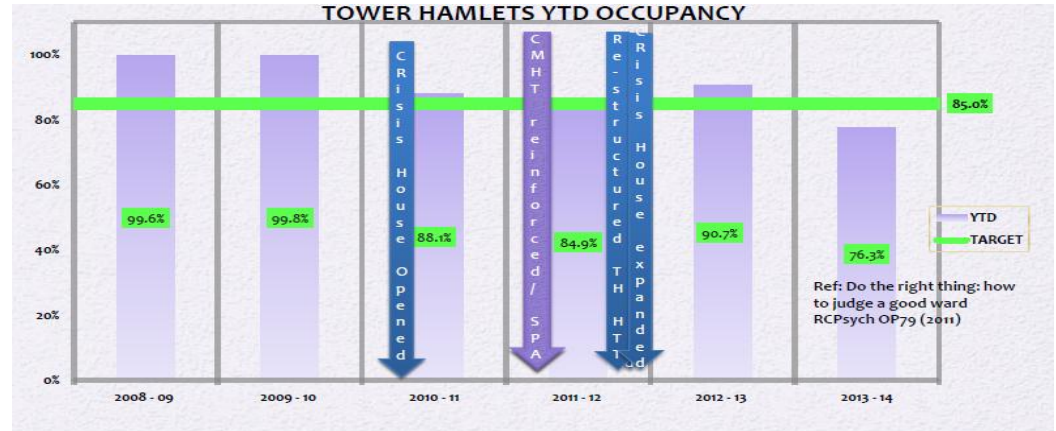
-ethnicity

- We stuck to the aim of offering an alternative to hospital admission



Impact on the System

- Fidelity to the model was key!
- Having a whole system that approach around *clinical leadership* and generally *continuity of care* had a positive impact on bed management and better quality of inpatient care
- Crisis house bed days and episodes were cheaper than in inpatient bed days and episodes £186 vs £314





Clozapine Titration at Crisis House: QI project 2014

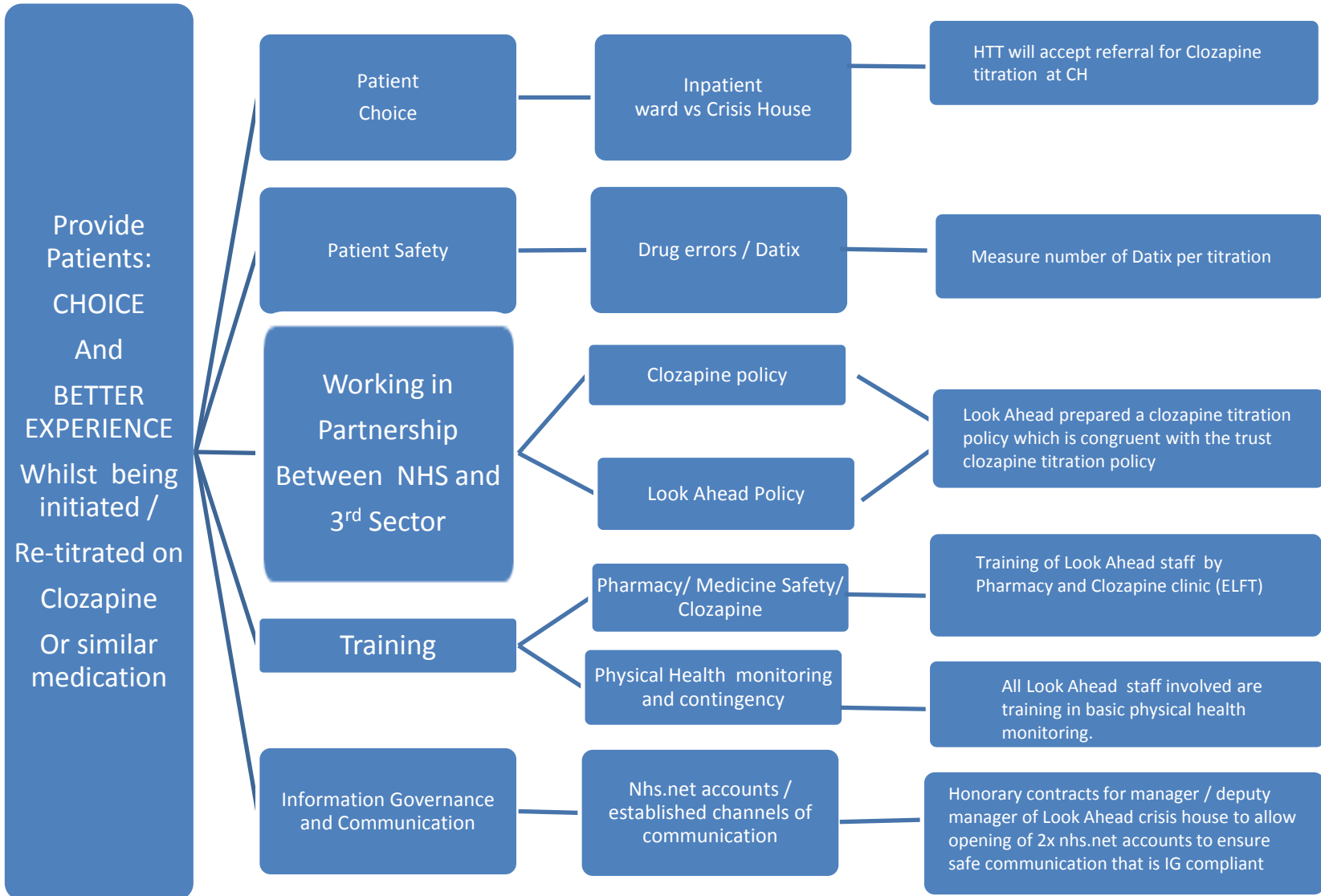
1. What was the problem?

- Patients were admitted to a relatively more restrictive environment (acute inpatient unit) for medication titration and associated monitoring of medication titration
- This was costlier than attempting to titrate at Crisis House
- Evidence suggested patients would prefer Clozapine Titration over hospital admission

2. Aim of the project:

- To improve patient experience of mental health services by offering choice and a less restrictive environment
- Potentially to reduce delays and inefficiencies
- Reduce financial waste by avoiding un-necessary costly inpatient admissions (continue to support better inpatient ward environment by maintaining reduced bed occupancy at the acute inpatient unit)

Driver diagram



Data Tool for patient experience

PATIENTS SATISFACTION QUESTIONNAIRE CLOZAPINE TITRATION AT CRISIS HOUSE

Where would you prefer to have the titration of clozapine in the future (if needed)?

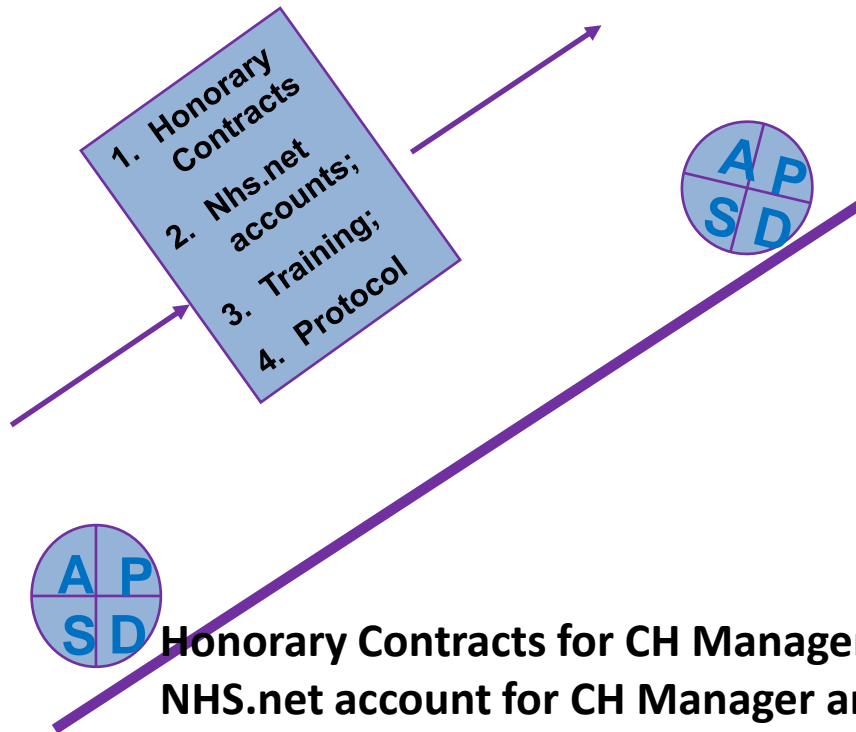
- Hospital Ward
- Crisis House
- Do not know

How likely are you to recommend Crisis House for Clozapine Titration to friends and family if they needed similar care or treatment?

- Extremely likely
- Likely
- Either likely nor unlikely
- Unlikely
- Extremely unlikely
- Don't know

Drug Errors/DATIX ?

Preparatory PDSA cycles

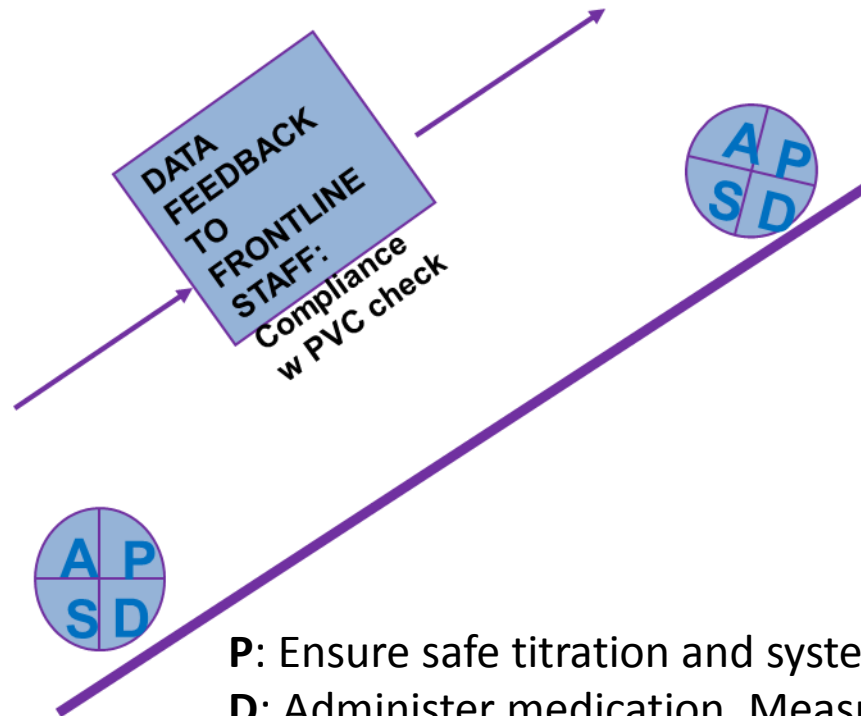


P- Skills and Communication Channels to be established to ensure safe titration
D- Liaison between ELFT and Lookahead
S- Ensure systems in place for above
A- All thinking and planning is embedded in a protocol for ELFT as well as for Lookahead and they are not conflicting

Honorary Contracts for CH Manager and Deputy Manager
NHS.net account for CH Manager and Deputy Manager
6 out of 9 Support workers Trained:

- Physical Health Monitoring Training
- TH Pharmacy offered training on medication safety in general
- TH Clozapine Clinic offered training on risks and side effects related to Clozapine

ELFT Clozapine Policy Consulted and Lookahead Policy created with ELFT input



P: Prepare HTT and CH team and share information to all potential referrers

D: Discussed at MDT, Managers Meeting and informal conversation

S: Study outcomes and patient experiences questionnaire in place.

Share information gathered so far.

A: Frequency of drug administration errors Reduced. Referral and prescription pathway clarified to all who refer.

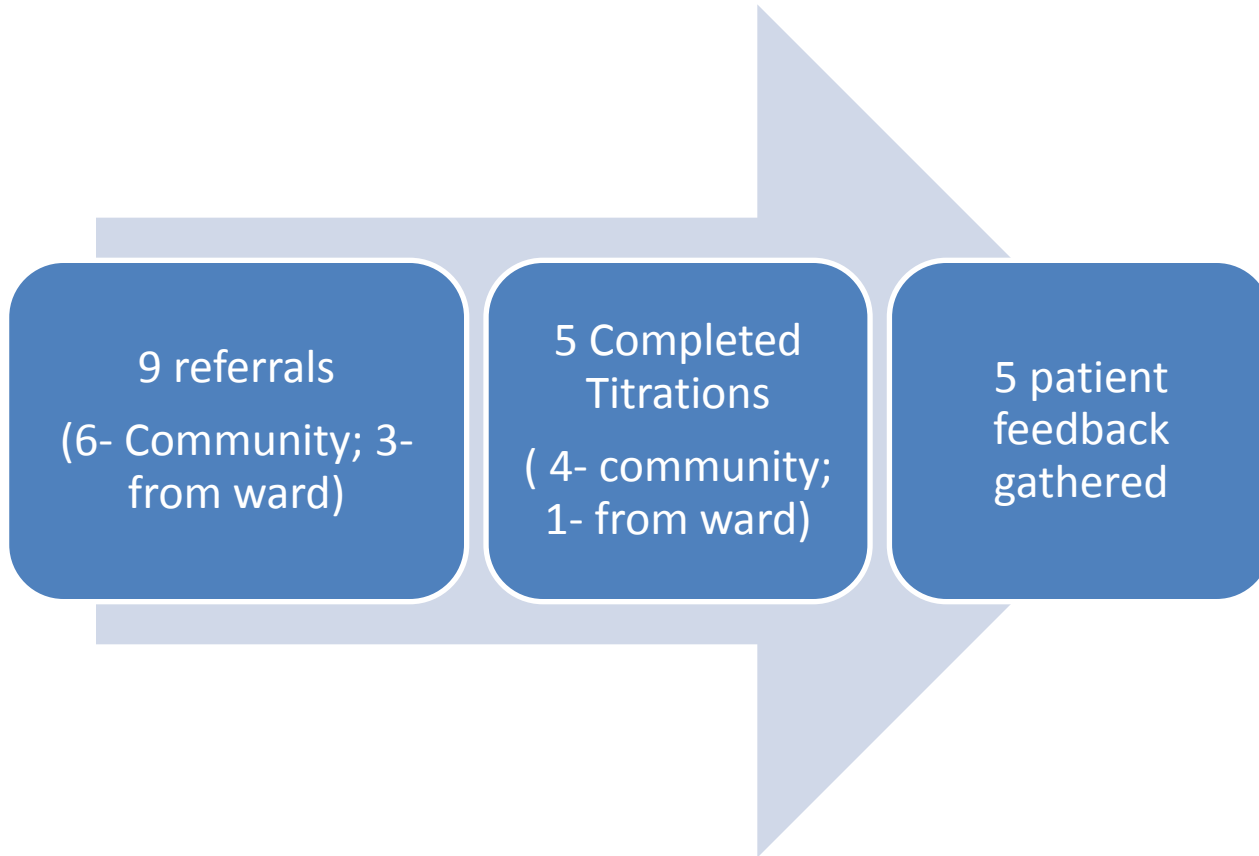
P: Ensure safe titration and system readiness

D: Administer medication. Measure errors. Ensure communication between pharmacy, CH, clozapine clinic and HTT

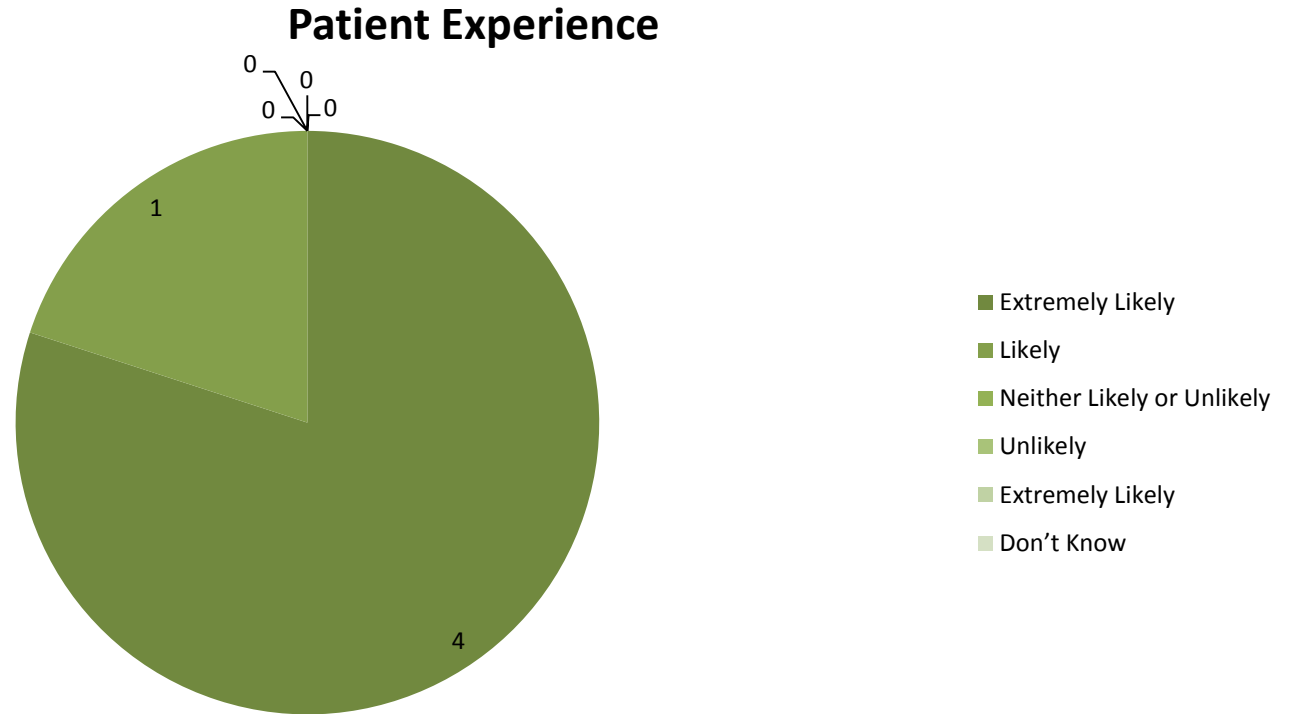
S: Study agreed outcomes. Capture patient experience. Liaise with pharmacy to document all associated datix

A: Learn from Datix that referees were not always aware of details of referral process

Story so far...

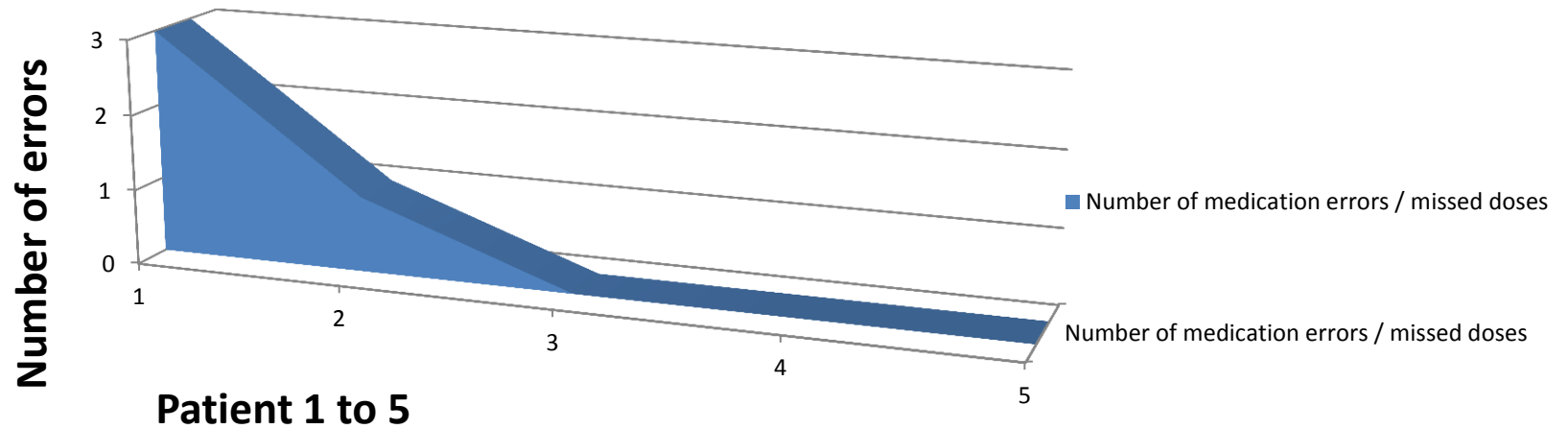


Outcome: Patient Experience

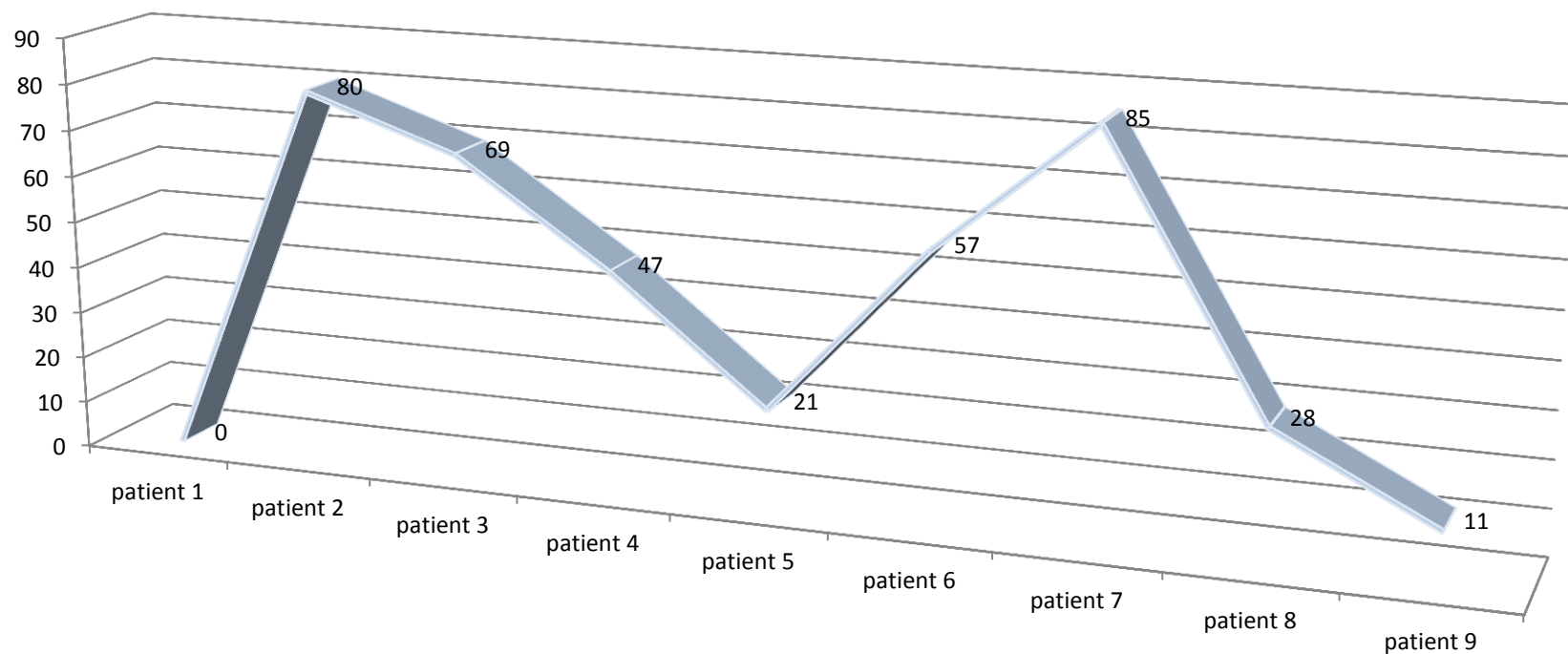


Improving Safety: Balancing Measures

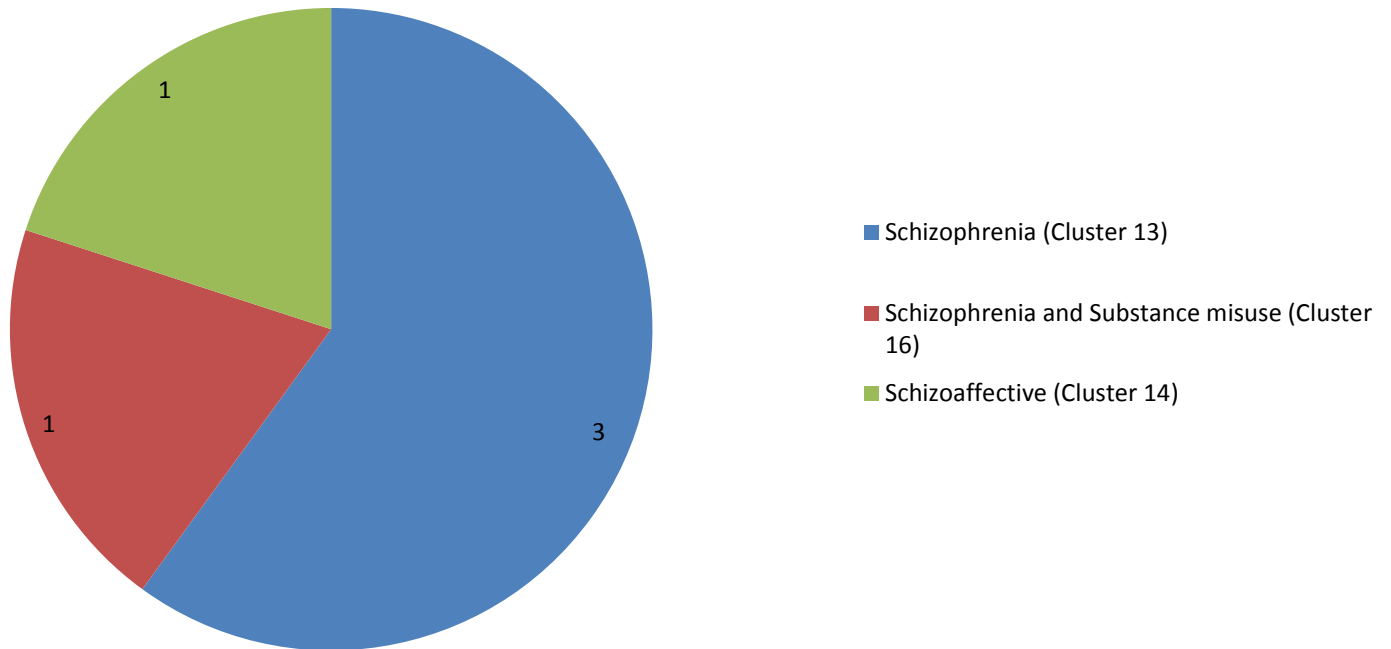
Number of medication errors / missed doses



Days Between Referral: Process Measure



Patient Profile

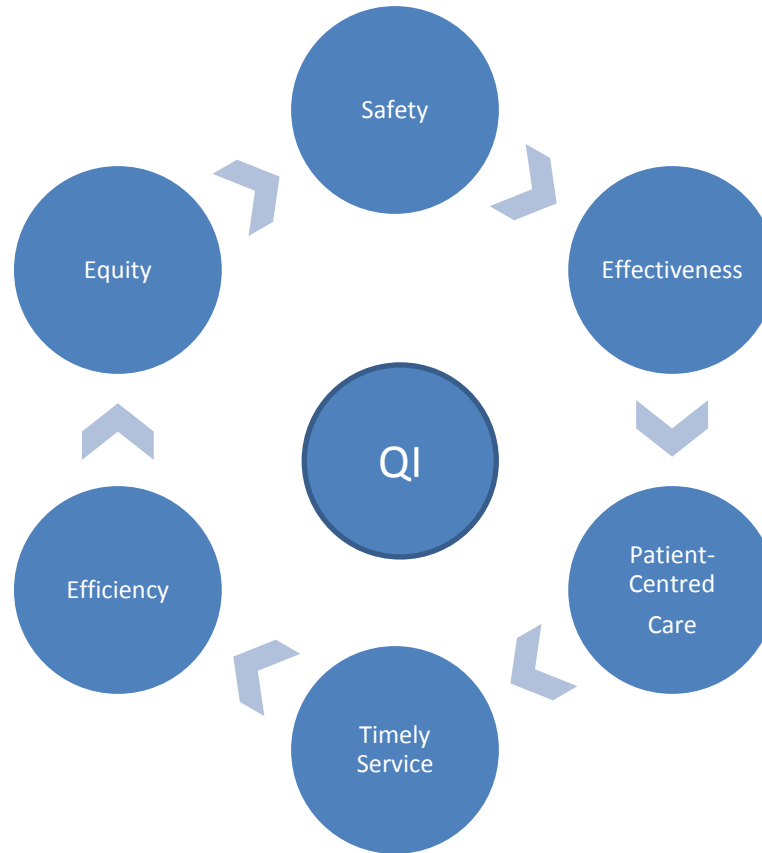


Next Steps?

- Continue to offer Clozapine titration at the CH as an alternative to hospital admission and procure evidence as to its effectiveness and efficiency.
- Continued learning from the project
- Ensure continued training and maintenance of skills associated to Clozapine titration and general physical health monitoring and monitoring of side effects of medication
- Refine Outcome measures and Data gathering

Learning and Insights

- Crisis House offers a viable alternative to Clozapine titration in patients who are willing to accept medication
- Clozapine titration improves patient experience and reduces cost
- With up-skilling of non-nursing staff, regular monitoring associated with Clozapine Titration was possible at crisis house with support and advice from trained staff
- Increased patient satisfaction is rewarding for the team and other involved agencies.
- **Staff at the CH have a new skill set** which is beneficial beyond the project
- Effective, Prompt and Unambiguous Communication and Transfer of Patient data involving multiple agencies (The Patient and their Carers, Referrer, Crisis House, HTT, pharmacy, Clozapine Clinic and at times GP) pose the biggest challenge!
- **Partnerships are tricky but they work!**



Thank You