QUALITY IMPROVEMENT PROGRAMME

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Reducing the Time to Complete Neuropsychological Assessments: Measuring unintended results in different parts of the system

Laura Cole

Trainee Clinical Psychologist

University of Hertfordshire

BACKGROUND

- Bedfordshire Mental Health & Wellbeing Service
- QI: To reduce the time from referral for neuropsychological assessment to completion of report and feedback to MDT to 6 weeks by April 2017
- WHY? Greater longevity; increased awareness of issues relating to dementia; NICE guidelines; assisting formulation and inform recommendations for care
- Importance of efficient process and that wait times are minimised

Change Ideas

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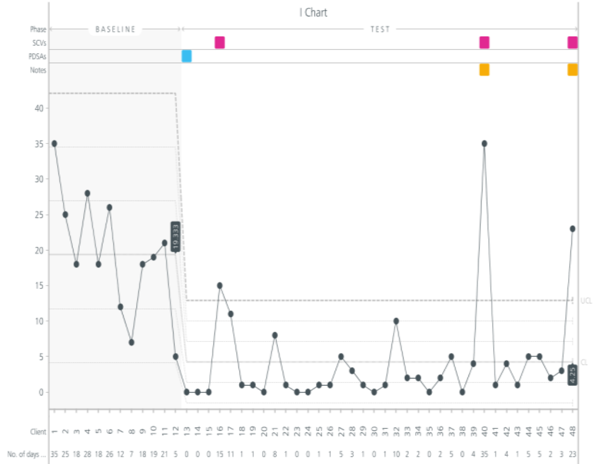
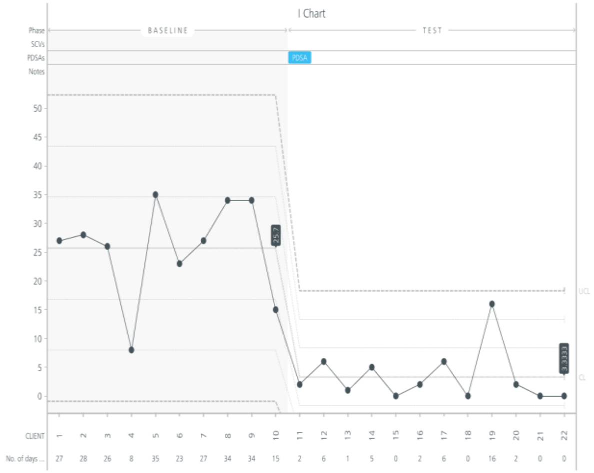
Identified PDSAs
To ensure flexibility among assistant psychologists when there is less demand in one service and a higher demand in another
To ensure flexibility among assistant psychologists when there is less demand in one service and a higher demand in another
Defining slots for scoring/ write up
Defining a slot in calendar for checking reports
Feedback reports to MDT meeting as soon as they have been completed
Gathering information from initial MAS assessment without waiting for the report
MAS administrator to call clients, book assessments and send letter and leaflet
To elicit feedback from service users and carers to help improve the assessment process across all areas
To streamline the style of reports across Mid and South Beds to reduce the length of time taken to check draft reports by the Clinical Psychologist

Promising results

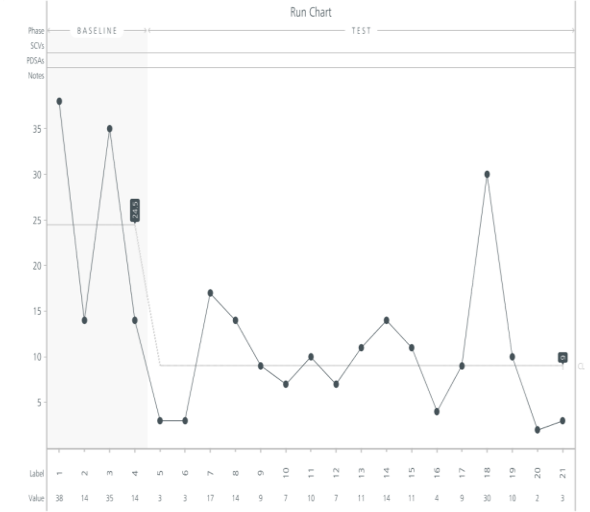
Time from assessment to draft report Bedford



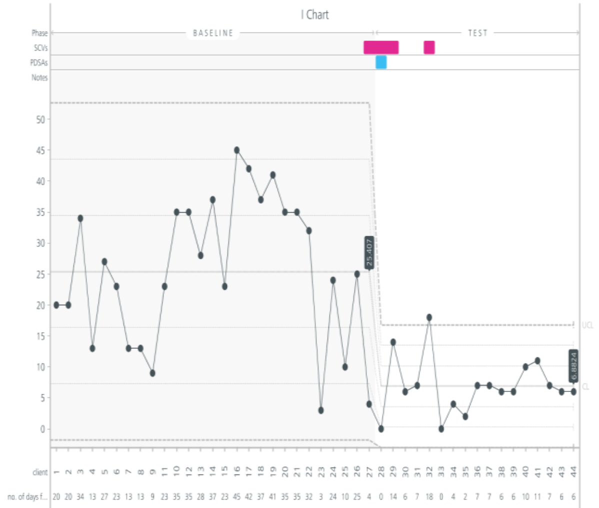
time from assessment to draft report Luton



Time from assessment to draft report Mid Beds



time from assessment to draft report South Beds



University of Hertfordshire UH

Measuring Unintended results in different parts of the system: Balancing Measures

- **Research Objectives**
- Measure unintended results in different parts of the system
- Explore staff experiences of reducing the time to complete neuropsychological assessments in Bedfordshire and Luton Memory Assessment Service
- Ability to identify possible areas for service development specific to neuropsychological assessment protocols

Method, Design and Analysis

- Mixed method design:
- **Quantitative :** Wait times; interventions offered; length of intervention offered
- **Qualitative:** A one-off focus group taking place in the service setting will be arranged with the psychology team involved in the current QI project

CRITICAL SUMMARY

Strengths

Limitations

Identified clinical implications

Thank you

Service User and Carer Experience of a Cognitive Assessment - A Service Evaluation

Wendy O'Neill
Trainee Clinical Psychologist (Herts)

Supervised by: Dr Alex Cases
Older Peoples Psychology
Bedfordshire Older Peoples Mental Health Team

Background

- The four multidisciplinary MAS clinics are currently undergoing QI projects to reduce the wait time to move through the assessment pathway
- The psychology department decided to do a cross-clinic project specifically for the cognitive assessment part of the pathway to reduce variation and share learning
- Overall aim to reduce the time to complete a cognitive assessment in MAS

QI Team

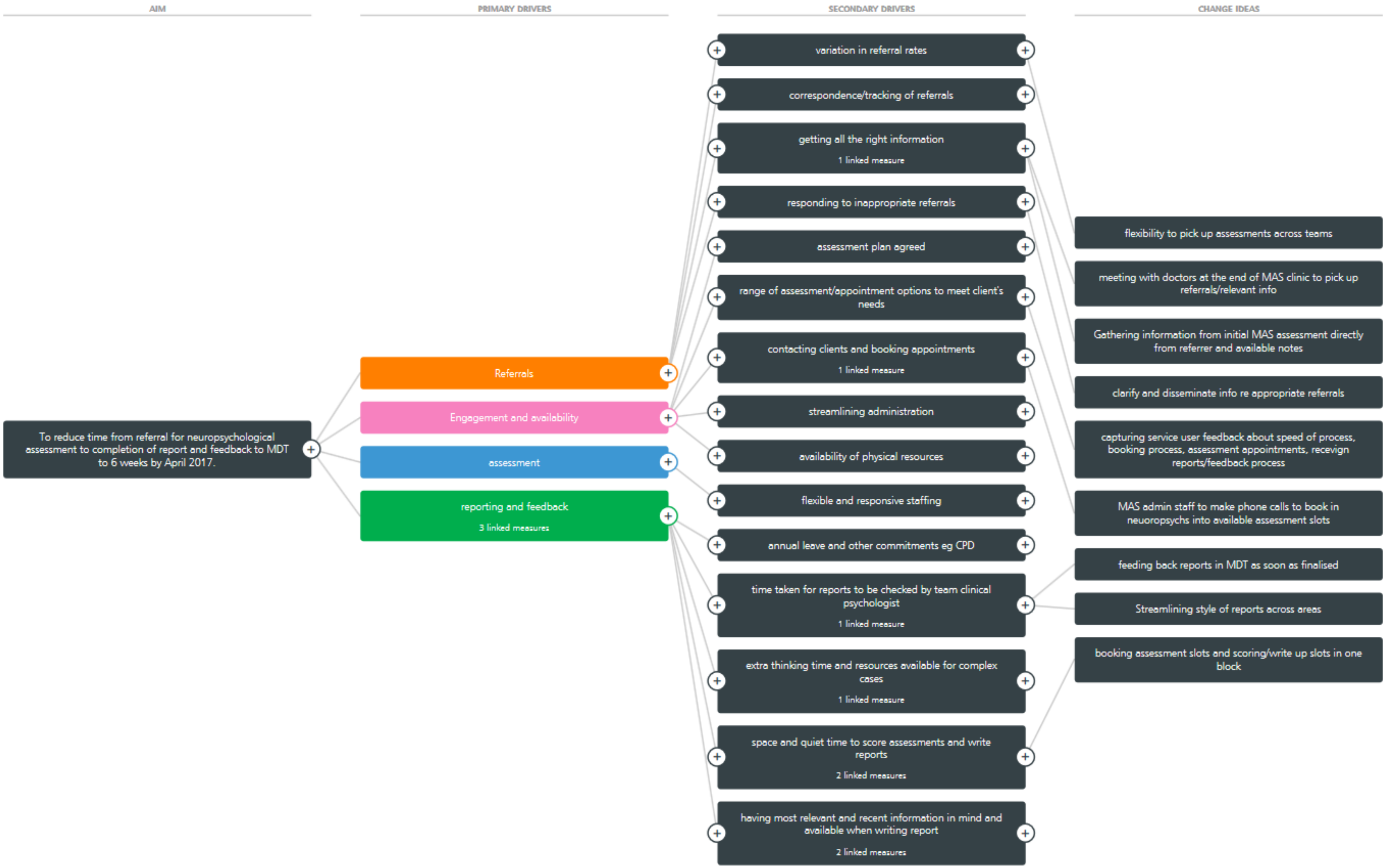
- 3 Clinical Psychologists, 3 assistant psychologists, and 2 trainees

- Regular monthly meetings

My Project

- To explore service user and carer experience of a cognitive assessment from initial point of contact to feedback of report
- To potentially identify simple and pragmatic ways of introducing service users and carers into quality improvement projects

Driver Diagram



AIM

To reduce time from referral for neuropsychological assessment to completion of report and feedback to MDT to 6 weeks by April 2017.

PRIMARY DRIVERS

Referrals

Engagement and availability

assessment

reporting and feedback
3 linked measures

SECONDARY DRIVERS

variation in referral rates

correspondence/tracking of referrals

getting all the right information
1 linked measure

responding to inappropriate referrals

assessment plan agreed

range of assessment/appointment options to meet client's needs

contacting clients and booking appointments
1 linked measure

streamlining administration

availability of physical resources

flexible and responsive staffing

annual leave and other commitments eg CPD

time taken for reports to be checked by team clinical psychologist
1 linked measure

extra thinking time and resources available for complex cases
1 linked measure

space and quiet time to score assessments and write reports
2 linked measures

having most relevant and recent information in mind and available when writing report
2 linked measures

CHANGE IDEAS

flexibility to pick up assessments across teams

meeting with doctors at the end of MAS clinic to pick up referrals/relevant info

Gathering information from initial MAS assessment directly from referrer and available notes

clarify and disseminate info re appropriate referrals

capturing service user feedback about speed of process, booking process, assessment appointments, recevign reports/feedback process

MAS admin staff to make phone calls to book in neuoropsychs into available assessment slots

feeding back reports in MDT as soon as finalised

Streamlining style of reports across areas

booking assessment slots and scoring/write up slots in one block

My Project & The Driver Diagram

- Little I service user feedback
- Initial discussion around the project being a PDSA
- After consultation it was agreed that it is a task as it does not directly change the delivery of the service
- Does not have a direct impact on the primary outcome
- Hope to lead to change ideas and associated PDSAs!

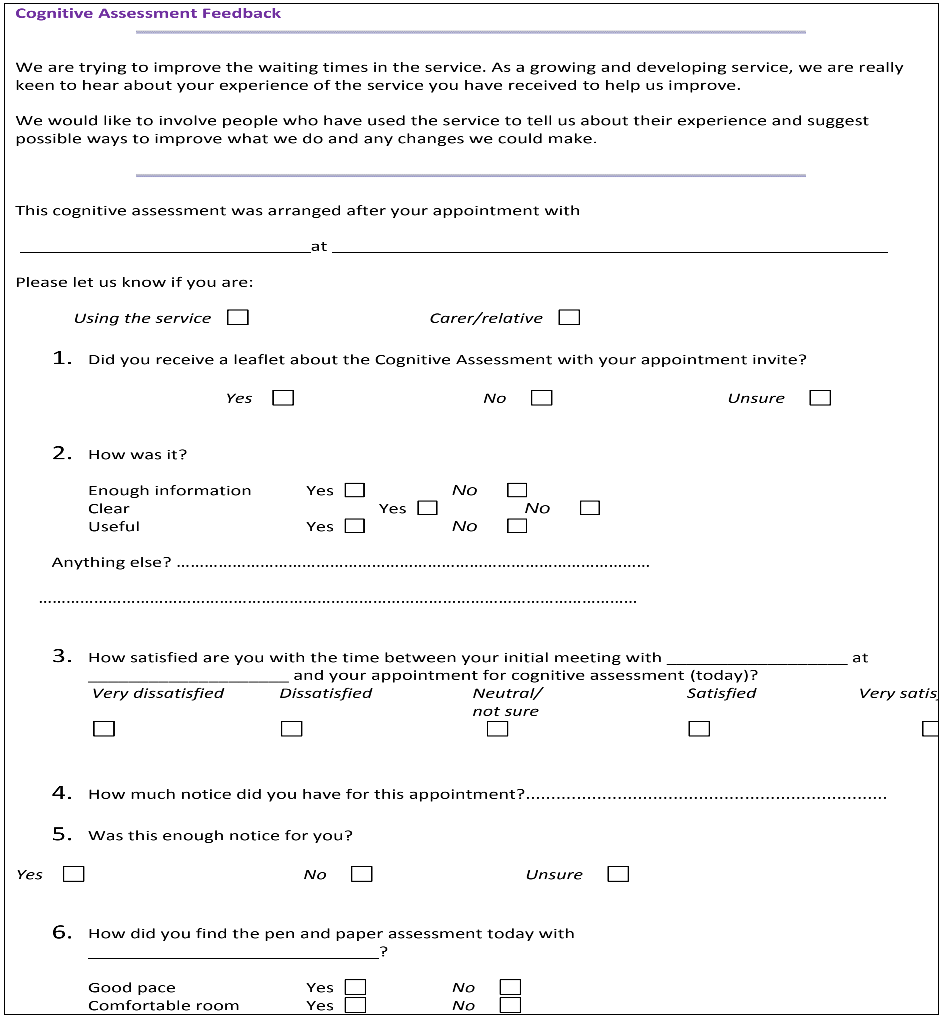
QI Project Methodology

- Mixed methods quantitative/ qualitative study
- Service User & Carer Involvement
- Two stages;

❖ Structured questionnaire given directly after assessment

❖ Used to inform questions for a semi-structured interview

Structured Questionnaire



Cognitive Assessment Feedback

We are trying to improve the waiting times in the service. As a growing and developing service, we are really keen to hear about your experience of the service you have received to help us improve.

We would like to involve people who have used the service to tell us about their experience and suggest possible ways to improve what we do and any changes we could make.

This cognitive assessment was arranged after your appointment with

_________________________________at ____

Please let us know if you are:

Using the service ☐ *Carer/relative* ☐

1. Did you receive a leaflet about the Cognitive Assessment with your appointment invite?

Yes ☐ *No* ☐ *Unsure* ☐

2. How was it?

Enough information Yes ☐ *No* ☐
Clear Yes ☐ *No* ☐
Useful Yes ☐ *No* ☐

Anything else? ………………………………………………………………………………………………

………

3. How satisfied are you with the time between your initial meeting with ___________________ at _____________________ and your appointment for cognitive assessment (today)?

Very dissatisfied	*Dissatisfied*	*Neutral/ not sure*	*Satisfied*	*Very satis*
☐	☐	☐	☐	☐

4. How much notice did you have for this appointment?……………………………………………………………

5. Was this enough notice for you?

Yes ☐ *No* ☐ *Unsure* ☐

6. How did you find the pen and paper assessment today with ____________________________?

Good pace Yes ☐ *No* ☐
Comfortable room Yes ☐ *No* ☐

Semi-structured Schedule

- Structured around the assessment process
- Questions around initial referral, assessment, cognitive report feedback
- Contextualisation required for participants

QI Data

- 38 completed questionnaires that will be analysed descriptive statistics
- Information will include overall outcome satisfaction, experience and convenience
- Completed 4 semi-structured interviews with service users
- Interviews will be analysed using thematic analysis

QI Project Outcomes

- No findings or recommendations as of yet!
- Challenge of a project across teams
- Challenge of interviewing clients who have memory difficulties
- Giving a voice to service users regarding their experience of a cognitive assessment
- Explored their views of wait times for assessment
- Potential for their suggestions to be used as change ideas
- Enabled team to involve service users in the process

Reflections

- Support and learning from a multi-site psychology team
- Attended QI conference
- Herts trainee challenges
- Personal interest versus aim of QI project
- Focussed meetings dedicated to thinking about research and using scientist-practitioner model
- Interviews with service users – different lens

Any Questions?

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Hackney

Hackney EQUIP

QI Project

Increasing Satisfaction Amongst Carers and Family Members in EQUIP

Jack McKellar
(trainee clinical psychologist)

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Hackney EQUIP
Service Context

- Early Intervention in Psychosis (EIP) services historically catered for those between 18 – 35 years old, as the mean age for a 'first episode in psychosis' would occur at 18-25 for males and 25-35 for females. This is now 'ageless'.
- 26% of 20-34 year olds live with their parents in the 'general population' (ONS, 2014).
- 55% of people with a diagnosis of schizophrenia continue to live with their families 15 years after a diagnosis (Brown & Birtwistle, 1998).
- 20% of relatives feel unable to leave SU alone for even a few hours (Creer et al., 1982).

Families/carers are therefore significantly present in the lives of EQUIP service users, and increasingly so…

Hackney EQUIP
Service Context

- Despite these statistics, EIP services are designed around an adult care model that typically individualises the client group and treats them outside of their social network.
- Whilst in CAMHS you might have a more integrated systemic approach to mental health problems, there is a 'cliff edge' of difference between child and adult services, with a systemic approach being less common for 18-65+ age groups.
- Compounding this is the historical context of family approaches to psychosis, such as the concept of the 'schizophrenogenic mother' (Lidz, 1975). This resulted in the desire to move away from 'blaming families' and embrace individualising and medicalising explanations of psychosis.

How do families/carers feel about this? …

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Previous Research

- Feel undervalued: Carers felt excluded due to confidentiality issues, not being involved and their own concerns, not being taken seriously (McCann et al., 2011).
- EIP focused on medication to the exclusion of the social network (Penny et al., 2009).
- Carer education: carers reported wanting more skills, information and support (Riley et al., 2011).

Previous EQUIP Research

- A mixed methods carer satisfaction study was completed between 2014-2015, comprising of a carer satisfaction questionnaire and qualitative feedback.
- Analysis of the questionnaire revealed 'A significant proportion of participants reported being neither satisfied or dissatisfied with the following areas: 'EIS involves me in planning care and treatment' and' I was able to question the treatment options offered at EIS' (>45% neither agreed or disagreed with these statements)'.

Some quotes:

"I would like to be kept in the loop."

"You can feel invisible rather than a partner."

"The burden I have to face is not considered."

"I think that space for carers to talk about themselves is important and that should be part of the work."

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Open Dialogue Approach

- Originally developed in Western Lapland, Finland. Use of this approach has led to the best outcomes for psychosis in the world - 81% having no residual psychotic symptoms and 74% in full-time employment/studies (Seikkula, 2006).

How can this approach respond to previous research?

- A social network perspective – all significant members of the network are invited to meetings (including family/carers!).
- Promoting dialogue – the importance of hearing all voices, ‘polyphony’ (including family/carers!).
- All case discussion occurs within the meetings – decisions on medication and treatment happen in the presence of service users (including family/carers!).

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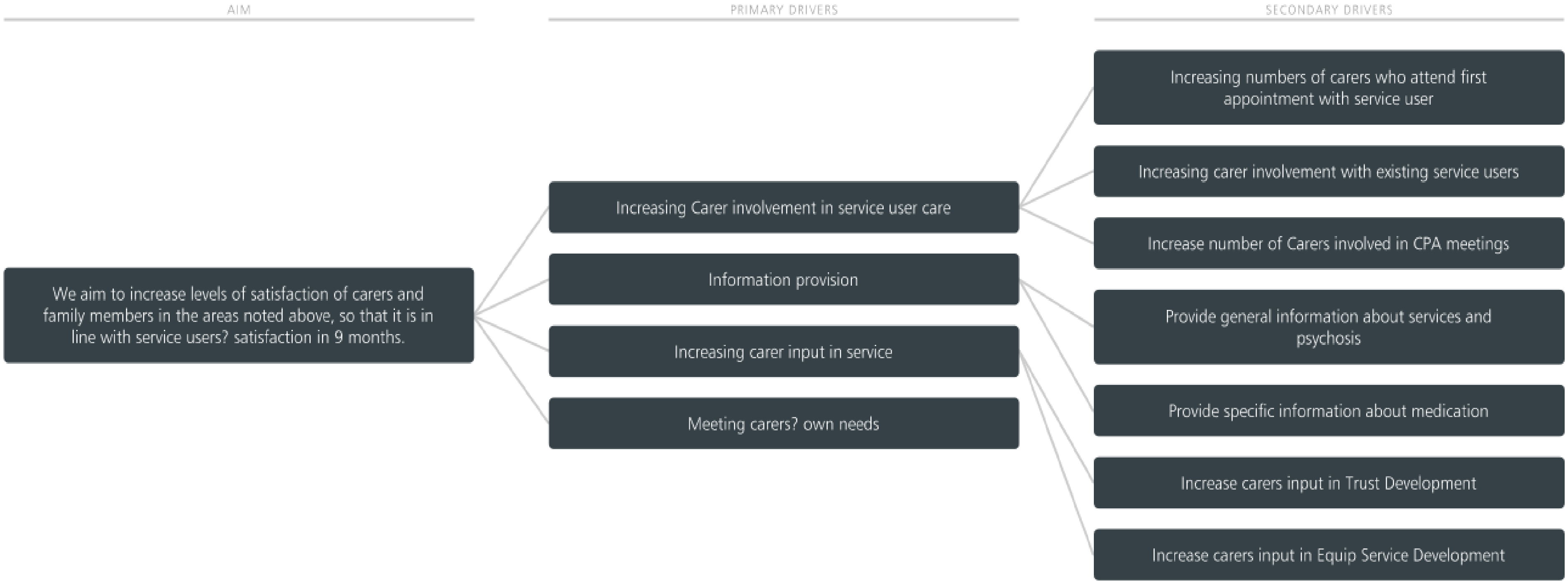
Driver Diagram



AIM

PRIMARY DRIVERS

SECONDARY DRIVERS

We aim to increase levels of satisfaction of carers and family members in the areas noted above, so that it is in line with service users? satisfaction in 9 months.

Increasing Carer involvement in service user care

Information provision

Increasing carer input in service

Meeting carers? own needs

Increasing numbers of carers who attend first appointment with service user

Increasing carer involvement with existing service users

Increase number of Carers involved in CPA meetings

Provide general information about services and psychosis

Provide specific information about medication

Increase carers input in Trust Development

Increase carers input in Equip Service Development

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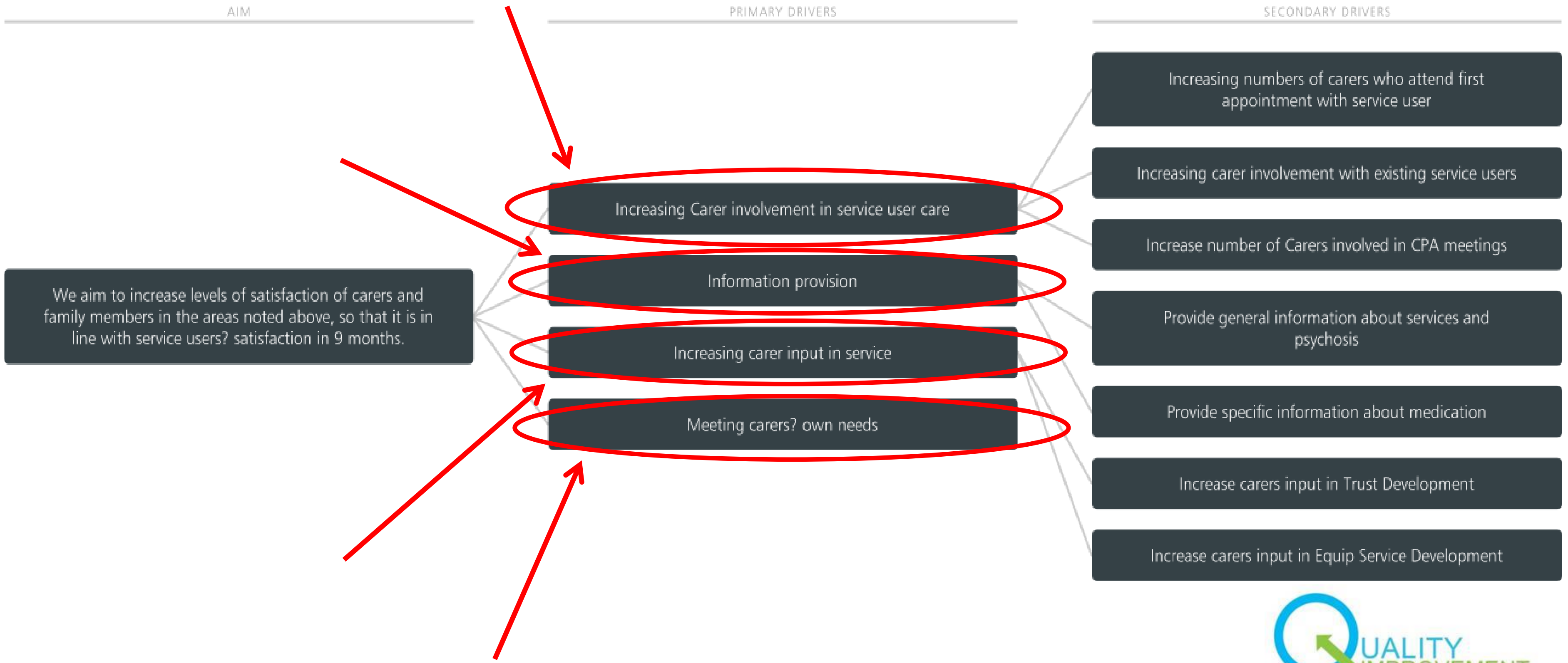

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- Increasing Carer involvement in service user care
- Information provision
- Increasing carer input in service
- Meeting carers? own needs

SECONDARY DRIVERS

- Increasing numbers of carers who attend first appointment with service user
- Increasing carer involvement with existing service users
- Increase number of Carers involved in CPA meetings
- Provide general information about services and psychosis
- Provide specific information about medication
- Increase carers input in Trust Development
- Increase carers input in Equip Service Development

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QI Project

- With the introduction of a greater emphasis on family/carer involvement, an Open Dialogue approach, and multiple change ideas… has this led to carer satisfaction improving?

How to measure?

- The previous survey of carer satisfaction in 2014-2015 will be compared to the 2017-2018 period.
- Mixed methods using the same research design as the old project (a quantitative carer satisfaction questionnaire coupled with some qualitative questions) - 'what was helpful/unhelpful?', 'what might be different?'.
- An additional qualitative survey of experiences of the Open Dialogue meetings – 'what was helpful/unhelpful?', 'what might be different?'.

Responses

- Data collection is ongoing, with no analysis yet to have taken place…
- Initial responses on the Open Dialogue survey indicate an appreciation of the opportunity to be included in care and having a space to talk and voice their concerns.

“Everybody was opened… without fear and resentment.”

“Understood what he was going through.”

“Understand what is happening in the house and the community.”

“Go away thinking about how you can handle the next situation.”

Reflections

Opportunities…

- QI was useful in providing a framework to begin exploring the value of more carer involvement and demonstrating the usefulness of a social network approach – may be used in future business cases.

Challenges…

- QI methodology and its preferred longitudinal measurement.
- How to include the whole team in regular data collection, rather than this responsibility being held with the psychology team.