

# Access & Flow Crisis Project

CITY & HACKNEY CAMHS

DATE: 2018/2019



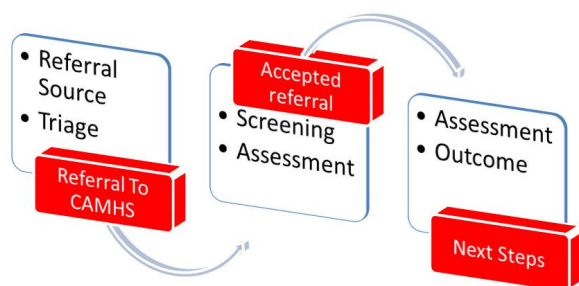
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## OUR JOURNEY WITH QI

In June 2017 all of the ELFT CAMHS service met at the annual Quality Away Day. Our focus was to decide within each service what was our biggest access and or flow inhibitor.

Within C&H we had seen an increase in crisis referral rates of close to 400%. This increase in real terms meant we were now seeing closer to 40 young people (YP) a month who were in crisis than 3 years earlier where this was closer to 11 YP a month.

We started by process mapping the crisis pathway in detail to look at potential areas where bottlenecks could be observed.



## Next Steps - Analysing

Appreciative Enquiry  
Time & Motion Study  
Crisis Daily Briefing  
Create a Driver Diagram (Page 5)

## Our QI Team:



Fiona Stockley  
Julie Proctor  
Sharon Davies  
Ruth Woolhouse



Jamie Stafford  
Marco Aurelio  
Vicky Rodrigues

## IMPORTANT REMINDER:

QI journeys are never straightforward. If they were we probably wouldn't have any problems to solve or need QI methodology!

## Was the problem obvious?

### Far from it.....

Our expectation was that we would find a simple duplication in tasks or processes that could be made more efficient. Our time and motion study actually found that of the 40 cases of crisis we observed in October '17 it took on average 2h20min to complete the tasks associated with the crisis pathway (Ax, Liaison & Reporting).

Everyone agreed that this was actually a timeframe representative of doing a detailed assessment, subsequent reports and any liaison work.

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# Next Steps



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## QUANTITATIVE V QUALITATIVE

It was very important for the QI project team to look at potential time efficiencies in their work however nobody wanted to reduce the assessment/Liaison/Reporting to less than 2h20min. It was very important for the team to maintain the quality of their work, the interaction with the young person and their family. It was felt that by reducing this time we would impact on the quality of their care and that was hugely important to the team. Support from our coaches Jamie and Marco in project meetings helped us look at the project from a completely different angle. "If the focus is quality then let's get service users involved!".

Every project that includes service users can really say it is doing the work that the families and YP really want – either by surveying their opinion ("Little I") or by including them directly in the project group ("Big I") to support decision making and service change.

Our next steps became much clearer and so did our aim – We focused the project on the experience of the YP rather than how long it took to flow through the pathway.

### Aim

To improve the experience of YP in the crisis pathway by 20% within 6 Months  
(Worthy of a note – Aims can change even during a project)

### Opinion matters



#### DAILY CRISIS BRIEFING:

THE MEETING TAKES PLACE EVERY WEEK  
DAY AT 9.30

CLINICIANS ON THE CRISIS ROTA DISCUSS  
ALL YP WHO PRESENTED IN CRISIS THE DAY  
BEFORE, HAVE ELEMENTS OF RISK (RED  
CASES) OR REQUIRE A DISCUSSION ABOUT  
THEIR 7 DAY FOLLOW-UP MEETING.

## Crisis Daily Briefing and Opinion?

The crisis daily briefing has made a huge difference in continuity of care for YP who are either deemed to have risk but are already open to the service or for YP who were referred for crisis over a weekend or the day before. The meeting gives staff an opportunity to hand over cases or alert the team to YP who may present in crisis due to their current risk levels. We then use the list of YP who will receive a 7 Day follow up meeting with a clinician and on arrival ask them to complete a survey on their recent experience.

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# Clinical Improvements

## SYSTEM ACCESS & PAPERWORK

All CAMHS staff use Rio as their patient database – however each hospital has its own record system. At the Homerton University Hospital this is EPR – for hospital based crisis presentations staff are required to record all their assessments, liaison and reporting on EPR as well as on Rio.

Historically staff have not found access to EPR straightforward and the task duplication on two systems was time consuming. As part of the improvements for staff we arrange EPR login access for all staff on the crisis rota so that they could access EPR remotely and could upload duplicated documents at the CAMHS base as well as Rio. This has saved time seeking login support from Homerton-based Matrons.

We also spent time creating briefer documentation for the staff which allowed staff to follow a template which prompted the team to report essential information. These templates have been made available to all other East London CAMHS services and uploaded for YP on our website.

### Unpredictability

Crisis presentations are not predictable and therefore the support required from a service can vary on a daily basis

### New Funding:



**NEW EXTENDED CRISIS SERVICE FUNDING HAS NOW BEEN MADE AVAILABLE TO THE EAST LONDON CAMHS TEAMS TO RUN AN EXTENDED CRISIS SERVICE. THIS HAS ALLOCATED TWO B6 NURSES TO EACH SERVICE TO SUPPORT THEIR CURRENT CRISIS PROVISIONS. THE SERVICES WILL NOW PROVIDE SUPPORT FROM 9AM TO 11PM WEEKDAYS AND 10AM TILL 2PM ON WEEKENDS.**

### Feedback from Young People

Every Young Person who presented in crisis was offered a 7 day follow up appointment if they were not already open to the service.

When they attended their appointment we asked for their opinion on their experience of the crisis pathway.

The feedback was overwhelmingly positive and can be shown in the following graphical illustrations.

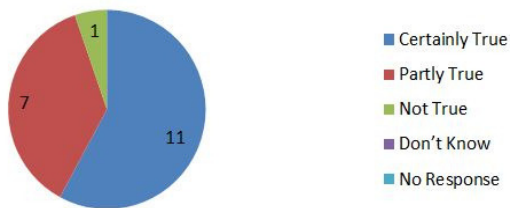
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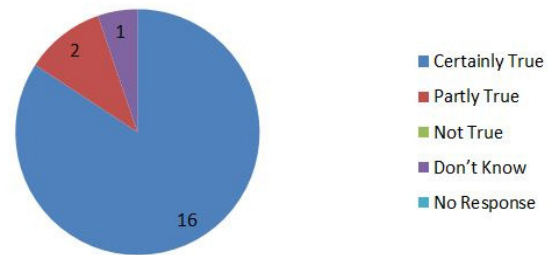
# Service User Feedback

Young people were very positive about the service – which challenged us to look for opportunities for further improvement and maintain the quality of care.

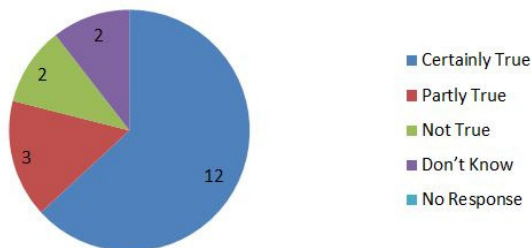
When you saw the CAMHS worker did you get ideas on how to keep safe in the future?



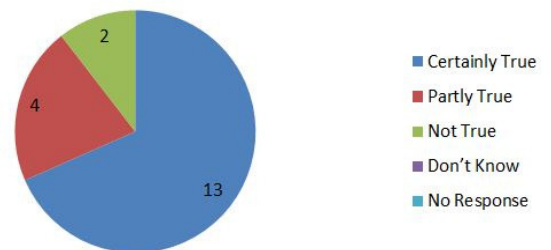
Did you understand all of the things said in the assessment?



If a friend needed this sort of help, I would suggest that they see CAMHS?



Overall the help I have received from CAMHS is good?



## What did they say?

Young People had very positive things to say about their experience in the pathway – these comments included:

**EVERYONE IS FRIENDLY AND UNDERSTANDING**

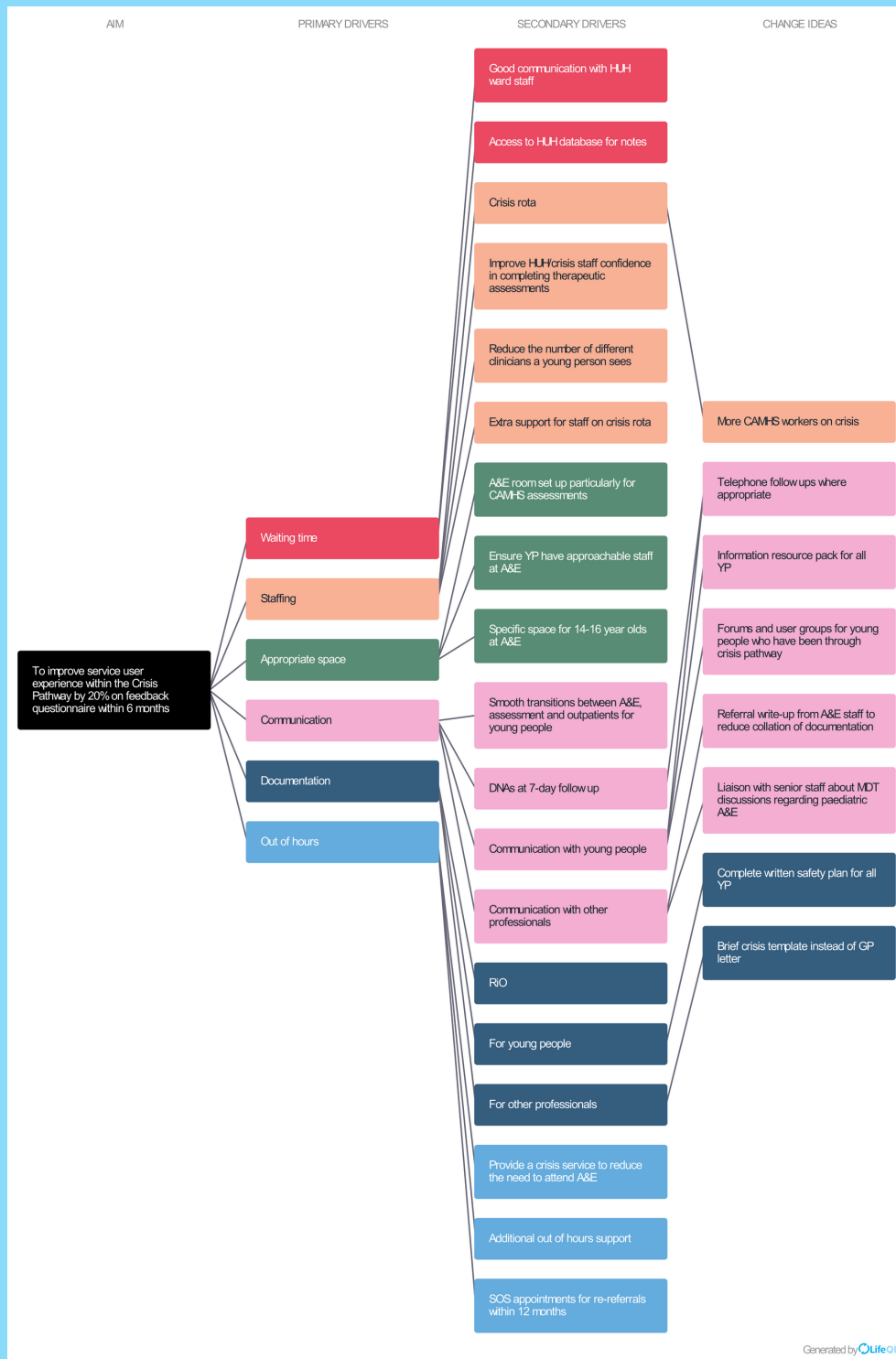
**I FELT THAT I WAS TAKEN SERIOUSLY**

**THE CAMHS CLINICIAN WAS VERY UNDERSTANDING OF MY SITUATION**

**MY RESPONSES WERE TAKEN SERIOUSLY**

**I WAS LISTENED TO**

# Project Driver Diagram



## Next Steps

Our final project stage is to review the time frames associated to the crisis project for assessment, Liaison and reporting – looking for improvements in both the time taken and for improvements in the feedback given by Young people at their 7 day follow up.

Quality Control is an on going journey that needs regular input to ensure changes to clinical and management practices remain in place to maintain the gains.

There are never two QI projects that exhibit the same needs or challenges – so expect a variety of project hurdles on your route to achieving your project aim.

**#HardWorkNow #ReapRewardsLater**