

NEWHAM OCCUPATIONAL THERAPY QI PROJECT

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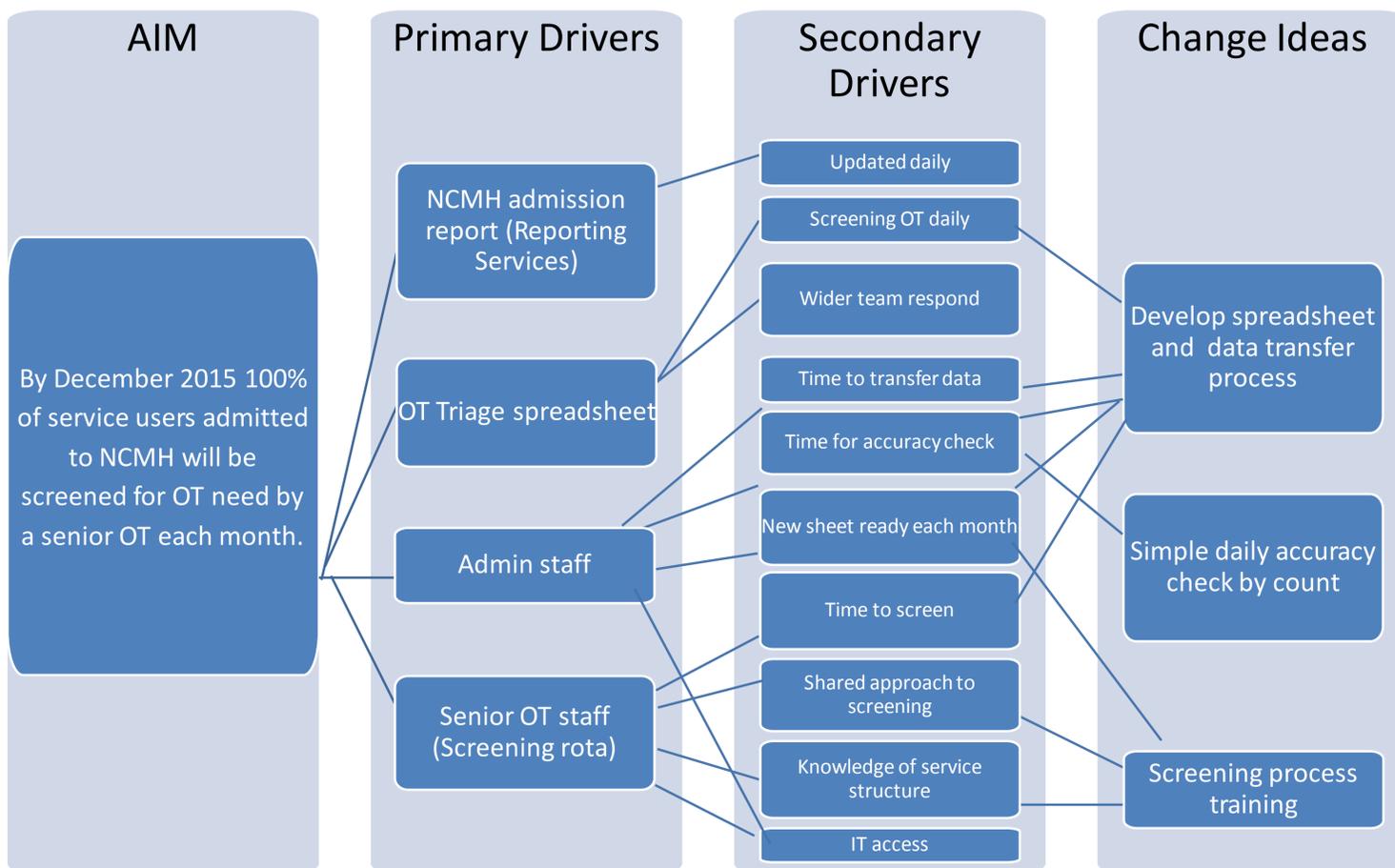
Why: OT services are available to everyone based on identified need
Early identification of OT need helps avoid delayed discharges
OT intervention will support recovery both in hospital and in the community.

Aim: 100% of service users admitted to triage/acute admission wards/PICU will be screened by a senior OT each month

Outcome Measure:

Percentage of admissions to NCMH screened for OT need.
Numerator: Number of people admitted to NCFMH per week who are screened by a senior OT.
Denominator: Number of people admitted to NCFMH per week.

Driver diagram



What are we testing:

We are testing whether everyone who is admitted to the Newham Centre is screened by OT to identify whether OT assessment and intervention is required during admission or following discharge.

PDSA Cycles:

1. Trials with spreadsheet derived from admission report, rota etc.
2. More reliable admin; reporting services working again. Better spreadsheet design.
3. Daily checks for accuracy of admission report.

Lessons Learnt:

Audit in October 2014 identified a number of problems:

- Only 68/84 people admitted to the Newham Centre were screened by an OT during October 2014;
- There was no reliable way to identify whether services users were being seen by the OT teams following screening (OT RIO records indicating contact time by an OT following screening ranged from 1-34 days with some not being seen at all);
- No consistent OT process within a complex inpatient system.

Outcome: We have achieved our 100% target by September 2015 as outlined on the attached P chart

