

Royal College of Psychiatrists Annual Rehabilitation Conference 2021

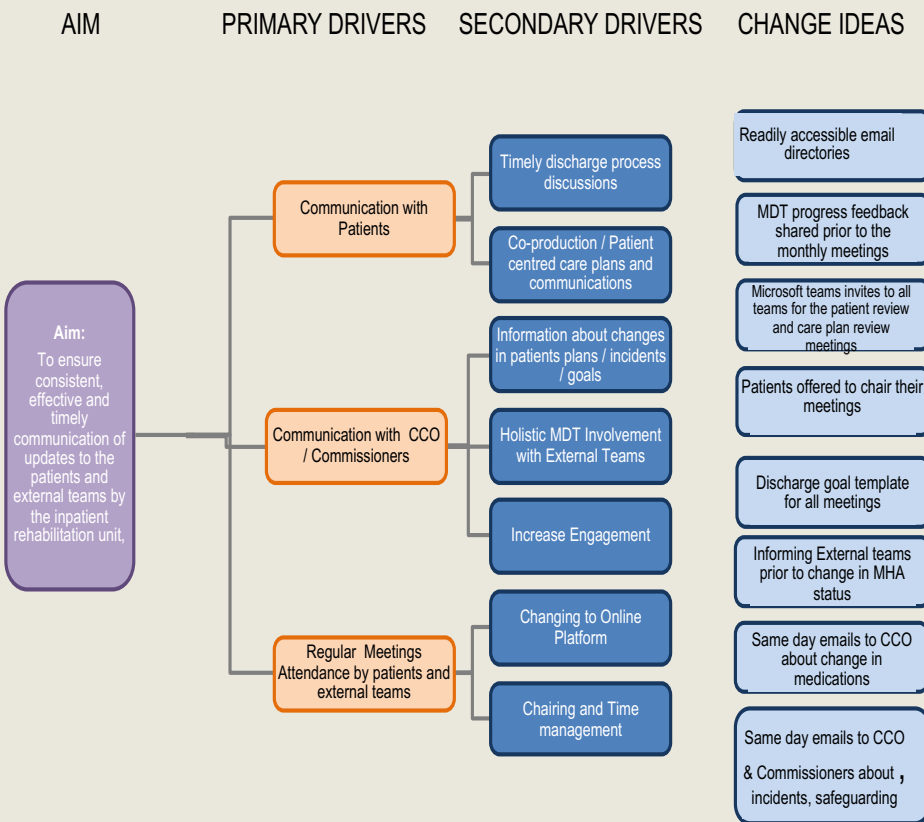
Quality Improvement Project for Effective Communication between Inpatient Psychiatric Rehabilitation Unit and Community mental health teams during the COVID-19 Pandemic

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Background: Using 5-Why QI methodology, the MDT of Delfryn-House—a private 28-bedded rehabilitation unit, reviewed the communications interruptions between the internal and external CMHT during the pandemic, which in turn was hampering patients' progress towards positive discharge. The MDT planned the project to improve the communication for continuity of care

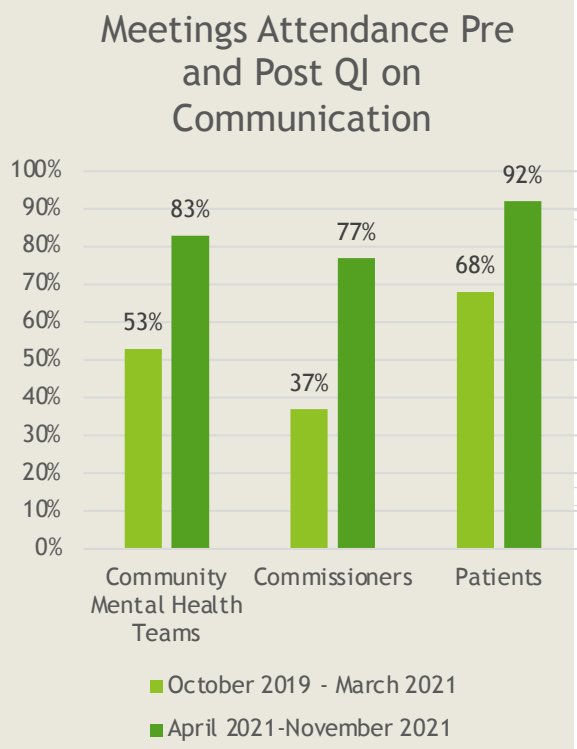
Method: The Intervention project, based on QI model-of-improvement, established that effective communication was the main aim, to be achieved with new change ideas. The outcomes were both qualitatively and quantitatively measured e.g. using feedback questionnaires from CMHT and patients, attendance and discussion of discharge goals for the admitted patients. Driver diagrams were used for change ideas e.g. Microsoft teams invites to all teams for the patient review and care plan review meetings, MDT adding the progress feedback to the patient review meeting proforma to be shared internally and externally prior to the meetings, informing the care coordinators prior to change in Mental health act status, same day email to CCOs about medication changes, incidents, safeguarding, and ensuring discharge goals are discussed at every meeting.

Satisfaction surveys to the CMHTs and patients were conducted pre- and post-intervention. Qualitative data are being collated, which will lead to quantitative statistical analysis of the satisfaction ratings. The attendance of meetings and positive discharge from the unit were also used for

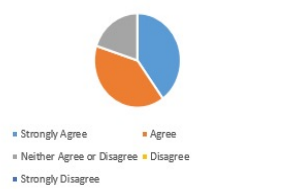


Results: There was significant improvement in both commissioners and CMHT's satisfaction in terms of improved and updated communication from Delfryn-House. There was also an increase in attendance (24% by patients, 30% by CMHT and 40% by Commissioners)

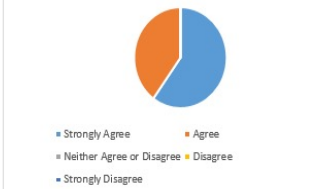
Conclusion: The QI-project not only reinstated the break in the communications during the pandemic but also helped in establishing clearer pathways towards positive discharge and continuity of care



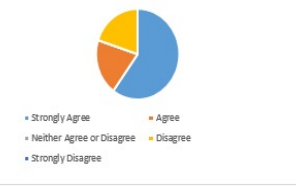
1. Do you feel up to date with the patient(s) care at Delfryn House?



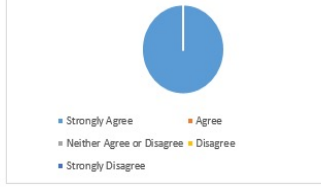
2. Do you regularly receive either written or verbal communication from a member of the staff team at Delfryn regarding the patient(s)?



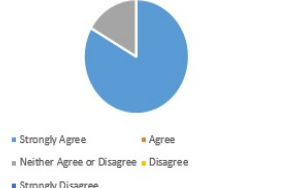
3. During the pandemic when lockdown was in place, did you feel that you were still as involved in the care with the patient with the communication received from Delfryn?



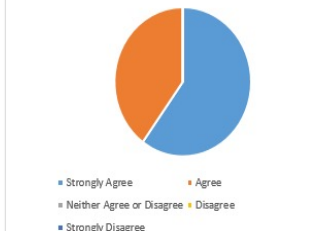
4. Are you invited to attend meetings for the patient(s) (CPA/CTP/Ward Rounds) and are you aware when they are taking place?



5. During the pandemic, were you still given the opportunity to attend meetings virtually and received written emails/reports about the patient(s)?



6. Do you feel satisfied with the overall level of communication that you receive from Delfryn?



Summarised Survey Qualitative Feedback

7. What information do you wish you had more of from Delfryn House?

Some feedback reported no issues and that information sent was good and sufficient with responses reporting they felt part of the MDT and were involved in the decision making processes. Written communication was effective and felt that they were able to 'directly email the Responsible Clinician and other members of the MDT - going the extra mile'.

8. What do you think will help to keep you more involved with the patient(s) care at Delfryn?

All Good – no issues
 Weekly/monthly emails sent to community teams with updates regarding mental and physical health and information regarding care management Blood results.