High Intensity User Quality Improvement Project

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Aims. To ensure that patients who are high intensity users of acute mental health services (136 suite, Liaison, and inpatient admissions) have a 'safety plan' in place .This should contain person centred and specific recommendations to avert crisis and guide acute clinicians in managing care in a crisis situation.

Methods. Audit of electronic health care records of top 10 patients who most frequent attend each of s136 suite, LPS and inpatient wards (26 in total) in the period 05/2021 to 04/2022.

Process mapping

Driver diagram

Coproduction via patient engagement team

Focus group-across care groups and lived experience

Results. -Audit of 26 identified HIU – whilst most (>80%) had a 'safety plan' in place, these lacked sufficient detail to avert 'crisis' and guide appropriate treatment should the situation escalate. The most frequent diagnosis was EUPD (77%). Most (93%) were open to CPA pathway.

- Process mapping – visual representation of crisis planning process within CPA process.
- Driver Diagram – primary and secondary drivers leading to change ideas of: additional 'HIU response plan' template; best practice example to guide care coordinators; process of flagging up HIU to community mental health services.
- Focus group – themes included the importance of : joint working across care groups' transparency with patients regarding professional opinion; consistency of interventions during a 'crisis'; and coproduction of safety plans.
- HIU response plans are incorporated into the safety plans of 20/26 HIUs.
- PDSA process ongoing – quality assurance and clinical effectiveness of changes to be reviewed. Further change ideas sought through QI process.

Conclusion. High intensity users who often present in 'crisis' to acute mental health services, have unmet needs.

This cohort require an additional framework to meet their needs.

When patients experience a mental health 'crisis', a consistent and clear treatment response is experienced as helpful.

Safety/crisis planning is thus an important aspect of meeting needs.

HIU response plans' can be incorporated into a patients 'safety plan' to ensure that individualised and specific guidance is available.

Best practice example of 'HIU response plans' can empower community mental health colleagues to co-produce such plans.

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Aims/Background. Near Me is a tele-psychiatry platform for conducting video consultation appointment in Child and Adolescent Mental Health Services (CAMHS) in NHS Orkney (NHSO). This model of consultation was introduced in NHSO CAMHS during the COVID-19 pandemic. The performance in offering effective clinical intervention in the domains of quality of care will determined through the experiences of both users and providers of care in this respect.

To assess the perception and experiences of service users (clinicians, patients and their families) on the use of Near Me in NHS Orkney Child and Adolescent Mental Health Services by applying the domains of quality of care as a measure. To enable all stakeholders (policy planners, users and providers) to identify gaps and barriers in the use of Near Me and to inform change in practice.

Methods. A survey was developed using the Telehealth Usability Questionnaire which is a validated tool to generate responses on the key domains of quality of care measures of appropriateness, reliability, access, timeliness, usefulness, effectiveness, interaction, quality, efficiency, safety, satisfaction and possibility of future use for both users and providers of care.

The survey was made available on social media platforms including websites and online adverts for clinicians, patients and their families in Orkney to complete for a period for 10 weeks.

Results. 28 responses were received with 14 completed responses (6 staffs & 8 patients and families) and 14 uncompleted responses (4 staffs and 10 patients & families).

A mean rank test was applied to appropriately evaluate the responses received.

Over 50% of respondents show high level of satisfaction in the use of tele-psychiatry services in all domains of quality of care in Orkney NHS CAMHS.

Access, timeliness and safety are highly positively rated by both clinicians and service users.

Improvement in network connections, improved coordination and understanding of technology will enhance the service.

Better understanding of the handling of technical problems in tele-psychiatry services should be addressed

Reduction of in-person interactions was identified by some respondents as concern.

Conclusion/recommendation. Tele-psychiatry is highly useful and accepted as revealed by the survey but network connections for the Near me platform needs to be improved. Face to face consultations should not be discounted and should be available where possible for better engagement.

As the first survey of the use of tele-psychiatry in NHS Orkney, this study will serve to establish a baseline for future evaluation of tele psychiatry services in NHS Orkney CAMHS.

Service Users Experience in the Use of Tele-Psychiatry in Child and Adolescent Mental Health Services in NHS Orkney

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