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QUALITY IMPROVEMENT IN AMBULATORY MENTAL HEALTH SETTINGS

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Eight ambulatory Mental Health Settings have been committed in a national pilot intervention aiming at improving the quality of the service they deliver from April 2006 to december 2007. This twenty months intervention allowed teams to set operational bjectives, to describe their organization, to implement an actions'plan and to evaluate their results.

The main operational objectives they chose were the following:

- Delay for an initial appointment.
- Delay for an appointment following a discharge from hospitalization.
- Rate of non attendance.

The framework to analyse their organisation included a focus on Human ressources, on Operations, on Strategy and on Information Sharing.

The main findings were awide variations in performance from a setting to one another (median delay for a first appointment with a psychiatrist ranging from one to seven weeks, paid psychiatrist working time for a single appointment ranging from 0.6 to 2.5 hours...), lack of formalisation of processes (including major processes as intake, discharge from hospital...), the absence of objectives set by the managemers.

Actions'plans included very basical actions as setting dashboards and objectives, setting strategy to decrease non attendance, sharing diaries, reorganising meetings, mapping patient's pathway.

Finally, some results were obtained as:

- reduction of delays for first appointments (4 settings amongs 8);
- reduction of delays for a appointment after hospital discharge (1 amongst 8).

Furthermore, this pilot intervention allowed to create and develop tools, method and experience for accompaning other settings. Ten new volunteers are involved since july 2008.