Connecting Care national collaborative

LAKES DHB

Aim

At Lakes DHB we aim to increase the adult mental health post discharge 7 day follow up rate by 25% from 42% to 67% by 30 June 2019.

Project team

Who	Why
Hayden Eagle (Stats)	To collect measurable data
Charlotte Foley (Q&R)	Receives complaints. Datix. Has experience in QIP
Michael O'Connell CDN	Consistent support. Has experience in QIP
Carley Jones CNM/Michelle Duruy CMHT	To provide an enabling environment
Ann Maree CNS	Help buffer and remove barriers
Inpatient staff x3	To help trial change
Link people/Consumer advisors/family advisors	Lived experience. Connect care in the community
NGO	Receive d/c consumers
Michael Bland SM	Profile the project.
Paul McCann DT	Profile project to consumers
Dr Russell SMO	Remove barriers. Allow change

Engage

Key experiences from consumer, families, whānau, staff and stakeholder engagement:

Staff : Duplication of d/c plans. Poor f/u in the community
Consumer/families: Not always fully informed. Great idea using a high level map – like to share stories and experiences . Appreciate the opportunity for their voice to be heard. It would be a safe approach. Shadowing – raw data, then and there approach.
Stakeholders: Transitioning of care is problematic. Data collect almost impossible. Complaints/adverse events. Genetic discharge plan that looks at broader needs (accommodation, financial, medical, psychological).   Poor stats 7 day post d/c. No data to measure consumer experience. NGOs – would be happy to put their experiences up in a group setting. Ngo feel that consumers discharge decisions are based on clinical need. Keen to look at how it could be done better. All agree poor transition is due to poor communication.

Capture

- People from services would come and introduce themselves but consumers were not informed that the referral had been made
- Consumer: staff and family expectations were different. Big build up about d/c then it didn't happen. Talked about "me" rather than including me. Light hearted jokes made, but "it was a serious matter to me". Would have been better if the staff and "my family" had touched based prior to d/c meeting. Everyone to be on the same page. No written information. Meet to be seen by "someone" but didn't know who. Knew how to contact people as been in the service for many years but not given any information.
- NGO – importance placed on perceived clinical need. Poor communication. Information not adequate.
- Staff – duplicate copies of discharge plans. Lots of paperwork. Poor communication.

Understand

Pre-discharge	At discharge meeting	Post discharge
"Happy" – thoughts I was going home	"Sad" – due to the outcome	Happy about being home
Lots of compromise which caused "anxiety"	"Frustrated" – not being listened to.	'Unsure' of plan

Co-design themes

Themes from co-design process so far:
- not fully informed about the d/c process
- poor communication
- no written information given on d/c
- common emotion of 'frustration'
- not listened to

Ideas generation

Change ideas generated through co-design process:
- fully informing consumers and whanau by given verbal and written information. Written information to include roles and responsibilities of staff
- Looking at the Ministry discharge requirements 'Treatment/Recovery Plan' – could meet both consumer and staff needs
- Checklist
- Could consumers run their discharge meetings?

Measures

Outcome measure:

1. Improving the consumer experience
2. Expect to see an improvement in the post 7 day contact –higher rate of follow-up after discharge could lead to improved consumer experience

Include any baseline data for your chosen outcome measure if available.

Post d/c/7 day follow up is 42% - target is 90%

Shared learning

What we have learnt that is useful to share with other teams:

– Measuring the consumer experience is a very important area to measure, but it is a big undertaking to do well. Need to consider incorporating into a system process to ensure sustainability of the work.

– We thought that by arranging a DPM and having everyone around the table, was a good discharge process, but the consumer is not being heard – voice being lost in this process.