What works in mental health?

Use this form to share with others what you are doing locally to improve outcomes for people experiencing mental health crisis – your positive practice examples.

What is the service / initiative and who it is for?

The service has developed an electronic multidisciplinary management tool.

The tool was designed to be used by All grades of Nurses, Ward Management, Ward Admin, Consultant Psychiatrists, Junior Drs, Pharmacists, Occupational Therapists and Psychologist.

It was designed to support the holistic assessment and treatment of patients on an acute mental health unit by integrating visible displays of data containing fields of information such as Consultant, age, length of stay, patient identifiers, named nurse care coordinator social worker, legal status, safeguarding alerts, MEWS frequency, admission stage, medicines reconciliation.

This display is accompanied by seven clinical subcategories, Assessments, Referrals, Risks, Investigations, Interventions, Reviews and Health. Each clinical Sub heading contains further clinical detail pertaining to its heading. At a glance practitioners are alerted to any outstanding actions high risks or health alerts as the clinical sub categories are RAG rated in accordance with the data which lies within.

The data also feeds into a task management system which is utilised by all professionals.

What was your starting point?

Please describe the problem / challenge you wanted to address or the reason for action

Prior to the tool being developed the wards where using magnetic Patient Status at a Glance boards (PSAG's). The boards acted mainly as a focal reference point. Over time the PSAG board's gradually developed to demonstrate a reflection of individual admission pathways; this was supported by daily MDT Task Allocation meetings. The MDT would meet daily in order to discuss service user progress. At the time there was a large focus on standardised interventions from a staged recovery model. After working to the recovery staged model for approximately two years it became apparent that the visual fields on the PSAG failed to demonstrate other person centred interventions that the team delivered in response to service users individual needs.

Consequently the wards questioned the functionality of the PSAG display and whether they were actually fit for the desired purpose. Teams chose to use a PDSA framework with the intention of reorganising the PSAG board in attempts to increase its efficiency.

The aim was to create a more person centred reflection of assessment, risk, required intervention and general health.

The ward made use of available resources to purchase a series of interactive monitors. The information displayed on the PSAG board was incorporated into an electronic system. This allowed the functionality to be more diverse.

What change was introduced and how was this done?

Whilst considering the need for the PSAG board reorganisation it became apparent that a RAG rated system of multiple data columns would not be compatible within an electronic database. It was not considered feasible to condense any of the data columns. If anything the teams felt a need to add more clinical content.

The PSAG board as we knew it was developed into a tool which is run through an access database. The concept was suggested by the local management teams and the design created by the Ward Manager. Being a local initiative the Wards approached Senior Management and Informatics departments within the trust. Impressed by the concept the Trust agreed to support a pilot project across both wards.

The database itself holds an interchangeable set of features which can be accessed via different views. The overall ward view displays risk ratings, demographics, key contacts and legal status etc however each service user has an associated background which feeds into this. This is referred to as a patient view.

What resources were required?

Please describe budget, staffing and skills requirements.

The wards were supported by the Modern Matron to purchase a series of Digital Smart Boards. Ward Manager took a developmental lead on the project already having a background in IT. Time was spent locally delivering training to all practitioners.

What impact have you had?

Please describe what outcomes you have achieved, evaluation findings and any feedback from people.

The PSAG provides a holistic reflection of a service user's clinical history and future plans at any one time.

Each task is allocated to the appropriate clinician. This is ensures ownership and has increased efficiency.

All members of the MDT who routinely input into clinical work have access to the PSAG. The data is live and the PSAG can be viewed via the main function on the digital smart board or via individual PC's. Practitioners such as consultants and pharmacists who are actually based off the ward are now in a position to add clinical tasks or request specific investigations assessments or

interventions from their own office space. Likewise they may view tasks or patient requests which are specific to them in the same way. This allows for greater continuity and is more time efficient

Multi point access across the ward has also allowed for continuity within ward handovers and clinical reviews. The tool is also utilised as a framework for handover.

Nursing staff are also able to use the PSAG to co-ordinate their shift. By populating shift coordination fields the PSAG will identify who the Nurse in charge is and which practitioners have been allocated to physical health duties, PET member and security nurse. Combined with task allocation ensures greater ownership of nursing duties and avoids duplication.

What challenges did you face and how were these overcome?

Some time constraints as the project was developed alongside routine working duties.

The background management of the system belongs to one owner which creates a greater dependence on them.

How can the change be sustained and spread?

Please describe your future plans and whether the change could be replicated elsewhere.

There are future plans within the trust to incorporate the system within the Trusts IT strategy. This will result in shared ownership between IT and clinical teams. It will allow for potential roll out across other inpatient wards.

The project is on-going and reviewed regularly from a clinical perspective. There is potential to share the approach across wider clinical teams such as Recovery, Home Treatment and Bed Management teams. With an aim to support smooth and efficient patient transfer between secondary mental health services.

What have you learned?

Please share any key learning points, top tips, and any 'elephant traps' to avoid.

The system is real time the data is live therefore it is essential that it is kept up to date.

The system has allowed us to revaluate the wards skill mix.

It has supported us with our professional judgement in relation to safer staffing.

The system breaks down tasks by type which has allowed us to identify the most appropriate practitioner for each task.

It highlights requirements for training and can also be utilised to monitor staff performance.

Increased efficiency from a multidisciplinary perspective has enabled a smooth efficient patient journey. Time is managed more effectively. Interventions can be directly targeted to appropriate practitioners.

The system allows the wider MDT to accountably manage their own workload.

Supporting information

Please forward any relevant documents that you would like to share e.g. project plans, outcomes data, evaluation reports and publicity material.

Lead contact

Please provide the contact details of the person who leads the service / project / initiative.

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Submission contact

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Submission date – Please complete

22 September 2015

Return address

Please return this completed template, with any related material to the Mental Health Crisis Care Concordat office crisiscareconcordat@mind.org.uk

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