

Using quality networks to improve mental health services: learning from the project

Key findings

Improvements were made in a number of measurements for metabolic side-effects such as blood pressure, obesity and glycaemic control. However the number of patients who had all health checks for metabolic syndrome, though higher than at the start of the project, remains low.

Patients' satisfaction with access to non-therapeutic activities increased in an adult inpatient ward in Camden & Islington. This was done through advertising the available resources, asking for feedback from patients and encouraging them to help design posters advertising activities.

Transitions from in-patient to community care were successful as changes made by the team in Somerset led to a significant decrease in the number of bed days used, reducing from 265 in January to 83 by September 2011 (a 69% reduction in bed days). An adolescent unit in Oxford Health NHS Foundation Trust reduced average length of stay from 82.5 to 44 days.

Successes

- The CCQI has increased its confidence in using quality improvement (QI) methods and has applied these to improving some of its internal processes, e.g. speeding up delivery of reports.
- Members of the QI collaboratives found them a useful and safe place to share successes, ideas for change and the challenges they were facing.
- A ward team working on improving satisfaction with meals found that a by-product of the activity was an improved ward atmosphere with greater co-operation between the young people on the ward and staff.
- Participating teams have had the opportunity to build their skills and confidence in using QI methods which they could apply to other projects in the future.

Challenges

- Organisational changes hampered even the most enthusiastic teams in achieving their quality improvement goals.
- Changes in team staffing impacted considerably on the ability of teams to work effectively on a quality improvement project.
- Many health service staff associated 'measurement' with 'performance management' and it was a challenge to get them to collect the progress measures needed to monitor improvements.
- Staff are not accustomed to testing new ideas in the work place and some struggled to adopt Plan-Do-Study-Act cycles.
- Efforts to encourage teams to involve service users in the improvement projects were largely unsuccessful.

Advice to others doing similar projects

- It is important to skill up members of the team with quality improvement methodology at the earliest opportunity.
- Keep language familiar and avoid mystifying people with jargon.
- Teams learn to use improvement methods more readily through a 'learn by doing' approach rather than a heavily theoretical introduction.
- Don't underestimate the amount of support teams will require, especially in the early stages. Use a variety of methods to maintain contact: e.g. group learning events, one to one contact, emails and teleconferences.
- If teams want to involve service users this needs to be made explicit from the beginning and integrated into the project planning materials and then reviewed on an on-going basis.
- Where teams are not well established, pre-work may be needed to build the team so that improvement work gets off to a good start.
- It is important to obtain written support for an improvement project from senior management that details the expectations from both sides.