Quality improvement for memory clinics: The Memory Services National Accreditation Programme (MSNAP)

Improving the quality of services that assess and diagnose dementia

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What is MSNAP?

• Accreditation programme for memory services/clinics
• Voluntary – 50 member services in the UK
• Evidence based standards
• Supportive
• Running since June 2009
Our principles

People with memory problems/dementia have fair access to assessment, care and treatment on the basis of need, irrespective of age, gender, social or cultural background, and are not excluded from services because of their diagnosis, age or co-existing disabilities/medical problems.

People with memory problems/dementia and their carers receive a service that is person-centred and takes into account their unique and changing personal, psychosocial and physical needs.
How does it work?

• **Self review** – 3 months
  – Questionnaires to staff, people with dementia, carers, referrers, case note audit + organisational checklist

• **Peer review** – 1 day
  – Visit by a team of peers: people who work in other member services, and a person with dementia and/or carer

• Report reviewed by 2 RCPsych committees
Keeping up standards

• Accreditation lasts for 2 years
• Short ‘check up’ at 1 year
• After 2 years, services complete the full process again
• Aim to encourage constant self-evaluation and a drive for quality improvement
Continuous quality improvement?

- 3 services are currently going through the process for the second time
- Compare their results from the current cycle with those from the previous cycle
- **Have they improved over the last 2 years?**
Results

Average 10.8% improvement in overall standards
Average percentage improvement in standards

- All standards
- Patient Feedback
- Carer Feedback
- Staff Feedback
- Referrer Feedback
- Case Note Audit
- Organisational Checklist
Percentage improvement in standards, by service

Service 1
Service 2
Service 3

All standards
Patient Feedback
Carer Feedback
Staff Feedback
Referrer Feedback
Case Note Audit
Organisational Checklist
Improvements against standards

• Increase in % of new referrals seen within 4-6 weeks
• Increased % of patients reported being asked who their diagnosis could be shared with
• Reduction in % staff reporting a lack of funding for training
• Increased % referrers reported being given referral protocols + info about the service
Possible reasons for improvement

The programme does not end after accreditation

1. Areas for improvement highlighted
2. Peers suggest ways of improving these
3. Service encouraged to create action plan to address areas for improvement
4. Short and long term goals
5. Action plan revisited after 1 year
Tangible improvements

- Secured funding to open a physical examination unit on site
- Assigned a medical lead for the service
- New information leaflets/packs developed for people with dementia and carers
- Implementation of checklist for assessments
- Speeding up use of shared care agreements
Limitations

• Not all standards compared
• Only self review data - incomplete
• Greater familiarity with the process
• Standards that remain 100% not captured
• Requires independent evaluation
• Qualitative data
Patient and carer feedback

All staff were very kind and welcoming.

We have been given enough information for the present time and patient's condition, and I know that if I need more I only have to ask and I will get it.

[The person I care for] has benefitted greatly by visiting the clinic - the atmosphere is friendly and inviting - and she is happy to attend. The consultant is extremely caring and friendly, and explains the treatment which has been extremely beneficial.

Always treated with dignity and respect.

The doctors/staff we saw were always ready with advice etc., and more importantly gave us plenty of time to discuss this.
Standards development

• Revised on an 18 month basis
  o Recent publications
  o Feedback from members/peer reviews etc
  o New directions?

• Current gap around interventions
  o New standards proposed – psychosocial and pharmacological interventions
Sharing knowledge and good practice

• Identify a standard that you think your service would currently struggle to meet and share this with the group

• Group discussion – let’s brainstorm and share ideas!
  o How do other services go about meeting this standard?
  o What advice can you offer?
  o Can we come up with some solutions as a group?
Group work

• Could the standards be improved - any major omissions?
• Are they realistic and achievable?
• Do you think the standards will lead to benefits for service users and carers?
• Do you think they would help to inform practice?
• How could they support service improvements and the care service users and carers receive from staff/services?
• Are there any potential barriers to implementing these standards?
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