Innovative and Collaborative Rehabilitation Psychiatry Care Plans

Authors: Dr. Ewa Okon– Rocha[1], Dr. Omer Malik[2];

Cygnet Healthcare, Cygnet Churchill Hospital, 22 Barkham Terrace, Lambeth Road, London, England. SE1 7PW.

Aims and Hypothesis

All patients suffering from severe and persistent mental illness merit rehabilitation. The goal of psychiatric rehabilitation is to help disabled individuals to develop the emotional, social and intellectual skills needed to live, learn and work in the community with the least amount of professional support. This can be achieved through a holistic review of one's needs summarised in an individual Care Plan. The aim would be to improve the quality of the current care plans. The hypothesis is that the patient's and multidisciplinary staff's involvement in care plans can be improved by improving the quality of care plans.

Background

The patient and staff expressed concerns about the care plans at the August 2020 survey, the main themes were not being user-friendly, too long (40 – 60 pages), patients not reading care plans and not being helpful for patients. Thus, the quality improvement initiative was to improve the care plans.

Methods

A focused group was held, leading to the co-production of a new care plan, across 2 male High Dependency Rehabilitation wards at Cygnet Churchill. Thereafter, a survey form was designed, which was completed by staff and patients. The initial survey was a baseline measure of the previous care plan. This was followed by an intervention in the form of a new co-produced pilot care plan, which was evaluated via survey feedback from patients and multidisciplinary staff. The data were evaluated with a percentage distribution. The ward round template was changed to become care plan based, with improved patient focus whereby the patient's opinions were clearly highlighted and monthly goals were discussed.

Results

There was a significant improvement in survey results from patients in terms of care plans having clear language, reduction in length, being beneficial and patient ownership. The staff results highlighted the strong improvement in care plan's user-friendliness, reduction in length, and patients' benefitting and reading their care plans.

Conclusions

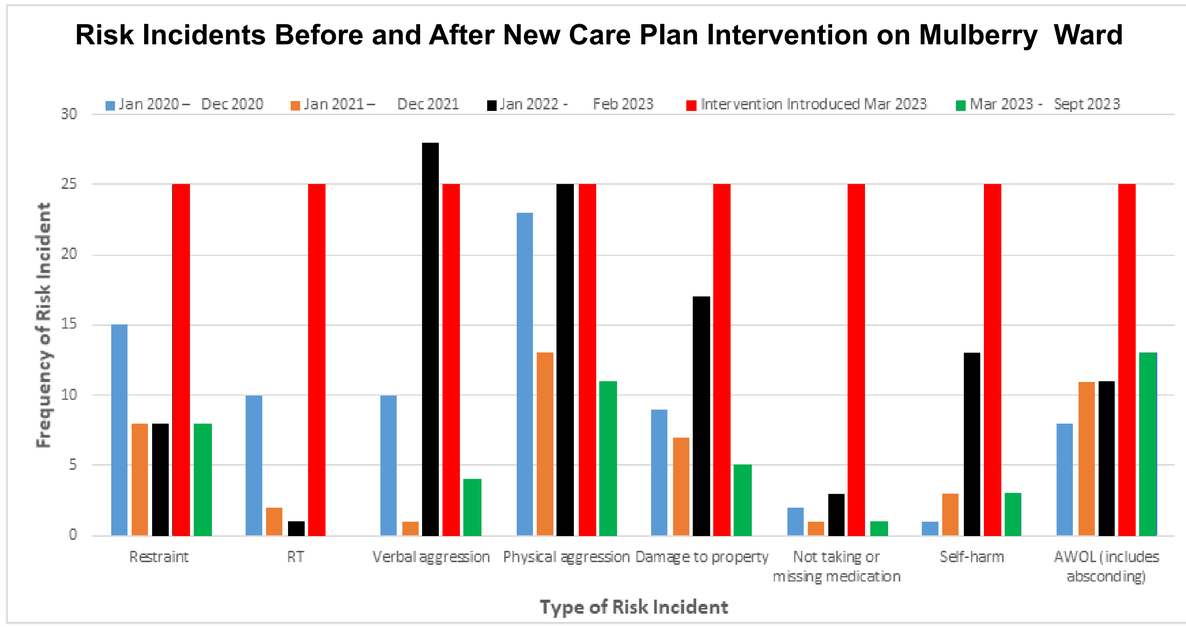
Care planning is crucial in ensuring that the individual, appropriate and holistic level of care is provided to a patient. By changing the length, layout and friendliness of an electronic version of the care plans, at the same time, we effectively reduced barriers to patients' recovery and promoted the more trusting relationship between a patient and staff.

There are no sources of financial sponsorship.

Mulberry Ward Data

Patient Questionnaire Results (Mulberry Ward)				
Before or After Intervention	Percentage of cohort who are reading care plans (%)	Percentage of those report care plans are beneficial (%)	Percentage of those who report Care Plans are too long (%)	Care plans use easy to understand language (%)
Before	34.0	50.0	63.0	63.0
After	87.0	88.0	6.0	92.0

Staff Questionnaire Results (Mulberry Ward)				
Before or After Intervention	Percentage of cohort who feel Care Plan is User Friendly (%)	Percentage of those who report Care Plan is fit for purpose for supporting patient progress (%)	Percentage of those who report Care Plans are too long (%)	Percentage of patients reading care plans (%)
Before	32.0	37.0	76.0	21.0
After	59.0	100.0	0.0	100.0



Maple Ward Data

Patient Questionnaire Results (Maple Ward)				
Before or After Intervention	Percentage of cohort who are reading care plans (%)	Percentage of those report care plans are beneficial (%)	Percentage of those who report Care Plans are too long (%)	Care plans use easy to understand language (%)
Before	73.0	37.0	33.0	82.0
After	100.0	93.8	19.0	94.0

Staff Questionnaire Results (Mulberry Ward)				
Before or After Intervention	Percentage of cohort who feel Care Plan is User Friendly (%)	Percentage of those who report Care Plan is fit for purpose for supporting patient progress (%)	Percentage of those who report Care Plans are too long (%)	Percentage of patients reading care plans (%)
Before	32.0	37.0	76.0	21.0
After	59.0	100.0	0.0	100.0