

The Efficacy of Quality Management Improvement System (QMIS) on reducing waiting times within a Specialist Community CAMHS Team

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AIMS & QUESTION

Will QMIS reduce average wait times in a Specialist Community CAMHS team?

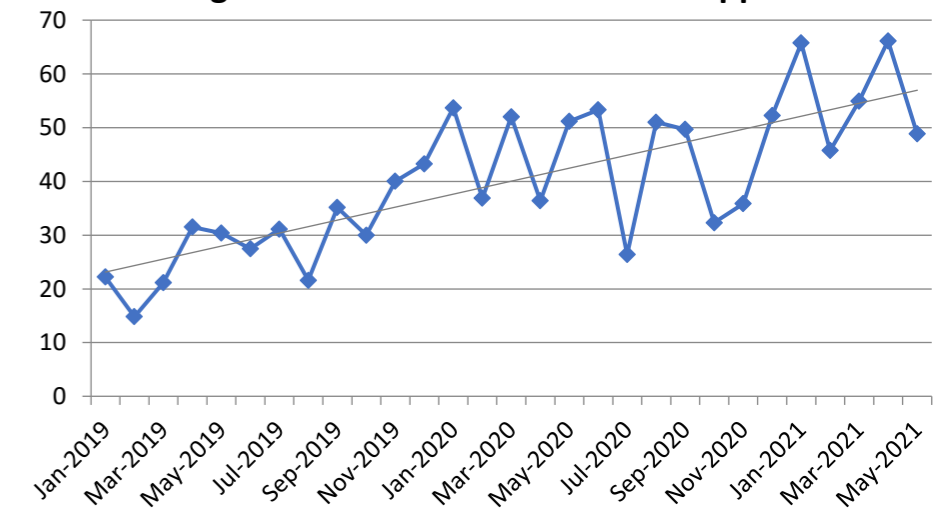
BACKGROUND

- CAMHS referrals increased by 26% between 2012 – 2017. Due to increased demand and complexity, QMIS; based on Lean (quality improvement) methodology, was applied to healthcare. Using a bottom-up approach, such methods were found to increase public spending, optimise patient flow and improve cost efficiency.
- In mental health settings, Lean methods were found to improve work productivity, increase clinician's capacity to see patients by 27%, reduce unattended appointments by 12% and support stronger relationships between the NHS and its patients.

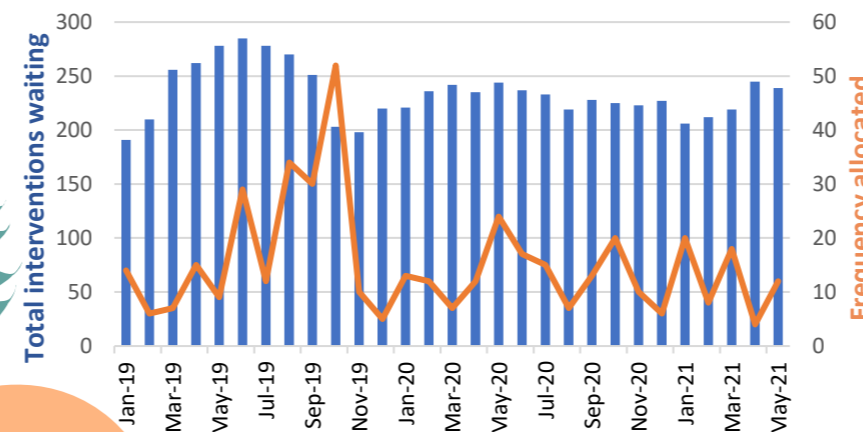
RESULTS

- Results show an upwards trend in average wait times from January 2019 to July 2021. During 2019 young people waited 29 weeks to be allocated on average, compared to 44 weeks during 2020 and currently 60 weeks this year.
- In Sept 2019, 30% of 250 interventions were allocated, compared to 4% of 245 waiting in April 2021

Average wait time, in weeks, from the date added to the waiting list to the date of first offered appointment



Number of interventions allocated vs. total number of interventions waiting



CONCLUSION

At first glance, results indicate that QMIS changes were not effective at reducing average wait times to allocation. However, this does not discourage us as this could be explained by a period of high staff turnover and short staffing, reflected by the low allocation rates, coupled with stresses of the pandemic and an increase in referrals and complexity. We plan to re-audit in the new year taking in account further stability in the team and recruitment.

METHODS

6 clinicians attended weekly 2-day QMIS training from January – June 2019. Half a day per week is now dedicated to QMIS.

Average wait times, frequency allocated and staff morale levels using the Perceived Stress Scale (Cohen et al., 1983) were collected on a monthly basis.

Several factors were explored that could explain the lengthy wait times, including:

- Referral rates
- Staffing levels/ turnover
- Staff stress levels
- Case complexity

Implementing QMIS into the wider team in June 2019:

- ❖ Weekly team "Huddles"
- ❖ QMIS Protected time
- ❖ Auditing waitlist statistics
- ❖ Staff Morale Survey
- ❖ Complex case discussion groups

References

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