

# Implementation of MOSAIC (Multi-disciplinary One Stop Assessment and Intervention Clinic) within a Home Treatment Team



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**Aims:**  
 To reduce the:  
 1. Proportion of people referred to the Home Treatment Team (HTT) following their initial assessment with the Mental Health Access Hub (MHAH) by 10%  
 2. Length of stay (LoS) for those patients referred to the Home Treatment Team (90% referrals <42 day length of stay)  
 3. Waiting time for an initial medical review following referral to the Home Treatment Team by 50%.

**Background**  
 The initial assessment of patients referred to the HTT should include multi-disciplinary team (MDT) assessment of needs, but involving different professionals often occurs over days to weeks.  
 MOSAIC was introduced as a one stop MDT clinic set up to review newly referred patients who required an urgent assessment.  
 Prior to MOSAIC patients were seen by the MHAH where there was no immediate access to an MDT. The assessment was undertaken by one clinician who determined if the patient required the HTT or another community team. This could lead to delays in the assessment process.

**Clinic Structure**

Timings	9:00	9:15	9:30	9:45	10:00	10:15	10:30	10:45	11:00	11:15	11:30	11:45	12:00	12:15	
MHAH Assessor 1	Patient A assessment				Patient A discussion	Patient A feedback	Patient C Assessment			Patient C discussion	Patient C feedback				
MHAH Assessor 2		Patient B Assessment				Patient B discussion	Patient B feedback	Patient D Assessment			Patient D discussion	Patient D feedback			
MOSAIC panel meeting					Patient A discussion	Patient A feedback	Patient B discussion	Patient B feedback	Break in MDT		Patient C discussion	Patient C feedback	Patient D discussion	Patient D feedback	

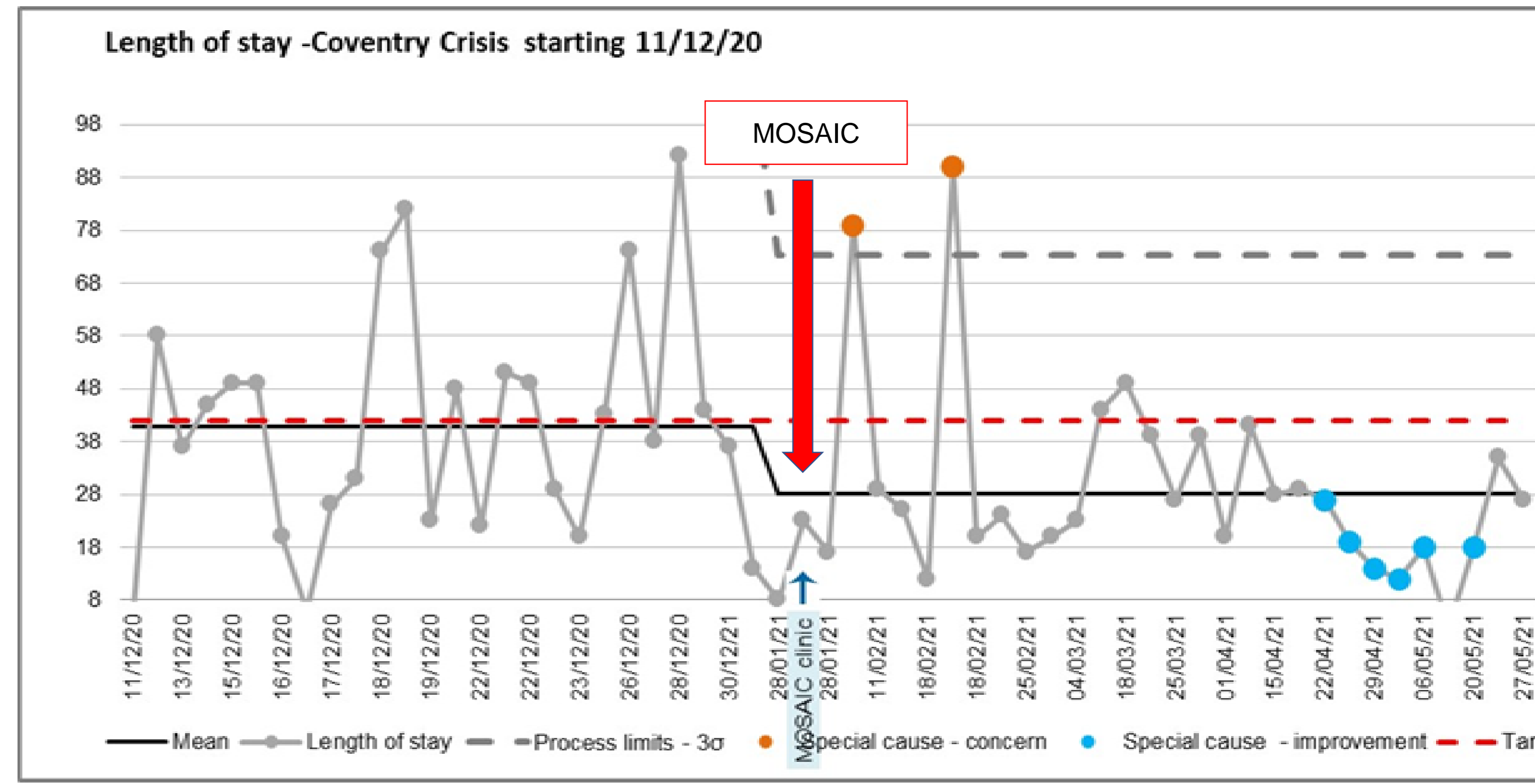
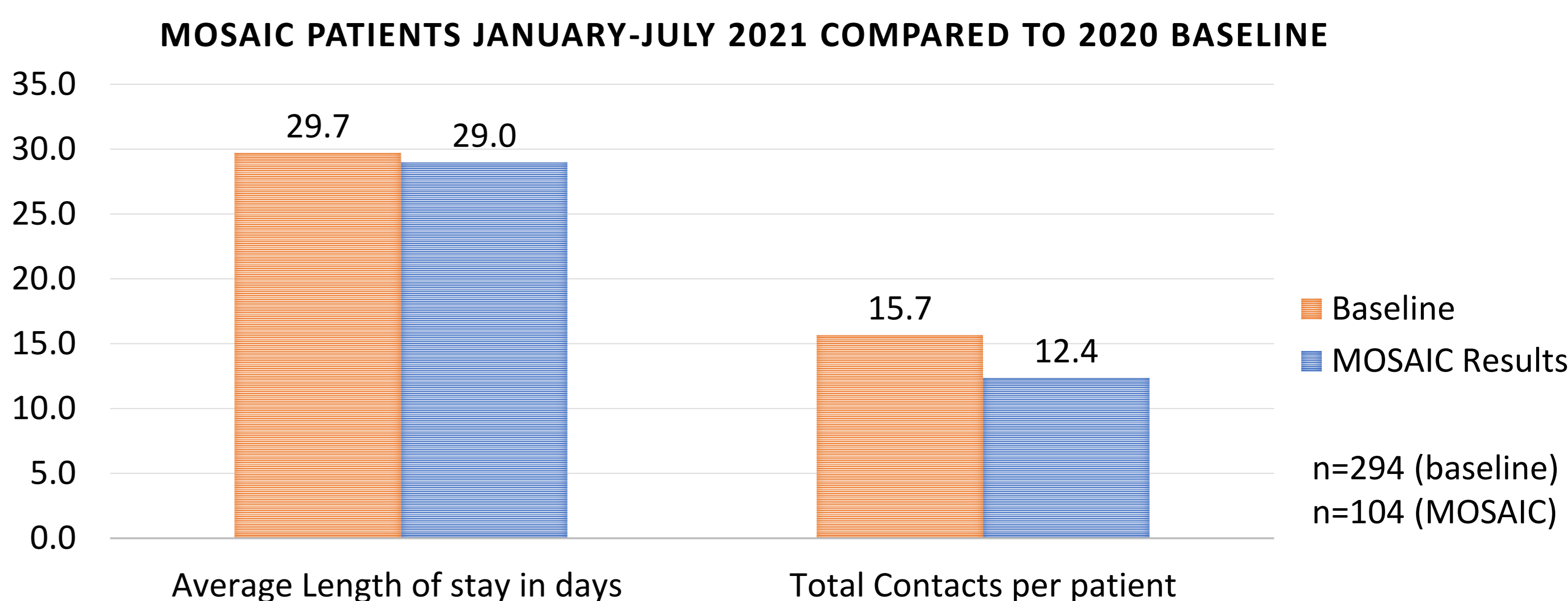
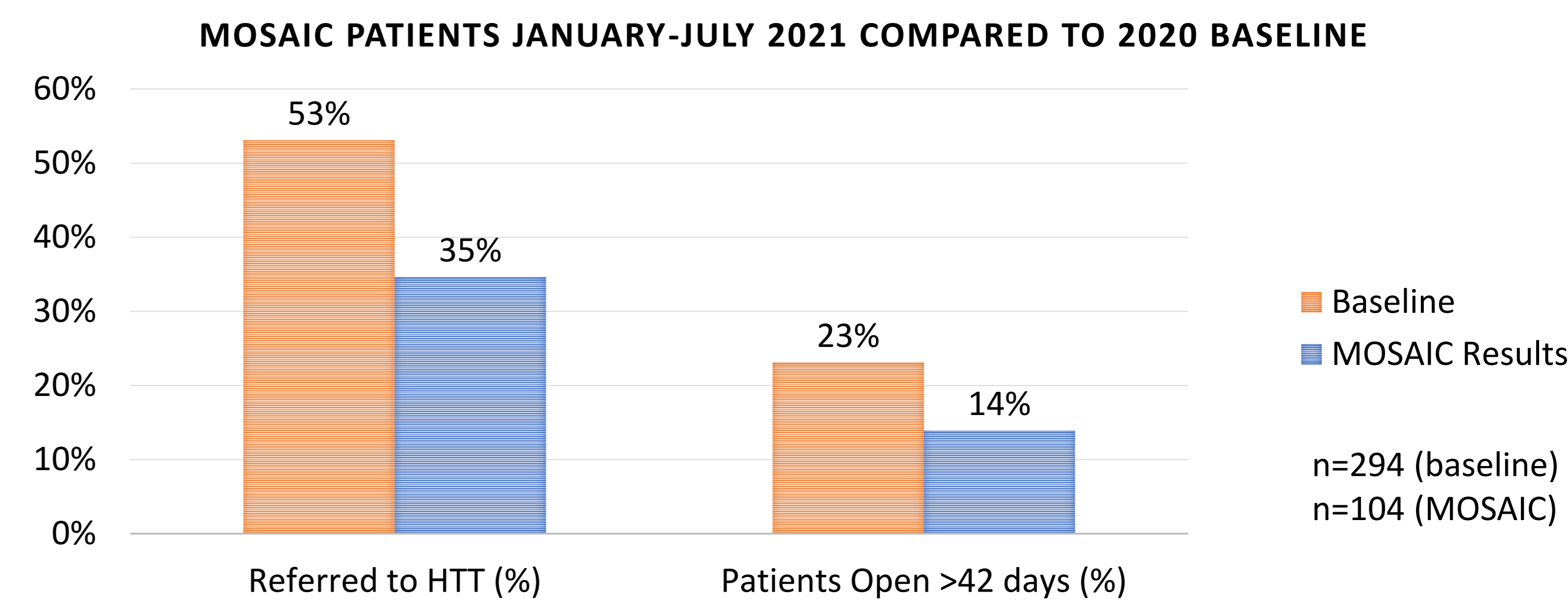
**Methods**  
 A new pilot clinic 'MOSAIC' (Multi-disciplinary One Stop Assessment and Intervention Clinic) was established within the HTT. Patients seen for an initial assessment were assessed by a nurse from the MHAH, and then returned to the waiting area for fifteen minutes while their case was discussed within an MDT meeting consisting of; a band 7 clinic lead, a psychiatrist, psychologist, Mind navigator and support workers.  
 Following the discussion and agreement of a biopsychosocial formulation and treatment plan, a psychiatrist and/or support worker could return to discuss the plan and treatment options with the patient, completing appropriate referrals or starting medical treatment if required.  
 Baseline data were collected for 3 months prior to MOSAIC and the first 6 months of the MOSAIC pilot.

**Impact**

Aim	Target	Achieved
✓ Reduce number patients referred to HTT	10%	34%
✓ Reduction in LoS (to <42 days)	90%	86%
✓ Reduce time to initial medical review	50%	95%

**Results**

Measure	Before	After
1. Patients referred to HTT	53%	35% ↓
2. LoS for patients referred to HTT (days)	29.7	29.0
3. Average waiting to time medic review (days)	6.2	0.3 ↓



**Conclusions and next steps**  
 MOSAIC is an efficient organisation of resources to improve the assessment of patients referred to HTT and was well received by staff and patients alike.  
 Further change ideas include:  
 1. Increasing the number of days the clinic is held  
 2. Roll out to other locations  
 3. Assessing patients' physical health needs