A Quality Improvement Project (QIP) within the Bolton Learning Disability (LD) Team (Greater Manchester Mental Health Trust) aiming to enhance communication among multi-disciplinary team (MDT) professionals and wider stakeholders, for the purposes of enhanced care delivery and improved patient outcomes during COVID pandemic

Background

- The coronavirus-19 pandemic created unprecedented communication challenges within the workforce and highlighted areas requiring review.
- These included: information sharing among internal and external teams, collaborative working, support for the initial consultation process, and transition pathways from Child and Adolescent Mental Health Services to adult LD services.
- Communication and collaboration that include MDT perspectives is central to providing person centered care

Aims and Hypothesis

Research Question

How to improve communication and information sharing between the community LD team, administration team, service providers and wider stakeholders, to ensure patient safety and improved clinical outcomes

- Primary objective
  - To evaluate local initiatives to improve communication between MDT professionals and wider stakeholders
- Secondary objective
  - To improve patient safety and staff satisfaction.

Study Design

- Qualitative, exploratory design
- Semi structured interview methodology

Method

- The discovery process included an initial consultation exploring practitioners’ experiences, areas for development and sharing ideas for good practice.
- Participants include Community LD nurses, Social worker, Psychologist, Occupational therapist, Speech & Language, team admin, and Case Managers.
- Thematic analysis is iterative, ongoing coding develops and adjusts the themes – disagreements among team members discuss and re-code until consensus is reached.

Qualitative Feedback:

Analysis:

1. Thematic and Comparative methods are used
2. Line by line open coding has been implemented
3. Open codes developed into axial codes (i.e. categories)
4. Axial codes help generating the themes.

Open Codes-Examples:

- collaborating with staff, therapeutic relationship
- creating single point of contact, ‘information sharing’
- ‘Case management’
- Transition out of area
- Transition challenges from CAMHS to adult LD
- Crises management
- ‘Robust and resilience support system for dislocated care journey leading to crises and placement breakdown’
- ‘How to improve communication to support from one team to another at the time of crises’

Axial Code –Examples

- ‘Teams becomes more aware of information sharing’
- ‘Factors Influencing the communication uncertainties’
- ‘Communication between multidisciplinary team members’
- ‘To understand gaps and challenges around transition from case studies’
- ‘Patients with LD an Autism have complexities in terms of pathway and management’
- ‘New challenges during COVID related to crises and provision of care and management – learning’

Themes

- Improved clinical outcome via consultation process/critical reviews involving MDT professionals
- Adherence to national and local guidelines to improve transition process – CAMHS to adult LD teams
- Good communication between internal and external agencies by streamlining the process of communication and information sharing
- To streamline CAMHS-ADULT LD transition by developing care planning processes and referral pathways
- Learning from case studies to plan crises for people with learning disability Autism and complex needs
- Model of care & service provision at the time of placement breakdown during COVID pandemic

Limitation:

Implementation of the protocol initially was a challenge due to various organisational and staff barriers but improved in second and third part of PDCA cycle

Future Directions

- New themes will emerge as more data is coded.
- Third phase of interviews and focus groups are planned for wider senior management to understand their perceptions towards the themes ,communication enhancement and change ideas

Conclusions

- Preliminary results have shown improvements in communication among the MDT, stakeholders and external agencies after introducing change practices
- The initial consultation highlighted that there is a substantial need for an evidence-based framework to provide a structured process to enhance care delivery and improved patient outcomes
- Next steps include commencing 3rd cycle of semi-structured interviews for further data collection

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