

Implementing the Collaborative Care quality framework to assess and strengthen the clinical, rehabilitation and residential relocation processes for Alternate Level of Care (ALC) service users at the Douglas Mental Health University Institute

Eleanor McGroarty, MA Counselling Psychology, Specialist in Administrative Processes, Douglas Mental Health University Institute

PRESENTER DISCLOSURE

Project was funded via my employment at the Centre Intégré Universitaire de Santé et de Services Sociaux de l'Ouest-de-l'Île-de-Montréal

MITIGATING POTENTIAL BIAS

No conflicts to declare

LEARNING OBJECTIVES

1. Distinguish between the targeted length of hospital stay for ALC service users in the Centre Intégré Universitaire de Santé et de Services Sociaux de l'Ouest-de-l'Île-de-Montréal and the reality for patients at the Douglas Mental Health University Institute.
2. Identify key clinical, administrative, rehabilitation and residential relocation processes and healthcare providers central to care plans and trajectories of ALC service users at the Douglas Mental Health University Institute.
3. Analyze the qualitative, quantitative and participatory research methodologies which have been employed to gain a thorough understanding of the challenges and limitations to systemic collaboration in regard to ALC service users' care plans and trajectories.
Recall, specific beauractic challenges in regard to accessing information.

AN OVERVIEW OF “NSA”

NSA - Niveau de soins alternatif

~

ALC - Alternate level of care

When a patient is occupying a bed in a facility and does not require the intensity of resources/services provided in that care setting.

AN OVERVIEW OF “NSA”

- Bill 10 (2015): centralization of control over health and social services
- lacking mental health resources in hospitals, primary care & community
- pressure from the ministry to empty hospital beds

AN OVERVIEW OF “NSA”

- “NSA” - client designation - no longer in need of services on unit
- without a place to go NSA clients get “stuck” in the hospital
- physical & mental health issues, social circumstances, & low SES status

AN OVERVIEW OF “NSA”

- residential resources - publicly funded housing accommodations
- residential resource teams - social workers & caregivers
- external teams follow clients for mental & physical health once discharged
- lack of specialized residential resources for clients with complex mental health eg: schizophrenia, impulsive behavioural issues and drug usage.

AN OVERVIEW OF “NSA”

- long delays in hospital
- results in decompensation in terms of mental health & basic life skills

AN OVERVIEW OF “NSA”

- collaboration for clinical, social and administrative processes
- NSA designation
- comprehensive clinical, behavioural, social and physical assessment
- OEMC (l’outil d’évaluation multicientèle)
- documents sent to residential resource team who propose orientation

AN OVERVIEW OF “NSA”

- client interviewed by residential resource team
- person is placed in the resource when available
- clinical team on the unit communicates with external team
- challenges in communication and collaboration

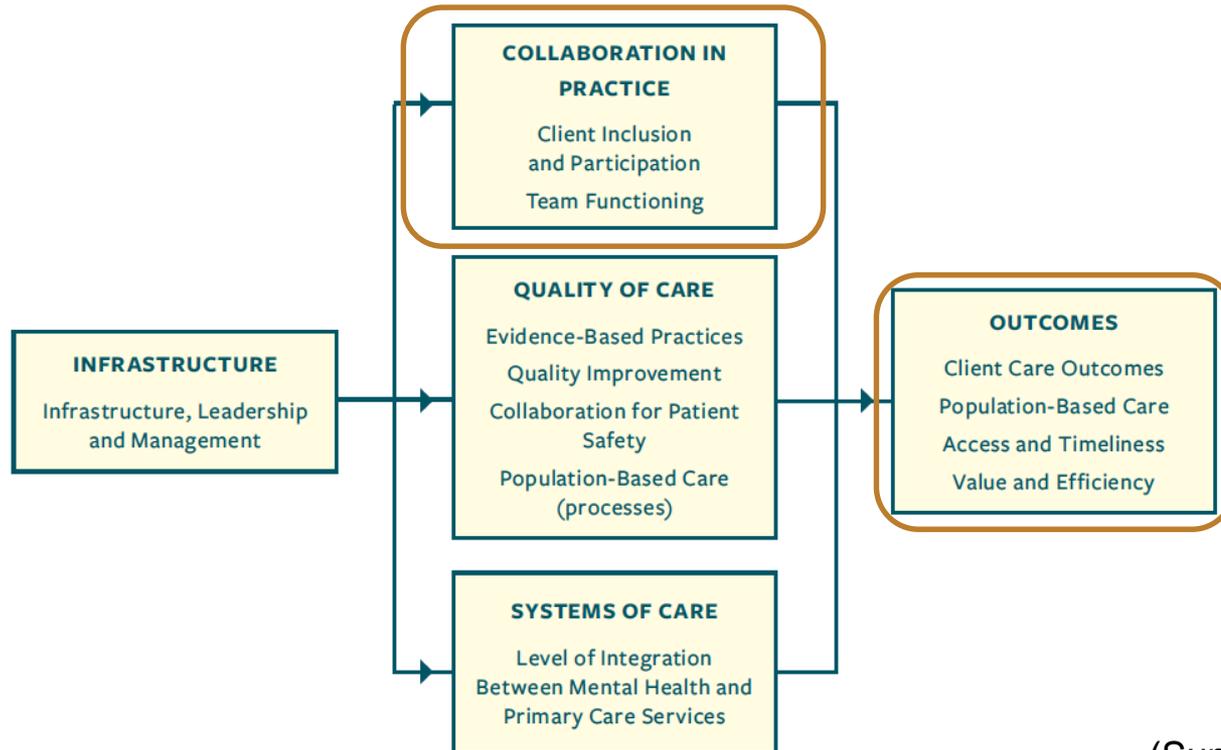
Domains of Collaborative Care Quality Framework

1. CLIENT CARE OUTCOMES
2. POPULATION-BASED CARE
3. EVIDENCE-BASED PRACTICES
4. CLIENT INCLUSION AND PARTICIPATION
5. ACCESS AND TIMELINESS OF CARE
6. INFRASTRUCTURE, LEADERSHIP AND MANAGEMENT
7. LEVEL OF INTEGRATION BETWEEN MENTAL HEALTH AND PRIMARY CARE SERVICES
8. TEAM FUNCTIONING (Health care workers)
9. COLLABORATION FOR PATIENT SAFETY
10. QUALITY IMPROVEMENT
11. VALUE AND EFFICIENCY

(Sunderji et al., 2016)

Domains of Collaborative Care Quality Framework

FIGURE 2. INTER-RELATIONSHIP OF COLLABORATIVE CARE DOMAINS OF QUALITY



An overview of NSA clients

Total service users in cohort: 54

Number of Variable 14 service users in Cohort: 30

Number of Variable 15 service users in Cohort: 10

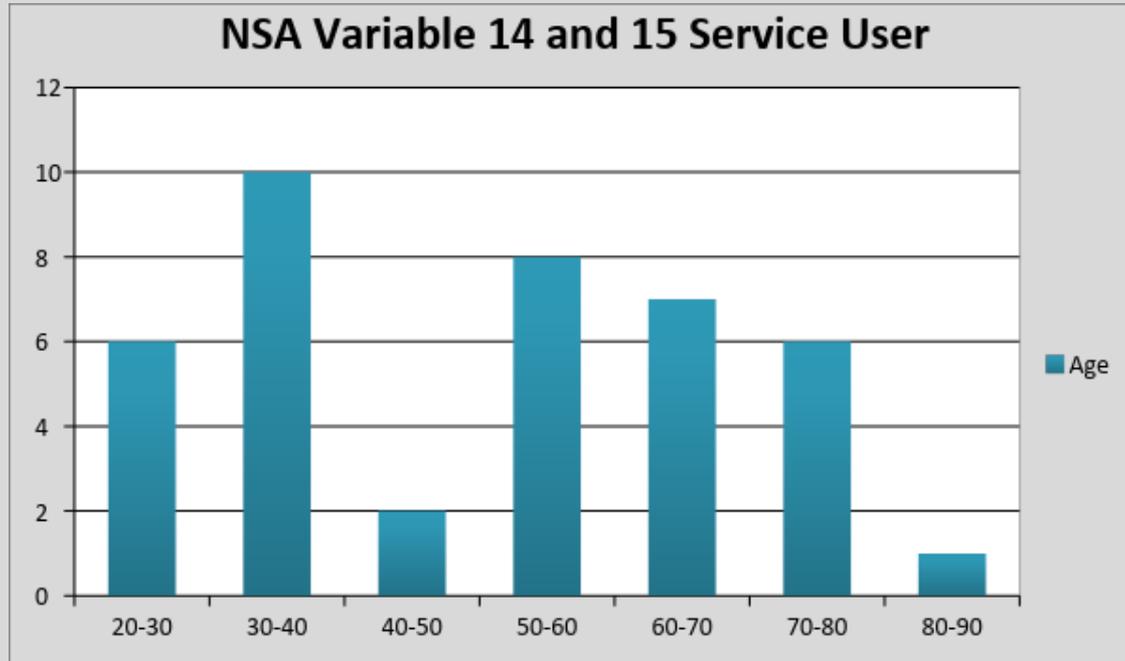
Percentage of entire cohort that is variable 14 and 15: 74% (40/54)

Admission type

Emergency Department: 31 clients

Elected: 9 clients

An overview of NSA clients



An overview of NSA clients

Primary diagnosis

Schizophrenia: 11 clients

Schizoaffective disorder: 5 clients

Bipolar disorder: 5 clients

Intellectual disability: 1 client

Comorbid Substance Issue: 8 clients

Living situation before hospitalization

Residential Resource: 7 clients

Private Resource: 3 clients

With a family member (s): 5 clients

Institut Philippe-Pinel de Montréal: 3 clients

Motel: 1 clients

Crisis center: 1 clients

Current issues with aggressive and or violent behaviour: 6 patients

Target to Relocate NSA clients

45 days

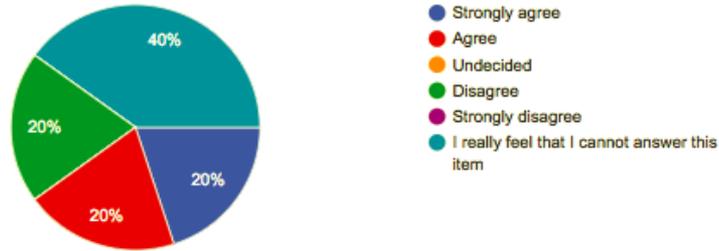
Survey for Healthcare Workers

We are attempting to assess all processes related to NSA, for example the processes and systems of assessing and relocating NSA clients. Our goal is to get a sense of what is working well in the system, and what changes could be made to improve it. Your insight is highly valued.

Survey for Healthcare Workers

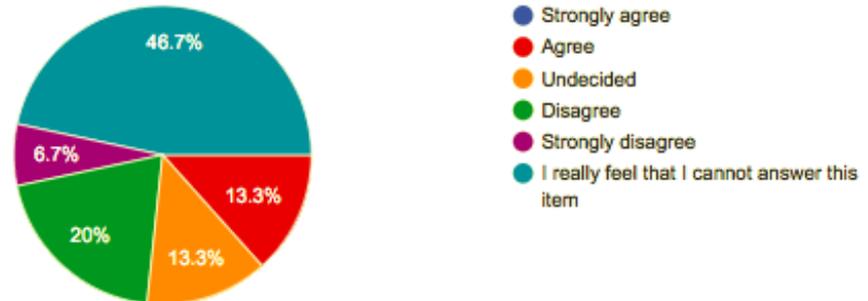
1. The meaning of the "NSA" designation is clear to me.

15 responses



2. In my experiences the NSA designation is used appropriately.

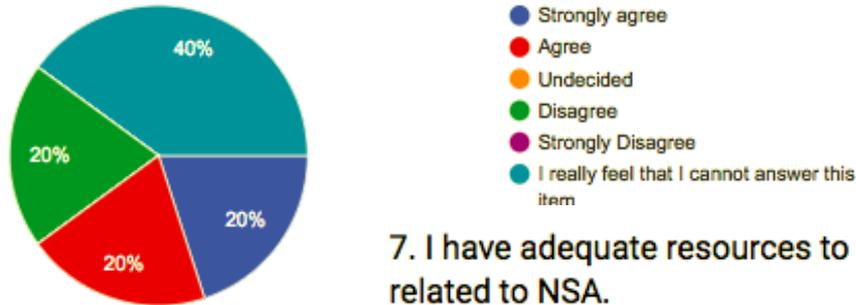
15 responses



Survey for Healthcare Workers

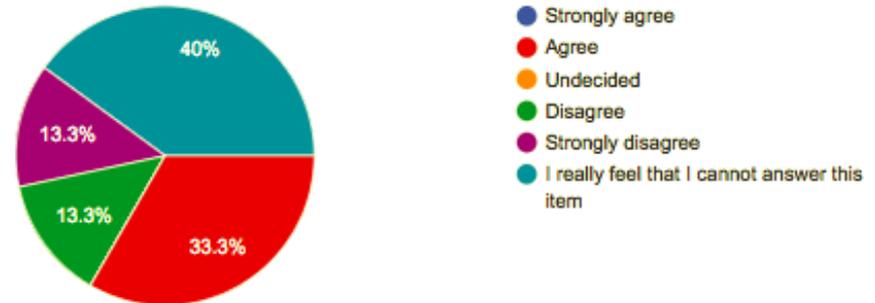
4. I understand my role in regard to NSA clients' care plans and trajectories

15 responses



7. I have adequate resources to effectively complete my responsibilities related to NSA.

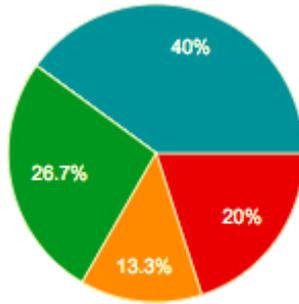
15 responses



Survey for Healthcare Workers

9. The system of assessing NSA clients is effective.

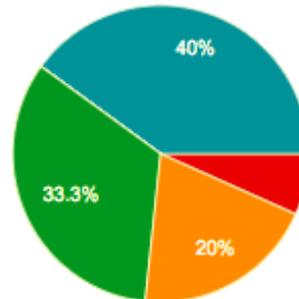
15 responses



- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree
- I really feel that I cannot answer this item

10. The system of assessing NSA clients is efficient.

15 responses

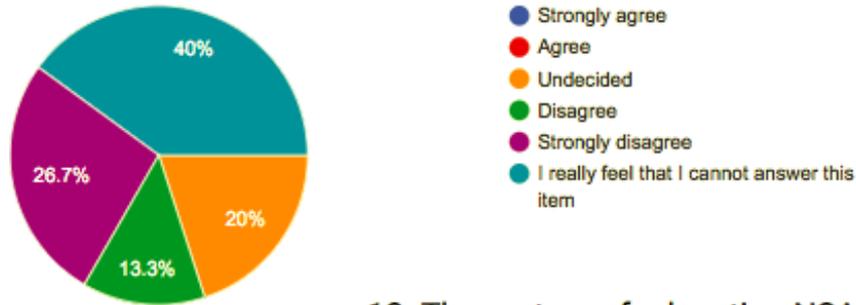


- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree
- I really feel that I cannot answer this item

Survey for Healthcare Workers

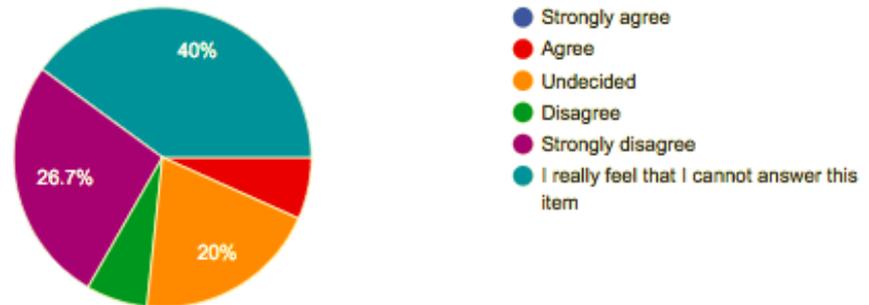
11. The system of relocating NSA clients is effective.

15 responses



12. The system of relocating NSA clients is efficient.

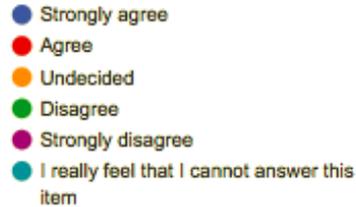
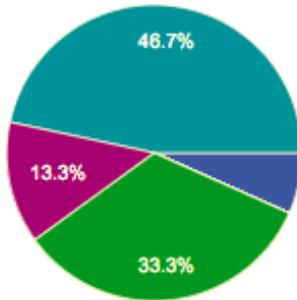
15 responses



Survey for Healthcare Workers

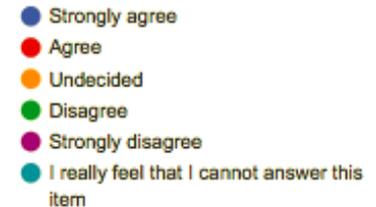
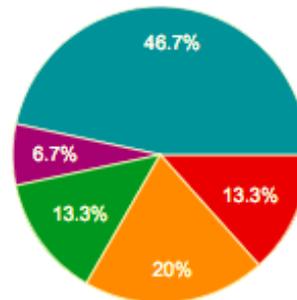
13. I have experienced effective teamwork and collaboration with other employees in the CIUSS in regard to working on tasks related to NSA.

15 responses



14. There is unnecessary overlap of roles amongst employees in relation to assessing NSA clients.

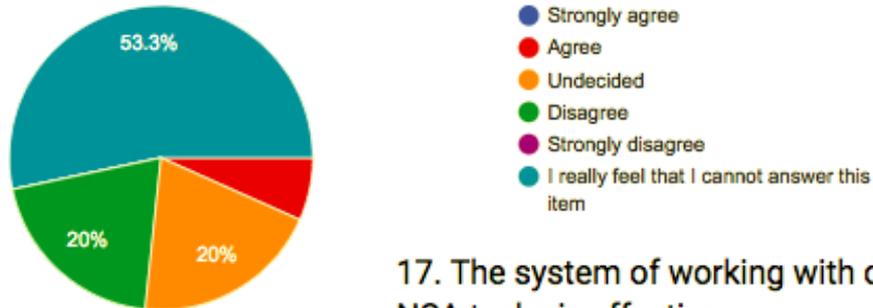
15 responses



Survey for Healthcare Workers

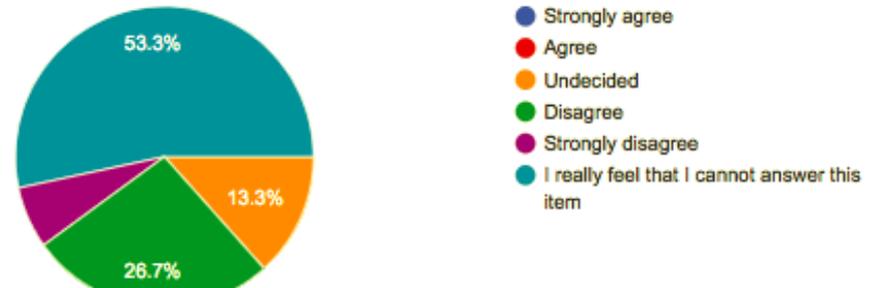
16. The system of working with colleagues in the hospital for NSA tasks is effective.

15 responses



17. The system of working with colleagues outside of the hospital for NSA tasks is effective.

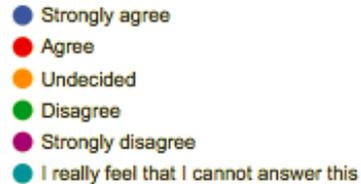
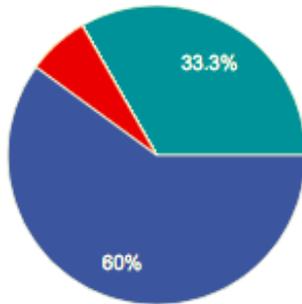
15 responses



Survey for Healthcare Workers

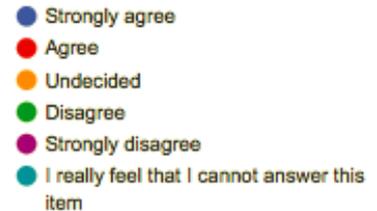
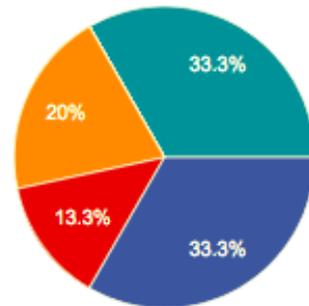
18. It is important to involve a NSA client in his/her care plan and trajectory.

15 responses



19. There are effective methods to involve a NSA client in his/her care plan and trajectory.

15 responses



Interviews with Healthcare Workers

- Clinical Coordinators
- Chief of Unit
- Chef de Service
- Social Workers at Residential Resources
- Inpatient Social worker
- Coordinator of inpatient unit and ACT team

Interviews with Healthcare Workers



Defining NSA



Using NSA



Political Pressure



Communication



Residential
Resources



Assessment Tools



Inefficiencies
& Delays



Collaboration



Commitment



Client Transitions



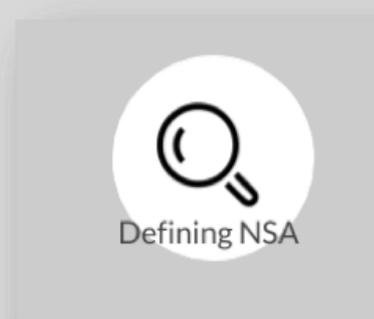
Client
Centered



Life Long
Care Plan

Themes related to NSA that emerged

Interviews with Healthcare Workers



“ Well it’s the terminology Niveau Service alternative. So it doesn't mean that the person doesn't need to have any services, it just means he doesn't need to have treatment on the unit, so needs to have services elsewhere. So most situations it means that they need to be sent back to the community, but it could in some cases mean that they just need to have admission to some other kind of treatment. They don’t benefit of being where they are it's not where they should receive those services.”

“I don’t even know what it means, I still use FSA for fin soin active, can you remind what NSA the meaning?”

Interviews with Healthcare Workers



“ NSA we used to put all of the clients, even the ones we are not orienting for public resource, but now, lets say, let's say me myself, I'm on Perry 2A, I'm ready to go back in my own apartment, we know now that we don't have to put those clients NSA.”

“We receive housing requests for individuals who are not stable but are on the NSA designation and we have noted that the RQSUCH variables are not used appropriately.”

“So they stay at the hospital and for us, up to, not to far not to long ago, it meant that they had to pay here instead of paying their home. Because they don't have their home anymore or they don't back. So they start their NSA it means they stop their active treatment, they are stabilized, they start long term treatment and they have to pay. That is what it always meant for me so far.”

Interviews with Healthcare Workers



“...the urgency of moving beds around and the amount of people sitting at emergency, which puts pressure on all of the units, and getting people signed out...”

“...and also of course the fact that there is a pressure from the minister, to make sure that the hospitals are not overloading...”

“When we think about the NSA designation, we think of increased level of pressure, shorter delays to treat housing requests and find residential resources for the people, and politics.”

Interviews with Healthcare Workers



“And I can only imagine from the residential [resource team] point of view how many people they have to check on a daily basis for that same thing..sometimes they ask us to let them know there was an update, sometimes, I guess...there's always a better way to streamline the process.”

“...it's more the SIGASS, following and make sure I go check everyday patient on waitlist, see if I have a new msg. it would be good if when in SIGASS its yellow, it would be good if it was related to our email. so if demand request attention from us, at beginning we were told that if demand request information we would be advised by email, but its not done...”

“ Client workers choose to not access SIGASS to consult information and prefer to call the residential resources to obtain information that is accessible to them...”

Interviews with Healthcare Workers



Residential
Resources

“...the understanding is that these are, all of our clients are being paired in a mental health resource, so they should be, that’s their speciality, if they were just going to a normal RI for elderly, I can understand that they don’t have the expertise, but these are designated mental health resources there should be some..”

“... we will need more specialized resource, because the client that we have now in the hospital are really the clients that have a lot of needs, we don’t feel that the simple family type, say a house with two person that deals with the clients, it's not really what we need, we need more specialized resource like the one they opened recently in Lachine...”

“And we've dealt with limited resources as well, some resources are super prepared and to embark on everything, and there’s others that integrations are slow, because there is resistance...”

Interviews with Healthcare Workers



“... it’s very hard in the OEMC, because I’ve gone through it, and I’ve even spent some time at residential resources for them to explain it to me and what’s required and how could we improve all of this stuff, there’s somethings that in the OEMC you can’t describe, so we understand that there are going to be some questions, but perhaps the information gathering has to be a better format to allow for more complex cases...”

“.. we have to add, um a lot of details to make it really, because that tool [OEMC] was made for physical people, so when we use it for mental health, sometimes you have to add things because it doesn’t say on the form.”

“I don’t, I sometimes wonder if everything is actually being reviewed, and if it’s not, what can we remove and or replace with something that is more pertinent to describe our clientele”

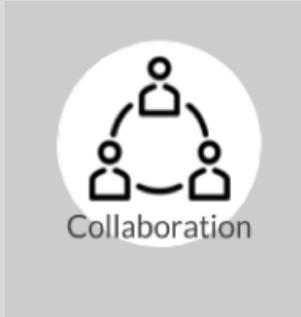
Interviews with Healthcare Workers



“...we feel that we have so many papers to fill out and often even if we fill out all the papers the Ressources Résidentielles will ask us for all the reports that were done, why would we fill out all those papers and after they ask us for the reports, c’est comme the same work over and over, it’s a lot of time consuming.”

“...but we do have other cases where people are waiting and have been waiting for months, they ask us regularly, I’ve had enough of being here, I don’t want to be in the hospital. We agree. There’s nothing we can do, they are just waiting, and they are accepted, the place is identified, and we are just waiting, we can’t do anything, our hands are tied. And it’s really..its days that it’s fine and there are days that it is very upsetting to them that they have to be in the hospital...”

Interviews with Healthcare Workers

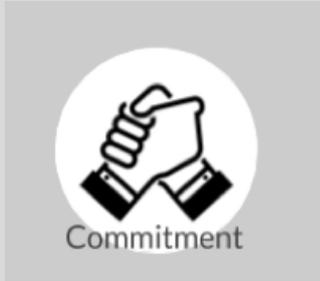


“...at the end of the day we are all hopefully working towards the same goal of successfully integrating somebody, but sometimes it feels that maybe our personal mandates are not um aligned...”

“To be able to have them in the same room all together at same time to discuss a case...”

“..it might be interesting to meet with everyone involved. Because we, they’re going to tell us that we ask the questions and it’s the delay, I understand there’s a delay, like there is both ends. I completely understand that, but it’s a system level thing. And the only person getting hurt is the patient...”

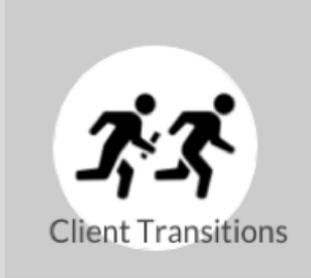
Interviews with Healthcare Workers



“...like we really want these things to work, like we will invest everything and spend months supporting the people in the resources to make it work and then sometimes you see it fail after a few months, with the investment we put in, its disappointing, but we are willing to try, we don't give up, we have to uhh...”

“...but at the same time always keep focused that there is good in this and it's a practice that we need to integrate, we need to be able to have the rigor to show that we are doing our best to be able to meet their standards...”

Interviews with Healthcare Workers



“...you can meet the person for the first time, some of our clients have been hospitalized for over a year, it’s a huge transition for them to go from the security of the hospital, 24 hour nursing care, to home in the community...”

“... let’s say we know a client that is going to be oriented to an outre train st jacques, so we are going to go out with him and we are going to show him the place and if they go back to the family every step we will go with them, take the bus to the family, have a meal with the family in the house, all talk together...”

“And we follow them for sometimes several months before we give them our final discharge so we are part of the integration process...”

Interviews with Healthcare Workers

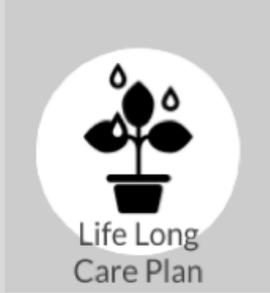


“...and they feel they are involved, so, the client they have confidence in us and so we have a better relationships with the clients, they are more open with us...”

“...They are involved from day 1, form their assessment, like the first day they come in and from that they do their intervention plan with two worker and they are the one deciding on what they want to work on...”

“...we do a lot of accompanying to the community, travel training, outing, and let’s say we know a client that is going to be oriented to an outre train st jacques, so we are going to go out with him and we are going to show him the place and if they go back to the family every step we will go with them...”

Interviews with Healthcare Workers



“...it should simply mean that this person is ready to graduate to something else, it should be something positive normally, that a person is NSA, because she is actually waiting for something else and we should all be working to be able to give that person the best, appropriate services that she need.”

“...but at the same time were still focusing on the whole trajectory of the client, in which NSA is one specific moment, it’s when it’s the end of one episode, but its not the end of the story, we need to be focusing on the story.”

Interviews with “NSA” Clients

Results yet to be analyzed

Working Recommendations for Admin

Host a meeting for key players from the residential resource team and internal inpatient teams at the Douglas, including the Chiefs of Units, Clinical Coordinator and Social workers. The following items should be discussed:

- Universal definition of “NSA”
- Appropriate and inappropriate usage of the “NSA” designation
- Relevant mandates of all teams
- Timing for giving the “NSA” designation and making housing request
- Streamline process for communicating between residential resource team and inpatient teams
- Social workers from residential resources visiting NSA clients in hospital
- Overview of the different types of mental health residential resources and geographical reality
- Concerns and questions in regard to shortcomings of mental health residential resources for meeting needs of complex clients

References

Sunderji., N., Ghavam-Rassoul, A., Ion, A., and Lin, E. “Driving improvements in the implementation of collaborative mental health care: a quality framework to guide measurement, improvement and research.” 2016. Toronto, Canada.