

QNIC

Quality Network of In-patient CAMHS

Simon R Wilkinson,
Ungdoms seksjon for psykisk helse ,
Oslo universitetssykehus
uxsiwi@ous-hf.no



Hovedområder

- Miljøet og fasiliteter
- Bemanning
- Adgang, innskriving og utskrivning
- Behandling, inkl. evaluering av resultater
- Informasjon, samtykke og taushetsplikt
- Rettigheter og sikkerhet
- "Clinical governance" - evaluering av drift, bruk av protokoller/mal
- Plassering i foretaks eier struktur og samhandling med andre etater

Rating

Alle kriterier vurdert som Type 1, 2 eller 3.

- Type 1: failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law.
- Type 2: standards that an inpatient unit would be expected to meet.
- Type 3: standards that an excellent inpatient unit should meet or standards that are not the direct responsibility of the ward.

No.	Current Rating	Current Standard and Criteria		
1		Miljø og Fasiliteter		
1.1		Enheten er godt planlagt med nødvendige resurser og fasiliteter		
1.1.1	2	Adgangen og nøkkel kliniske områder er tydelig merket		
1.1.2	3	Nok parkerings muligheter for besøkende og ansatte i nærheten.		
1.1.3	3	Adgang til enheten ved bruk av offentlig transport.		
1.1.4	2	Renhold er til høy standard.		
1.1.5	2	Enheten er godt vedlikeholdt. Ved behov er responstid passende.		
1.1.6	2	Ansatte kan regulere varmen og ventilasjon lokalt.		

	Young People's Rights and Safeguarding Children E = essential criteria D = desirable criteria		
43	Restriction of liberty of the young person occurs within the appropriate legal framework, under the provision of the Mental Health Act, Children Act or common law		
43,2	If restriction of liberty occurs under the provisions of the Children Act then the criteria for "secure accommodation" are satisfied.	E	7
43,3	If restriction of liberty occurs under the provisions of the Mental Health Act then this occurs only in accordance with the terms of the relevant section	E	7
43,5	In an open unit, all restrictions of liberty are recorded in the health record including the indications for its use, the type of restriction, its duration, the name of the person who authorised its use	E	2
44	The in-patient unit is patient-centred and respects the rights of young people and their parents		
44,4	Young people can ask to see the doctor on their own, e.g. without other nursing staff or family present, although this may be refused in certain circumstances	E	2 In Norway psychologists are also responsible for treatment and are not subordinate drs
44,5	As far as is practicable, efforts are made to ensure that young people can see a staff member of the gender of their choice	E	2
44,7	Young people's rights and what they can expect are explained, for example, they are given a copy of the Patient's Charter or similar document	E	2
44.11	Access to media (e.g. TV, video, audio and internet) is age-appropriate, based on consideration of individual young	E	2

Section 1: Environment & Facilities

Standard	Total no. Of criteria examined	Met	Partly	Unmet	n/a	d/k	% Met
Type 1	19	13	2	3	1	0	78%
Type 2	24	17	4	3	0	0	79%
Type 3	12	3	3	6	0	0	38%
Total	55	33	9	12	1	0	69%

Areas of Achievement

Comments from Frontline Staff:

1. There is a staff room, as well as access to lockers and computers
2. The units both have a good range of facilities available
3. The unit provides a safe environment

Areas for Improvement – Please also see unmet and partly met criteria for further areas for improvement

Comments from Frontline Staff:

1. The building has limitations as it is protected, and certain changes can't be made
2. There are sometimes problems with the heating and ventilation

Comments from Young People and Parents – Areas of Achievement

Young People

- I think the unit is comfortable with plenty of space
- We have good access to outdoor space as we can go out to the woods for walks
- We get asked about how the unit looks, and some pictures were put up when we requested them (A)
- There are spaces for us to go if we want quiet time
- I feel safe staying here

Comments from Young People and Parents – Areas for Improvement

Young People

- I find it too hot in the unit
- We have access to the internet but it is limited and very slow

Parents

- I would find it difficult to get here using public transport

Section 2: Staffing & Training

Standard	Total no. Of criteria examined	Met	Partly	Unmet	n/a	d/k	% Met
Type 1	18	15	0	1	2	0	94%
Type 2	34	28	3	1	2	0	92%
Type 3	12	5	3	1	3	0	72%
Total	64	48	6	3	7	0	89%

Areas of Achievement

Comments from Frontline Staff:

1. Staffing levels are flexible to meet the needs of the young people
2. Frontline staff feel supported by their managers
3. There is weekly group supervision
4. There is good access to free training at the university

Areas for Improvement – Please also see unmet and partly met criteria for further areas for improvement

Comments from Frontline Staff:

1. Another senior doctor is needed on the unit (A)
2. It can be difficult to find the time for staff to go on training

Comments from Young People and Parents – Areas of Achievement

Young People

- I think there always seem to be enough staff around
- I like the staff generally, they are easy to talk to (I)
- I like the staff here (A)

Parents

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Comments from Young People and Parents – Areas for Improvement

Young People

- None stated

Parents

- I don't like it when none of my child's team are here

Section 3: Access, Admission & Discharge

Standard	Total no. Of criteria examined	Met	Partly	Unmet	n/a	d/k	% Met
Type 1	10	9	0	1	0	0	90%
Type 2	12	10	1	0	1	0	95%
Type 3	2	2	0	0	0	0	100%
Total	24	21	1	1	1	0	93%

Areas of Achievement

Comments from Frontline Staff:

- Staff feel as informed as possible about new admissions

Areas for Improvement – Please also see unmet and partly met criteria for further areas for improvement

Comments from Frontline Staff:

- None stated

Comments from Young People and Parents – Areas of Achievement

Young People

- I got to visit the unit before coming here (I)
- I had a really good tour of the unit when I got here (A)
- It really helped me to have such great professional staff here

Parents

- I received information before hand about the unit (I)

Comments from Young People and Parents – Areas for Improvement

Young People

- None stated

Parents

- None stated

Section 4: Care & Treatment

Standard	Total no. Of criteria examined	Met	Partly	Unmet	n/a	d/k	% Met
Type 1	21	15	5	0	1	0	88%
Type 2	29	20	5	4	0	0	78%
Type 3	5	1	2	1	1	0	50%
Total	55	36	12	5	2	0	79%

Areas of Achievement

Comments from Frontline Staff:

1. The units work closely with the school to develop the therapeutic timetable
2. There are lots of outings planned when possible (I)
3. Staff organise lots to do on the unit (A)

Areas for Improvement – Please also see unmet and partly met criteria for further areas for improvement

Comments from Frontline Staff:

1. It can be difficult to motivate the young people to be involved in their care planning

Comments from Young People and Parents – Areas of Achievement

Young People

- I think the timetable has a good balance of things on it
- We get asked what we would like to do
- I think the activities are good, like ice skating (I)
- We meet weekly with a milieu therapist to discuss our care plans
- I like the school
- I like the food – the cook provides a range of food from her culture (I)
- I think this place has really helped me (A)
- The supportive and understanding people have really helped me to stabilise my life (I)

Comments from Young People and Parents – Areas for Improvement

Young People

- I miss sport activities
- I think it can get a bit repetitive (I)
- I would like to work at a faster pace in school
- It would be nice to have a personalised education plan

Parents

- I don't always agree with what staff want for my child's care (I)

Section 5: Information, Consent & Confidentiality

Standard	Total no. Of criteria examined	Met	Partly	Unmet	n/a	d/k	% Met
Type 1	17	12	2	3	0	0	76%
Type 2	10	6	1	2	1	0	72%
Type 3	3	1	1	1	0	0	50%
Total	30	19	4	6	1	0	72%

Areas of Achievement

Comments from Frontline Staff:

1. There is very good information sharing throughout the teams
2. There are written policies around consent and confidentiality

Areas for Improvement – Please also see unmet and partly met criteria for further areas for improvement

Comments from Frontline Staff:

1. None stated

Comments from Young People and Parents – Areas of Achievement

Young People

- I got a welcome pack when I arrived, which was useful
- I find it very clear who staff will pass on information too

Parents

- I got a tour of the unit (A)
- We were given information before admission (I)

Comments from Young People and Parents – Areas for Improvement

Young People

- I get spoken to about diagnosis and treatment, but don't receive any written information

Parents

- None stated

Section 6: Young People's Rights & Safeguarding Children

Standard	Total no. Of criteria examined	Met	Partly	Unmet	n/a	d/k	% Met
Type 1	19	13	0	0	6	0	100%
Type 2	5	2	1	1	1	0	63%
Type 3	2	0	1	0	1	0	50%
Total	26	15	2	1	8	0	89%

Areas of Achievement

Comments from Frontline Staff:

1. An advocate visits fortnightly, and young people can also call them

Areas for Improvement – Please also see unmet and partly met criteria for further areas for improvement

Comments from Frontline Staff:

1. None stated

Comments from Young People and Parents – Areas of Achievement

Young People

- I know how to complain and feel it would be taken seriously

Parents

- I feel listened to by the staff at the unit

Comments from Young People and Parents – Areas for Improvement

Young People

- None stated

Parents

- None stated

Section 7: Clinical Governance

Standard	Total no. Of criteria examined	Met	Partly	Unmet	n/a	d/k	% Met
Type 1	17	12	1	3	1	0	78%
Type 2	14	4	2	6	2	0	42%
Type 3	4	1	3	0	0	0	63%
Total	35	17	6	9	3	0	63%

Areas of Achievement

Comments from Frontline Staff:

- The policies are clearly displayed on the unit

Areas for Improvement – Please also see unmet and partly met criteria for further areas for improvement

Comments from Frontline Staff:

- None stated

Care and Treatment

Rating	Standards and Criteria	Self review comments	Peer review comments	CQC	You're Welcome	Monitor
4.1.1 1	A formal risk assessment tool is used with all young people on admission and then regularly reviewed	Always by suicidal risk	A more formal way for doing this is currently being explored. The QNIC discussion group could be used to do this	4L		
4.1.3 1	A physical examination is conducted within 24 hours of admission		This is not always possible on the acute ward, especially as they have had to move away from a hospital site			
4.2.1 1	Treatments are provided in accordance with the NICE guidelines and/or the best available evidence	As far as guidelines are available for adolescent inpatient treatment				
4.2.2.5 3	A parent/carer support group is available		This is successful on the intermediate unit, but not on the acute			
4.3.5 2	There are adequate resources and identified budgets to provide a structured programme for evenings and weekends	Budgets for outdoors activity is small	The acute unit does not have a budget for this, and the intermediate unit only has a small budget			
4.5.11 1	If a local authority has parental responsibility as a result of a care order, the hospital should obtain the named social worker's consent where necessary and consult on the young person's care plan	It is seldom the case that a local authority has parental responsibility for inpatients				

What are the main strengths of the units?

- **Environment and Facilities:**
 - Both the units have an extremely homely feel to them, and feedback from young people and staff was positive about how comfortable they are
- There are good resources available, for example the musical instruments
- Access to outside space is excellent, with such an expanse surrounding the units
- **Staffing and Training:**
 - The cohesiveness of the two teams, and dedication of staff members was evident throughout the review day
- There is a very large compliment of staff, especially on the acute unit. This is extremely beneficial, and helps with running programmes and young people feeling supported
- Young people were very happy with the staff on both units and felt that they had been an integral part in what has helped them from being on the unit
- Parents were impressed with how skilled the staff were on the units
- Parents also felt that they were always able to access staff when they needed to
- **Care and Treatment:**
 - There is a lot of joined-up working happening on both units – the individual teams seem to work very closely together and the review team felt it was beneficial to have teachers involved in each young person's individual team
- Young people were very aware about care planning, and felt involved in the process. They spoke about having regular meetings with key workers
- Young people commented on how happy they are with their care – this is especially impressive considering the changes that have gone on within the units

What do you consider to be the most important future challenges for this unit?

- **Environment and Facilities:**
 - Young people felt that the unit is often too hot, and frontline staff spoke about how ventilation can be difficult
- There is no internet use in the evenings, which would be useful for young people to be able to continue school work
- **Staffing and Training:**
 - The changes in the units, as well as the integration of the two units has put a large amount of strain on the staff team. Both teams need to be aware of how stressful the changes are, and how many challenges they have been facing
- **Care and Treatment:**
 - Young people would like more post-16 education available, and also more individualised education plans
- There is access to outdoor space, but young people on both units felt they would like more opportunities to exercise each week
- There aren't currently enough resources to dedicate time to outcome measures
- Moving from a hospital site has meant that the acute unit have lost their links to physical health specialists, which has been a difficult transition
- The risk assessment tools need to be formalised for both units

What advice do you have for local staff on how to meet these challenges?

- To help with the integration of the units, and the time of change that the staff have been going through, it would be useful to do a formal review of the changes so far to see where the two units are at, and help to work out the next steps
- During such stressful times, it is important to ensure that there are good mechanisms for staff support
- Additional resources would be useful for more work to be done on outcome measures. While the units are going through changes, outcome measures would be particularly useful in service evaluation
- Physical health links need improving, and availability needs to be increased to help with emergency admissions
- The QNIC discussion group could be used for ideas on how to formalise risk assessment tools

Next Steps:

- The units need to think of ways to best use resources, especially as the both units are usually full which hinders transfer between units
- Work on the strengths of treatment continuity that is possible
- The units are more different than it initially appeared – there is a difference in culture. Time is needed to help a common culture to grow
- Look into how practice can be shared – therapeutic/psychoeducative groups running for both units
- A review period is needed – what factors/resources can be drawn on to help co-operation?
- Consolidate where the units are before moving on

Handlingsplan

Trinn 1	Trinn 2	Trinn 3	Trinn 4	Trinn 5
Forbedrings- område	Hvem trenges å bli involvert og hvordan?	Kilder til støtte/ informasjon for å utvikle planen	Økonomi, HR og tid som trenges	Ansvarlige og frister

QNIC Review Day Timetable (Møterom UPA)

Adolescent Acute Unit, Date of review 19th May, Oslo

Time	Session
09.15 – 09.30	Peer Review team to meet
09.30 – 10.00	<p>Morning Brief</p> <p>09.30 – 09.40 Lead reviewer to brief: a) brief introductions, b) aims of day, c) check the programme, d) confirm number for young persons interview and parents + consent forms</p> <p>09.40 – 09.50 Visiting team give brief description of their service</p> <p>09.50 – 10.00 Host unit introduction (including progress update)</p> <p>Simon, Eli, Trine, Jonny, Lisbeth (School)</p>
10.00 – 10.40	<p>Tour of the unit (Emphasis on young people to lead the tour)</p>
10.40 – 10.50	Coffee Break
10.50 – 11.45	<p>Self Review Discussion (2-8 members of staff): Discussion around two agreed areas of focus with senior members of staff</p>
11.45 – 12.30	<p>Open Discussion Group Interview - Parents Theme: How to get maximal benefits from organization of the 2 units ward</p>
12.30 – 1.10	Lunch
1.10 – 2.00	<p>Group interview – Frontline Staff (2-8 members of staff) Group interview – Young People</p>
2.00 – 2.30	Review team meet to summarise the data and outline strengths and challenges (Coffee to be provided)
2.30 – 3.00	Senior staff and review team meet to discuss feedback and to start an action plan around these points. Please ensure at least one service manager/hospital director attends :

QNIC-ROM

- HoNOSCA
- CGAS
- SDQ
- Ev. EDE
- Bruker evaluering – Verona scale

Eventuelt

- Case complexity
- Kiddie
- Personlighet
 - NB Konferanse i Kompetanse senterets regi
nov./des. i år om ungdommer og
personlighetsforstyrrelser

ROM tidspunkter

1. Innleggelse
2. 6. uke
3. Utskriving
4. 3m etter utskriving
5. 1 år etter utskriving

QNIC og Clinical governance

Clinical governance gjelder sikring av ansvar for kvalitet i alle helse institusjoner hos alle ansatte.

Målet er integrering av alle aktiviteter som påvirker behandling.

Grunnlaget er en rekke prinsipper.

Helsedepartement, UK

Clinical governance er systemet som NHS bruker for å sikre kontinuerlig forbedring av kvalitet i sitt tilbud og opprettholdelse av høye standarder i behandling ved å lage en kultur hvor fremragende klinisk praksis fremmes.

Prinsippene i Clinical governance

Fokus på

- pasienten til alle tider
- forbedring av kvaliteten i pasient behandling
- uansett hvor behandling foregår

- krever oppriktig samarbeid mellom alle faggrupper, mellom behandlere og administratorene, og mellom pasientene og behandlere
- vurderer involvering av pasienten og offentligheten som essensielt
- er avhengig av et tryggt åpent miljø
 - som feirer suksess
 - som lærer fra sine feil

- alle ansatte må forstå relevans
 - avhengig av tydelig definisjoner
 - og klar kommunikasjon om prinsippene
- hvert individ er ansvarlig for kvaliteten i det de tilbyr
- CG utfyller kliniske vurderinger og regulering ved fagorganisasjoner, og tilbyr rammer for praksis av de.

Prosesser ifm kvalitetsforbedring

- risiko vurderinger
- 'clinical audit'
- forskning og effektivitet
- avviks rapportering
- klager

Clinical audit

National Clinical Audit Advisory Group
dimensjoner til behandlings kvalitet

1. trygghet
2. virkningfull
3. opplevelse av behandlings prosess
4. rettferd (*equity*)

De inkluderer ikke kostnader og *efficiency*

3 komponenter til håndtering av kvalitet

- definisjon av det som er god behandling
- evaluering av kvalitet av behandlingen
 - *clinical audit*
 - feedback fra pasienter og pårørende
 - gjennomgang etter kritiske hendelser
 - kvalitative metoder
- forbedring av behandlingskvalitet
 - utdanning
 - positiv feedback (*incentives*)
 - kritikk av utførelse
 - rutiner mm

Clinical audit

- avhengig av måling – kvantitativ
- sammenligninger eller måling opp mot standarder
- fokus på
 - utgangspunkt
 - prosess
 - utfall: pasienter og terapeutenes mål
- identifiserer tilkortkommethet
- evaluerer resultater av forbedringer

Tidsbruk

- En måned før besøk frem til besøket
- Besøket
- Besøk til andre
 - 3 ansatte – 1 dag hver
- Gjennom året
 - Et redskap for å holde fokus på kvalitetsforbedrende tiltak.
 - Kan *redusere* tidsbruk for lederen.
- Deltagelse årsmøte konferanse (1 dag)

Besøket

- Forut gjennomgår lederen kvalitetsstandardene – ca 2t x1 menneske
- Drøfting av «kritiske» områder ved enheten
 - 2t x antall ansatte på personalmøter
- Innsending av svar – 30 min avsluttende arb
- Praktisk forberedelse til besøket – tilsvarende 2t av et enkelte menneskes tid
- Besøksdagen – varer 6t; ingen enkel menneske bruker mer enn 2t, de fleste 1t

Tidsbruk med KvIP-ROM

- Tidsbruk øker ...
- i takt med gevinsten
- Kvalitet satt i system
- HoNOSCA: Brukes ofte idag
- SDQ – Kiddie: Hva brukes i dag?
- CGAS: Akse VI i dag
- Bruker evaluering: Hva bruker dere idag?
- 3 tidspunkter: Feedback om progresjon

Akkreditering

- Er din enhet en «senter av fremragende behandling» - og annerkjent som den?
- Delvis avhengig av at resultater av behandling måles – QNIC-ROM er på plass med god benchmarking
- I hvor lang tid skal akkreditering vare
 - Hvert år i 3 år?
 - Deretter 3 år om gangen?
- Hva slags insentiv passer for å søke akkreditering?

DAKOTA TRIBAL WISDOM

When you discover that you are riding a dead horse, the best strategy is to dismount.

Alternative strategies used in health services

- Buy a stronger whip
- Change riders
- Say "this is the way we have always ridden this horse"
- Appoint a committee to study the horse
- Arrange to visit other sites to see how they ride dead horses
- Increase the standards for riding dead horses

- Appoint a team to revive the dead horse
- Create a training session to improve riding skills
- Compare the state of dead horses in today's environment
- Pass a resolution saying "this horse is not dead"
- Blame the horse's parents

- Harness several dead horses together for increased speed
- Declare "this horse is too dead to beat"
- Provide additional funding to increase the horse's performance
- Do a study to see if contractors can ride it
- Declare the horse is 'better, faster, cheaper' dead

- Form a quality circle to find uses for dead horses
- Revisit the performance requirements for horses
- Promote the dead horse to a supervisory position

QNCC – Community CAMHS

- Section 1: Referral and Access
- Section 2: Assessment and Care Planning
- Section 3: Care and Intervention
- Section 4: Information, Consent and Confidentiality
- Section 5: Rights and Safeguarding
- Section 6: Transfer of Care
- Section 7: Multi-Agency Working
- Section 8: Staffing and Training
- Section 9: Location, Environment and Facilities
- Section 10: Commissioning