

‘Revolving Doors – Effective communication in the handover of mental health patients to community health practitioners’ (CHOCYS)

Background

This project addresses discharge from hospital to community (GP or other). It will deal with the risk scenarios related to mental health patient safety by facilitating appropriate communication about patient status at the point of handover in a way that can be replicated in other private mental health services.

The rate of relapse and readmission for people with a mental illness is well documented. This cohort is at greater risk than the general community of relapse and/or self harm, with the risk of suicide the greatest concern. The possibility of readmission is at its peak in the thirty day period immediately after discharge. The first two weeks of this period is of particular concern as this is the suggested time it takes for the community practitioner, usually the GP, to receive any discharge information.

Aim

The principal aim of the project is to create and assess a robust process, the foundation of which is a communication strategy to minimise the risk of adverse events for private patients with a mental health illness during the transition of care from inpatient services to community practitioners.

A secondary aim is to develop a communication strategy for admission to a private hospital. It is envisaged that it will contain similar information to the discharge communication – social, physical and clinical – to assist with the handover from community to inpatient care. Both communication tools will be paper-based.

Method

The project employs a mixed methods research design. The initial phases of the research are designed to identify the key information necessary for immediate on-going clinical care, through review of the literature and targeted referrer surveys. The next phase will utilise the quality improvement method known as “Plan, Do, Study, Act (PDSA)” and will be informed by the knowledge acquired in phase 1. PDSA cycles will continue until a robust process has been identified. The final phase will involve implementation at two sites not previously involved. This final phase of implementation will be assessed against the project’s Key Performance Indicators (KPIs) as well as

analysis of patient and practitioner reactions to the new process via surveys, face-to-face interviews and focus groups using appropriate statistical methods.

In the development of the process and its resources the usability from an e-health application perspective will be considered.

Key deliverables

It is anticipated that the research will deliver generic resources that can be implemented in other private mental health services. Specifically the deliverables will include:-

- Two paper-based forms (discharge and admission)
- A communication protocol and checklist
- Pre-post test analyses
- Documentation of qualitative processes and
- A report with recommendations for action.

In summary, this project aims to keep patients with a mental health illness safe immediately after discharge, by making sure practitioners have all the relevant information needed to continue treatment. This will go a long way towards creating a better 'safety net' to prevent relapse, and minimising the 'revolving door' syndrome so often associated with this group of patients. The project is due for completion in February 2009.

Research Team

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Additional guidance - Clinical Handover Project Steering Committee