

Crossing the Culture Divide between a Tertiary Care Psychiatric Hospital and a Community Geriatric Mental Health Clinic

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Learning Objectives

- Outline the history of GPCSO (Geriatric Psychiatry Community Services of Ottawa) and The Royal that lead to a collaborative uptake of a centralized intake service (CIS)
- Summarize how the Lean process facilitated efficient practices of a CIS.
- Describe the evaluation framework that will lend itself to identify the benefits of a CIS.
- Identify potential future collaborative opportunities outside of current practice which better serve the patient population.

Introduction

- The Royal Ottawa Mental Health Centre (The Royal) is a tertiary care psychiatric hospital with a geriatric program which provides comprehensive geriatric psychiatry services including in-patient care, out-patient and outreach services to long term care.
- Geriatric Psychiatry Community Services of Ottawa (GPCSO) is a community geriatric mental health clinic which provides in home and out-patient services using a case management model.
- With various system pressures including increasing wait times, more complex clientele, the two programs sought an innovative response that could be implemented within existing resources. It was recognized that a joint referral form, common criteria and a single point of access to services would result in delivering improved coordinated and integrated care and a more equitable access to services^[1]. A Lean review and value stream mapping was done to design the ideal future state including an evaluation framework^[2, 3, 4]. From there both parties entered into a memorandum of understanding to implement and deliver a geriatric psychiatry centralized intake.
- In addressing challenges and leveraging new opportunities to deliver high quality client care, the partnership has succeeded in bridging a cultural divide between hospital-based and community-based services.

Partner Profile

Geriatric Psychiatry at The Royal	Geriatric Psychiatry Community Services of Ottawa
Outpatient services: hospital- based <ul style="list-style-type: none">Geriatric PsychiatristsGeriatric Day HospitalInterdisciplinary team (SW, OT, PT, RN, RD, neuroΨ)Groups	Outpatient services: community-based <ul style="list-style-type: none">Geriatric PsychiatristsCase managers (RN, OT, SW)Psychogeriatric Resource ConsultantGroups

History

Both organizations are the only services providing outpatient geriatric psychiatry to Ottawa, lending itself to a conversation on collaborative opportunities.

In 2015, The Royal and GPCSO recognized the benefit of collaborating to develop:

- Common referral criteria
- Streamlined access to services
- Common referral form
- A partnership

This work led to the development of a centralized intake process.

Goals of CIS collaboration

- Improved patient and family experience
- Simplified referral process for community partners
- Improved coordination of services
- Timely and equitable service delivery
- Eliminate referral duplication
- Foster integrated care networks
- Align services with ChLHIN's IHSP and MOHLTC Patient's First

Steps Taken to Develop a CIS

- CIS had to be created within operational resources (no new funding allocated).
- It was recognized that for a CIS to be implemented we had to do more with less by eliminating waste.
- The use of Lean principles has demonstrated success in Healthcare in many countries around the world.[2]
- We undertook a Lean review and value stream mapping (VSM) to design the ideal future state of a centralized intake process for outpatient geriatric psychiatry services in Ottawa (image 1)

Lean: Value Stream Mapping

Define Scope

- The Royal and GPCSO wanted to explore a joint centralized intake process
- Lean Consultant was hired and worked closely with project lead
- Overall Approach was defined (plan/review and report)
- 3 Day workshop scheduled
- Core project team was created
- Agenda, scope and deliverables were developed with the team
- Overview of Lean Thinking and value stream mapping was taught

Current State Map

- Mapping of Current state GPCSO and ROMHC intake process
- Waste and Key findings identified

Future State Map

- Value stream mapping was used to design the future state
- High level draft was designed
- Multiple scenarios were mapped
- Detailed future state map was created and agreed upon by larger teams

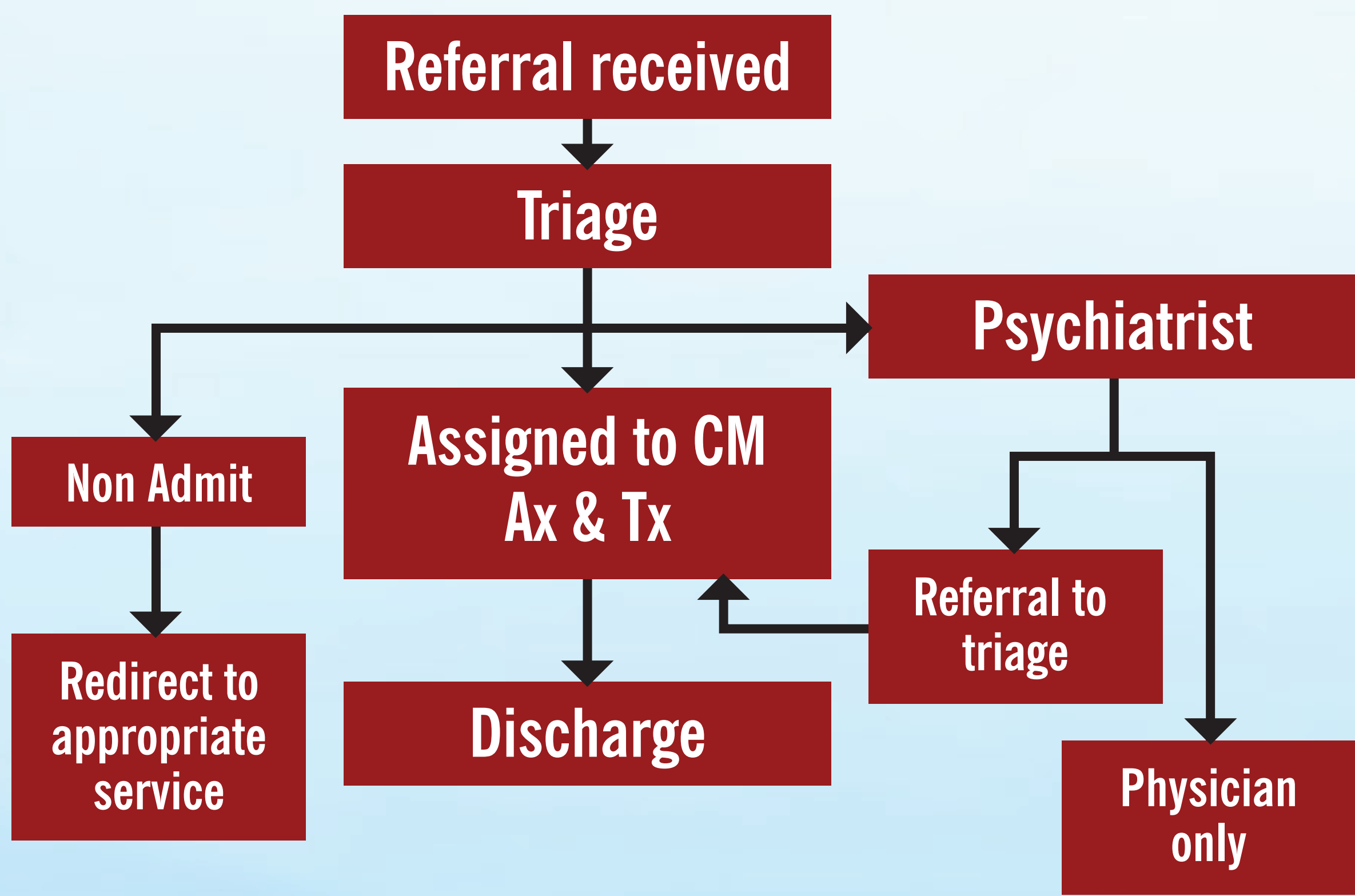
Implementation Plan

- Consensus reached and MOU was signed
- Implementation team was created and meets monthly
- Communication plan developed and implemented (internal and external)
- Flowchart and metrics developed
- Evaluation Framework created

Creation of Ottawa Geriatric Psychiatry CIS

- Initiated June 1, 2017
- Common referral form distributed throughout the Ottawa area to community partners (PCP, SGS, ED, GEM, inpatient Ψ, PCO, HL)
- Memorandum of Understanding (MOU)
- Communication strategy supported by ChLHIN and our partner networks.

Central Intake Process



Evaluation Framework

The new CIS lends itself to the opportunity to put an evaluative framework into place. The evaluation will focus on a series of questions that span three standard evaluation criteria: relevance, effectiveness and impact [5,6]

The primary research questions include:

- Has there been an improvement in service accessibility?
- Were the activities implemented as planned?
- Does the program meet the needs of the referring sources and of the population it serves?
- Is the CIS sustainable with the existing resource structure?

Note: a set of secondary evaluation questions, not identified here, will also be answered in the final evaluation report.

Evaluation Design

The evaluation is formative in nature. It will assess a new and ongoing program with the intent of improving the program for long-term sustainability.

A mixed-method approach has been selected for this evaluation.

Data Collection Methods

Evidence to answer the evaluation questions will be drawn from the following sources:

- Relevant project documents and baseline data provided by both GPCSO and The Royal;
- Primary quantitative data collection- retrieved through EMR databases and manual collection from GPCSO and The Royal; and,
- Primary qualitative data collection- retrieved from client satisfaction surveys and staff interviews

The following indicators will be captured in the data collection:

- Wait times
- Referral Source
- # of duplicate referrals
- # of redirected referrals (not appropriate for CIS)
- Referral volume
- Types of referral by urgent status
- Participation rates in CIS (total # of referrals)

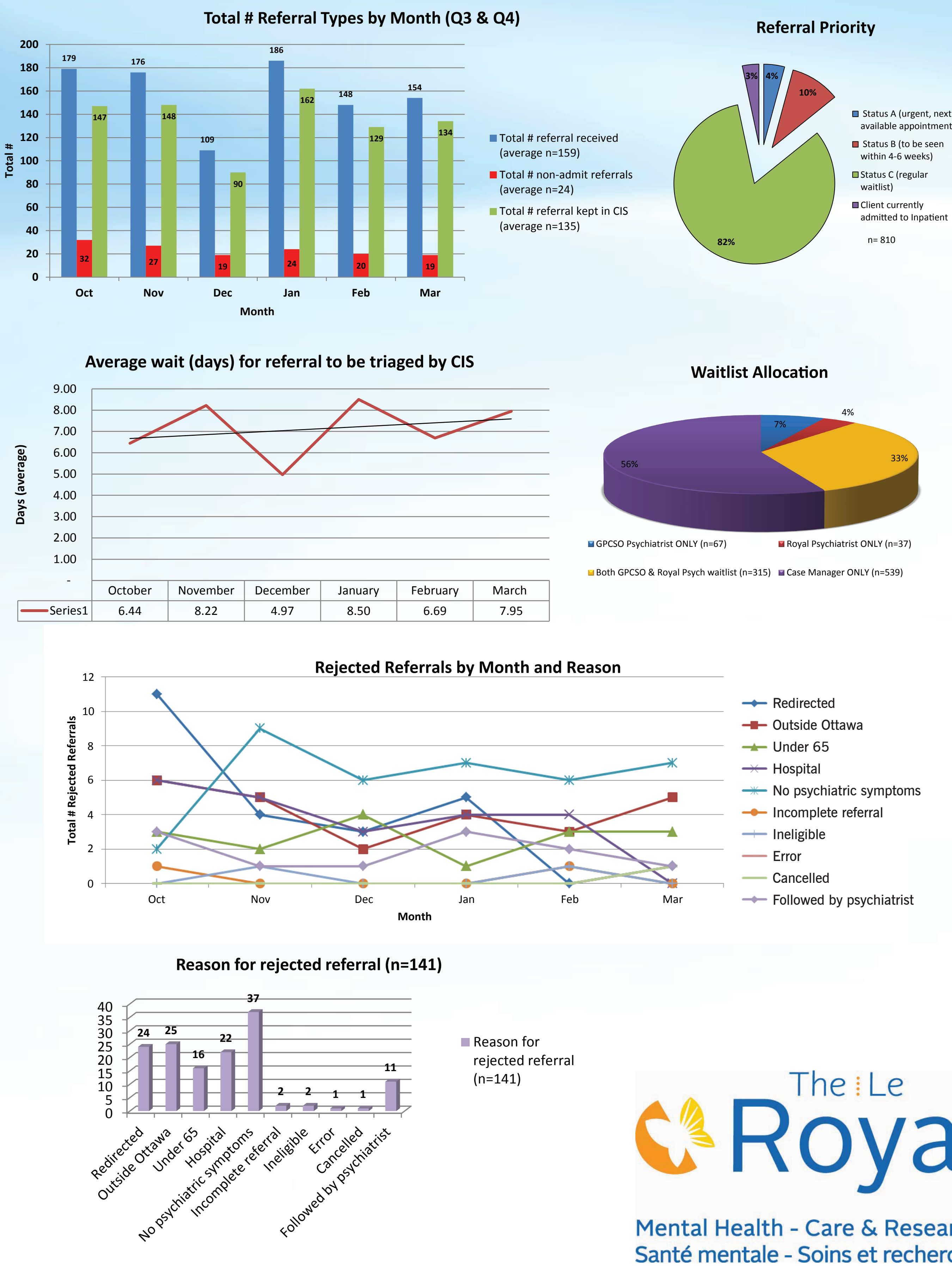
- Partner satisfaction surveys distributed to referring source once referral received.
- GPCSO and The Royal CIS staff will receive a similar survey to capture their experiences with the new CIS.
- Further qualitative assessments will be derived from staff interviews.

Discussion

- A complete data analysis of the new CIS will be completed summer 2018.
- Interviews to enhance the qualitative analysis, data collection and the evaluation is currently ongoing
- Final results will be shared with partners and stakeholders fall 2018
- The following tables and figure shows a trend in the types and volumes of referrals received by the CIS throughout Q3 and Q4.
- Complete retrospective data collection for Q1 and Q2 is underway and will be included in the final report.
- Table 1 illustrates the volume of referrals received from the start of CIS through to the end of month 9.
- CIS received an average of 159 referrals a month (including non-admit referrals); a majority (82%) of these referrals being status C (figure 2).
- On average, a referral was triaged to a waitlist within 7.1 days of being received.
- Over 50% of the referrals were triaged to be seen by a GPCSO case manager. About 1/3 of the referrals were waitlisted for both GPCSO and the Royal (Figure 3).
- Combined, it appears there have been more non-admit referrals received in Q3-Q4 compared to Q1 & Q2 (Table 1).

Preliminary Data

REFERRALS RECEIVED (Q1-Q2) June 1- September 30, 2017		REFERRALS RECEIVED (Q3-Q4) October 1 2017 - March 31 2018		Rate of Change
Total # referrals received	616	Total # referrals received	952	↑ 336
Total # duplicate referrals	12	Total # duplicate referrals	1	↓ 11
Unique referral received	604	Unique referral received	951	↑ 347
Total # non-admit referrals	69	Total # non-admit referrals	141	↑ 72
Total # referral kept in CIS	535	Total # referral kept in CIS	810	↑ 275



Evaluation Framework: Limitations

- Minimal Pre-merger Data
- Lack of a common EMR & rigid data collection systems requiring manual data gathering
- Low Partner Feedback

Outcomes

- MOU between the two organizations
- Improved access to urgent consultation
- Increased access to specialized services
- Common referral criteria and triage process leads to equitable access to services.
- Increased collaboration between The Royal and GPCSO allowing all clients access to the service that best meets their needs.
 - Access to multi-disciplinary treatment team at The Royal by GPCSO psychiatrists
 - Access to The Royal's EMR for GPCSO psychiatrists
 - Improved access to Case Management by psychiatrists at The Royal
- Improved system navigation
 - Single point of contact for referrals to out-patient geriatric psychiatry services in Ottawa.
 - Easier communication with referral sources, enhancing previously established relationships.
 - Referrals that would be better served by other services are redirected to the most appropriate service quickly and efficiently.
 - Single point of contact for information on Geri-Ψ services for community partners, caregivers, and referral partners.

Lessons Learned

- Clear communication and a common vision is instrumental in ensuring the success of this initiative.
- Collaboration is worthwhile and can improve client care, but takes time and effort.
- Working together on a shared initiative as significant as a CIS develops trust and understanding resulting in stronger, healthier relationships.

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