

# Measuring Organisational Leadership and Excellence (M.O.L.E)



## Collaborative Care Planning: "With me when it's about Me"

### Background:

Changes in both national and international human right and mental health legislation highlight the requirement to place the consumer at the center of all care delivered, and to genuinely partner with them in their care planning and provision of care. Changes in legislation have resulted in changes in practice.

Partnering with consumers is a concept which is widely accepted in mental health settings both nationally and internationally. Genuine partnerships between service providers and consumers have been linked to improved engagement with the treatment plans and improved health outcomes for the consumer.

Partnering with consumers is recognised by the National Safety and Quality Health Service Standards (NSQHS) and the National Standards for Mental Health Services (NSMHS), both of which set out clear requirements for consumer participation as part of accreditation.

The Justice and Forensic Mental Health Network Strategic Plan 2013-2017 identifies partnering with patients in Strategic Direction 1; through involving patients in decision making affecting health care delivery.

### Aim:

To increase collaborative care planning in the Austinmer Women's Unit of The Forensic Hospital

### Objectives:

- Introduce the NSW Health Mental Health Care Plan;
- Removal of the patient signature from the TPRIM to reflect its use as a risk management plan.

### Problem Identified:

The Treatment and Management Plan (TPRIM) is the primary document that informs risk, bio psychosocial and physical needs of the patient, and is the document that is used when reviewing patient management in the Forensic Hospital. This relevance of the TPRIM to care planning is highlighted in the care coordination, planning and review policy for the Forensic Hospital.

The TPRIM is a component of the CRAM framework and is described as a risk management plan in the CRAM handbook. Engaging the consumer in the development and implementation of a risk management plan is described as preferable but not always possible.

The need for an additional document such as a 'Care Plan' should be introduced into the treatment plan of any consumer and should support the participation of the patient as much as possible in identifying and meeting his or her individual needs. Outcomes should be agreed upon, if possible, to genuinely engage the patient as a stakeholder. As the TPRIM has been developed as a risk management plan, where participation of the consumer is not essential, this poses an issue when care planning must consider the consumer as a partner in their care.

### Diagnosis of the Problem:

Focus groups with consumers and surveys with the front-line staff were conducted with results demonstrating:

#### Staff survey:

- 80% of staff consider the TPRIM to be a care plan
- 100% of staff refer directly to the TPRIM when discussing patient care with patients
- 60% do not think patients should participate in creating and reviewing their TPRIM
- Over 65% of staff do not think patients should be able to view and sign their TPRIM

#### Staff comments include:

- "Patients should be involved but the TPRIM contains too much information that would be detrimental to their mental health", "relational security issue as information about upcoming appointments is in there".
- The TPRIM "is more of a risk management plan", "care plan to some extent".
- "A care plan would be more appropriate to involve patients".

#### Pre-Implementation Patient Focus Group:

##### Question 1:

Do you know what a TPRIM is?  
Yes/No

##### Question 2:

Are you involved in your TPRIM?  
Yes/No

	Question One		Question Two	
	YES	NO	YES	NO
Ni Ma	✓			✓
Ru Al		✓		✓
Ti Pf	✓		✓	
Pa Fi		✓		✓
Ke-An Bl		✓		✓
Me Ha		✓		✓
Vi Bu		✓		✓
Li Be		✓		✓
Me Be		✓		✓
Ca He		✓		✓
El Wa		✓		✓
Ch Vu	✓			✓

### Changes Made:

- Education session with Austinmer Women's ward staff to provide update on results of survey, results of focus group with patients, and intention M.O.L.E to introduce a care plan into the ward's clinical practice.
- Removal of patient signature section on TPRIM has allowed for clear distinction between TPRIM and a Care Plan -TPRIM is a document only to be viewed by the treating team, and Care Plan a more consumer focussed tool that allows for collaborative care planning.

### Results:

- Successful removal of the patient signature from the TPRIM
- Shift in the work place culture towards working in collaboration with consumers
- Increased readiness for change from the staff and consumers - 87% of the patients would you like to be seen by a staff member to put together their own care plan.

### Post-Implementation Patient Focus Group:

Question One:  
Have you heard of a 'care plan'?  
Yes/No

Question Two:  
Would you like to be seen by a staff member to put together your own care plan?  
Yes/No

	Q1		Q2	
	YES	NO	YES	NO
Ru Al	✓		✓	
Ti Pf	Not present			
Pa Fi		✓		✓
Ke-An Bl		✓	✓	
Me Ha	✓		✓	
Vi Bu	Not present			
Li Be		✓	✓	
Me Be	Discharged			
Ca He		✓	✓	
El Wa	Not present			
Ch Vu	✓		✓	

### Plans To Sustain Change:

Staff were aware and willing to demystify the concept of care planning. Current processes and documentation do not support partnering with patients in planning their care. A care plan that is consumer friendly and meets the needs of a high secure facility needs to be developed with associated procedure and processes. Sustainability includes the sharing our data and experiences with the "Together for Recovery" Team. Merging with "Together for Recovery" team to develop a sustainable model that supports collaborative care planning across the hospital.

### Plans to spread/ share change:

Collaborating with consumers in regards to their care planning will allow for clinicians to have an open and transparent conversation/discussion with consumers about their aims and therapeutic goals, thus applying a sense of ownership towards their recovery. A sense of empowerment is also gained in the process of consumer collaboration.

The spread of this project would be achieved by having the pilot staff of Austinmer Women's become the 'Change Champions' of the project as they model the practice of consumer engagement and are supported by M.O.L.E in providing in-services to the other wards in the hospital. Allowing clinicians utilising this practice to provide in services to the respective wards of the hospital will produce 'buy-in' into the project and the notion of collaborative care planning.

Merging the work of M.O.L.E with the *Together for Recovery* team will further support this project and aim of collaborating with consumers of the hospital in regards to their care planning.



### Team members:

- Amy Cornelia**, CNC, Project Leader – Liaison with MDT, Development and implementation of Survey Monkey with staff, Background
- Oleen George**, Art Therapist/A/Rehabilitation Co-ordinator, Team Participant – Focus group with patients, review of CRAM handbook, Stakeholder Communication Worksheet, Poster and education presentation development.
- Gemma Weekes**, Senior Therapist, Team Participant – Review of relevant policies and standards, Focus group with patients, education presentation development

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