Case for change

Patient participation strategies are readily accepted, and expected, in mental health settings. It has been shown that greater patient participation is linked to better health outcomes, greater adherence to care plans, improved patient experience, and fosters a sense of hope and agency (Carlson & McDermid, 1999; Carlson et al., 2001). Patient involvement is recognised and mandated by the National Safety and Quality Health Service Standards (NSQHS), which set out clear requirements for ‘Partnering with Consumers’ (Standard 2, NSQHS) as part of accreditation requirements.

Despite numerous drivers, patient participation strategies have not been fully realised in The Forensic Hospital. The forensic setting carries additional pressures around safety, restriction and risk which often seem at odds with open collaboration and genuine participation. Developing safe and effective processes for engagement and participation are more challenging in an environment where patients are involuntarily detained and treated for significant periods of time in a system that is inherently authoritative and restrictive. The risk of not challenging the status quo is that the organisation will be unable to meet its strategic goal (Strategic Direction 1.1) of providing person-centred care that includes consumers in decision making about health care delivery.

Goal

To improve systems that support consumer engagement and peer support in the Forensic Hospital.

Objectives

Primary Objective - To increase the proportion of admitted patients in the Forensic Hospital who feel that their opinions and feedback is mostly, if not always, valued & acted upon from 37% to 66% by January 2017.

Secondary Objective - To increase the proportion of Forensic Hospital staff who strongly agree that we actively engage patients in their treatment and care from 54% to 76% by January 2017.

Method

- Interviews
- Survey
- Patient Story
- Site Visit
- Lit Review

Patient Experience Trackers
- Focus Groups
- Culture Mapping
- Standard 2 (NSQHS) Self Assessment

Planning and implementing solutions

The process of identifying and prioritising solutions was completed through separate consumer and staff focus groups. 28 unique solutions were identified and 3 were selected for implementation by solution-voting and utilising a prioritisation matrix.

Identified Solutions

- Introduce Consumer Consultant position in the Forensic Hospital – Dec 2015
- Develop a Patient Participation Framework – June 2016
- Implement collaborative Care Plans in the Forensic Hospital – June 2017

Diagnostics

“What’s our focus? Managing risk or recovery? It’s tricky, it’s unclear what genuine participation looks like in a high secure setting. We need a framework that supports safe, but more open and collaborative practices.” (Staff Story)

- Staff and patients wanted a strong consumer perspective to inform strategic decision making within the Forensic Hospital.
- It was unclear to staff what participation could look like in a high secure setting. A framework that set out a vision and defined the parameters of participation would support safe, progressive practices.
- Staff and patients were concerned about the level of collaboration in current care plan practices. The current tools (TPRIM) are not easily shared, which limits involvement.

Results

“[The Consumer Consultant] knows what it’s like for us. It’s great that our views are shaping how this service is delivered.”

- Patient Perspective

Support & Advocacy

Baseline: Nil

Consumer Consultant

Expected: 2

Consumer Consultants (CC) contracted (Dec 2015)

Model of Care

Baseline: Nil

Patient Participation Framework

Expected: 1

Patient Participation Framework (June 2016)

Joint Care Planning

Baseline: Nil

Joint signed care plan

Expected: Joint Care Plan template approved for use (Jan 2017)

- 80% of senior committees attended by CC
- 80% of patient forums attended by CC
- 100% patient reps consulted on participation framework
- 100% staff aware of framework
- 80% patients have signed copy of care plan
- 6 training sessions delivered by CC on care planning.

Acknowledgements

JH&FMHN Implementation Team: Karin Lines, Vince Ponzio, Danielle Perkes, Kelley Yates, Amy Laxton, Adrian Keller, Shona MacLeod, Roman Katz, Glen Le Clerc, Puneet Datta and Catherine Hancock

Contact

Glen.Charlesworth@justicehealth.nsw.gov.au
0297053110

Conclusion

The Together for Recovery project is novel because it aims to lead the way in the Forensic Mental Health Network in promoting consumer participation in decision making in all facets of their care. The introduction of Consumer Consultants will be the first within the Forensic Hospital. This is the only high secure Forensic Mental Health setting in NSW. The project team will endeavour to promote the project at local and international conferences.

The Project will also be promoted across forensic facilities in the network who will be encouraged to pursue similar projects to promote consumer engagement and participation.