

A Decade of Service Development; Audit of service users' experience of a rural Psychiatry of Later Life (POLL) service

Dr Memoona Usman¹, Dr Leona Lally², Dr Sinead Costello³, Dr Aoife Kiely⁴, Dr Sabina Fahy³

¹Sligo Leitrim Mental Health Services, Markievicz House, Barrack Street, Sligo

²Clare Mental Health Services, Ennis, Co Clare

³St Brendan's CNU, Creagh, Ballinasloe Co. Galway

⁴C/O Galway Bay Medical Centre, Dock Road, Galway

Background

There has been increasing evidence that involving the service users in the care planning process improves their self-esteem and motivation to achieve their goals. The HSE national service plan and policies emphasize the importance of incorporating the views of service users, family members and carers in the design and delivery of mental health services.

Aims and Objectives

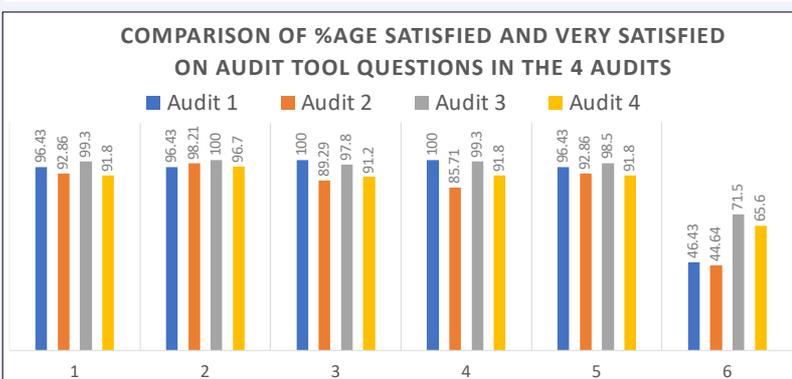
- To obtain the views of service users in relation to a rural POLL service
- Compare our service to best practice and address issues identified
- Repeat the audit cycle based on recommendations

Methods

- New referrals to the POLL service were identified and a pseudo-anonymised audit tool questionnaire was posted to these patients after initially making a telephone contact and obtaining informed consent.
- Results were compared to standards set by our team based on local and national policies (HSE Vision for change 2006, Best Practice Guidance for MHS 2017, National Framework for Recovery in MHS 2018-2020, HSE Corporate Plan 2015-2015, HSE National Service Plan 2020, Specialist Mental Services for Older People 2019, HIQA Guidance Document 2016).
- Microsoft Excel used for analysis and a content analysis of qualitative data was carried out in the fourth cycle.
- Audit repeated on four occasions; 2012, 2013, 2016 and 2019.

Results:

- The questionnaire return rate was 54% for the first (n=28), 72% for the second (n=56), 84% for the third (n=137) and 64% for the fourth cycle (n=61).
- More than 90% of patients marked as being benefited by the POLL team in the current cycle.



Conclusion

Involving POLL patients in audit has helped the team to identify areas that can improve the quality of service provided to our patients and their families. We have developed a service information leaflet and a discharge leaflet that has improved satisfaction in the 3rd and 4th audits. We resolved the issue of disabled parking access. We intend to focus more on psycho-education and discharge planning based on the results of the current cycle.

Audit Tool

(Each Q 1-6 was followed by the options of very satisfied, satisfied or not satisfied and a section for comments, Q7 was followed by "yes" or "No" with comments, Q8 was free comments), *Q7 was only added in the current cycle.

- How satisfied were you with the amount of information we gave you about the service prior to your first appointment?
- How satisfied were you with the length of time that you had to wait between your referral and when you were offered your first appointment?
- How satisfied were you with the way we supported you to manage your own mental health recovery?
- How satisfied were you with your level of involvement in your care and treatment plan?
- How satisfied were you with how we respected and supported you in your journey to recovery?
- How satisfied were you with the planning of and your involvement in your discharge from the service?
- Do you believe you have benefited from your contact with the Psychiatry of Later life team?
- Please comment on what you most liked and least liked about the service and any other recommendations on improving the service

Results: Content Analysis of Qualitative data

| No. of Domains | Positive Comments | No. of Responses | Negative Comments | No. of Responses |
|----------------|--|------------------|---|------------------|
| 1 | Efficiency of Assessment time | 7 | Lack of Responsiveness/Delayed first Assessment | 3 |
| 2 | Resolution of symptoms | 16 | Lack of info provided prior to first appointment | 2 |
| 3 | Attentive CMHN follow up with close monitoring | 10 | No follow up appointment offered | 1 |
| 4 | Benefit of Home visit vs OPD | 4 | More contact with CMHN | 1 |
| 5 | Helpful, Supportive and professional staff | 26 | Regular review of medication | 3 |
| 6 | Explanation of diagnosis and treatment (Psychoeducation) | 12 | Poor Information provided re Diagnosis and Treatment | 2 |
| 7 | Carers Involvement | 5 | Inefficiency with follow up on Investigations e.g., CT scan | 1 |
| 8 | Optimise medication without excessive use | 5 | Unhappy to be discharged | 2 |
| 9 | Improved Quality of life | 3 | Doctor not approachable | 1 |
| 10 | Respect and dignity for individuals seen | 7 | Incomplete symptoms resolution | 2 |
| 11 | Good Discharge Planning | 2 | | |
| 12 | CST Intervention | 2 | | |
| 13 | Facilitate positive external Interventions | 2 | | |

Examples of free text comments

"I am very satisfied with the treatment and support I got", "You have an excellent service"

"Give more information on initial appointment, i.e. Length, what to expect, etc... A leaflet on the service would be helpful"



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