Care Rounding in Southern NSW Local Health District Acute Mental Health Inpatient Units

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ECLP Cohort 16

Aim Statement:
By August 2016, consumers admitted to the Acute Mental Health Inpatient Units will have a forum with which to communicate their care needs directly to members of the Mental Health Drug & Alcohol Executive.

Link to National Standard or Strategic Impervative
1.1 The MHS upholds the right of the consumer to be treated with respect and dignity at all times.
1.16 The MHS upholds the right of the consumer to express compliments, complaints and grievances regarding their care and to have these addressed by the MHS.
Australian Council on Healthcare Standards. EQUIPinational.
2.1 Establishing governance structures to facilitate partnerships with consumers and/or carers.

Team members
- Sponsor: Quality
- 6 members of staff (including 4 members of the Executive)
- Project Team:
  - Team Leader – Dr Pavan Bhandari, Mental Health Clinical Director
  - Quality Advisor: Tracey Ekins, Assistant Director Clinical Governance
  - Consumer representative: Anne Francis, MHDA Coordinator
  - Consumer Participation Strategies
  - Tim Leggett, Manager Inpatient & Access Services/Senior MHDA Nurse
  - Rose Roberts, Mental Health Inpatient Service Nurse Manager
  - Yonca Lloyd and Arika Bizzotto, the Nurse Unit Managers from both acute MHIUs
  - Tim Grenfell, MHDA Policy and Clinical, Redesign Support Officer

Aim

Primary Drivers
- Reduce the structural barriers inhibiting the communication of care needs

Secondary Drivers
- Ensure MHDAs Executive members have allocated time to hear the consumer’s care needs (a Care Rounding session)
- Ensure MHDAs Executive Members have active listening skills to facilitate effective communication
- Ensure the dedicated forum is given a high priority in the allocation of staff time with no concurrent demands upon the attendee’s time
- Ensure there is a clear structure to the Rounding sessions which facilitates the sharing of consumer experience
- Provide a structure that ensures the consumer package that their care needs are heard and understood
- Ensure the MHDAs Executive members have training in facilitating the Rounding sessions and in active listening skills
- Ensure a consumer advocate is present in the Rounding sessions to facilitate communication where necessary
- Ensure Consumer’s receive information regarding the structure and purpose of the Rounding session
- Ensure the staff participating in the Rounding session are empowered to make changes to the service provision where indicated
- Add the outcomes from the Rounding sessions to the performance review meetings for the MHIUs and ensure the consumers are aware of the process by which their concerns are ascated
- Ensure the structure of the Rounding sessions incorporates a feedback mechanism where consumers are notified about the actions taken to address any concerns they raise

Outcome measures
The effectiveness of the sessions was also measured by a post-rounding survey completed by the participating consumers. Consumers were asked to rate from 0 to 4 how satisfied they were with the meeting and how effective the meeting was at giving them a chance to voice their concerns to senior staff. The results were positive and are presented in Table 1.

Results continued
Process measures
The results of the project to date have been very positive. As of October 2016 some notable results include:
- 4 Rounding Sessions had been conducted in the two Acute Mental Health Inpatient Units.
- 14 consumers have participated in the rounding sessions
- 6 members of staff (including 4 members of the Executive) have participated in the rounding session
- The Rounding Sessions have produced 9 Action Items for improvements in the Acute Mental Health Inpatient Units.

Discussion
What it was not within the scope of the current project to directly measure the relationship between Care Round and Clinical Outcomes there is evidence in the literature that rounding is positively correlated with good clinical outcomes. There is evidence in the literature supporting Care Rounding in improving consumer satisfaction as well as clinical outcomes in general hospital settings. There is also evidence that Care Rounding is effective in mental health inpatient settings to improve consumer satisfaction and experience with services.

Overall Outcome of Project:
In conclusion, the project was successful in establishing a monthly forum to facilitate communication between consumers admitted to the Acute Mental Health Inpatient Unit and members of the Mental Health Drug & Alcohol Executive. This has a positive impact on consumer satisfaction and the consumer experience of care.

Plans to sustain change
The next step is to ensure the Care Rounding sessions are sustainable in the Acute Mental Health Units. To facilitate this, the cycle of Rounding Session, Action Plan and Feedback is structured within the standing agenda items of the relevant operational meetings. The value of the project is also recognised at the Mental Health Drug and Alcohol (MHDA) governance structure, from the Director down to clinicians in the units, which supports its ongoing implementation.

Plans to spread / share change
A future project may be to expand the Care Rounding sessions to include other mental health units across the Local Health District. Given the positive outcomes of the current project consideration is also be given to the introduction for a similar process in community settings as well as a process for conducting rounding sessions with staff. The project will also be entered for the Southern NSW Local Health District and NSW Health clinical excellence award.