Mental Health Access Improvement Collaborative

Learning Session 3
Thursday 9th May
What are we hoping to achieve?

• Bring together CAMHS and PT collaborative teams to share successes and challenges of mental health access improvement

• Learn from colleagues who have achieved improvements in access to services

• Identify next steps for the collaborative improvement projects
Welcome and housekeeping

- Wi-Fi:
- Fire alarm
- Photography
- Filming
Mental Health Access Improvement Collaborative

Pre work
- Understand local systems
- Identify teams
- Develop Driver Diagram and change ideas

Welcome to the collaborative WebEx

Learning Session 1

Learning Session 2

Learning Session 3

Learning Session 4

Supports
- National and local context
- Aims and measures
- Key changes
- Model for Improvement

- MHAIST Team - Improvement Advisors, Project support, Clinical Advisors, Data analysts
- WebEx’s
- Local and national events
- Team visits

Launch events
Aug - Dec 2017
Welcome to the collaborative WebEx May 2018

Action Period 1
Learning session 1 June 2018
Learning session 2 Nov 2018

Action Period 2
Learning session 3 May 2019

Action Period 3
Learning session 4 Nov 2019

Improving access to CAMHS and PT services

- Services understand the flow of patients through their services and use this to improve access to treatment
- There are effective screening and triage processes so all people accessing services can be seen within nationally agreed timescales
- There are reliable systems in place so that data for improvement can be collected and used effectively
- Services are marketed in the most effective way so that people who require support know how to access the service
- External agencies have clear and consistent service information to allow them to make appropriate referrals
- People referred for treatment attend all agreed appointments
- A range of evidence based treatments are available to allow patients to access the most suitable treatment
- There are reliable processes for contracting between therapist and patient
- Patients complete the agreed course of treatment
- Clinical outcomes data is collected and used to inform treatment
- Clinical supervision happens reliably and informs progression of treatment
- Staff feel competent and supported to deliver services
- There is positive feedback from people using the service

All boards can provide access to CAMHs and PT services within nationally agreed timescales while maintaining or improving other measures of quality used to monitor the services provided.

CAMHS – Child and Adolescent Mental Health Services
PT – Psychological Therapy
The teams have linked with local QI teams to support the development of capacity & capability in QI methodology. Services have developed consistent approach within local data systems. Teams have developed effective assessment pathways to support the delivery of reliable and high quality care for service users and their families. Services have developed mechanisms to gather & share resources. Services have developed local capacity & capability to support reliable data use. The teams have developed pathways which have removed waste from the service & their families accessing assessment pathways. There is clarity within assessment pathways – staff understand roles and responsibilities as well as expected outcomes. The service has developed mechanisms to ensure appropriate referrals reach the service & reduce inappropriate referrals. Staff are supported with a positive staff wellbeing programme / activity. Across multi-agency working teams have developed a single strategic plan incorporating the multi-agency team. Team have developed processes to reduce Did Not Attend (DNA)s & Cannot Attend (CNA)s. Staff feel supported to deliver reliable processes to deliver reliable and high quality assessment pathways and able to maintain clinical competencies. The teams have effective relationships with 3rd Sector partners. The service has effective & reliable clinical supervision processes. The teams have linked with local QI teams to support the development of capacity & capability in QI methodology. Senior H&SCP sponsorship is integral to the progression of the work. Effective communications, use of data & clarity of pathways is integral to the improvement work.

95% of children & young people (CYP) presenting to Child & Adolescent mental Health Services (CAMHS)* across Scotland with a neurodevelopmental disorder will be assessed and diagnosed within 18 weeks of referral by June 2019.

Sub-aim: 50% of CYP presenting to CAMHS* across Scotland with a neurodevelopmental disorder will be assessed and diagnosed within 18 weeks of referral by Dec 2018.

* Not just specialist CAMHS, all services involved in the neurodevelopmental pathway.
What’s next?

• How do we best support you with your next stages of improvement?

• What are the changes that have made a difference?

• How do we pull the learning together to help spread the improvements across Scotland?
Mental Health Access Improvement Collaborative

**Pre work**
- Understand local systems
- Identify teams
- Develop Driver Diagram and change ideas

**Welcome to the collaborative WebEx**

- Learning Session 1
- Learning Session 2
- Learning Session 3
- Learning Session 4

**Supports**
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- Aims and measures
- Key changes
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- WebEx’s
- Local and national events
- Team visits

**Action periods**
- Teams testing
- WebEx’s
- Newsletters
- Team visits

Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

Act → Plan → Study → Do → Act
Your Plan

Reality
Mental Health Access Improvement Collaborative

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Learning Session 3

Learning Session 4

Supports

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“Play the ball where the monkey dropped it!”
Mental Health Access Improvement Collaborative

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Welcome to the collaborative WebEx

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Learning Session 4

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June 2016-Dec 2017

Launch events:
- Aug - Dec 2017
- Welcome to the collaborative WebEx May 2018

Learning session 1:
- June 2018

Learning session 2:
- Nov 2018

Learning session 3:
- May 2019

Learning session 4:
- Nov 2019

Action periods:
- Teams testing
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- Newsletters
- Team visits

Welcome and introduction to QI

Data for measurement

Run Charts

Tools for improvement

PDSAs (‘testing in the wild!’)

Involving patients and families
Team visits

24 teams across 10 boards
What have we covered?

- Driver diagrams
- Change package
- PDSAs
- Run charts
- Measurement plans
- Project charter
- Model for improvement
- Getting the right people involved
- Involving people who use the service
- Tools for improvement
Mental Health Access Improvement Collaborative

This Moodle page is for the Mental Health Access Improvement Collaborative which consists of two workstreams:

- Improving access to CAMHS and Psychological Therapies
- Neurodevelopmental Pathways for CAMHS

If you need to contact MHAIST please email hcis.mhaist@nhs.net
Mental Health Access Improvement Collaborative

**Pre work**
- Understand local systems
- Identify teams
- Develop Driver Diagram and change ideas

**Welcome to the collaborative WebEx**

- Learning Session 1
  - Learning Session 2
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  - Learning session 1 June 2018
  - Action Period 1
  - Learning session 2 Nov 2018
  - Action Period 2
  - Learning session 3 May 2019
  - Action Period 3
  - Learning session 4 Nov 2019

## Today’s plan

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.15 – 09.40</td>
<td>Registration - tea, coffee and networking</td>
</tr>
<tr>
<td>09.40 – 10.00</td>
<td>Welcome and introduction</td>
</tr>
<tr>
<td>10.00 – 10.30</td>
<td>Team presentations</td>
</tr>
<tr>
<td>10:30–11:30</td>
<td>Question Time</td>
</tr>
<tr>
<td>11.30 – 11.45</td>
<td>Coffee break</td>
</tr>
<tr>
<td>11:45 – 13:15</td>
<td>Storyboard presentations</td>
</tr>
<tr>
<td>13.15 – 14.00</td>
<td>Lunch, networking, storyboard viewing and Vox -pops</td>
</tr>
<tr>
<td>14:00-15:10</td>
<td>Data and Measurement</td>
</tr>
<tr>
<td>15.10 – 16.15</td>
<td>Parallel sessions</td>
</tr>
<tr>
<td></td>
<td>• Run charts</td>
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<tr>
<td></td>
<td>• Improvement clinics</td>
</tr>
<tr>
<td>16.15 – 16.30</td>
<td>Reflections and next steps</td>
</tr>
</tbody>
</table>
Please tweet...

#mhimprove

@hcis_MHAIST
Clydesdale Psychological Therapies Team, NHS Lanarkshire: Our experience of working with the MHAIST Collaborative

Dr Simon Stuart, Clinical Psychologist
Dr Heather Jamieson, Counselling Psychologist
Who we are and what we’re doing
Experience working with the Collaborative

Simon, April 2018 to October 2018

‘This is new and exciting’
‘This is a great excuse for a pint with Joe’
‘This is getting scary and overwhelming’*
‘This is all too much. I don’t have time’

* The project, not the pint with Joe
Experience working with the Collaborative

The first lightbulb moment
1 November 2018
Telephone meeting with MHAIST

‘You’ve unwrapped the gift, you’ve played with it ... but you didn’t read the instructions’
Experience working with the Collaborative

The first lightbulb moment
1 November 2018
Telephone meeting with MHAIST

‘You mean if I actually use all this PDSA stuff then it makes things easier?’
Experience working with the Collaborative

The second lightbulb moment
1 November 2018
Telephone meeting with MHAIST

‘Pass the pen to someone else’
Experience working with the Collaborative

The second lightbulb moment

1 November 2018

Telephone meeting with MHAIST

‘Heather, there’s this project …’
Experience working with the Collaborative

November 2018 to present

‘This is working ... and still exciting’

‘This is challenging and doable’

‘This is going places’*

‘What can we do next?’

* Not just to the pub with Joe
Experience using QI methodology

- Act
  - What changes need to be made to the next cycle?
  - If no changes, roll out the improvement

- Plan
  - Set improvement goals
  - Predict what will happen
  - Plan the cycle (who, where, what and how)
  - Decide what data to gather

- Do
  - Carry out the plan
  - Document any problems encountered and observations
  - Gather data

- Study
  - Fully analyse data
  - Compare data to predictions
  - Examine learning
Experience using QI methodology

- **Plan**
  - Set improvement goals
  - Predict what will happen
  - Plan the cycle (who, where, what and how)
  - Decide what data to gather

- **Do**
  - Carry out the plan
  - Document any problems encountered and observations
  - Gather data

- **Act**

- **Study**
QI tools aren’t an adjunct: they’re a foundation

One person can’t do everything: be a team

If the game matters, keep playing the ball
Contacts

Email: simon.stuart@lanarkshire.scot.nhs.uk
Twitter: @soothron

Email: heather.jamieson@lanarkshire.scot.nhs.uk
Contacts

simon.stuart@lanarkshire.scot.nhs.uk

heather.jamieson@lanarkshire.scot.nhs.uk

son@lanarkshire.scot.nhs.uk
NHS Dumfries and Galloway Neurodevelopmental service

My experience of working with the MHAIST Collaborative
Outline

Objectives of the presentation

Sharing D&G learning
what we have been doing
what others might find useful

How have MHAIST been helpful
What’s the problem.
What does good look like
Teacher identified at P3 potential ASD query

Felt 'I had failed as a parent'

Didn't know who to believe

Didn't know where we were on waiting list - told 9 then changed to 30

Son displaying 'OCD type behaviours':
- sensory
- tapping

Saw clinician for 1 year

Was put down to being a premature baby - attachment issues

Went to GP - saw a locum who referred to CAMHS

On attending first apt with CAMHS - clinician said 'he doesn't have ASD'

Apts focused on 'attachment'

Didn't feel listened to

Continued to sec Dr for a period but then discharged

No further support. Felt 'left'

He contacted council + NHS

Received notification of diagnosis in Nov 2017

By chance spoke to Oliver Mundell at PIN event

Would have been helpful while awaiting diagnosis

Referral to CDAT 2014

Referred to CDAT

Reports used in meeting were dated 2014

Dr did think there were traits of ASD

After a year it was suggested to see a psychiatrist

Didn't have a named contact for CDAT

Vague emails about process
Influence

Roger’s Innovation Adoption Curve

Trying to convince the mass of a new idea is useless. Convince innovators and early adopters first.
What did we set out to do

- The service needs to be available, accessible and acceptable
- Streamline the pathways into a single service
- Understanding the key component parts
- Reliable process
MHAIST help

- Deliver 1 patient through mock clinic
- Back on track
- Focus and clarity
- Motivation
- Clear list of actions

9 months
Referral received
Admin screen carried out. RFA appropriate

Phone family
- Check they understand the referral
- Consent to request screening info
- Contact details for school
- Update database

Screening Info
- ND history to family
- Education request

Screening
RFA accepted

Post diagnostic support

Triage meeting
- Allocate case lead
- Allocate 2nd

Triage

Assessment

Discussion with family
- phone
- appointment

1st appointment
- family
- Caselead
- 2nd

Complex ax process

Non complex

Standard Assessment

Clinical outcome evidenced

Report drafted

Feedback appointment
- Family
- Caselead
- 2nd

Report sent

Data base updated

Report Concluded

Further support
Not neuro-developmental
Signpost and discharge

Support
- CAMHS ASD support
- Sleep Scotland
- OT unpicking behaviours
- SLT CPS
- Online information

Post diagnostic support
14 weeks

Triage meeting
✓ Identify assessment tasks

Assessment
☐ Standard Assessment Tasks plus
☐ Complex Assessment Tasks

Professional discussion
Conclusion reached?

Yes

Feedback appointment
✓ Family
✓ Caselead
✓ 2nd

Unclear

Complex ax process

Complex

1st appointment
✓ family
✓ Caselead
✓ 2nd

Assessment

Complex
Experience working with the Collaborative
Referral received

Admin screen carried out. RFA appropriate

Phone family
- Check they understand the referral
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Screening Info
- ND history to family
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Screening RFA accepted

Triage meeting
- Allocate case lead
- Allocate 2nd

1st appointment
- family
- Caselead
- 2nd

Complex
- Complex ax process

Non complex
- Standard Assessment

Report drafted
- Clinical outcome evidenced

Feedback appointment
- Family
- Caselead
- 2nd

Report sent
- Data base updated

Discharge

Further support

Not neuro-developmental
- Signpost and discharge

Support
- CAMHS ASD support
- Sleep Scotland
- OT unpicking behaviours
- SLT CPS
- Online information

Post diagnostic support

12 weeks
Developed checklists

- Telephone call
- Developmental history
- School questionnaire
- Triage
- Standard assessment checklist
- Each stage has key checks

### Telephone Record

<table>
<thead>
<tr>
<th>Name</th>
<th>CHI</th>
<th>Date of call</th>
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</table>

<table>
<thead>
<tr>
<th>Person contacted</th>
<th>Relationship to child</th>
</tr>
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</tbody>
</table>

**Outcome of call**
- ☐ Attempted call (date) ..............................................
- ☐ Attempted call (date) ..............................................
- ☐ Unable to contact by phone – letter sent asking family to get in touch
- ☐ No response to letters, no further action to be taken. RFA sent for scanning. Eportal entry made.
- ☐ Initial conversation complete (date)

**Initial Conversation**

Your child has been referred to........................................., where you aware of this referral? New service mock clinic explained and rationale for including child in Mock clinic.

☐ yes ☐ no

Explain as necessary what the Service is. The first thing we do is start to gather more information to help us plan what assessments are needed. To do this, we would like to send you a parent checklist so you can tell us a bit more about their development. We also ask for information from your child’s nursery / school.

Are you happy for us to go ahead with gathering this information?

☐ yes ☐ no

**Parent Developmental Checklist preference**

☐ paper ☐ email ........................................................

**Education information**

<table>
<thead>
<tr>
<th>Name of person to contact</th>
<th>Name of school / nursery</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Once we have this information, the referral will be discussed by the team and someone from the team will get in touch with you to discuss what happens next. Do you have any questions just now?

**Admin Complete**

- ☐ Parent Developmental checklist received
- ☐ Education information received
- ☐ Unable to proceed
- ☐ Casefile handed over to team for triage
- ☐ Database updated for audit purposes

<table>
<thead>
<tr>
<th>Name</th>
<th>Signed</th>
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<tr>
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</table>
Developed checklists and test

- Maximise capacity
- Reduce waste
- What bits add value
- Have we the right skill set
- How much time does each activity take

<table>
<thead>
<tr>
<th>Triage Record</th>
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<tbody>
<tr>
<td>Name</td>
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<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Time</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Sign</th>
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</table>

### Children’s Health Information Technology (CHIP)

<table>
<thead>
<tr>
<th>Neurodevelopmental Assessment Appropriate</th>
<th>Outcome of triage</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>

#### Assessment Required

- [ ] ASD
- [ ] ID
- [ ] Sensory
- [ ] ADHD
- [ ] CVI
- [ ] ID
- [ ] FASD
- [ ] ASD
- [ ] EF

#### Initial Appointment to be arranged for:

- Date: 
- Time: 

#### Case Lead: 

- Initial appointment to be booked by admin.
- Additional appointment needed on date: 

#### Evidence of Potential Difficulties with:

- Learning
- Interaction with peers
- Communication
- Rigidity
- Impairment in everyday activities
- Attention and concentration
- Mannerisms
- Difficult life experiences
- Sensory difficulties
- Environmental issues
- Difference evidence required

<table>
<thead>
<tr>
<th>Initial appointment arranged</th>
<th>Follow-up phone call allocated to</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>

#### Follow-up:

- Initial appointment arranged.
- Confirmation letter sent with service information.
- Database updated for audit purposes.

#### Outcome agreed with family:

- Letter sent to family and referrer.
- Onward referrals made if required.
- Database updated for audit purposes.
Summary of Diagnostic Decision

The assessment process has considered [name] against the 12 criteria of the ICD-10 classification of Childhood Autism / Asperger’s Syndrome. The following is a summary of [name]’s profile.

Section A (delete as appropriate)

☐ Criteria met for Childhood Autism
☐ Criteria met for Asperger’s Syndrome

Section B (tick met criteria)

Difficulties were identified in the following areas:

Part 1 Social Interaction Criteria

☐ Non verbal communication
☐ Friends
☐ Socio-emotional reciprocity
☐ Sharing enjoyment/achievements and interests

Part 2 Communication Criteria

☐ Spoken language development
☐ Conversation skills
☐ Stereotyped or repetitive language
☐ Spontaneous make-believe play

Part 3 Patterns of Behaviour Criteria

☐ Encompassing Preoccupations
☐ Compulsive adherence to routines or rituals
☐ Motor Mannerisms
☐ Pre-occupations with part objects

Section C

☐ The presentation in Section B cannot be attributed to any other known disorder.

It is therefore confirmed that [name] (Select appropriate statement and delete others)

✓ meets the International Classification of Diseases (ICD-10) criteria for a diagnosis of Childhood Autism as..... criteria were met.
✓ meets the International Classification of Diseases (ICD-10) criteria for a diagnosis of Asperger’s Syndrome as..... criteria were met.
✓ does not meet the International Classification of Diseases (ICD-10) criteria for an Autism Spectrum Disorder diagnosis as only as..... criteria were met.

A full summary of the evidence gathered has been discussed and shared with the family. If you require a copy of this evidence in addition to the summary report, please contact the team on the number or email address above.
Next steps

- Complete 10 people through mock clinic
- Measuring days between each key stage
- Any bottlenecks
- Initial data to the IJB in June 2019
- Build partnerships in the community
Key learning

• Relentless focus on the model for Improvement
Key learning

• Relentless focus on the model for Improvement
• Start with the end in mind
Key learning

• Relentless focus on the model for Improvement
• Start with the end in mind
• Work with families
Key learning

• Relentless focus on the model for Improvement
• Start with the end in mind
• Work with families
• Develop your project team with networks in mind
Key learning

• Relentless focus on the model for Improvement
• Start with the end in mind
• Work with families
• Develop your project team with networks in mind
• Learn from the setbacks
Keep in touch

Jennifer.Halliday@nhs.net
@JCQ70

Thank you
Question Time!
Storyboard presentations

Group 1 – Gavin (Climb)

Group 2 – Kirsty (Climb)

Group 3 – April (Hope)

Group 4 – Dan (Hope)
Data for improvement
Measurement plans

Kirsty Ellis
Improvement Advisor
Our focus now
The Quality Measurement Journey

- **AIM** (How good? By when?)
- Concept
- Measures
- Operational Definitions
- Data Collection Plan
- Data Collection
- Analysis

PDSA Cycle:
- Plan
- Do
- Study
- Act

(Repeat as necessary)
Mental Health Access Improvement Collaborative
Neurodevelopmental Assessment Pathway workstream
Measurement plan

<table>
<thead>
<tr>
<th>No.</th>
<th>Outcome measure</th>
<th>Operational definition</th>
<th>Target measure</th>
<th>Measurement method</th>
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<tbody>
<tr>
<td>1</td>
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</table>

Mental Health Access Improvement Collaborative
Improving access workstream
Measurement plan

<table>
<thead>
<tr>
<th>No.</th>
<th>Outcome measure</th>
<th>Prevalence</th>
<th>Number of people</th>
<th>Intervention strategy</th>
<th>Action plan</th>
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<tr>
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ihub
supporting health and social care
# Measurement plan template

Mental Health Access Improvement Collaborative

## Measurement plan

<table>
<thead>
<tr>
<th>Team name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Project Aim</th>
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</table>

### Outcome measures

<table>
<thead>
<tr>
<th>No</th>
<th>Name of measure</th>
<th>Purpose of measure</th>
<th>Operational Definition</th>
<th>Data Collection Guidance</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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### Process measures

<table>
<thead>
<tr>
<th>No</th>
<th>Name of measure</th>
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### Balancing measures

<table>
<thead>
<tr>
<th>No</th>
<th>Name of measure</th>
<th>Purpose of measure</th>
<th>Operational Definition</th>
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‘Improvement science is explicitly designed to accelerate learning-by-doing. It’s a more user-centered and problem-centered approach to improving teaching and learning.’

(Carnegie Foundation for the Improvement of Teaching and Learning, www.carnegiefoundation.org)

‘Intelligence is the habit of persistently trying to understand things and make them function better. Intelligence is working to figure things out, varying strategies until a workable solution is found... One’s intelligence is the sum of one’s habits of mind.’

(Lauren Resnick)
Improvers are constantly curious, wondering if there is a better way of doing something. They want to extract the learning from any experience. Never content with keeping ideas to themselves, they are out there talking to and persuading others that an issue is worth exploring. They have well-honed influencing skills. Aware of the likelihood of disagreement they are prepared for and deal well with conflict.
## Characteristics of five knowledge systems involved in improvement

<table>
<thead>
<tr>
<th>Knowledge system</th>
<th>Illustrative features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generalisable scientific evidence</td>
<td>Controls and limits context as a variable; tests hypotheses</td>
</tr>
<tr>
<td>Particular context awareness</td>
<td>Characterises the particular physical, social and cultural identity of local care settings (i.e. their processes, habits and traditions)</td>
</tr>
<tr>
<td>Performance measurement</td>
<td>Assesses the effect of changes by using study methods that preserve time as a variable, use balanced measures (range of perspectives, dimensions), analyse for patterns</td>
</tr>
<tr>
<td>Plans for change</td>
<td>Describes the variety of methods available for connecting evidence to particular contexts</td>
</tr>
<tr>
<td>Execution of planned changes</td>
<td>Provides insight into the strategic, operational and human resource realities of particular settings (drivers) that will make changes happen</td>
</tr>
</tbody>
</table>

Source: Batalden and Davidoff, 2007
Why measure?
Why are you measuring?

Research?  Improvement?

Judgment?
## The Three Faces of Performance Measurement

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Improvement</th>
<th>Accountability</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim</strong></td>
<td>Improvement of care</td>
<td>Comparison, choice, reassurance, spur for change</td>
<td>New knowledge</td>
</tr>
<tr>
<td><strong>Methods:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Observability</td>
<td>Test observable</td>
<td>No test, evaluate current performance</td>
<td>Test blinded or controlled</td>
</tr>
<tr>
<td><strong>Bias</strong></td>
<td>Accept consistent bias</td>
<td>Measure and adjust to reduce bias</td>
<td>Design to eliminate bias</td>
</tr>
<tr>
<td><strong>Sample Size</strong></td>
<td>“Just enough” data, small sequential samples</td>
<td>Obtain 100% of available, relevant data</td>
<td>“Just in case” data</td>
</tr>
<tr>
<td><strong>Flexibility of Hypothesis</strong></td>
<td>Hypothesis flexible, changes as learning takes place</td>
<td>No hypothesis</td>
<td>Fixed hypothesis</td>
</tr>
<tr>
<td><strong>Testing Strategy</strong></td>
<td>Sequential tests</td>
<td>No tests</td>
<td>One large test</td>
</tr>
<tr>
<td><strong>Determining if a Change is an Improvement</strong></td>
<td>Run charts or Shewhart control charts</td>
<td>No change focus</td>
<td>Hypothesis, statistical tests (t-test, F-test, chi square), p-values</td>
</tr>
<tr>
<td><strong>Confidentiality of the Data</strong></td>
<td>Data used only by those involved with improvement</td>
<td>Data available for public consumption and review</td>
<td>Research subjects’ identities protected</td>
</tr>
</tbody>
</table>
What do we mean by data?
Why does data matter?

Simon Guilfoyle, 2013
But not just any data

Pilot’s shoe size
Number of in-flight movies watched
Average number of toilet flushes per person
Number of clouds passed
Number of passengers with brown hair
And not just the right measures, need data presented in right format
Data over time
“When you have two data points, it is very likely that one will be different from the other.”

W. Edwards Deming
Three types of measure

**Outcome**
Are the changes you are making helping to achieve your aim?
The voice of the customer / service user.

**Process**
Is a specific process change having the intended effect?
The voice of the system.

**Balancing**
What has happened in other parts of the system – unintended consequences?
Knock on effects...
PDSA
Information
Guide
Learning about our testing.

Process Measures
Guide Learning about how our testing is improving reliability of the process.

Outcome Measures
Guide Learning about how the reliability of the process is achieving our aim.
The Quality Measurement Journey

AIM (Why are you measuring?)
- Concept
- Measures
- Operational Definitions
- Data Collection Plan
- Data Collection
- Analysis

PDSA
What are you measuring?
How is it being measured?

Clear
Unambiguous
Specific
Defining concepts

- A “fair” tax
- A tax “loophole”
- A “good” holiday
- A “great” movie
- The “rich” or the “poor”
- The “middle class”
Operational Definitions

I think it was a mistake to go wireless.
Developing a project charter that clearly justifies and focuses the work

Understanding organisational dynamics of change and the psychology of improvement work, and using them to build an effective team

Creating a comprehensive measurement plan, including operational definitions, data collection methods, reporting, and training

Analysing data to identify successful process changes and avoid common misinterpretations of the data

Using systems thinking, driver diagrams, and change concepts to generate effective process changes

Using PDSA cycles to identify promising ideas for change, then developing and refining the changes to achieve more reliable and effective processes

Applying analytical tools, including run charts, Pareto diagrams, scatterplots, and control charts to analyse, interpret, and respond appropriately to data

Improvement in action

Understanding and applying important principles of reliability science to the design of processes
<table>
<thead>
<tr>
<th><strong>Access &amp; Neurodevelopmental Assessment Measurement Plans</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Health Access Improvement Collaborative</strong></td>
</tr>
<tr>
<td><strong>Neurodevelopmental Assessment Pathway development</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Objective</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>1. Improve access to mental health services</strong></td>
</tr>
<tr>
<td><strong>2. Develop partnerships with local organizations</strong></td>
</tr>
<tr>
<td><strong>3. Increase awareness of mental health issues</strong></td>
</tr>
<tr>
<td><strong>4. Evaluate program effectiveness</strong></td>
</tr>
</tbody>
</table>

*Note: This is a simplified representation of the measurement plans for access and neurodevelopmental assessment.*
Measurement plan template

Mental Health Access Improvement Collaborative
Measurement plan

<table>
<thead>
<tr>
<th>Team name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Aim</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Outcome measures

<table>
<thead>
<tr>
<th>No</th>
<th>Name of measure</th>
<th>Purpose of measure</th>
<th>Operational Definition</th>
<th>Data Collection Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Process measures

<table>
<thead>
<tr>
<th>No</th>
<th>Name of measure</th>
<th>Purpose of measure</th>
<th>Operational Definition</th>
<th>Data Collection Guidance</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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</tbody>
</table>

Balancing measures

<table>
<thead>
<tr>
<th>No</th>
<th>Name of measure</th>
<th>Purpose of measure</th>
<th>Operational Definition</th>
<th>Data Collection Guidance</th>
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<tr>
<td>1</td>
<td></td>
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</tr>
</tbody>
</table>
Checklist for your measurement plan ...

1. Measures are set out as “How much, by when”
2. There are outcome measures
3. There are process measures
4. There are balancing measures
5. Measures are defined and clearly stated – all members of the team agree what is being measured and when?
6. The data is collected prospectively over time
Room exercise

No idea where to start – we have no measures identified
Score 0 on the self assessment

We have data but it is not necessarily the best fit for our project it’s all we have access to
Score 1-2 on the self assessment

We have measures identified but haven’t defined the operational definitions, exclusion criteria, calculations yet
Score 3 – 4 on the self assessment

We have a clear & robust measurement plan, with all information written down and shared with the team
Score 5 – 6 on the self assessment
Table exercise

• In the four self-selected groups work with the IA(s) with your group to move you towards having a robust measurement plan.
Parallel sessions

• Run Charts – Alison (Hope)

• ‘Thinking’ – Claire (Climb – front)

• ‘Doing’ – Jonathan (Climb – rear)
Reflections and next steps

Improvement Hub
Enabling health and social care improvement
Thank You
So what’s next?

- WebEx 7, June 13\textsuperscript{th} 12:30-13:30

- Visits and calls

- Project documents (measurement plans, PDSAs)

- Data…..let’s see those run charts!!
Keep in touch

hcis.mhaist@nhs.net

@HIS_MHAIST

To find out more visit
https://ihub.scot/mental-health-access/