One Patient One Plan

The Intersection of Risk and Recovery

North Bay Regional Health Centre
Centre régional de santé de North Bay

- 2011: Regional Tertiary Mental Health Centre merged with large community hospital
- Three roles:
  - provides acute care services to North Bay and its surrounding communities
  - acts as the district referral centre providing specialist services for smaller communities in the area
  - serves all of northeast Ontario for specialized mental health services
- 389 bed facility: 253 acute care, 136 mental health

“Nothing about me, without me.”

Transformational Change

- ***Including*** patient voice in care
- ***Improving*** patient flow - decrease the length of stay

'hospital is not a home'

- ***Supporting*** recovery – identified a need for a set of tools to make it real day-to-day
- ***Practising*** inter professional care - a shared care plan

We didn't know what it was going to look like…

Scope

Implementation of

One Patient One Plan

on **all** adult Regional Inpatient Mental Health Lodges

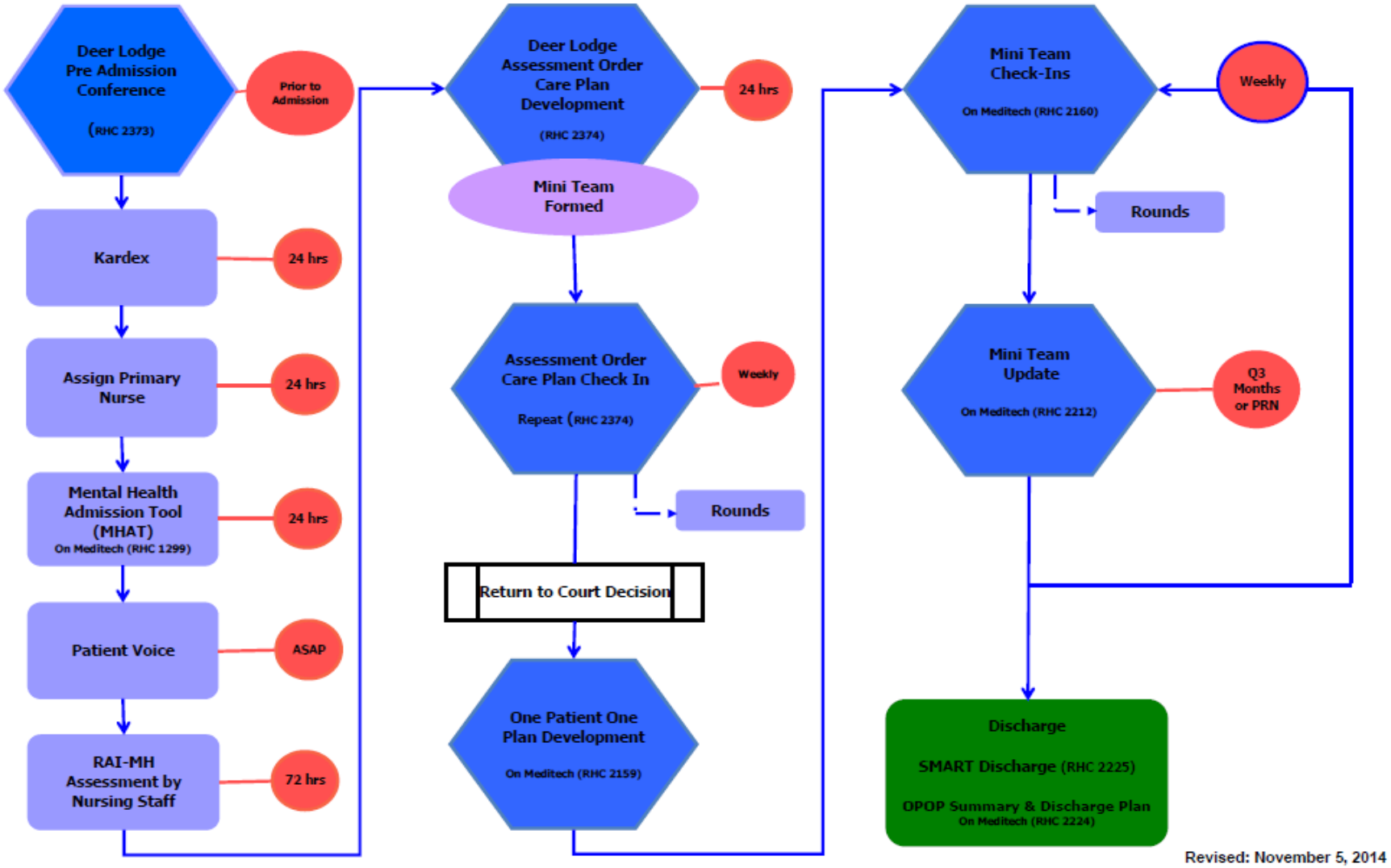
What Outcome Did We Want?

- ***Involving*** patients & family in care
- ***Combining*** clinical & recovery goals
- ***Involving*** the right people at the right time
- ***Collaborating*** with community partners

What we needed to do.

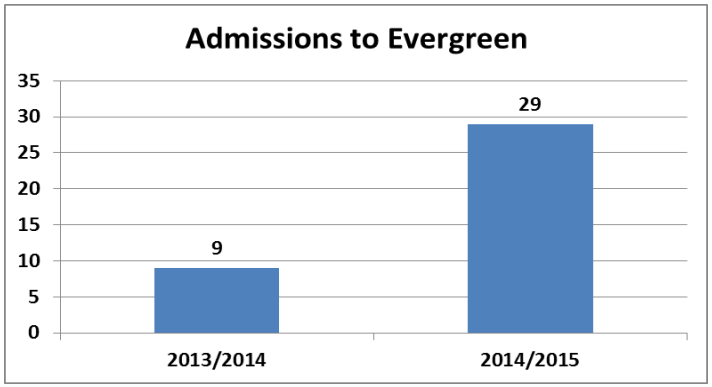
- Process Model
- Integration of RAI-MH
- Policy
- Documentation
- Communication Plan
- Teaching Materials
- Training & Coaching
- Process Audits

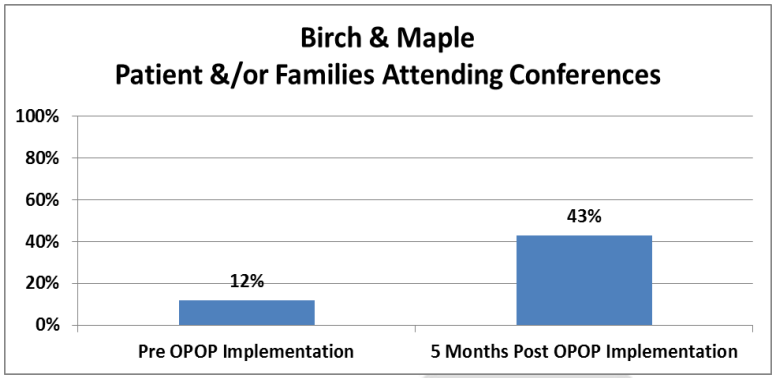
ONE PATIENT ONE PLAN PROCESS
FOR MENTAL HEALTH & THE LAW ASSESSMENT ORDER

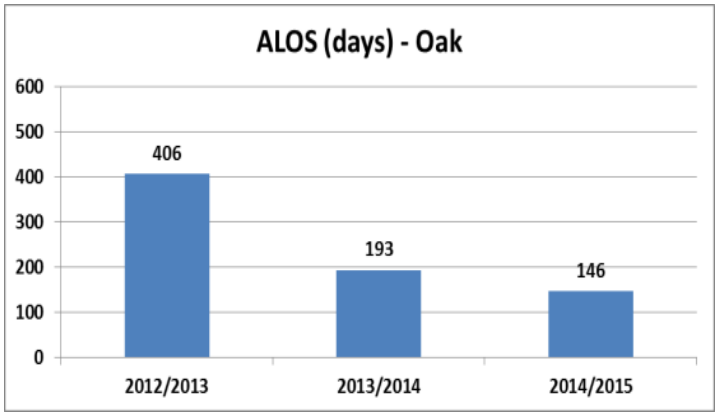


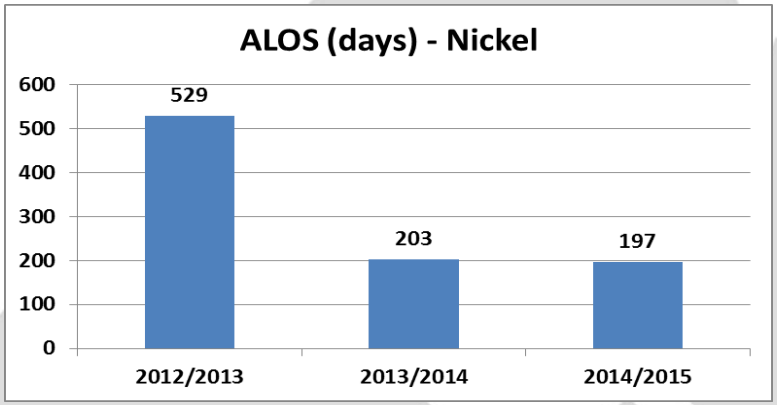
Revised: November 5, 2014

Positive Results

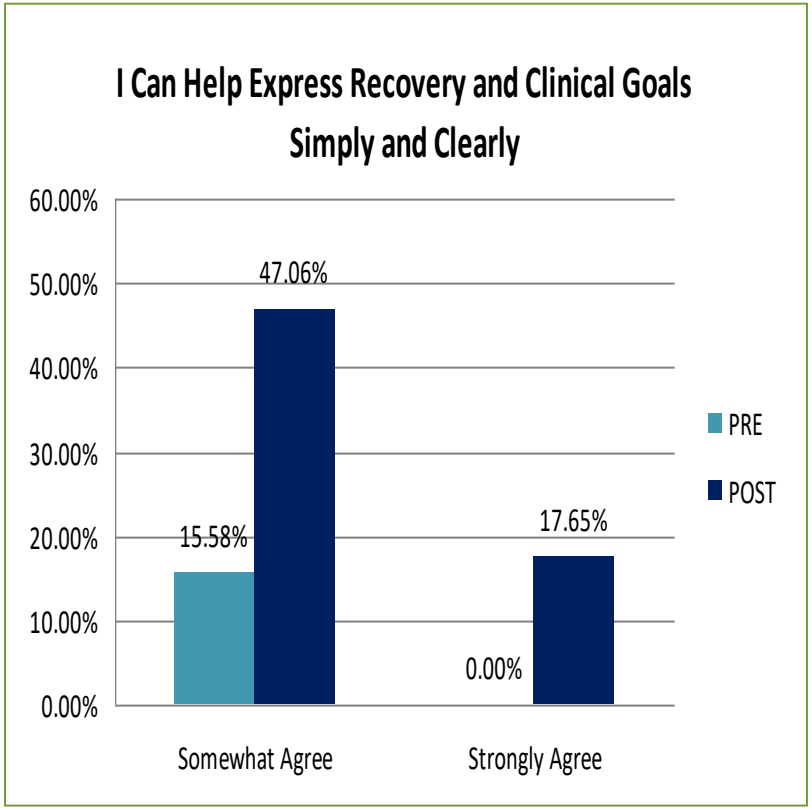


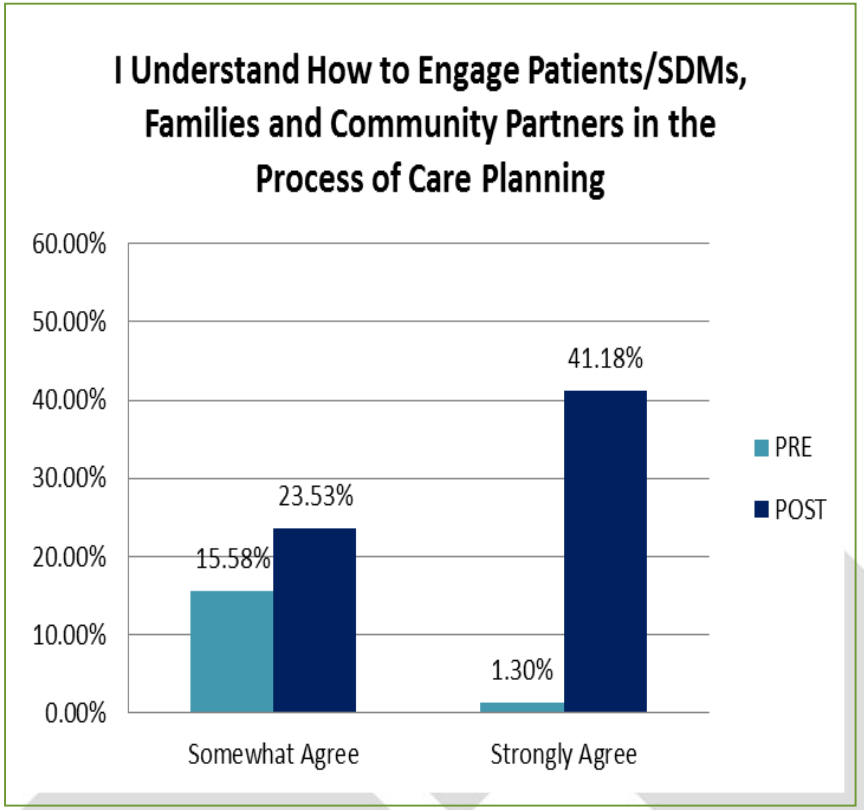




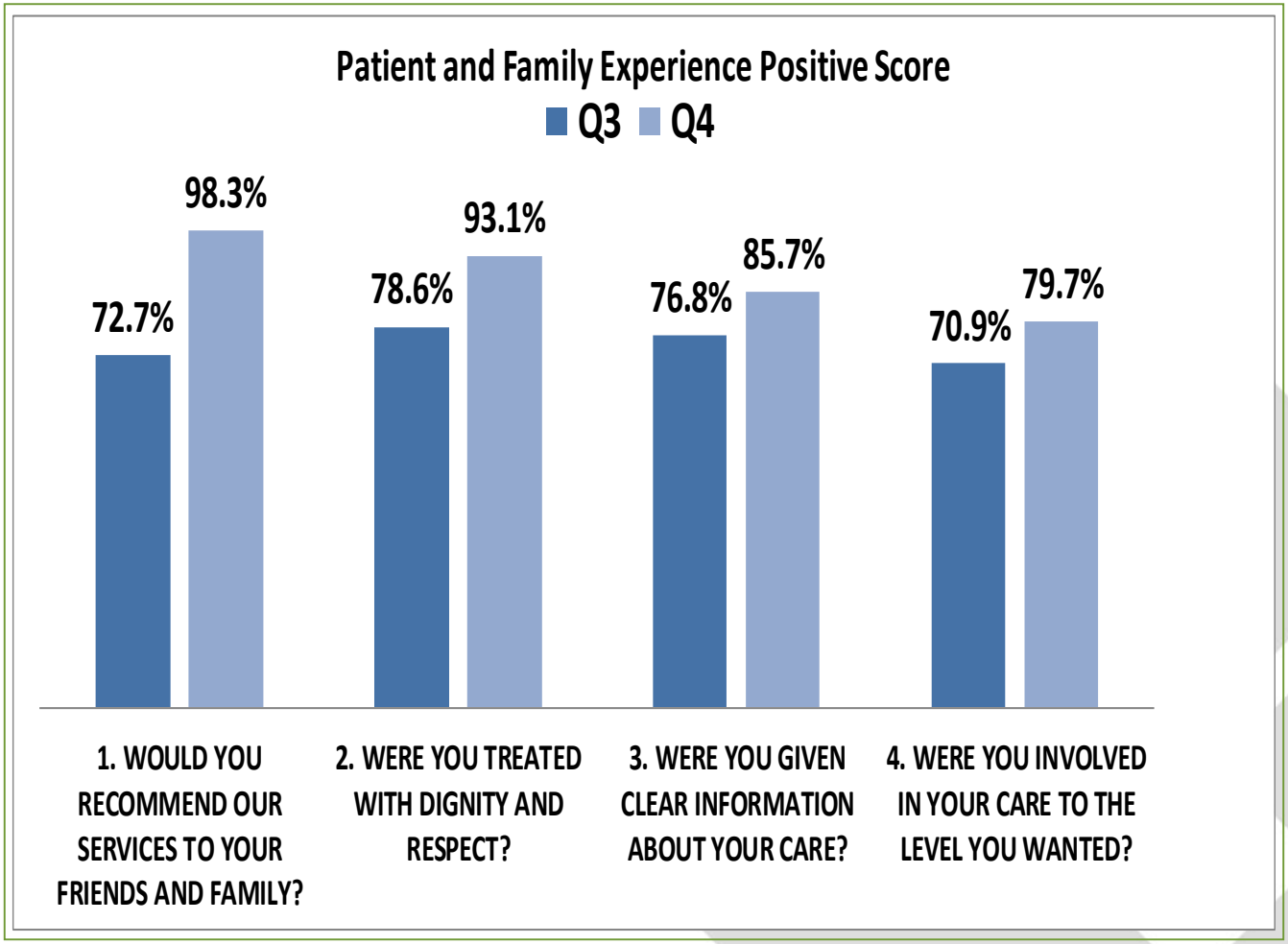


Staff Survey



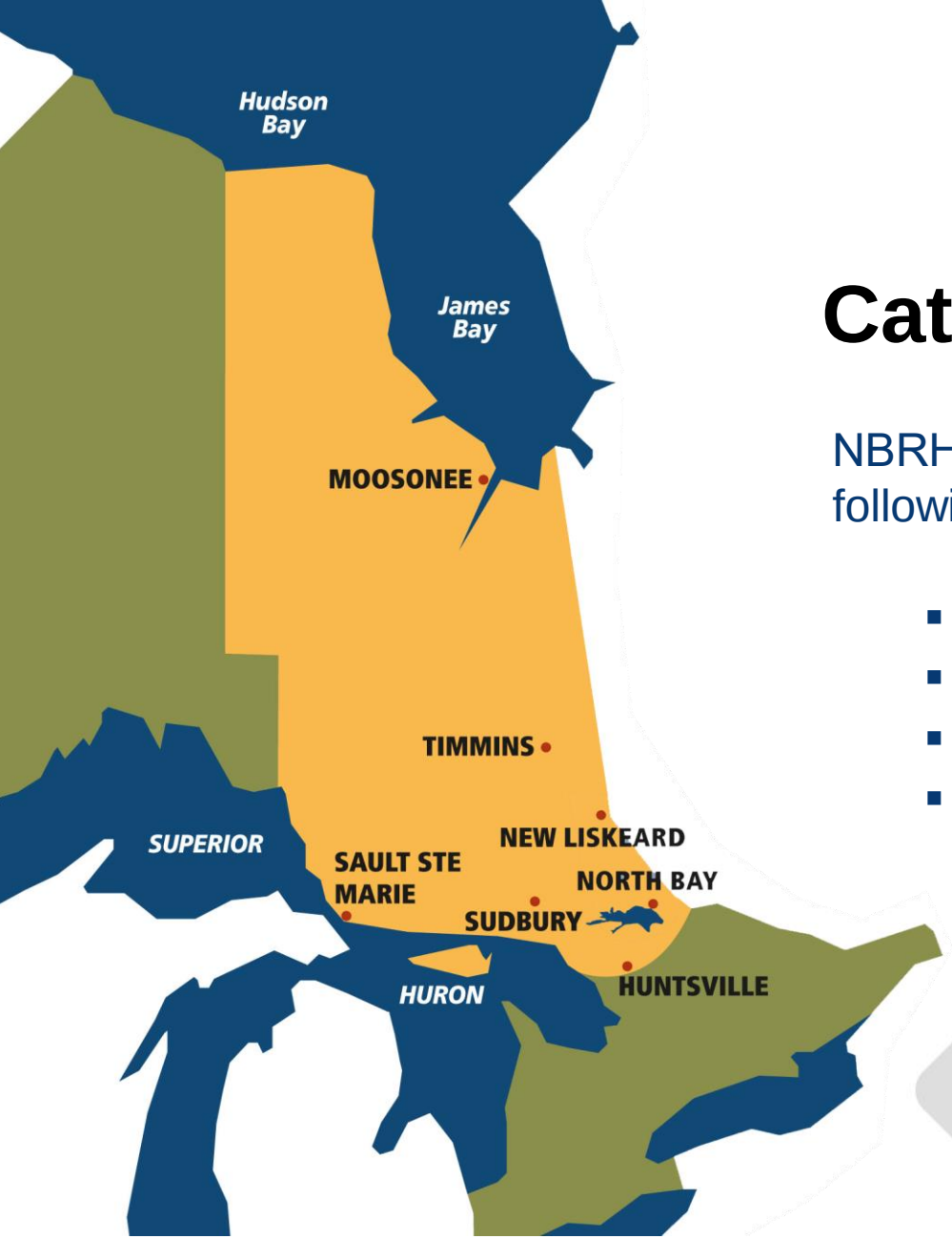


Outcome Measures



NBRHC Mental Health & the Law

- **Secure Units**
  - Assessment and Stabilization Unit – 14 beds
  - Treatment and Rehabilitation – 14 beds
- **General Units**
  - Treatment and Rehabilitation Unit – 16 beds
  - Transition Unit – 8 beds
- **Transitional Case Management**
- **Transition Housing**
  - Community Based
  - Maplewood House – 8 beds
- **Outreach Services**

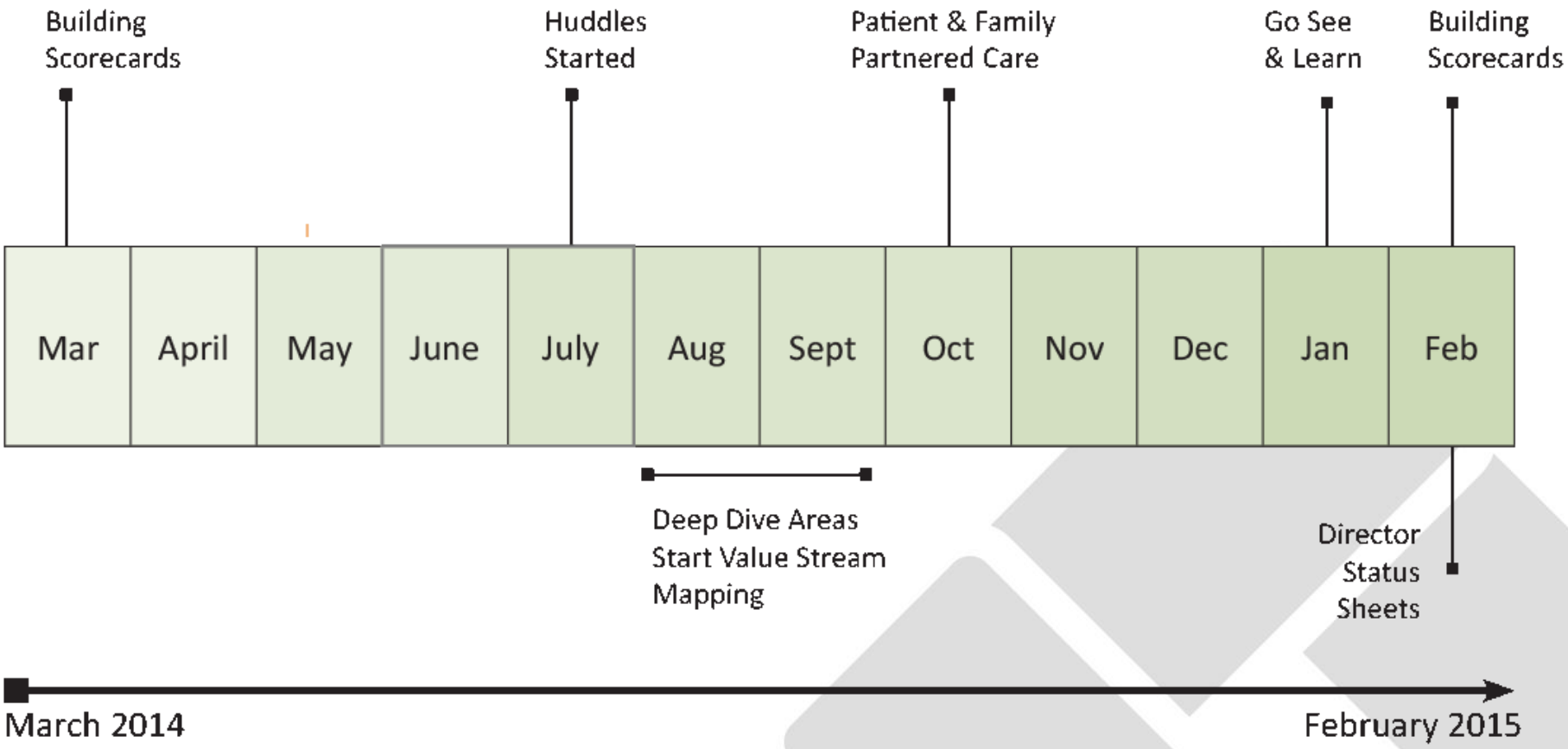


Catchment Area

NBRHC's catchment area includes the following districts:

- Algoma
- Sudbury
- Manitoulin
- Parry Sound
- Muskoka
- Nipissing
- Cochrane
- James Bay Coast

Our More Time to Care Journey



Value Stream Mapping

Voice of the Patient

PATIENTS - I want to…

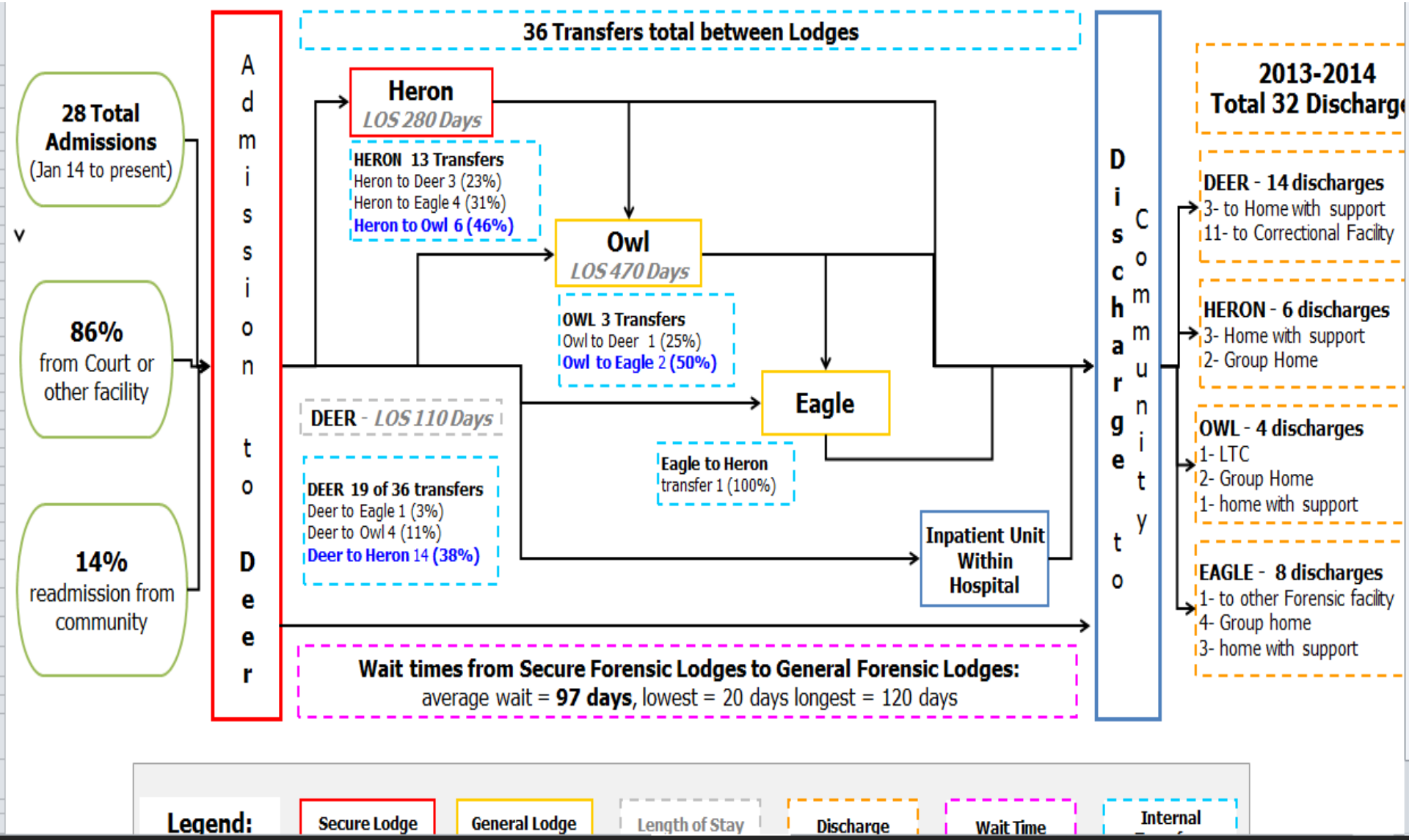
- Feel heard and listened to
- Feel supported and have access to friends and family
- Be discharged from hospital quickly
- Receive privileges when I am ready without waiting
- Know what happens next
- Have structure including activities and a set schedule to see my doctor

Voice of the Staff

STAFF - I want to…

- Feel supported and listened to
- Decrease duplication in processes
- Have time to take patients off the lodge for activities
- Have patients receive privileges when they are ready without delay
- Meetings with the MRP and allied health are scheduled

Demand Map: Mental Health & the Law



Project Identification: Mental Health and the Law

Project: Granting of Privileges

Theme: Progression through the system/discharge
Lead: Darla Bates
Patient Voice: *"I receive privileges when I am ready and without waiting"*

Project: OPOP – Deer

Theme: Standard Work
Lead: Jennifer Lyle
Patient Voice: *"I feel support and listened to"*

Project: Standardized process/ risk mitigation
Theme: Standard Work
Lead: Sheena Corbeil
Risk Data: *Team receives education and training on the organizations process to respond to incidents of violent or aggressive behaviors*
Patient Voice: *"I am managing my illness and risks"*

Project: Admission - Standard work admission/orientation

Theme: Standard Work
Lead: Mario Plante
Patient Voice: *"I know what is happening"*

Project: Forensic Psychiatric Care

Theme: Standard Work
Lead: Micheline Demers-Landry
Patient Voice: *"I see my doctor on a set regular schedule"*

Projects Starting in July 2015:
We are in the process of prioritizing our next projects based on all the changes implemented from current projects

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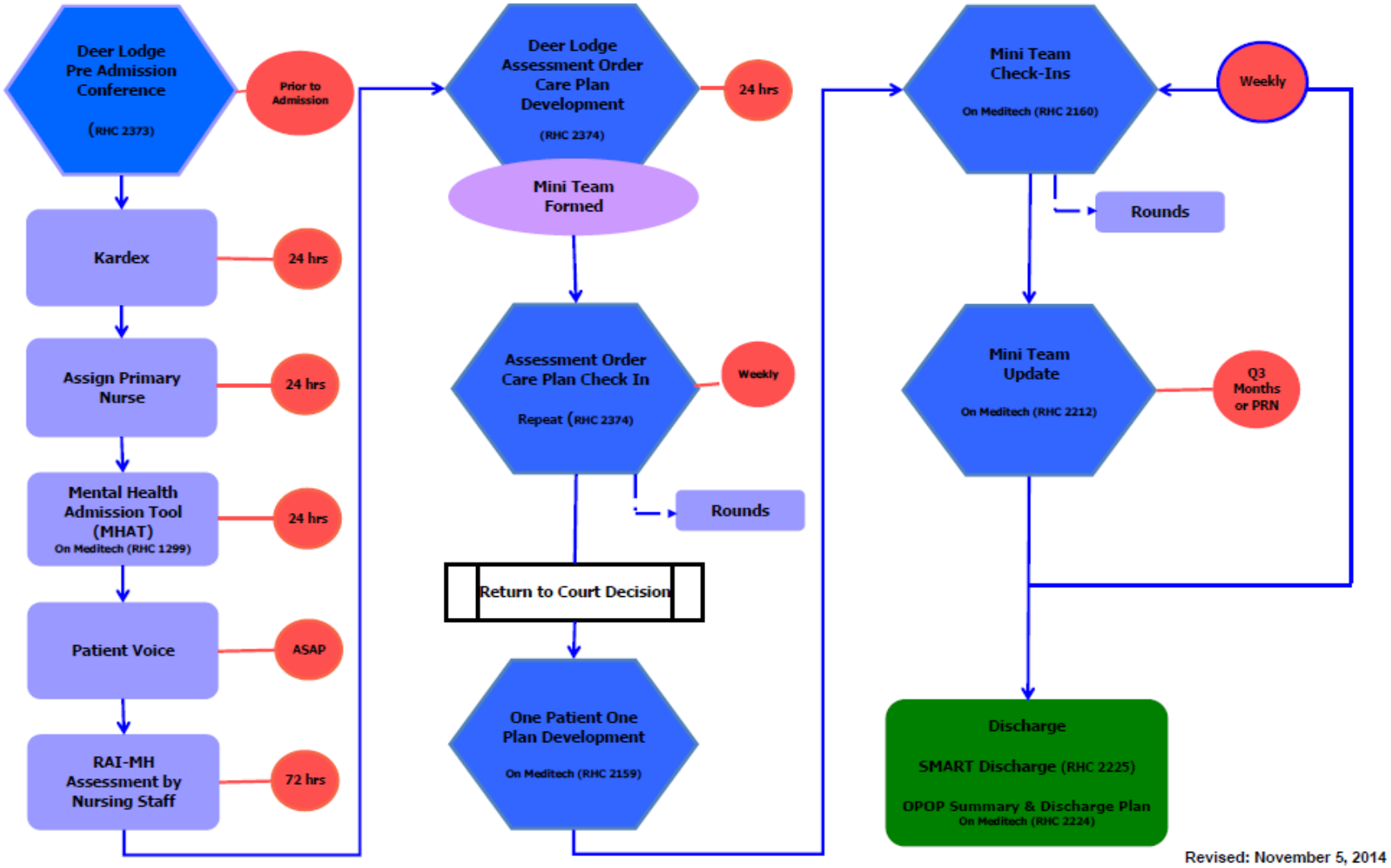


Revised: November 5, 2014

Oil & Water

What did the literature tell us?

…we believe that a culture of recovery oriented clinical care could contribute to the promotion of risk reduction for forensic inpatients regardless of their legal classification…

- Hillbrand, et al., 2010, p. 455

…what we needed for this is the development of a culture of recovery ….to focus on the appropriate amount of attention to managing risks while still viewing the patient as a whole person…

- Hillbrand, et al., 2010, p. 455

What is the purpose of OPOP?

- Recovery philosophy
- Patient and family Partnered care
- Inter-professional care
- Standard work

PDSA'D it All

(Plan. Do. Study. Act.)

- ✓ Admission
- ✓ Privileges
- ✓ Risk Panel
- ✓ Patient Passport
- ✓ De-escalation
- ✓ OPOP

What happens next?

- Patient voice
- Advocate
- Interviews
- Passport to Care

Ask me what helps?

- If I have some influence in my situation and offer ways in which I can cope, I will be less likely to lose control

- De-escalation practices

Privileges and Risk Panel

OPOP for General and Secure Lodges

- Small teams, less time, more frequent
- Removed privilege request from the OPOP meeting
- Navigator
- RAI-MH
- Enhanced documentation screens
- Schedule

Forensic Assessment Unit

MISSION:

conduct a forensic psychiatric assessment of patients referred by the court system

COMMITMENT:

both safety and hope

The multidisciplinary team assists individuals in developing a treatment plan that is based on evidence based practice, the principles of recovery and risk management, and the core values of the NBRHC.

Standard Work

Standard Work

North Bay Regional Health Centre / Centre régional de santé de North Bay

Process: Deer Lodge Assessment Unit Care Plan			
Last Updated:	September 3, 2015	**Performed By:**	Deer Assessment Unit Care Team
Revision:		**Frequency:**	72 hours after admission and as determined by clinical team.
Standard Work Owner:	Managers	**Duration:**	

Standard Work Purpose

1. Provide a safe environment to help meet the needs of the patient in a manner that promotes inclusion into care while on the unit wherever possible.
2. Prepare the patient for court appearance and what to expect during the assessment period

PLAN

1. Prepare for Deer Lodge Assessment Unit Care Plan

72 hours after admission as possible, the admission conference will be scheduled. The invitation will be via outlook request in calendar in a red font.
* The initial meeting will be scheduled by the Telemedicine Coordinator in coordination with the Team lead during the pre-admission meeting.
(The first meeting should include the primary, secondary or assigned nurse, the social worker and recreation therapist and peer specialist, with in 3 to 5 days of admission)
*If the patient is of Aboriginal Ancestry a meeting invitation will be sent to Regional Aboriginal Mental Health Service. (You may not be aware – so ask the question)
*Joanne Morrision will be the point person for RAMHS
* Peer department will receive invitation and will determine who attends.

DO

2. Night nursing shift will print out CAPs in preparation for the meeting. Telemedicine Coordinator will include in meeting request to bring the CAPs report to the meeting. Night nursing shift will print out CAPs in preparation for the meeting. If the RAI assessment is not fully completed – it will be completed at the meeting. Karin will include in meeting request to include the CAPs.

Assigned Social Worker (Navigator) will ensure the invited care team members are present for the meeting and if necessary assign a scribe to take notes in Meditech.

Documentation can be completed by any care team member.

3. Consult with MRP when necessary – they will be invited but not always necessary to attend.

Team determines if the patient is able/willing to participate in the meeting.
If applicable, Nursing staff (assigned nurse) will invite the patient to join the meeting once the team is ready.

4. Welcome patient and introduce the team

Documentation form RHC# is completed MEDITECH

Standard Work

North Bay Regional Health Centre / Centre régional de santé de North Bay

During this assessment period: Teams may meet without the patient, this will be a clinical decision based on the patients readiness to participate.

- Brief review meetings (15 to 30 minutes maximum) once the first meeting occurs, should be determined. Should be at minimum once at admission and once at discharge.

STUDY

Reflect on your actions and behaviour and how they demonstrate the core concepts of Patient and Family Partnered Care –Dignity and Respect, Information Sharing, Partnerships and Participation, and Collaboration.

ADJUST

Through experimentation, your learnings will improve the patient and family experience.

GUIDELINES

Items to remember:

- Updates should be less than 15 minutes – keep team on task and shorten meeting if necessary
- Focus should be on assessment, court readiness, safety and goals and progress towards meeting the goals
- Participation by all team members is important.
- Goals can be changed or removed depending on patient's needs

Tone:

- Respectful
- Supportive, safe environment to share information
- Clear and Concise
- Motivating
- Shared Accountability

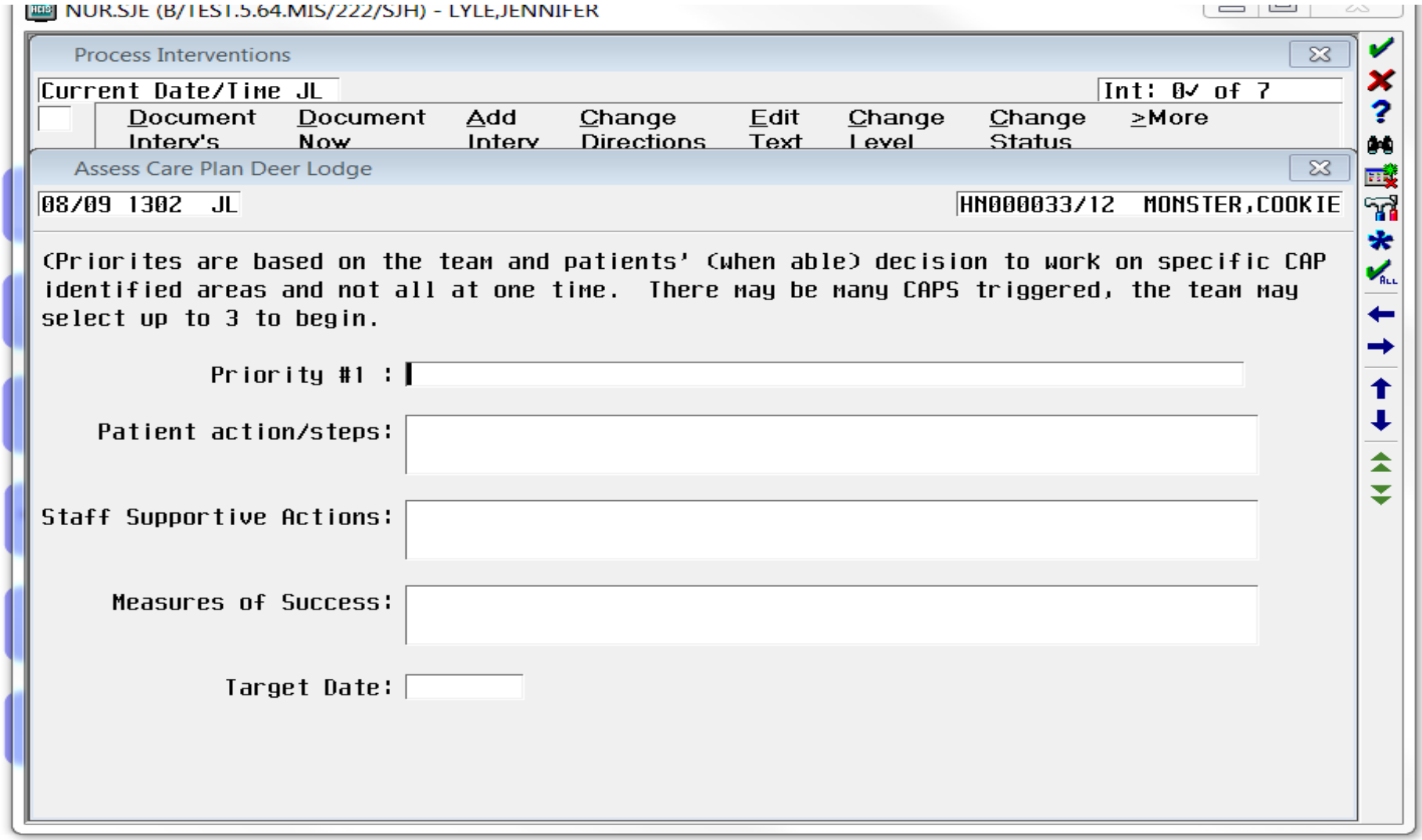
Language to consider:

- What's working well?
- What's not working well?
- What support do you need?

For additional information about Deer Lodge Assessment Unit care Plan see:

Guided by our patients and led by our people & partners, we travel together on our journey towards excellence MORE TIME TO CARE

Assessment Unit Care Plan



“We do not learn from experience…we learn from reflecting on experience.”

- Donald Schon

Questions

REFERENCES

- Hillbrand, M., Young, J.L. & Griffith, E.E.H. (2010). Managing risk and recovery: Redefining miscibility of oil & water. The Journal of American Academy of Psychiatry and the Law, 38(4), 452-456.

- Livingston, J.D., Nijdam-Jone, A. & Brink, J. (2012). A tale of two cultures: Examining patient-centred care in a forensic mental health hospital. The Journal of Forensic Psychiatry & Psychology, 23(3), 345-360.