ABC Health Services - Clinical Pathway for Depression - Formative Evaluation

EXECUTIVE SUMMARY OF FINAL REPORT

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ABC Health introduced clinical pathways into its treatment modality and policies to support quality of patient care in a fiscally responsible manner. The Clinical Pathway for Depression (CDP) was adopted into practice in 2005 with a target length of stay (LOS) in the top 25th percentile of 14 days. A formative evaluation was subsequently developed in mid 2006 to guide continuing implementation.

The evaluation was designed to explore several implementation questions pertaining to staff orientation and training; the impact of the pathway on patient care, workload and LOS; and the utility of the documentation that was introduced to track implementation of the pathway process with each patient. Two methods were selected to gather data:

1. A questionnaire administered to twenty three individuals representing twelve identified respondent groups with knowledge and/or specific responsibility for CPD implementation.
2. A chart audit of twenty-four patients who had been admitted with a diagnosis of depression.

The questionnaire gathered information on six key aspects of CPD implementation:

1. Awareness and proficiency of respondents in using the CPD.
2. Impact of CPD implementation on patient care and length of stay.
3. Impact on work processes.
4. Availability/accessibility of CPD documents.
5. Staff preparation and training.
6. Areas where CPD implementation could be improved.

The chart audit reviewed patient information pertaining to diagnosis of depression, length of stay, the patient plan of care, discharge planning, source of referral, admission status, previous history of mental illness, suicidal ideation or behaviour, patient education/employment and use of the CPD form.

Data was first tabulated and analyzed by respondent groups and individual patients. Analysis subsequently looked at similarities and differences among respondent groups, to assemble a profile of the typical patient with depression and to identify patient characteristics associated with LOS both within and outside the target range.

The broad findings from the data indicate that:

- Staff fall into two broad groups; those with a good understanding of the Clinical Pathway for Depression and those with a noticeable lack of awareness.

- Understanding of the pathway and effective implementation are contingent upon staff orientation and training.

- Staff suggestions for improving implementation indicate a willingness to strengthen the pathway.

- The typical patient with depression is usually referred by self, family, friend or colleague; admitted voluntarily; likely to have a history of mental illness and previous psychiatric admission; and has a 50/50 chance of being suicidal.

- The average LOS for patients admitted with depression and treated using the pathway is 15.7 days; when two patients with LOS greater than 30 days are excluded from the calculation the average LOS is 13.9 days.

- While staff rated availability and accessibility of pathway documentation quite high, the chart audit revealed staff are not using pathway documentation to its full extent.

RECOMMENDATIONS

Recommendations support continuing improvement to implementation:

Staff Training

1. That training in CPD implementation be mandatory for all ABC Health Services staff with responsibility for CPD implementation. This must encompass both direct care staff (RNs, RPNs, Crisis Nurses, Ward Clerks and Psychiatrists) as well as complementary staff (social workers, occupational therapists, recreation therapists and discharge coordinators).

2. That training be open and accessible to staff of all community partner agencies to which CPD patients are or may be referred.

3. That the CPD staff training program be expanded to include:

   a. An ongoing orientation to CPD for new or reassigned employees working directly or indirectly with depression patients.
   b. Delivery of orientation to such employees within the first week of hiring or reassignment.
   c. Refresher modules offered at appropriate intervals.
   d. Core content that includes the rationale for CPD, the benefits that accrue from effective implementation, a clear delineation of the factors and staff performance required for implementation, a variety of case studies, why the realization of efficiencies in health care delivery are important and proper completion of all related documentation.

4. That the scheduling and delivery of orientation, training and refresher sessions be planned to ensure that staff of ABC Health Services and community partners can participate despite gaps in staff work attendance due to rotating shifts, vacations and part-time positions.

Staff Proficiency in CPD Implementation

5. That best practices in CPD implementation be supported through the following specific methods:

   a. Including the CPD as part of daily disclosure about patient care.

b. Reviewing the CPD at the report for each patient with particular attention to the progress of the patient through CPD levels.
c. Inclusion of each applicable patient's CPD at weekly case conferences.
d. Identification at weekly case conferences of successes and challenges in CPD implementation and development of strategies to solve implementation problems.
e. Including patient feedback on their experience of the CPD process as part of the discharge planning process and discharge plan.
f. Regular feedback to all staff involved directly or indirectly in CPD implementation concerning general progress with CPD implementation and specific outcomes for CPD patients.
g. Requiring consistent use of the Physician's Order for Depression and CPD form.
h. A review of the CPD form at discharge to confirm completion of all steps in the CPD process.
i. Sign off on the completed CPD form by an appropriate staff position.

6. That CPD implementation be evaluated at annual intervals and that results be conveyed to all those involved directly or indirectly with CPD implementation

<u>Impact on Patient Care</u>

7. That case studies, to illustrate CPD impact on patient care, be prepared at regular intervals and incorporated into the CPD training program.

<u>Work Processes</u>

8. That CPD implementation methods be adjusted to support full integration of Physicians and Crisis Nurses into the CPD process.

9. That CPD implementation relative to discharge planning be strengthened through:

   a. Identification of an existing staff position that consults directly with community partners such as CMHA on all CPD patients and that such consultations identify/confirm those who are clientele of the community partner or who should be considered for referral to the partner upon discharge
   b. Referral to a community partner is an explicit and regular consideration of the discharge planning process and each discharge plan.

<u>Documentation</u>

10. That the following improvements be made to CPD documentation:

   a. Computerization of the CPD form.
   b. Addition of a simple instrument and process for gathering data on LOS of each discharged CPD patient and compiling LOS data on a regular basis for inclusion in training sessions and as part of feedback at weekly case conferences or other suitable venue.
   c. Reorganization of documentation to clarify connections between consultations, the Plan of Care, referrals, discharge planning and post discharge follow-up and to support coordination of staff interventions during the pathway