



## Service Priorities and Programmes Electronic Presentations

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**Submitting author:** Ms Conse Mei On WONG

**Post title:** Advanced Practice Nurse, North District Hospital, NTEC

### **Care Delivery Pathways for Community Psychiatric Service (NDH): Staff Perspective**

*Wong MO (1), Mak CW(1), Chan OW (2), Wong HM (3), Chan KP (1)*

*(1) Psychiatric Unit, Community Psychiatric Services, North District Hospital (NDH); (2) Community Psychiatric Service, NTEC (3) Department of Psychiatry, NDH*

#### **Keywords:**

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#### **Introduction**

Care pathway is a methodology for the mutual decision making and organization of care to a well-defined group of patients with the aim to implement clinical governance to streamline care delivery, enhance the quality of care, promote patient safety, increase patient satisfaction and optimize the use of resources. A new care delivery pathway for Community Psychiatric Service (CPS) was developed in October of 2012. The success implementation of care pathway needs consensus and acceptance among staff. It is important to explore the understanding from frontline staff perspective in implementing the care pathway.

#### **Objectives**

1. To explore whether staff agree the implementation of care pathway model for CPS;
2. To explore whether staff would follow the clinical pathway to deliver care to their clients;
3. To assess whether the clinical pathway can facilitate staff to do the assessment, evaluation and termination of cases in right time

#### **Methodology**

The care delivery pathway for CPS was developed in October of 2012. A survey questionnaire was disseminated to all nursing staff of CPS after 2 months to explore feedbacks from staff. In addition to the survey, an audit was performed to compare the compliance of staff in following steps listed in the care pathway. Information on the number of new referrals to CPS; the number of termination of cases and the number of patient completed the service were also retrieved for comparison. These data were also compared and contrasted with data from the same periods of the year 2011. The data included: 1. Demographic data of patients; 2. Triage category of patients according to urgency of care and assign case worker within 48 hours; 3. Assessment of patients; regular intervention; 4. Evaluation of patient's outcome with supervisor in a designated period; 5. Termination of cases with judgement from case medical officer and supervisor;

#### **Result**

Results: Return rate for the survey was 100%. The results of survey were as follows: 1.

70% of staff agreed the change in care pathway model for CPNS; 30% showed no opinion; 2. All staff understood the care pathway model for CPNS; 3. 70% of staff could follow the clinical pathway to deliver care to their clients; 30% showed no opinion; 4. 70% of staff agreed the clinical pathway can facilitate them to do the assessment, evaluation and termination of cases in an appropriate time period; 30% showed no opinion; 5. All staff agreed the clinical pathway can enhance the patient care process and improve the work flow in inter-discipline communication. The CPS statistic report from the period of November to December of 2011 and 2012 reflected that the number of new referrals was increased from 85 to 106 ( ↑ 25%) and the termination of cases was increased from 60 to 137 ( ↑ 127%). Cases terminated with the reason of CPS program completed was increased from 19 to 78 ( ↑ 310%). Further investigation of 40 cases which completed the service from the two periods were retrieved to perform audit. The major change after implementation of care pathway was the evaluation of case with supervisor at least yearly which was increased from 5% to 20%. Clinically, it is important that this process can facilitate staff to discuss with supervisor for the advice on either the continuation or termination of patient service. Conclusion: The results of survey reflected that from the perspective of staff, they supported the implementation of care delivery pathway and recognised the care pathway can assist staff to perform the assessment, intervention, evaluation and termination of cases in an appropriate period. The CPS statistic supported that the care pathway can also optimize resources utilization by enhancing work flow in patient care process. It is suggested that further exploration on colleagues who have variance in following the clinical pathways in order to standardize the management of patients and ensure consistency.