

# Service Priorities and Programmes Electronic Presentations

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# Enhancing engagement with PDH services by streamlining the non-attender tracing process

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### **Keywords:**

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#### Introduction

There was concern that service provision by psychiatric day hospital, had a constant level of non-attendance and therefore might not be meeting the needs of the people for whom it is targeted. Clients of refusal to attend and not being contacted become the main focus of this project. Over a period of 12 months in 2012, 141 number of refusal to attend, and 43 number of not being contacted via phone. If non-attendance happens on a large scale, there are negative implications for service and service users, including team morale, efficiency of daily operation, treatment adherence, and clinical outcome. It exhausts abundant time of staff making telephone prompts to those non-attenders. Tracing non-attender is not only about the number of attendance, it derives the safety issue as well as the efficiency of the daily running. Besides, the disengagement in psychiatric day service would signal deteriorating mental condition or failure of managing mental illness beyond the therapeutic milieu.

#### **Objectives**

This CQI project aims at streamlining the existing running of tracing process, and enhancing clients' sense of responsibility and conscientiousness on their attendance through instillation of self-management concept. Through the well-knitted tracing process and close nexus between PDH, clients, and their family, the safety of the non-attenders can be monitored and ensured. The establishment of discussion and display platform in this project would improve the transparency among the clients and staff about the use of information collected. Not only the clients become the end beneficiary of the re-structured tracing process, staff would also profit from the enhanced interface between the work of supporting staff and nursing staff in the tracing process. Ultimately, this project underpins and envisages that future studies should explore the predictors of non-attendance and clinical implication with the non-attendance in PDH.

## **Methodology**

The workflow of tracing the non-attenders, including job allocation and staff responsibility was rearranged since January of 2012. The reasons of non-attendance were categorized into 8 items. A set of systematic statistics maintenance was

established for further data analysis and service improvement in the future. The data of non-attendance have been captured daily and the collected data have been analyzed and reviewed monthly. A review practice of the collected data was developed among staff and clients. There is an open discussion platform for staff and clients sharing the data collected. The data would be updated and displayed for clients browsing openly. Lastly, the practice of documentation of leave granting was revised as well. Staff and clients feedback on the tracing process was collected for review. The attendance rate in 2011 and 2012 was compared accordingly. Besides, the trend of refusal to attend and not being contacted were the part of parameters being evaluated.

#### Result

It was revealed that there was a decreasing trend of refusal to attend and not being contacted as compared with the upper half (2/2012 – 7/2012) and lower half(8/2012 – 1/2013) of 2012. The number of refusal to attend dropped 76.3% and the number of not being contacted dropped 40.7% as compared in the said period. There was a slight increase in attendance of 3% in 2012. Staff reflected positive response to this revised tracing process. The supporting staff, have been well engaged in the process as they were counted as partners with nursing staff. They actively participated and provided input in the discussion. Staff found no increase in workload, but felt more comfortable of working together as a team. The clients initiated to raise doubts to staff about the data displayed and discussed openly in regular assembly. PDH staff found being improved in conscientiousness and awareness. The common understanding of tracing process has been aligned among staff as well.