Creation of the PICU Pathway

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Delivering Quality and Value

**Focus on: Psychiatric Intensive Care Units (PICUs)**

What does the idealised care pathway look like?

*Figure 1 The Physical Pathway*
Figure 2 The Therapeutic Pathway for Recovery
Process Mapping Care Pathways for Inpatient Services - 2007

• To establish through process mapping the current typical care pathways for inpatient services (Wakefield locality), matching these with national and local standards for a care delivery systems that are evidenced based, timely and effective.
The Mental Health Policy Implementation Guide for Adult Acute Inpatient Care Provision (2002) recommends that there should be ‘explicit care pathway arrangements both into, within, and out of inpatient care’

• Royal College of Psychiatrists ‘Accreditation for Acute Inpatient Mental Health Services Standards for Acute Inpatient Wards’ (2006)

Both indicate the need for a care pathway for service users in crisis that leads to an admission that is appropriate, purposeful, therapeutic and safe.
Onwards & Upwards

Criterion One

‘There is an effective pathway that ensures admission to hospital is appropriate and that discharge from hospital is timely’.
An Integrated Care Pathway aims to have...

- the right people
- doing the right things
- in the right order
- at the right time
- in the right place
- with the right outcome
- all with attention to the patient experience

‘Protocols & Care Pathways Specialist Library’ (2007)
Admissions to acute mental health inpatient services are appropriate, purposeful, therapeutic and safe

Pre-Admission Stage
Gate Keeping

On Admission Stage
Initial Care Plan / Risk Management

Admission – Within First 24 hours
Orientation / Information giving

Assessments – Within First 72 hours
Priority Needs & Intervention

Assessments – Within First Week
Comprehensive Assessment

Treatment – Weekly Cycle
To Promote Recovery

Treatment - Review Stages
Effective Integrated Pathway to Managed Care

Discharge – Planning and Discharge Appropriately Timed

A smooth transition out of hospital following recovery of Mental Health Problems requiring inpatient care with appropriate follow-up on discharge

Inpatient services provide individualised whole person care that promotes recovery and inclusion

Overall Pathway

With all of us in mind
Process Mapping Conclusions of the Report

The main conclusions are:

- Carers did not appear to be fully included in the care / treatment of the service user
- Comprehensive discharge planning is not in operation for all service users
- The primary nurse is failing to meet the majority of service users within 72 hours of admission and twice weekly review meeting are not happening
- Monthly CPA meetings and weekly liaison with CPA coordinators are not taking place for all service users
- Service users do not seem to be actively involved in their care plan or in developing a discharge plan
‘Care planning arrangements in too many inpatient units are confined to admission and discharge arrangements. They are not sufficiently clear on the process of assessing, planning and delivering inpatient care itself or the expectations of the service user while an inpatient. Inpatient care planning should include continuity with CPA care co-ordinators, with existing care plans available to inpatient staff.’

*(Mental Health Policy Implementation Guide – Adult Acute Inpatient Care Provision)*
Psychiatric Intensive Care Unit

- For patients compulsorily detained usually in secure conditions, who are in an acutely disturbed phase of a serious mental disorder.
- There is an associated loss of capacity for self-control, with a corresponding increase in risk, which does not enable their safe, therapeutic management and treatment in a general open acute ward.
- Care and treatment must have an immediacy of response to critical situations. Length of stay must be appropriate to clinical need and assessment of risk but would ordinarily not exceed eight weeks in duration.
The Service User should be treated in the least restricted environment which is consistent with their clinical needs.

Criteria for admission

- Direct referrals from a community setting
- Management strategies have been unsuccessful. Referral
  - complete an assessment of the service user on the ward within 2 hours of a referral.

Service User Needs are evaluated – Communicate the decision & pathway to the referrer

- Admission Not Indicated
  - PICU Staff advise on an appropriate clinical management plan
- Admission Indicated
  - No bed available
    - Add to waiting list
  - Bed available
    - admitted or transferred to PICU

Exceptional Circumstances

Service Users who have been identified through their CPA Care Plan that they require direct admission.

PICU Definition

Mental Health Policy Implementation Guide
Within 72 hours

Key Objectives

• To provide a comprehensive assessment to inform the MDT Care Plan
• Identify priority needs for immediate intervention
• Assessment takes place at a time and in an environment that is acceptable to both parties
• The service users involvement is sought in all decisions about their care and treatment
Within 72 hours

Admin
- Invite CMHT care co-ordinator / other agencies to see patient

Qualified
- Needs Assessment completed
- Care plans written with patient
- Patient Safety / Security Plans written with pt and copy given
- Care Plans signed by nurse and patient
- Also refer to MDT activities

MDT
- Therapeutic programme completed with patient
- CPA/117 discharge meeting arranged
- Provisional discharge date identified with MDT
- Agencies advised of provisional discharge date
- Refer patient to appropriate agencies

Allied Health
- Physical activity programme completed with patient
To promote an effective integrated care pathway to manage care whilst the patient is in PICU and ensure a smooth and timely transition out.

Criteria for Discharge

- The patient has demonstrated increased control over problematic behaviours that would allow them to function in a general adult ward

| The purpose of the stay with clearly identified outcomes are indicated on admission |
| Twice weekly communication / in reach with the unit |
| MDT assessment evaluates that outcomes from the latest CPA have been achieved (timely discharge) |
| Care co-ordinator and other involved agencies / professionals are aware of the recommendation for discharge |
| Does the receiving agency agree that discharge is appropriate and appropriate arrangements for discharged are in place? |

- Any disputes to be resolved by the respective team managers within 48 hours. Failing that the service managers

| Review of outcomes and discharge plans |
| Nursing staff to ensure that assessments and care plans are up to date |
| Discharge to accepting service as a priority or the most appropriate bed within 72 hours with a verbal handover |
| Accepting service take over responsibility of the service user under the CPA process |

Discharge is appropriately timed according to the service users needs.
Changes in Performance

Improvements

- Bed Occupancy: Reduced
- ALOS: Reduced
- ALOS (inpatient 6 months +): Reduced
- Delayed Discharges: Reduced
Information about the Project

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