A Quality Improvement Project (QIP) within the Bolton Learning Disability (LD) Team (Greater Manchester Mental Health Trust) aiming to enhance communication among multi-disciplinary team (MDT) professionals and wider stakeholders, for the purposes of enhanced care delivery and improved patient outcomes during COVID pandemic.

Introduction: The coronavirus-19 pandemic created unprecedented communication challenges within the workforce and highlighted areas requiring review. These included:

- Information sharing among internal and external teams, collaborative teamworking, support in absence of senior clinical leadership and transition pathways from Child and Adolescent Mental Health Services to adult LD services.
- Communication and collaboration that include the MDT perspective is central to providing person centered care
- A QIP was started in March 2021 to address these areas.

Aims & Methodology: Semi structured interviewing methodology used to improve communication and information sharing between the community LD team, administration team, service providers and wider stakeholders, to ensure patient safety and improved clinical outcomes

- Primary objective
  - To evaluate local initiatives to improve communication between MDT professionals and wider stakeholders

- Secondary objective
  - To improve patient safety and staff satisfaction

1: The discovery process included an initial consultation exploring practitioners’ experiences, areas for development and sharing ideas for good practice.
2: Participants include Community LD nurses, Social worker, Psychologist, Occupational therapist, Speech, & Language ,team admin , & Case Managers.
3: Thematic analysis is iterative, ongoing coding develops and adjusts the themes – disagreements among team members discuss and re-code until consensus is reached.
Hasan: A Quality Improvement Project (QIP) within the Bolton Learning Disability (LD) Team (Greater Manchester Mental Health Trust) aiming to enhance communication among multi-disciplinary team (MDT) professionals and wider stakeholders, for the purposes of enhanced care delivery and improved patient outcomes during COVID pandemic.

Key Findings:

PDSA -1

• A communication enhancement study protocol was put together for internal and external stakeholders to assess the ideas of change for improvement.

• The first stage of the cycle was about everyone involved, to start thinking about each of the core themes as far as possible. The idea is to explore where concerns lie within each area.

• SBAR framework evolved from consultation meetings to see the progress around each theme.

PDSA-2

• In the second cycle, six weeks later, MDT professionals were invited for Focus group and consultation meetings. The overall results indicated this method of distribution was capturing a greater range of staff perception towards improvement, had not previously provided the service with this sort of feedback.

In the second PDSA cycle, responses provided qualitative feedback, which we categorised as ‘positive feedback’, and ‘points of improvement’.

PDSA 3:

• In third PDSA cycle enabled us to develop Transitional care plan along with referral pathway in order to streamline care for transition and out of area patients with learning disability and complex need.

• Referral form for transition from CAMHS to Adult LD patients was developed and under consultation with wider stakeholders.

• New challenges related to COVID pandemic were explored in the light of placement breakdowns, current crises pathways and service model, for people with learning disability.

Limitation: Implementation of the protocol initially was a challenge due to various organisational, and staff barriers but improved in second and third part of PDSA cycle.

Conclusions:

• Preliminary results have shown improvements in communication among the MDT, stakeholders and external agencies after introducing change practices.

• The initial consultation highlighted that there is a substantial need for standardisation and consistency within communicative practices to promote enhanced care delivery and improved patient outcomes.