

positive
about mental health and learning disability

Nottinghamshire Healthcare **NHS**
NHS Trust

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Julie Hall, Head of Performance & Service Strategy

Nottinghamshire Healthcare NHS Trust &

Post Graduate Research Student, University of Nottingham

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**Looking through different
lenses; case study
research into an integrated
care pathway in UK mental
health care.**



Research Overview

This research was designed acknowledging the lack of robust evidence about the effect of integrated care pathways upon mental health care.

The findings shared in this paper were reached following case study methodology and using data collected from semi structured interviews with healthcare professionals, focus groups with service users and carers, documentary analysis of health records and datasets of hospital episode and performance information.



Integrated Care Pathways as a Case

In health and social care the expression 'integrated care pathway' has been applied in a variety of ways.

In this case the integrated care pathway (ICP) is a multidisciplinary plan of care that provides detailed guidance for care delivery at each stage of a patient journey, often considering a specific health problem or need, over a given period of time (Riley, 1998).

Originally developed in the United States (US) (predominantly in general medicine) before being used in mental health services in the United Kingdom (UK).

Their use has become widespread with anecdotal reports of reduced length of stay, economic gain and positive clinical outcomes.

However, in contrast, there are loud critics who voice negative affects upon professional judgement, longer-term outcomes and patient autonomy.



Mixed and inconclusive commentary

Developed during the remodelling of US health care and their aim was to improve effectiveness without compromising quality (Dykes, 1998).

Difficulties in development and implementation due to resources, the responses of professionals and the complexity of the patient journey within mental health care (Jones, 1999).

Developments were not without their opponents - pre-formulated care would restrict professional autonomy and service user involvement (Olsen, 1994).

Conclusions of 'experiments' suggested that ICPs could concentrate nursing care on the interventions which contributed to desired outcomes and reducing length of stay (Zander, 1998).

Focus upon finance and reducing length of stay attracted criticism and assumptions were being made without rigorous investigation (Iglehart, 1996).



A main commentator of their use in the UK has been Adrian Jones (then a PhD student at the City University, London) who led action research developing and implementing an ICP for patients experiencing psychosis. He published a series of papers critiquing ICPs as a mechanism to structure care delivery within the changing context of the UK NHS (National Health Service) (Jones, 1996; 1997; 1999a; 1999b).

Wakefield and Peet (2003) considered what happens to the quality of the therapeutic relationship using ICPs. Concluding that the ICP was useful for focusing on technical procedures whilst the human elements were potentially overlooked. They proposed that emotional care, empathic interviewing, education, reassurance, negotiation, collaboration and the therapeutic alliance all need to be built into ICPs. In conclusion they assumed that to exclude these aspects results in neglect of interpersonal factors in the pursuit of a technical approach.

Hall's (2004b) findings of few interpersonal interventions within a National review of UK ICP content.



Research Questions

- 1) How and to what effect are integrated care pathways used to manage mental health care?
- 2) How do healthcare professionals use integrated care pathways as an approach to managing mental health care?
- 3) How do service users and carers exercise choice within the structures of an integrated care?
- 4) How does the integrated care pathway reflect the patient journey?
- 5) What is the impact of using an integrated care pathway upon key performance targets and outcomes?

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Research Methodology & Methods

A case study methodology used to study in-depth an integrated care pathway in 'widespread' use through the detailed and intensive analysis of a single case.

Semi-structured interviews were used to gather verbatim data from healthcare professionals.

To consider the perspectives of service users and carers focus groups were used to collect verbatim data.

How the integrated care pathway reflects the patient journey was considered by documentary analysis.

The impact of the ICP upon mental health key performance targets and outcomes was studied using existing data from patient administration systems. To support cross-case examination and within-case examination data was used from an ICP organisation and a non ICP organisation.

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Analysis & Process

To analyse qualitative data a process of content analysis was used –aided by use of QSR NVivo.

Data from the case notes was gathered using a pre-formulated schedule based on the care pathway content and analysed using descriptive and inferential statistics.

Analysis of the performance and hospital episode data was conducted using – SPSS (Statistical Package for Social Sciences).

The study received medical ethics research approval and ESRC support.



Findings - How do healthcare professionals use ICPs as an approach to managing mental health care

- All those interviewed knew of the ICP and its content.
- The nurses and social worker described using the ICP more consistently.
- All those interviewed except 2 psychiatrists thought that it had brought benefits to managing patient care. The difference between the medical staff's perceptions of the pathway and the other professions are evident throughout the findings, in that medical staff perceived that the patient's care pathway is too complex and individual to organise in a structured way (and that generally they were opposed to adherence to guidelines and performance management).
- All professional groups when asked to describe the stages of the care pathway and their role within this – described it without exception as it is described in the pathway. Within which they verified that the interventions within the care pathway were in fact the activities and interventions they do offer.
- Regardless of the pre-formulated process – it was generally described that decisions about the care pathway remained medically dominated.
- Nurses particularly described effectively using the ICP as a structure for managing care, ensuring that service users were involved in planning their care, offering choices at particular points and a way of monitoring variation.
- There were no indications that the ICP had negative effects on involvement or choice for service users, or restricted professional autonomy.



Findings - How service users and carers exercise choice within the structures of an ICP

- The experiences of the service users and carers of the ICP varied significantly – split between the very positive and extremely negative; and so the findings reflect this polarity.
- All of the focus group participants were aware of the ways in which their care was coordinated, through the care programme approach, care plans and case reviews which form the basis of the care pathway.
- Their experiences of involvement and choice were either absolutely inclusive or seemingly absent.
- Some service users were completely aware of what would be happening during their inpatient stay and how long they would be an inpatient before they were admitted. Whilst others felt that their experience seemed to occur regardless of them as individuals.
- People's experience of involvement and decision making varied according to individual members of staff and their skills.
- Carers involvement in decision making was generally suggested to be poor, and it was felt that their views were often neither sought or welcomed.

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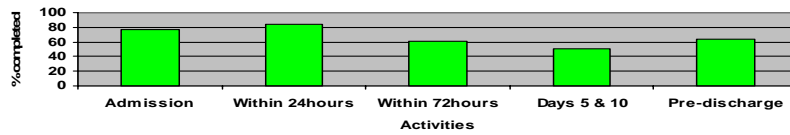
Findings - How the integrated care pathway reflects the actual patient journey

- The earlier timeframes in the ICP show a higher level of adherence between planned and actual care (figure 1).
- Contrasting the information in the ICP with other parts of the healthcare record suggested a high level of concordance and that the ICP was an accurate reflection of the care that had been offered.
- Considering the focus group findings related to service user and carer involvement; the activities which specifically focus upon service user and carer involvement were examined as a discrete group and the level of completion of these activities was 45% (lower than other types of activities in the ICP).
- The activities in the care pathway that were most likely to be delayed (completed late) were at the 3 day point of the pathway, and at the point of follow-up after discharge.
- The activity showing the highest rate of delayed completion was the review of physical test results, the longest delay was where this activity was completed 10 days later than the ICP suggests.

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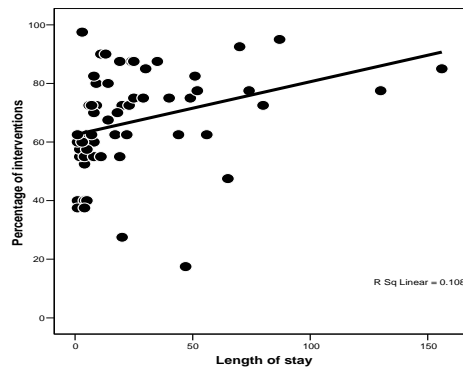
Figure 1 - Average % of activities completed across the ICP Timeframes



- There were no statistically significant differences in the % of activities/intentions being delivered in the ICP according to the gender of service users.
- There was though a statistically significance difference based on the division of the inpatient location an individual consultant psychiatrist.
- The average % of all the interventions completed for the 60 ICPs was 67.2%.
- Over a third of ICPs in the sample had individualised interventions recorded and two-thirds had variances recorded.

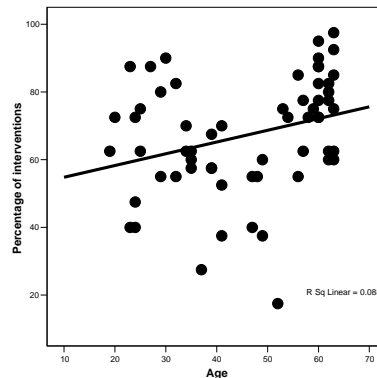


Percentage of interventions according to length of stay





Percentage of interventions according to age



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Findings - the impact of using an ICP upon key performance targets and outcomes

- Contrasts were made between the ICP Trust and a non ICP Trust as described in the research protocol using matched samples over 2 years when the ICP was in full use.
- Samples were matched in terms of gender (age, ethnic group, marital status and religion). There are small variations in admission source and location – which can be contrasted with service mapping data.
- The length of stay for acute inpatient care in the ICP trust over the period is 14 days shorter than the non ICP Trust (35.91 days compared to 49.39).
- The psychiatric readmission rate in the ICP Trust was 1.6% lower than the non ICP Trust.
- The % of 7 day follow up was 91.6 in the ICP Trust compared to 89.7 in the non ICP Trust.

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Concluding Remarks