



ST. JOSEPH'S CARE GROUP

EVERYONE KNOWS WHAT'S HAPPENING: A DECISION GUIDE MODEL OF INTERPROFESSIONAL CARE AND PLANNING

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*Care
Compassion
Commitment*

Who are we?

Community Mental Health Services

- Mental Health Outpatient Programs (MHOP)
- Chronic Pain Management Program (CPMP)

Learning objectives:

1. Understand the challenges and successes of implementation of the interprofessional decision guide (IP-DG) model within outpatient mental health programs
2. Learn about philosophical approaches, evidence based practices and accreditation standards contributing to the development of the IP-DG model
3. Learn how interprofessional competencies were critical in improving efficiencies and outcomes

Historical Perspective...

2012 Program Review:

1. Increasing volumes of referrals (2600/year for MHOP)
2. Intake psychosocial assessments were taking 2 - 4 hours to complete
3. Services were trying to address all issues identified at intake
4. Clients once booked for service, weren't attending
 - 40 - 60% No Show rate across services (MHOP 2014)

...Questions

1. How can we provide timely access to treatment to better engage clients and decrease the drop out rate?
2. What are the main questions we need to ask at intake to get the client into service quickly?
3. What are the main issues the client want to focus on?
4. Are the clients coming for services motivated and able to engage in treatment?
5. Are the clients coming for services getting to the right service option(s)?

Historical Perspective...

MHOP Program Manager researched shared decision making and started to conceptualize how to apply this to outpatient mental health care

- relatively little research on the application of decision guiding model to mental health decisions has been completed (Stacey et al., 2016)

What does the research say?

- Improved knowledge of treatment; reduced decisional conflict; and encouraged clients to take a more active role (O'Connor et al., 1999; O'Conner et al., 2009)
- Better outcomes and understanding of treatment-related risk (Hack et al., 2006; Stacey et al., 2012; Bentley, Key Price, & Cummings, 2014)
- Improved the client-practitioner relationship (Deegan, 2007; Whiskey & Taylor, 2004)

IP-DG Model: Goals

- Provide quicker access to services through initiating and maintaining contact with the client closer to intake
- Complete a functional assessment of the client's ability to actively participate in their treatment
- Establishes the most appropriate treatment plan based on clients current needs, goals and abilities
- Improve client engagement and self-management for effective outcomes, including decreasing no show rates

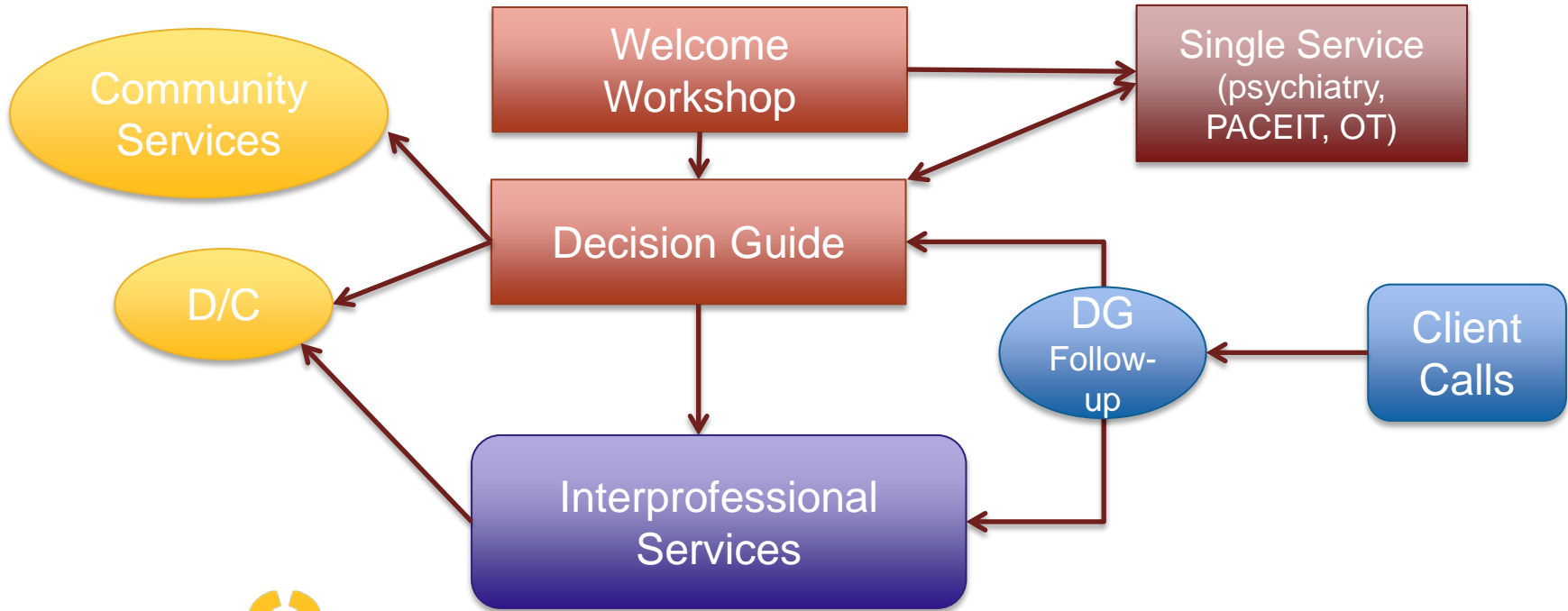
IP-DG Model: Key Elements

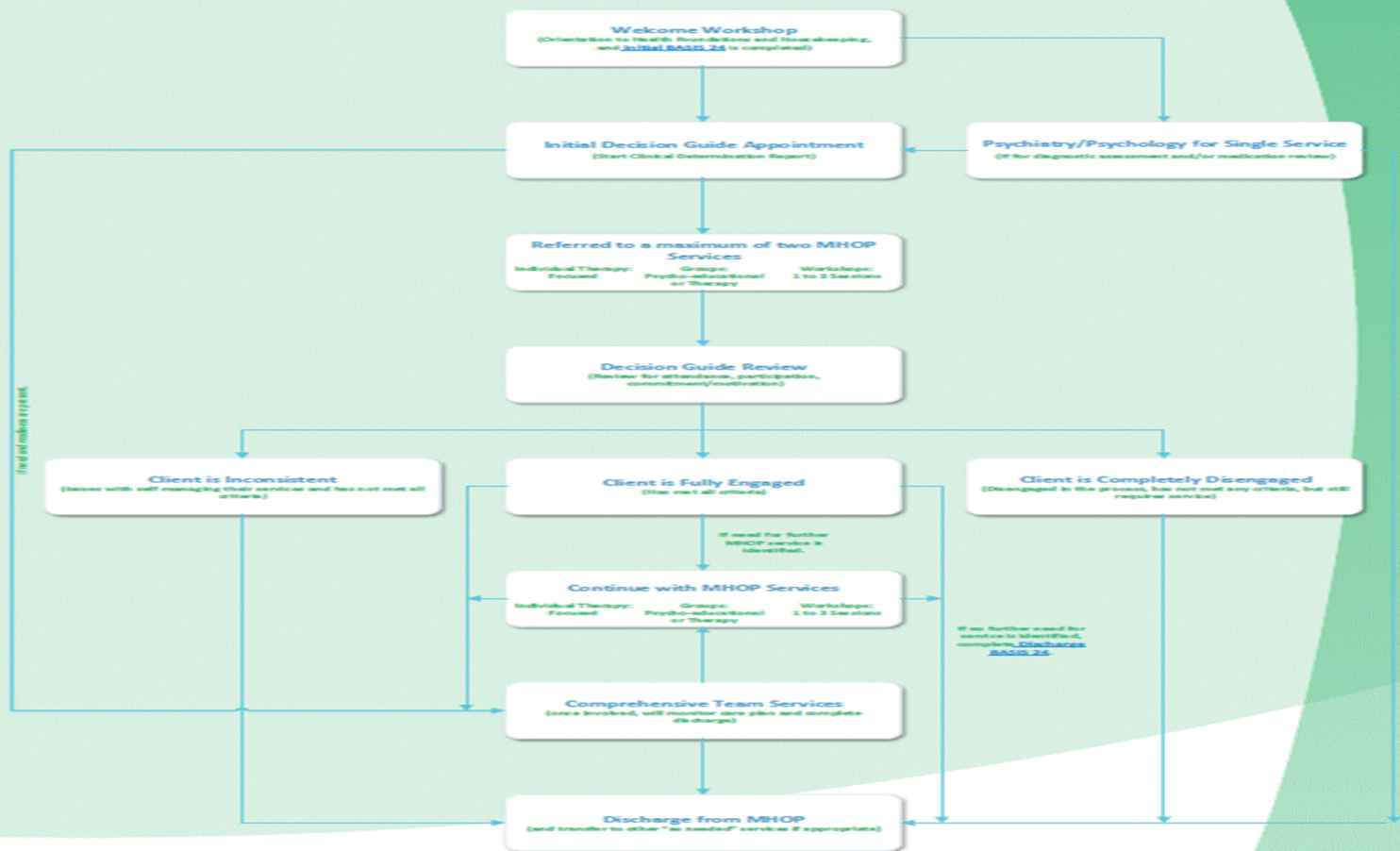
- Early client engagement
- Functional assessment
- Client-centred care
- Strengths based approach
- Self-management
- Client accountability
- Interprofessional practice
- Short term interventions in a continuum of care

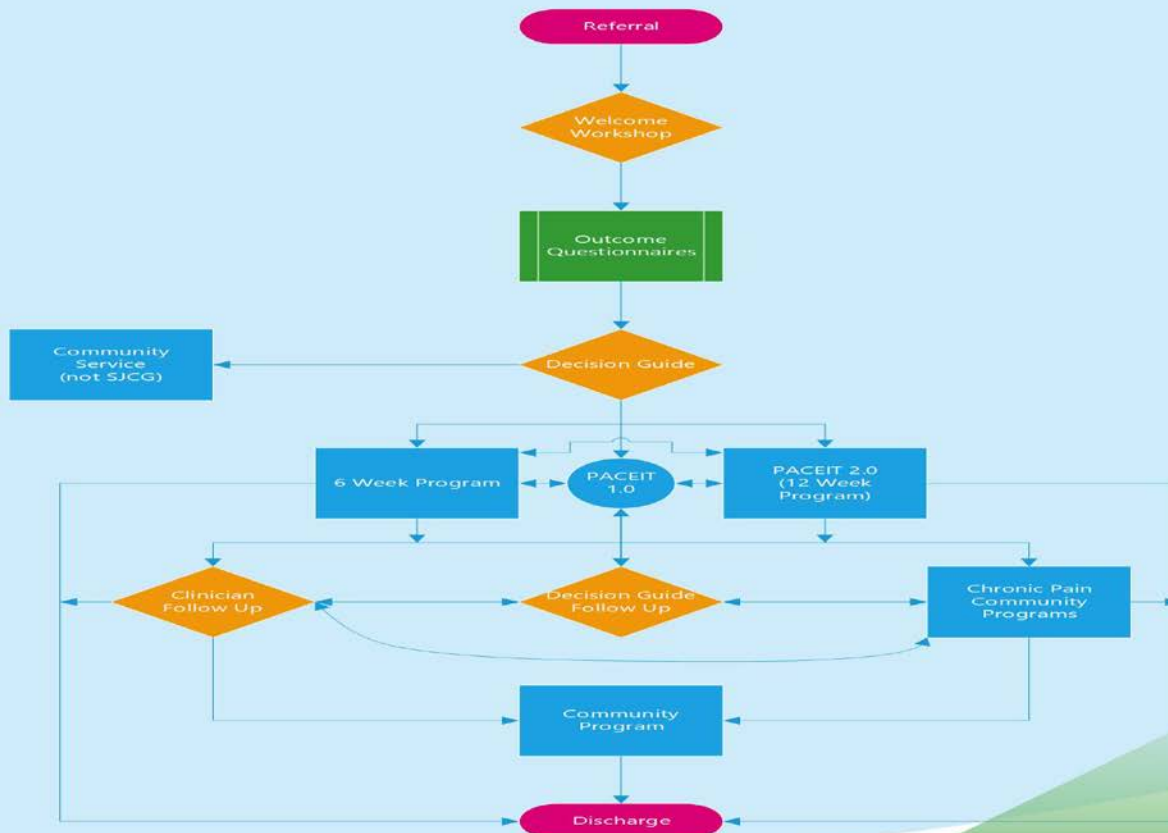
IP-DG Model: In Practice

- The Decision Guide (IP-DG) model offers an **evidenced based interprofessional shared-decision making** approach to enable optimal health outcomes for clients.
- The IP-DG model combines Stepped Care, Brief Services, Strengths-Based, Motivational interviewing, Stages of Change and Self-Management Frameworks.
- The IP-DG model aims to meet the interprofessional competencies (CIHC – National Interprofessional Competency Framework)

IP-DG Model: Basic Overview







Clinical Determination Report (CDR)

Strengths: *What is going well for you? What is making it go well? What have you done in the past to resolve a difficult situation? What have you discovered about yourself that got you through a tough time?*

The client reports that she motivated and determined to make lifestyle changes.

Client goals: *What goals would you like to begin working on/achieve while participating in the program?*

Get involved in the community

Learn new exercise program

Be able to walk more/further

Be able to do daily tasks easier (house/yard work, washing back and putting on socks)

Take care of self and not feel guilty

Interprofessional SMART GOALS: created by client and decision guide

1. Learn new exercise program, increase walking tolerance & physical functioning (increase health-related physical fitness): kinesiologist/physiotherapist/occupational therapist
2. Complete activities of daily living easier: kinesiologist/occupational therapist
3. Participate in community activities: leisure life skills instructor/kinesiologist
4. Self care & guilt: psychological associate/team support

Readiness Ruler scores:

Importance: 9/10 Confidence: 6/10 Readiness: 10/10

Challenges/Barriers: *?accommodation, transportation*

Have you attempted to work on these goals in the past? Why were you unable to achieve them?

The client reports unsuccessful goal attempts in past and goal achievements but inability to maintain gains – both due to prioritizing others needs over own, not feeling own needs are a high priority, low self-esteem.

Not taking care of self in past, feelings of guilt when doing something for self

Overwhelmed by goals, client reports desire to accomplish above but not knowing how/where to start

Client's Interprofessional Care Plan



Interprofessional Care Pathway

19/9/17 11:13 thru 19/9/17 11:27	19/9/17 11:13	19/9/17 11:22	19/9/17 11:24	19/9/17 11:25	19/9/17 11:27
MHOP Wellness Pathway					
Welcome Meeting Attended					
Welcome Meeting Facilitators					
Decision Guide Appointment Given					
Referral to Psychiatry Completed					
Decision Guide Appointment Attended	11 Sep 2017				
Type of Contact	Face to Face				
Risk and Safety Concerns	No Danger				
Reason for Request	☐				
Challenges/Barriers	☐				
Strengths/Abilities	☐				
Spiritual Connections	☐				
Identify Past and/or Current Formal or Informal Supports	☐				
Discussed and Developed SMART Goals	Yes				
Provided With Crisis Response Services (CRS) Number	Yes				
Encouraged to Contact CRS if Mental Health Crisis Occurs	Yes				
Client Gave Verbal Permission to Access Records in EMR	Yes				
Issues Group Education Label	Self Care	Self Care	Self Care	Self Care	Self Care
Intervention #1	☐				
Responsible Person - Intervention #1	Kinesiologist/Physiotherapist/Occupational Therapist		Kinesiologist/Physiotherapist/Occupational Therapist		
Intervention #2	☐				
Responsible Person - Intervention #2	Leisure Lifeskills Instructor/Kinesiologist				Leisure Lifeskills Instructor/Kinesiologist
Problems/Goals Being Addressed	Self Care	Self Care	Self Care	Self Care	Self Care
Intervention #3	☐				
Responsible Person - Intervention #3	Psychologist/Team support	Psychologist/Team Support		Psychologist/Team Support	
Completed Intervention #3				29 Dec 2017	
Clinician Completed Referrals on MHOP Client Tracking Form	Yes				
Letter Sent to Referrant	Yes				
Focus/Goals		Individual Therapy - Focus on guilt re: self care		Individual Therapy	
Change in Condition Observed/Reported	No			Yes	
Stressors/Extraordinary Events Reported	No			No	
New Issue(s) Presented Today	No			No	
Notable Change Mood/Affect	No			Yes	
Notable Change Thought Process/Orientation	No			Yes	
Notable Change Behaviour/Functioning	No			Yes	
Suicidal/Danger Risk				No Danger	
Information Reported	☐				
Therapeutic Interventions Provided/Home Practice	☐				
Response to Intervention Toward Goal/Objective	☐				
Additional Information/Plan	☐				
Client Rating of Their Progress		Some Progress		Good Progress	
Clinician Rating of Client Progress		Some Progress		Good Progress	
Date of Next Appointment		26 Sep 2017			
Appointment Comment				Therapy complete	
Name of Group or Training					
Session Focus/Goals					
Session Date					
Group/Training Progress - Comments/Additional Information					
Group Facilitators					
Recorded by	PSYC Dr. Wendy Lindstrom-Forneri CPSYC	Dr. Wendy Lindstrom-Forneri CPSYC	Dr. Wendy Lindstrom-Forneri CPSYC	Dr. Wendy Lindstrom-Forneri CPSYC	Dr. Wendy Lindstrom-Forneri CPSYC

IP-DG Model: Team Practices

DG Team Meetings

- Collaboration, communication, education
- Evaluating wait times and resource needs

Reflective Team Meetings

- Includes members from each discipline
- Focus on case presentations and collaboration

IP-DG Model: Progression

2015 IP-DG model implemented

- Intakes took 60 – 90 minutes
- 50% no show rates to initial DG appointment
- Difficulties with role clarity of the DG

Progress Continues:

- Ongoing evaluations (formal and informal)
- Staff education by Dawn Stacey, RN MScN, PhD, CON(C)
- Ongoing examination of the research, competencies, and standards

IP-DG Model: Client Perspective

Focus Groups and Individual Interviews (N=30; Tarah Levanto, 2015)

Key Themes:

- Mentorship and Connecting with services
- Providing and Centralizing Information
- Feeling Involved and In Control
- Motivating and Engaging

“Connecting with a DG was a positive experience because I had answers I didn’t have in the past without a DG.”

“He laid out all the options and asked which one I wanted to pursue.”

IP-DG Model: Lessons from Clients

Key Themes:

- Follow-up – plan and more
- DG Role Clarity
- Written information
- Planning for Wait times
(most satisfied with wait times)
- Welcome Workshop

**“Not knowing is harder than knowing.”
(referring to explanation of why they are waiting.)**

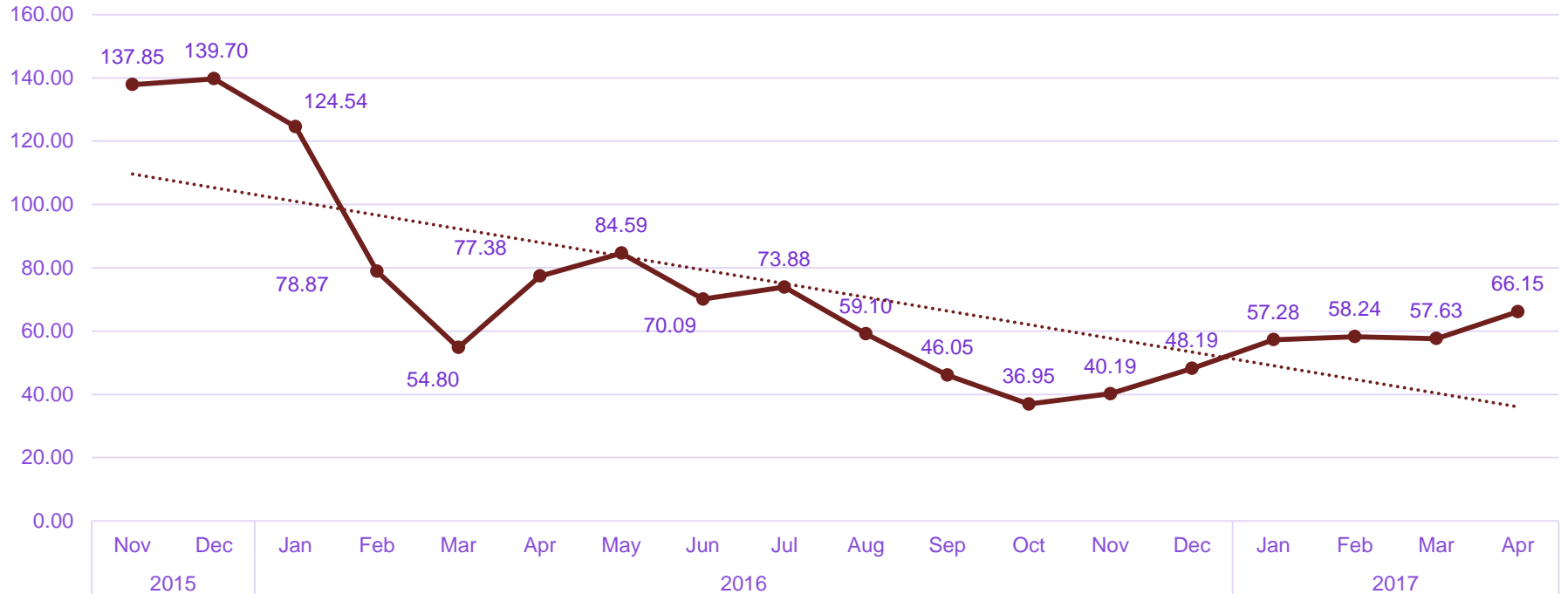
**“If it is our responsibility to follow-up
that needs to be clearly stated. However,
that may not be realistic for many with a
mental health problem”**

IP-DG Model: Impact

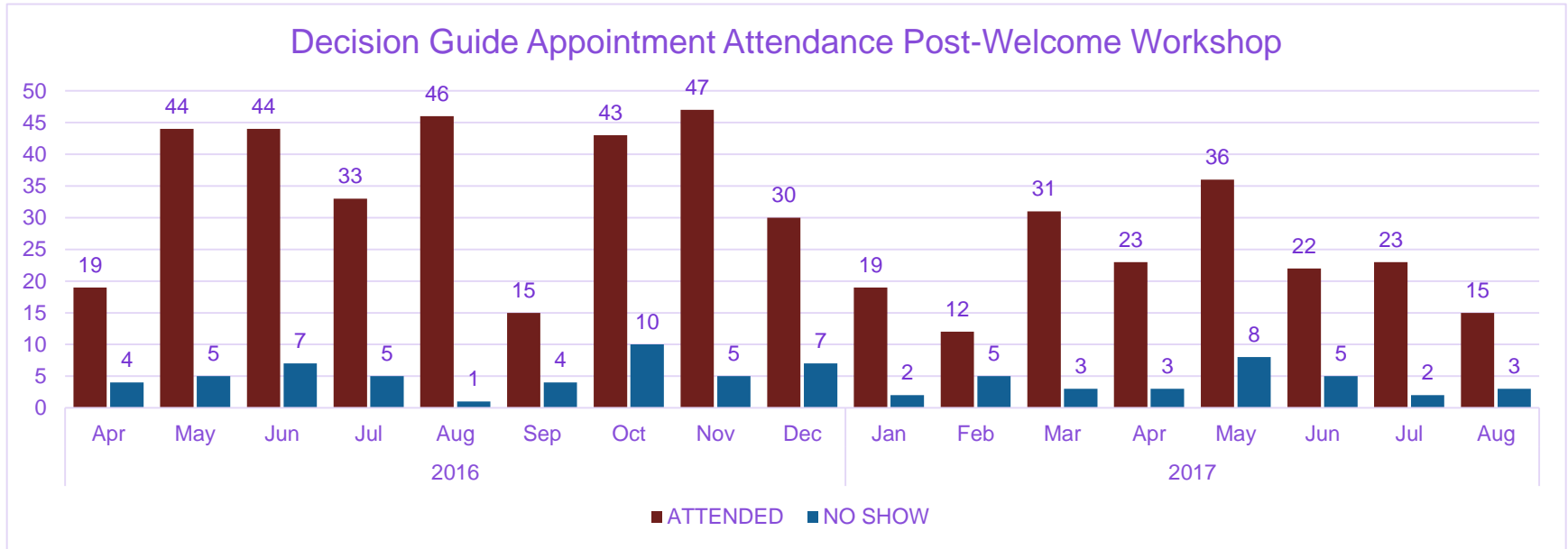
- Wait time for clients to enter into programs (MHOP $p = .032$; 2015 vs 2016)
- Increase in efficiencies
 - Welcome workshop is consistent with rates for previous individual intake appointments, (roughly 60%) but improved use of resources.
 - Attendance rates for initial DG appointments increased from 50 – 87%
- In 2016, 13,720 clinical appointments were scheduled with 1529 clients with an 82.5% attendance rates, close to accepted benchmarks.

Referral to Program Entry

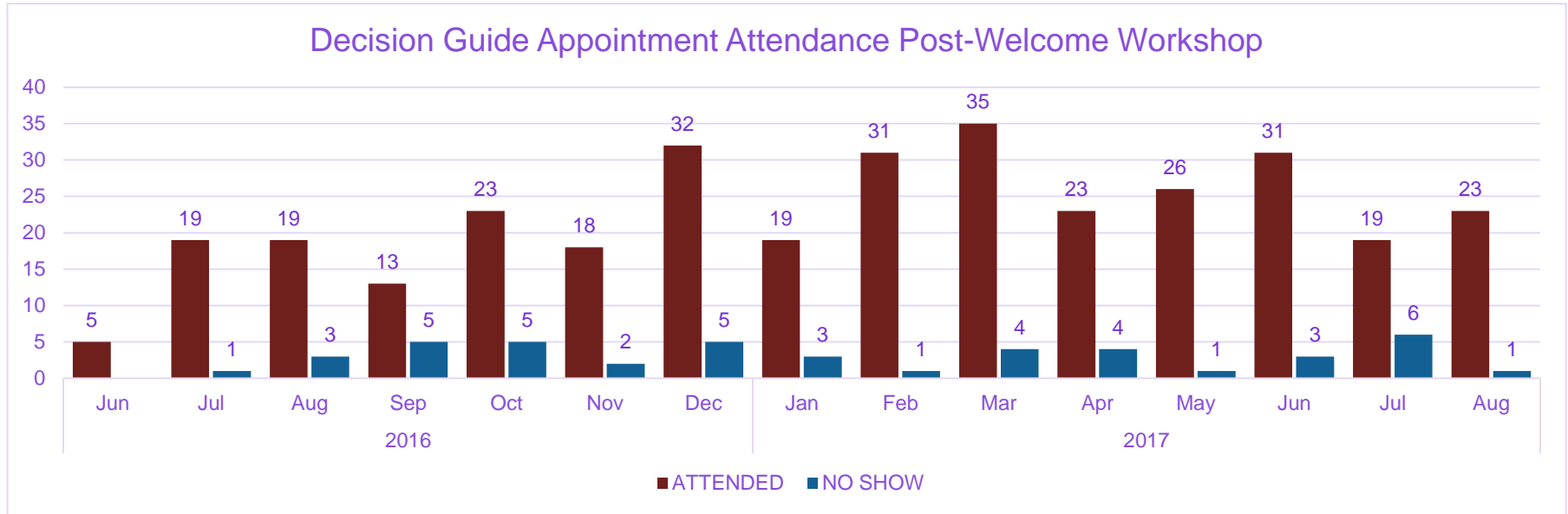
Wait Time Post-Welcome Workshop Process



Attendance: MHOP



Attendance: CPMP



IP-DG Model: Staff Perspective

Satisfied with the model and implementation of objective from previous reviews

Biggest benefits to clients:

- appropriate referrals to services
- identification of capacity for change
- development of self-management skills
- openly discussing when a service is not meeting their needs

Areas to be improved

- Follow-up
- Communication between DG and other service providers

Challenges and Solutions

Welcome Workshop

- Decreased content
- Handouts given for DG model
- Multiple staff for individual risk assessments

Follow Up

- Practical vs Ideal
- Self-Management Model

Challenges and Solutions

Communication

- Team Meetings
- Wellness Pathway (IP Care Plan)

IP Resources

- Staffing challenges
- Multiple Roles/Role Clarity

Referral Source Understanding

- Presentations on the model to referring agencies

Next Steps

- Ongoing Program Evaluations
 - CMHP
 - Outcome Data analysis
- Ongoing review of IP-DG role
 - Continued input from clients, stakeholders, and the teams

Thanks to Our Teams!!

Mary Ann Mountain, Director

Heather Boynton, Manager

Jaye Walker, System Analyst

CPMP Team

MHOP Team