

4. Reducing the number of patients that present in crisis at inappropriate urgent care settings

Indicator	
Indicator name	Improving quality and outcomes of Crisis Care Plans
Indicator weighting (% of CQUIN scheme available)	0.60%
Description of indicator	This CQUIN focuses on improving the quality of Crisis Care Plans to ensure they are patient centered, supporting patients to access the right care for them at the right time, improving patient outcomes and enhancing patient experience.
Numerator	%The number of patients on CPA/Care support with a crisis care plan %The number of frequent attendee's with a standardised crisis plan
Denominator	%The number of patients on CPA / Care Support / that have had their care plans reviewed to meet the revised quality care plan standard a crisis care plan %The number of frequent attenders who have a Crisis Care Plan that meets the quality care plan standard
Rationale for inclusion	<p>Empowering patients through jointly owned crisis care plans to develop resilience, will support a reduction in patient attenders at inappropriate settings. Quality crisis care planning is pivotal in ensuring that care is offered in a timely appropriate setting with an aim of minimising complete psychological and psychiatric breakdown.</p> <p>The indicator will facilitate a standardised approach to personalised crisis planning including ensuring that service users have a crisis plan that is:</p> <ul style="list-style-type: none"> • up to date and has been thoroughly reviewed • specific to the views and needs of the individual, and is fully understood by the service user and/or their family • makes it possible to identify known stressors or "triggers", early warning signs of a relapse, and crisis and coping strategies • details of advance statements and advance decisions where these exist • include the action to be taken in a crisis by the service user, their carer, and their care co-ordinator • is available on the BSMHFT clinical system – RIO • extends patient choice to the care package offer <p>A standardised crisis plan template for those frequent attenders of the urgent care system will include, as a minimum, contact details for all relevant support agencies, information about 24-hour access to services as well as clear guidelines for the patient to follow in order to prevent further crises. Plans will work towards offering patients the option of a Personal / Integrated Health Budget – as per SDIP</p>
Data source	Provider
Frequency of data collection	Quarterly
Organisation responsible for data collection	BSMHFT
Frequency of reporting to commissioner	Quarterly
Baseline period/date	March 2016
Baseline value	

Indicator	
Final indicator period/date (on which payment is based)	31st March 2017
Final indicator value (payment threshold)	N/A
Final indicator reporting date	31st March 2017
Are there rules for any agreed in-year milestones that result in payment?	Yes
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Any element not implemented that may impact on the final outcomes will require a revision of the CQUIN values and milestones

Milestones

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Quarter 1 (April – June 2016)	<p>By 30th June 2016 establish and agree with commissioners the components required for a quality care plan and develop an action plan to support the full implementation of crisis plans to include as a minimum:</p> <ul style="list-style-type: none"> • Review of any current care plan templates • Staff training including culture change for inclusive patient involvement in crisis planning • Patient and carer experience • Tracking the effectiveness and impact of the plans to reduce frequency of use of A&E. • Inviting patient and carer feedback to improve the quality of crisis care planning. <p>The Trust will provide a Q1 report to commissioners based on the action plan progress</p>		0%
Quarter 2 (July – Sept 2016)	<p>By 30th July 2016 review and agree with commissioners any amendments to the action plan Increase the number of Crisis Care Plans across the 3 client cohorts by quarter end i.e.:</p> <ul style="list-style-type: none"> • CPA 97% • Care Support 75% 		40%

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
	<ul style="list-style-type: none"> • Frequent presenters 85% <p>Audit of existing crisis plans and review impact/quality of content of plan; symptoms, attendance at A&E, satisfaction. (sample & audit methodology to be reported).</p> <p>Focus on frequent attenders</p> <p>(Where patients meet the criteria as 'frequent attender' this is the term given to a patient who has 3 or more contacts within the urgent care pathway including street triage via PDU, RAID, the out of hours or the crisis assessment function of one treatment):</p> <ul style="list-style-type: none"> • Benchmark level of use of crisis service and track each individual for remainder of the year • Data on cohort attendances within crisis services • Individual Quality outcomes to be achieved • Individual reduced level of attendance within crisis services <p>Report on progress of action plan to include:</p> <ul style="list-style-type: none"> • % and number Staff trained by Hub location and pathway discipline (as per New Dawn) • Update on crisis plan audit action plan from Q1 & incorporate findings from point above 		
<p>Quarter 3 (October - December 2016)</p>	<p>By 30th October 2016 review and agree with commissioners any amendments to the action plan</p> <p>Undertake patient interviews to review 25 patients experience of the crisis care planning before and after implementation of the revised approach</p> <p>Capture benefits and impacts of approach and build into action plan, sharing best practice and implementing any quick wins</p> <p>Increase the number of Crisis Care Plans across the 3 client cohorts by quarter end i.e.:</p> <ul style="list-style-type: none"> • CPA 98% • Care Support 85% <p>Frequent presenters 95%</p>		30%

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Quarter 4 (Jan – March 2017)	<p>By 30th January 2017 review and agree with commissioners any amendments to the action plan</p> <ul style="list-style-type: none"> • Final report on achievement of the agreed action plan; • Complete evaluation of frequent attender that are tracked • Share patient stories • Quantitative data re reduction of attendances / use of services frequent attenders. • Evaluate and report case studies for at least 2 service user interactions where crisis plan has been effective and ineffective. Evaluation to include patients views on what worked well and what did not 		30%