

# Forest Close Microsystem

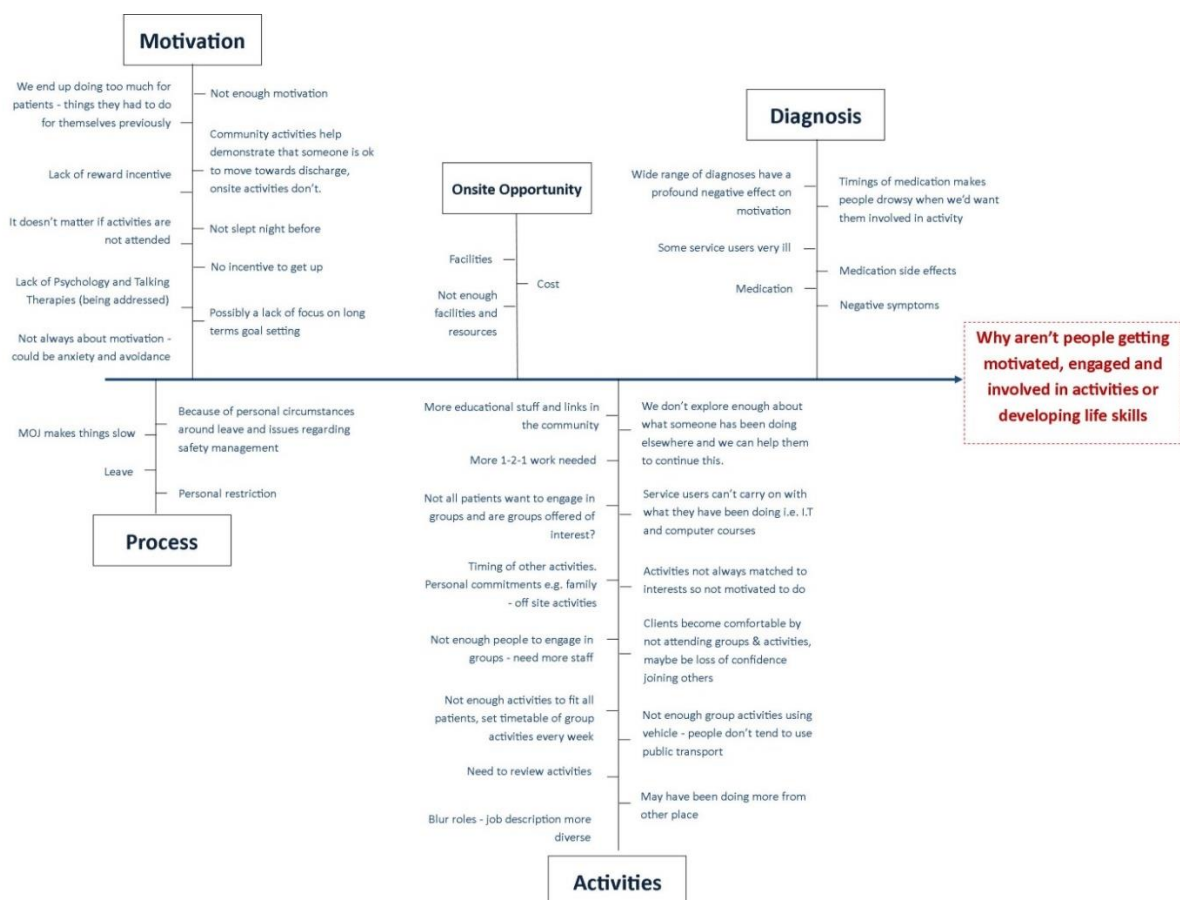
## Aims:

Forest Close has been regularly meeting as a Microsystem and working towards the following aims:

- To increase the number of Service Users engaging in activities
- To meet the physical health guidelines and the requirements of the Lester Tool and AIMS
- For every admission to get a physical health assessment
- For physical health to be reviewed at 12 weeks and 52 weeks after the initial assessment
- To deliver interventions between assessments to improve physical health - linking to healthier activities
- To have a more preventative approach to physical health i.e. diabetic eye screening
- For all physical health information to be easily accessible and in one place
- To engage people and get them motivated to improve physical health

## Diagnosis:

Before identifying changes, the team spent time reflecting on and learning more about what was currently happening on Forest Close in relation to activities and physical health. They did this using a range of tools such as fishbone diagrams, process maps and brainstorming exercises. Below is an example of the Fishbone



The fishbone exercise involved staff and service users and was helpful in identifying different contributing factors and helped to create a different narrative around activities and challenged perceptions. The narrative became:

*“Someone may not appear motivated, yet they may have been involved in lots of things before arriving at Forest Close, which they haven't been able to continue doing and the other activities on offer may not interest them. They may not be motivated to get involved in the onsite activities or see how they contribute to them getting discharged, especially if they aren't linked to longer term goals.”*

## Changes to in-reach:

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Based on the team's collective aims and shared understanding, they have identified a number of changes and are introducing these on the unit. Through PDSA cycles the team are learning and evolving these changes through the Microsystem. This next section provides a summary of some of these changes.

### A more inclusive in-reach:

The team are trialling a more inclusive in-reach which will now include the OT and Support Worker to explore:

- What a person enjoys doing and whether the team can accommodate their interests when they arrive
- Provide them with information on activities and the timetable, encouraging taster sessions
- Arrange a more meaningful visit to the ward where they get involved in something
- Exploring daily tasks and plan for them to continue when they arrive at Forest Close i.e. cooking
- Find out why they may struggle with activities i.e. anxiety in the morning, medications
- Establish mutual expectations between the team and the patient for their time on the ward

**Outcomes:** This trial has been largely successful and is now becoming custom and practice for all in-reaches. During in-reach the team have been able to explore a person's interests, familiarise the person with the ward routines and start to build a rapport and relationship. During the conversations the team can connect along mutual interests, explore how the person is feeling about their transfer, whilst also determining what daily tasks they were doing and would like to continue. The in-reach process has also allowed some tasks to be completed prior to the admission (bus pass, photo consent, sign up with GP, which in turn frees up time to focus on Physical Health when someone arrives on the ward. An unexpected outcome has been that patients enjoy going through the in-reach paperwork and the methodical approach seemed to reduce some anxieties.

### Learning:

- Where distance has been prohibitive to an in-reach the team will use Skype (admission from Essex).
- The team have developed a check-list and prompt sheet to make the in-reach work more consistent
- During the in-reach, each Service User will receive a list of all activities along with a brief description
- The team are updating the ward booklet to include more information about opportunities
- There are challenges when it is an un-planned admission especially when this falls on a Friday

**Further Development:** One frustration from patients and staff is that they might have leave agreed where they are, but when they arrive at Forest Close they must wait until they see a Consultant. When the patient doesn't have leave or this is reduced, the patient sees this as a step backwards. This prompted questions around how the in-reach can allow leave to be continued on arrival at Forest Close and the team are considering how this can be managed.

## Changes to improve physical health

**Change 1:** Revised the Physical Health Forms and made this more appropriate and based this on the Lester Tool

**Change 2:** Established a Physical Health Clinic:

- For new admissions on their first Monday on the ward
- After 12 weeks to re-visit physical health and review interventions
- when medications are change and at an annual review

See appendix 1 for example Physical Health Chart

**Change 3:** Started a weekly Physical Health Group, with the key principles being:

- service users own the agenda and suggest topics
- topics are enjoyable and upbeat: quizzes, food tasting, videos
- a support worker on each bungalow acts as a mentor outside of the group
- the group will link to other opportunities such as; cook well to eat well and the Friday Healthy Café
- the group develops in to and provides a peer support function

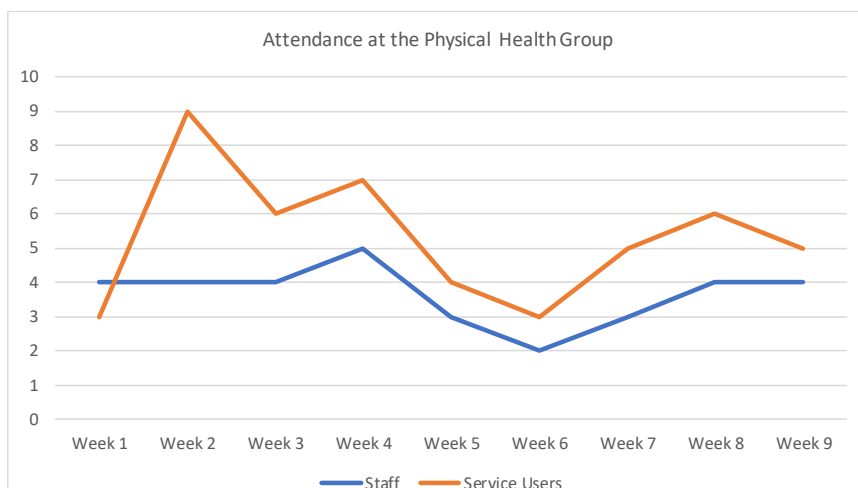
The team have just completed their first 9-week programme for the Physical Health Group summary below:

The first PDSA has proved successful with:

- \* A diverse range of topics on offer, chosen by patients
- \* Good attendance each week by staff and service users
- \* 2 patients have since achieved Basic Life Support certificates
- \* 1 patient has since achieved their Choking Training certificate
- \* Patients are engaging in activities between groups

### Physical Health Group Timetable

Week 1	Healthy food taste session
Week 2	Healthy food taster quiz and taste session
Week 3	Mediterranean diet and video
Week 4	Energy week! Desmond Plate and Eatwell Plate
Week 5	Physical Activity - (guest speaker)
Week 6	Basic Life Support training session (service users and staff)
Week 7	Choking Training (service users and staff)
Week 8	Diabetes - video and discussion
Week 9	Mindful Eating and Relaxation



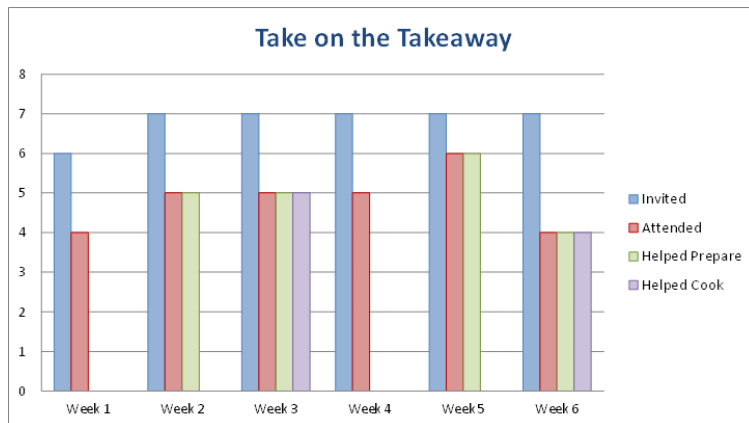
Change 4: Supporting staff to go through the Smoking Cessation Training

Change 5: Training staff and established a routine Phlebotomy Clinic

Change 6: Expanding the Cooking Group and support unit based cooking

Change 7: Increasing access to healthy food options

Change 8: Establishing a weekly Saturday night 'Take on the Takeaway'



Change 9: Built some raised beds and provided pots for service users to grow plants and vegetables



Change 10: Established a daily board to increase awareness of activities - prompting spontaneous participation

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT	SUNDAY
	Swim+Gym (Zest) CERT - Norfolk Park 1:1 Time	Spice with Kevin 10-12 1:1 Music session Art with Krishna 10-12	Cook Well Group 10-12 1:1 Music session	Walking 10-12	Breakfast Club (Lunch) 9am-12pm	Time on Ward Rest Day
		PHILOCATHERAPY				
Time for Me 3-4pm Cooking session	Art House (City Centre) Casts Gardening 1:30-3pm (Fulwood)	Cycling 1:1 Music session	SOFT gym group Football group 1:1 Relaxation Group	Music 1-4pm Sports session 1:30-3pm	Outings to be arranged	Time on Ward Rest Day
1:1 Outing	1:1 Time		SOCIAL 5-7:30pm			

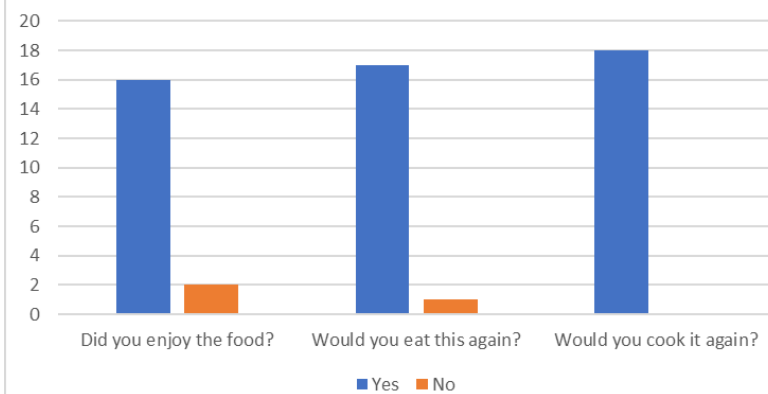
### Change 11: Developing a Cook Well to Eat Well Group Course

By the end of the course participants could place ingredients in the correct food groups. Chopping skills had improved, patients were independently cooking with OT staff once a week and 2 people made specific plans to change their diet towards a Mediterranean diet, including more fish.

Cook Well to Eat Well	Food
Week 1 Guide to Food Groups	Speedy Chilli
Week 2 How to Maintain a Healthy Gut/ Fibre	Tuna Pasta Bake
Week 3 Fibre and Wholegrains at breakfast	Pizza Thins
Week 4 Fats / Fish/ Food & Mood	Tuna Burgers and Salsa
Week 5 Alternatives to meat for toast /sandwiches	Red Lentil Pate and Mackerel Pate
Week 6 Easy meal: 5 a day, Vitamins and Minerals	Chicken and Veg Stir Fry
Week 7 Reflect, set goals and receive certificates & booklets	Spaghetti Bolognese and Quorn Beef



Evaluating the Weekly Meals



### Change 12: Promoting the importance of Physical Health across the wards



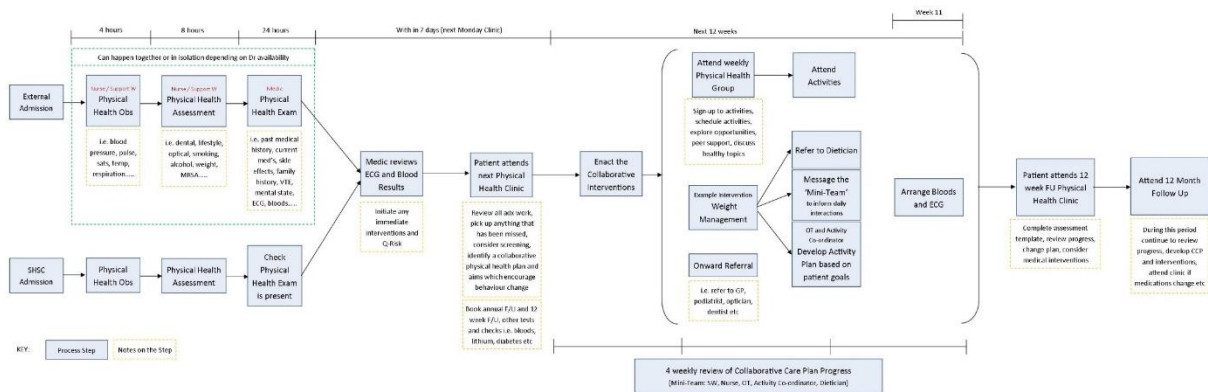


# Redesigning the Physical Health Process

To compliment the above work the team have revised and developed a Physical Health Process:

- to provide clarity around the Physical Health process
- to consider how the interventions link to one another
- to enable them to review if the process is working

Original Process Map:



Whilst the above process map was helpful to the team and helped to consolidate the changes, the team wanted to present the process in a way which appealed and engaged with service users and the wider team. As a result they translated this into a second process map which is on the wards and is read and followed by service users.

Revised Process Map:

