

P02-117 - QUALITY IMPROVEMENT IN AMBULATORY MENTAL HEALTH SETTINGS

I. Secret-Bobolakis¹, H. Laborie², F. Aziz¹, L. Benazzouz¹, N. Cariclet¹, L. Rimlinger¹

¹Psychiatry Department, General Hospital, Lagny sur Marne, ²Pilot Department, Mission Nationale d'Expertise et d'Audit Hospitaliers, Paris, France

Ten ambulatory Mental Health Settings have been committed in a national pilot intervention aiming at improving the quality of the service they deliver from July 2008 to July 2009. This twelve months intervention allowed teams to set operational objectives, to describe their organization, to implement an actions' plan and to evaluate their results.

The main operational objectives they chose were the following:

- Delay for an initial appointment.
- Delay for an appointment following a discharge from hospitalization.
- Rate of non attendance.

The framework to analyse their organisation included a focus on Human resources, on Operations, on Strategy and on Information Sharing.

The main findings were a wide variations in performance from a setting to one another (median delay for a first appointment with a psychiatrist ranging from one to seven weeks, paid psychiatrist working time for a single appointment ranging from 0.6 to 2.5 hours...), lack of formalisation of processes, the absence of objectives set by the managers.

Actions' plans included very basic actions as setting dashboards and objectives, setting strategy to decrease non attendance, sharing diaries, reorganising meetings, mapping patient's pathway, descriptive brochure for ambulatory Mental Health Settings.

Finally, some results were obtained as:

- reduction of delays for first appointments.
- reduction of delays for a appointment after hospital discharge.
- Reduction of rate of non attendance.