

Reducing the number of patients that present in crisis at inappropriate urgent care settings CQUIN 2015/16	
Indicator number	
Indicator name	Improve the number of patients on CPA that have Crisis Care Plans in place and put in place a standardised crisis plan template for 'frequent fliers' of the urgent care system
Indicator weighting (% of CQUIN scheme available)	
Description of indicator	<p>Implement the development of crisis plans for service users on CPA under the care of BSMHFT known to be at risk of mental health crisis and put in place a standardised crisis plan template for 'frequent fliers*' of the urgent care system, thereby improving the quality of patient care and reducing the number of patients presenting inappropriately.</p> <p>*frequent flyer is the term given to a patient who has 3 or more contacts with either street triage (via PDU), RAID or the out of hours BSMHFT system 3 times or more within 6 months.</p>
Numerator	% of patients on CPA with a crisis care plan % of frequent flyers with a standardised crisis plan template
Denominator	Number of patients on CPA needing a crisis care plan Number of frequent flyers needing a crisis plan template

<p>Rationale for inclusion</p>	<p>Increasing the use of crisis plans to support and empower service users facing mental health crisis will support a reduction in patient attendance at inappropriate settings. 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 crisis planning including ensuring that service users on CPA 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 • makes it possible to identify early warning signs of a crisis and coping strategies • details of advance statements and advance decisions • 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 <p>A standardised crisis plan template for those frequent fliers of the urgent care system will include 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</p>
<p>Data source</p>	<p>Provider</p>
<p>Frequency of data collection</p>	<p>Quarterly</p>
<p>Organisation responsible for data collection</p>	<p>BSMHFT</p>
<p>Frequency of reporting to commissioner</p>	<p>Quarterly</p>
<p>Baseline period/date</p>	<p>March 2015</p>
<p>Baseline value</p>	<p>N/A</p>
<p>Final indicator period/date (on which payment is based)</p>	<p>31st March 2016</p>
<p>Final indicator value (payment threshold)</p>	<p>N/A</p>
<p>Final indicator reporting date</p>	<p>31st March 2016</p>

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)
Q1 (April – June 2015)	<ul style="list-style-type: none"> • Establish the number of crisis care plans in place (site specific) as at 1st March 2015. Audit and review a sample of existing active care plans (sample & audit methodology to be reported). • Establish frequent fliers of street triage (Via, PDU) RAID and out of hours system as at 1st March 2015 • Develop a standardised crisis template that will include 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 to be given to service users. • Report findings from audit to include; effectiveness of documentation in communicating needs and actions and decisions relating to service user's crisis plan. Availability of information to all stakeholders and integrity of review and other processes to support implementation • 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 • Produce an action plan to meet identified needs, including programme of roll out for identified actions. 		

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)
Q2 (July – Sept 2015)	<ul style="list-style-type: none"> • Produce data review and report findings from crisis line and proposed actions to address identified needs for service users and service provision. • Update on crisis plan audit action plan from Q1 & incorporate findings from point above • Re-audit number of service users and frequent fliers with active crisis plans. Utilising data review from crisis line. Trust and commissioner to agree appropriate cohort of patients who should have crisis plan implemented. (Threshold of % compliance to be agreed if appropriate). 		
Q3 (October - December 2015)	<ul style="list-style-type: none"> • Report on progress of action plan • Report on progress of implementation for agreed cohort of patients. (% compliance to be reported if appropriate) 		
Q4 (Jan – March 2016)	<ul style="list-style-type: none"> • Re-audit crisis care plans and standardised crisis templates in place • Refresh data review for crisis line • Trust to demonstrate completion of actions identified and evidence improvement in the use of crisis plans and their effectiveness. • Report on progress of implementation for agreed cohort of patients. (% compliance to be reported if appropriate). • 90% of patients on CPA with a crisis care plan in place 		