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POSTER ABSTRACT

Step by step local Implementation of Model of Care - keeping focus for meaningful outcomes

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Background: Prevalence of eating disorders has reportedly increased over the last several years. Eating disorders are associated with high levels of comorbidities with both physical and mental illnesses and one of the highest mortality rates in psychiatry, particularly in anorexia nervosa. Further to prior planning a service was set up in Cork and Kerry for the treatment of eating disorders. This presentation aims to provide a descriptive analysis of service development with a quality improvement lens.

Approach: The team has been implementing the model of care for eating disorders in Ireland locally and for the last couple of years. Multiple stakeholders were involved including feedback received from service users, multiple meetings with colleagues locally and nationally, regular meetings with local management structures including a Steering Group, the National Clinical Programme for Eating Disorders (NCPED), among others.

Part of the team joined a one year post graduate programme with the RCPI on Quality Improvement Leadership in Healthcare which promoted further knowledge and skills in quality improvement and incorporation of same throughout the development of the Service.

Results: Serving a population of about 750,000 people the team has received a substantial amount of referrals within a couple of years of existence. From a previous model in which care was fragmented with people with eating disorders accessing different mental health and other services for their treatment higher degrees of integration were achieved with the set up of a community eating disorders service in the region. The person's feedback is sought as early as at the end of the initial assessment.

Collaboration is established by adopting a person centred approach with person aware of next steps including contacts with other professionals earlier on, their presence at integrated care plan meetings, direct contacts and involvement of colleagues. Based on Peter Drucker's "If You Can't Measure It, You Can't Manage It" the team remains adopting a strategy of measuring towards better reflective practices and improvement, data collected is regularly shared with the

team and the Steering Group. Keeping an open mindset the team has incorporated several changes. Establishing own policies and sharing same with relevant stakeholders has also improved communication. There are important limitations to consider, namely as resources are not unlimited and the prevalence of eating disorders is known to have increased in recent years. The stepped model of care as described in the model of care for eating disorders in Ireland offers a degree of response that achieves even more clarity with defined inclusion and exclusion criteria and consultations provided to clinicians requesting same.

Implications: This study highlights the importance of higher levels of integrated care in collaboration with stakeholders at different levels to promote successful outcomes in the treatment of eating disorders. Ensuring clear communication with everyone involved is of relevance not only for patient safety but also for continued improvement to those we serve.