ISQUA17-2430
MENTAL HEALTH SOCIAL INCLUSION THROUGH JOB PLACEMENT: IMPLEMENTING IPS IN SPAIN

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Objectives: Individual Placement and Support (IPS) is an integrated intervention including social, labor and mental health (MH) with an important component of evidence for its effectiveness in helping people with severe mental disorders (SMD). Its objective is to obtain and maintain competitive jobs, increase social inclusion and quality of life, while consuming fewer resources. In Europe, IPS model is implemented in three countries (Netherlands, Italy, and Spain) involving a collaborative learning community, sharing background with the IPS Employment Center (IEC).

Back in 2013, the project started with an agreement among three Regional Government Departments at Catalonia (Ministry of Health, Ministry of Business and Labor, and Ministry of Social Wellbeing and Family), "la Caixa" Banking Foundation, Government of Province of Barcelona, and the IEC.

The goal is to improve labor and social inclusion of people with SMD, in a pilot project that aims to integrate efforts and workflow from three areas (health care, social services and labor) both at community and policy levels to develop supported employment. Based on IPS principles: zero exclusion criteria; personalized benefits counseling; competitive jobs; IPS and MH services integration; rapid job search; IPS professionals building relationships with employers; continuous supports and follow-up's; and service user's involvement, respecting clients' preferences. The innovative challenge involves implementing a new community perspective to support people with SMD finding a job and keeping it.

Methods: Changes implemented are based on a specific patient management system including integration of Employment Services (ES) with MH treatment teams. People with SMD are actively involved in their own IPS plan, and families supporting them in their job search and maintenance. ES involve employers in an active way, by getting close collaborations through a win-win goal. Services are measured by external evaluation through a "Fidelity Scale" validated by IEC.

Actions taken: 1) Professional training; 2) Improving integration between MH and ES (periodic meetings, patient plans and training on benefits planning); 3) On-site support and monitoring achievements through an ICT platform; 4) Quarterly follow-up meetings among regional leaders, MH teams and ES; 5) Action plans developed in each ES.

Results: Since October 2013, 7 sites have adapted their own programs to implement IPS.

Up to September 2016, an average of 393 people with severe mental illness has participated in these programs quarterly. Although severe economic crisis, the percentage of working people have increased almost three fold from the beginning of the program.

Scores in fidelity reviews (which measure adherence of work process to IPS methodology) have improved 33,5% in average. And 671 jobs were covered.

	2013	2014				2015				2016			
	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	Total
1.People on IPS (N)	319	297	340	369	348	389	389	422	441	457	466	474	
2.People Working Competitive Employment (N)	50	38	62	72	70	97	130	138	120	154	197	206	
2/1%	15.7	12.8	18.2	19.5	20.1	24.9	33.4	32.5	27.2	33.70	42.27	43.45	
New job starts (N)	25	32	41	39	28	37	76	66	76	68	91	92	671

Conclusion: A job integration program based on evidence with significant local leadership, regional focus and commitment of the participants, raising IPS as an important intervention to obtain and maintain competitive employment and recovery for people with SMD, improving improve their integration in the community at the time, can improve resource consumption and the impact on health.

ISQUA17-2372
SIMULATIONS IMPROVEMENTS IN PATIENT SAFETY CULTURE AND MEDICATION SAFETY AT A PSYCHIATRIC CENTER IN THE FAROE ISLANDS

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Objectives: The National Hospital of the Faroe Island (NHFI) was in a virginal state of implementation of quality and safety management initiatives (1), but kicked off in this area in the autumn of 2013. This study was set within the Psychiatric Center of the NHFI, and aimed to investigate changes in

– patient safety culture (PSC) from 2013 to 2016, and
– the implementation of quality improvement (QI) methodology related to medication review and medication reconciliation.

Methods: The Danish version of the Safety Attitude Questionnaire (SAQ-DK) was distributed electronically to the staff members of the Psychiatric Center in the autumn of 2013 and again three years later in 2016. SAQ-DK has 31 items comprising composites for; teamwork climate (TC), safety climate (SC), job satisfaction (JS), stress recognition (SR), working conditions (WC), and perceptions of management (PM). The proportion of respondents with positive attitudes towards each of the PSC composites was described, and changes were assessed clinical relevant if >5%.

The Psychiatric Center enrolled in the Danish Patient Safety Program for Mental Health ("Safe Psychiatry"); a national QI project in March 2014. Staff were introduced to and trained in the science of improvement, quality and safety, including the Model for Improvement and Plan-Do-Study-Act learning cycles, and the Psychiatric Center took part in seminars and networking activities within the Safety Psychiatry Collaborative. As part of the program a bundle concerning safe work processes of medication, that is medication review and medication reconciliation was implemented.

Statistical process control was applied monthly to survey change in the two work processes over time.

Results: The response rate of the PSC surveys were 82% in 2013 and 70% in 2016 (N = 93, N = 80).

Clinical relevant improvements in PSC were observed over time for TC (6%), SC (15%, P < 0.05), and WC (13%).

For the new work process of medication review there was an improvement of approx. 60% from June 2014 to October 2016; the breaking point emerged approx. 8 months after the work process was implemented, establishing the work process for around 90% of patients with some variation. In parallel there was a 30% improvement in applying medication reconciliation. In October 2016, this work process was in place for all patients (100%), with some variation too.

Conclusion: The results of this study are to our knowledge the first within the Nordic countries to imply that extensive implementation of a standard QI program such as the Danish Patient Safety Program for Mental Health can act as a significant catalyst for enhancing TC, SC, WC. We observed clinical relevant improvements in PSC simultaneously with substantial improvements in the implementation of two medication work processes at the Psychiatric Center of the NHFI. A safer medication situation was established for the patients of the Psychiatric Center over time.

The results of this study are unique and strengthened by the fact that the Psychiatric Center was in a virginal state of QI (1) prior to implementation of the PSC survey and the Safe Psychiatry program 2013, and therefore, there was no influence from other concurrent quality or safety improvement initiatives prior to or during the study period.

Reference

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ISQUA17-1818
IMPROVING SAFETY IN FAMILY MEDICINE CLINICS IN THE FEDERATION OF BOSNIA AND HERZEGOVINA AND SARAJEVO CANTON

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Objectives: In 2010, the Federal Parliament adopted a "Law on Health Care". The new law introduced a new approach to the accreditation of health care institutions within the entity health care system, making the adoption of a system of safety standards a mandatory requirement, while leaving accreditation for higher quality standards in health care provision voluntary. The Agency for Quality and Accreditation in Health Care in the Federation of Bosnia and Herzegovina (AKAZ) was given the following tasks: to develop two set of standards for all types of health care institution, based respectively on optimal safety standards (mandatory accreditation) and optimal quality standards (voluntary accreditation); to adapt education and training programmes for health care professionals involved in the processes of safety and quality improvement to bring them into line with those requirements; and to issue certificates to health institutions that meet the optimal safety standards.

To kick-start this process of establishing a system of safety standards at the primary health care and family medicine levels, the Federal Health Ministry signed contracts in July 2014 with both the Sarajevo Canton Health Centre and AKAZ, funding implementation of a project entitled "Establishing a System of Safety Standards in Family Medicine Clinics in the Sarajevo Canton Health Centre".

Methods: The planning phase of the project, including the design of all activities and outcomes, took more than a year and was carried out jointly by health care professionals from the Federal Ministry and AKAZ. Only then did the three parties sign the contracts. During this period, AKAZ carried out a thorough revision of the accreditation standards for family medicine teams in order to incorporate the mandatory system of safety standards and to amend the quality standards then in place. This was the fourth revision of the accreditation standards for family medicine teams since adoption of the first version in 2005. AKAZ modified the training programmes for quality coordinators, health professionals in the family medicine department, external and internal quality assessors and facilitators in line with these new standards. Under the project, AKAZ prepared and conducted 25 two-day training sessions for health professionals in the family medicine department, three two-day training sessions for external and internal quality assessors, and a two-day training session for facilitators, as well as an assessment of accreditation for all the family medicine teams in Sarajevo Canton.

Results: Between October 2014 and May 2016, AKAZ organized training for 708 health professionals from the Sarajevo Canton Health Centre, including 592 physicians and nurses from the family medicine teams, 35 internal quality assessors, 32 facilitators, and 49 managers from all levels in the Health Centre. It has also performed 186 facilitators' visits to family medicine clinics and the Department for Safety and Quality and accredited 197 family medicine clinics within the Sarajevo Canton Health Centre for safety standards and criteria.

Conclusion: This project has had a major impact on other health care professionals and institutions. By the end of 2016, family medicine teams from 15 health care centres had been included in the process of facilitation. This is 19% of all the health centres in the FBiH. Overall, AKAZ has accredited 265 family medicine clinics, which is 31% of total number in the FBiH.

ISQUA17-1820
TRENDS IN THE QUALITY OF STRUCTURED DIABETES CARE IN PRIMARY CARE

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Objectives: The Health Service Executive Midland Diabetes Structured Care Programme (MDSCP), one of the longest