

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

R. SUNOL SALA^{1,2*}, D. KOATZ^{1,2}, P. BONET I DALMAU³,
and P. HILARIÓN MADARIAGA^{1,2}

¹Avedis Donabedian Research Institute, Barcelona, Spain, ²Red de Investigación en Servicios de Salud (REDISSEC), Spain, and ³Ministry of Health-Generalitat de Catalunya, Barcelona, Spain

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-ups; 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				Total
	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q				
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

S. KRISTENSEN^{1*}, S. F. PEITERSEN², E. LINDENSKOV³,
and J. MAINZ¹

¹Aalborg University Hospital - Psychiatry, Aalborg, ²Danish Society for Patient Safety, Copenhagen, Denmark, and ³National Hospital of the Faroe Islands, Torshavn, Faroe Islands

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.