

# **BREAKING DOWN WALLS!**

The Challenge of Transmural Care:  
One Vision, One Treatment, No Boundaries Between  
Inpatient and Outpatient Care



Mrs. A. Furnemont, peerworker  
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Mrs. N.D. de Koning, psychiatrist  
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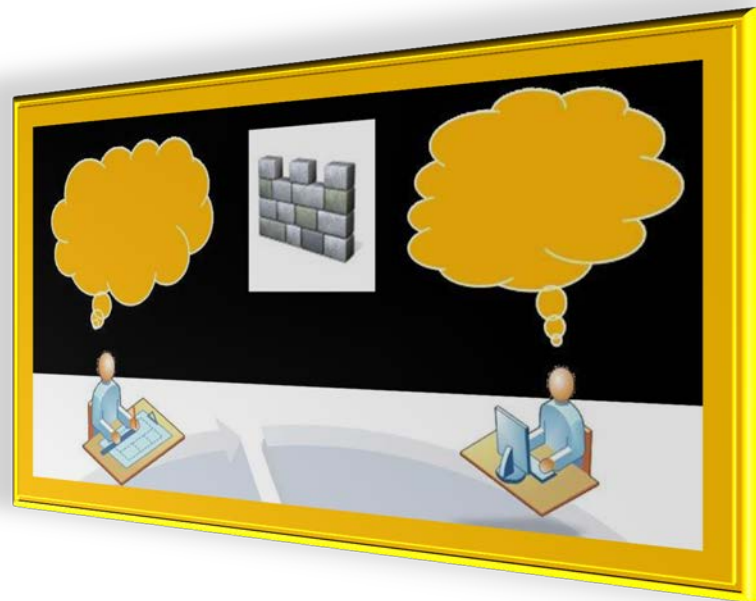
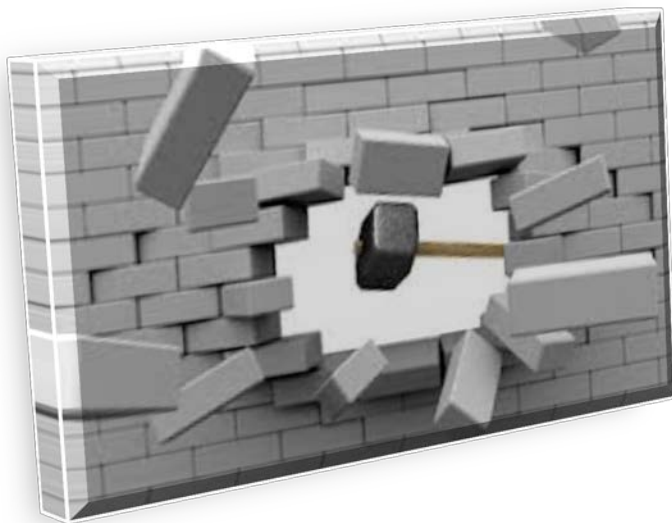




# The speakers

# Introduction







# Communication







# How to implement all of this...?

## ...One team:

- One vision
- One treatment/same goals
- Pooling qualities
- Sharing expertise
- Clear agreements
- Attuned communication
- Trust
- Empowerment
- Fun



## ...Our vision:

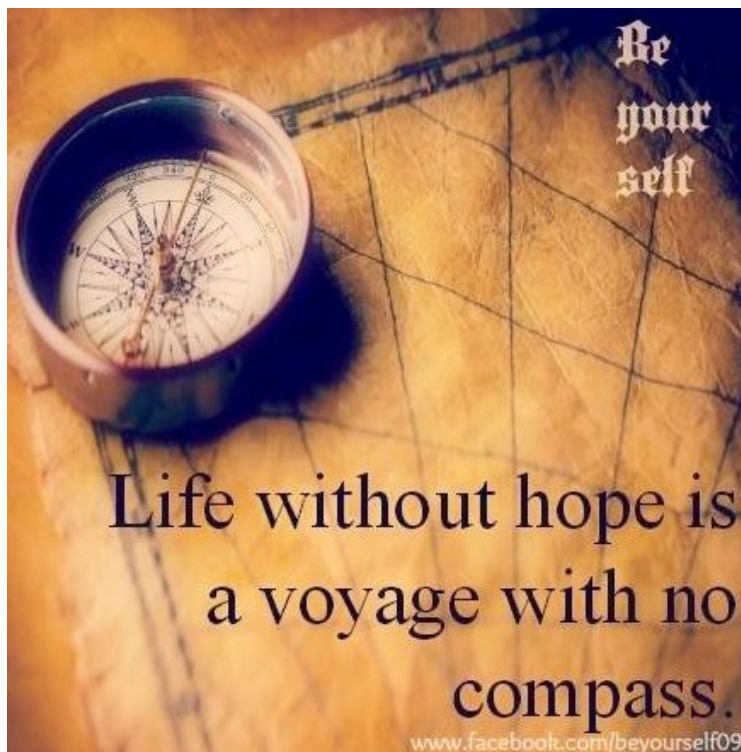
- Treatment in the home situation is to be preferred
- If admitted to the ward, duration of the stay should be as short as it can be
- Continuity in patient care, by active involvement of the outpatient caregivers and the patient's resource group during admission, contributes to recovery
- This can only be achieved by attuned communication





# If you don't have a dream, how you gonna make a dream come true?

*Martin Luther King*





*Cathrien Hoff, psychiatrist*  
*FACT team Alkmaar West*

# **BREAKING DOWN WALLS: PERSPECTIVE OF THE FACT TEAM**



# In the beginning....

- Psychiatric hospital provides treatment
- Outpatient support by a casemanagement team
- 2002 Multidisciplinary FACT teams started



# Hospital in the lead

- Decides who can be admitted
- Decides when someone can/ has to leave the hospital
- Decides which treatment is given
- Family and FACT team scarcely involved



# What happens...



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# FACT team in the lead

- Decides when admission is indicated
- Guards continuity in recovery goals
- Decides which kind of (medical) treatment is indicated
- Keeps contact with family /important others
- Discharge is a shared decision

# What is needed

- One vision
- Regular weekly meetings psychiatrist
- Hospitality
- Resource Group Meetings
- Telephone/screen accessibility of the hospital 7x24
- Weekend FACT

# One vision

- Getting better at home!
- Treatment supports personal recovery goals
- Clinical treatment is an intermezzo in the outpatient treatment



# Patient in the lead

- Personal recovery goals as starting point
- Recovery and treatment at the same time
- Family and other important persons are involved ( Resource Group)



*"Don't let the round table fool you.  
Wherever he sits, that's the head."*

“Don't let the round table fool you.  
Wherever he sits, that's the head.”



# Conclusion

- Patient in the lead (& Resource Group)
- Close collaboration of all involved
- One shared vision





# Breaking down walls!

## Perspective of the Intensive Home Treatment team



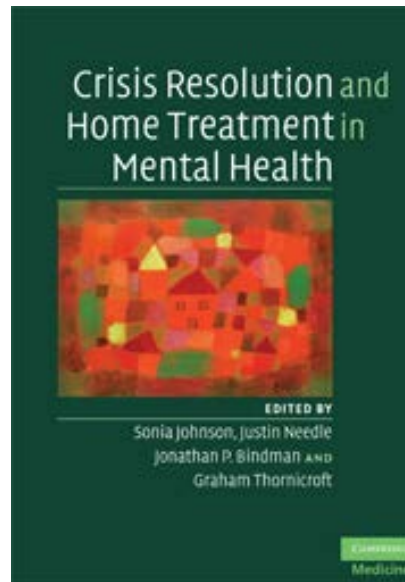
N.D. de Koning, psychiatriest/ director GGZ NHN

# Development of the Intensive Home Treatment Team

- Vision: include people into their own community, not in the service system
- (Flexible) Assertive Outreach Teams already provided continuity of treatment in inpatient en outpatient care for those patients with more complex and longer lasting psychiatric problems
- How did we provide the same continuity of care for people with first psychiatric decompensations, or shorter lasting disorders?

# Development of the Intensive Home Treatment Team

- Visit of the Crisis Resolution Home Treatment Teams in England with our professionals and Health Care Insurance Company



# Development of the Intensive Home Treatment Team

- Adapting the CRHT-model to our own Dutch and regional situation:
- Breaking down the walls between our own services (psychiatric crisis intervention team, daytreatment) and integrating them in one team, adding the peer worker and psychologist as professionals and providing the possibility of a break for clients in a respite house
- Positioning this multidisciplinary team as a gatekeeper for clinical admissions

# Results

IHT has been succesful in:

- Decreasing symptoms, behavioral problems and social problems of patients
- Reduction of the number of admissions in the inpatient clinic
- Reduction of the mean duration of admission
- Satisfaction of patients and family is high





# Breaking down walls between inpatient and outpatient teams

- The IHT team visits the inpatient clinic
- The IHT team has a responsibility for admissions and discharge
- Integrated care is delivered by inviting clients, family/ significant others, and professionals of inpatient and outpatient teams in the same meeting

# Breaking down walls between inpatient and outpatient teams

- Participants can use internet calls to attend the meeting



# Discussion

- Professionals specialized in psychiatric crisis intervention have a stressful job
- High turnover of patients leads to administrative pressure



# Breaking down the walls

- Getting all participants around the table (inpatient professionals, outpatients professionals, patients and family/ significant others) is crucial to break down the walls, but difficult to organize





# BREAKING DOWN WALLS!

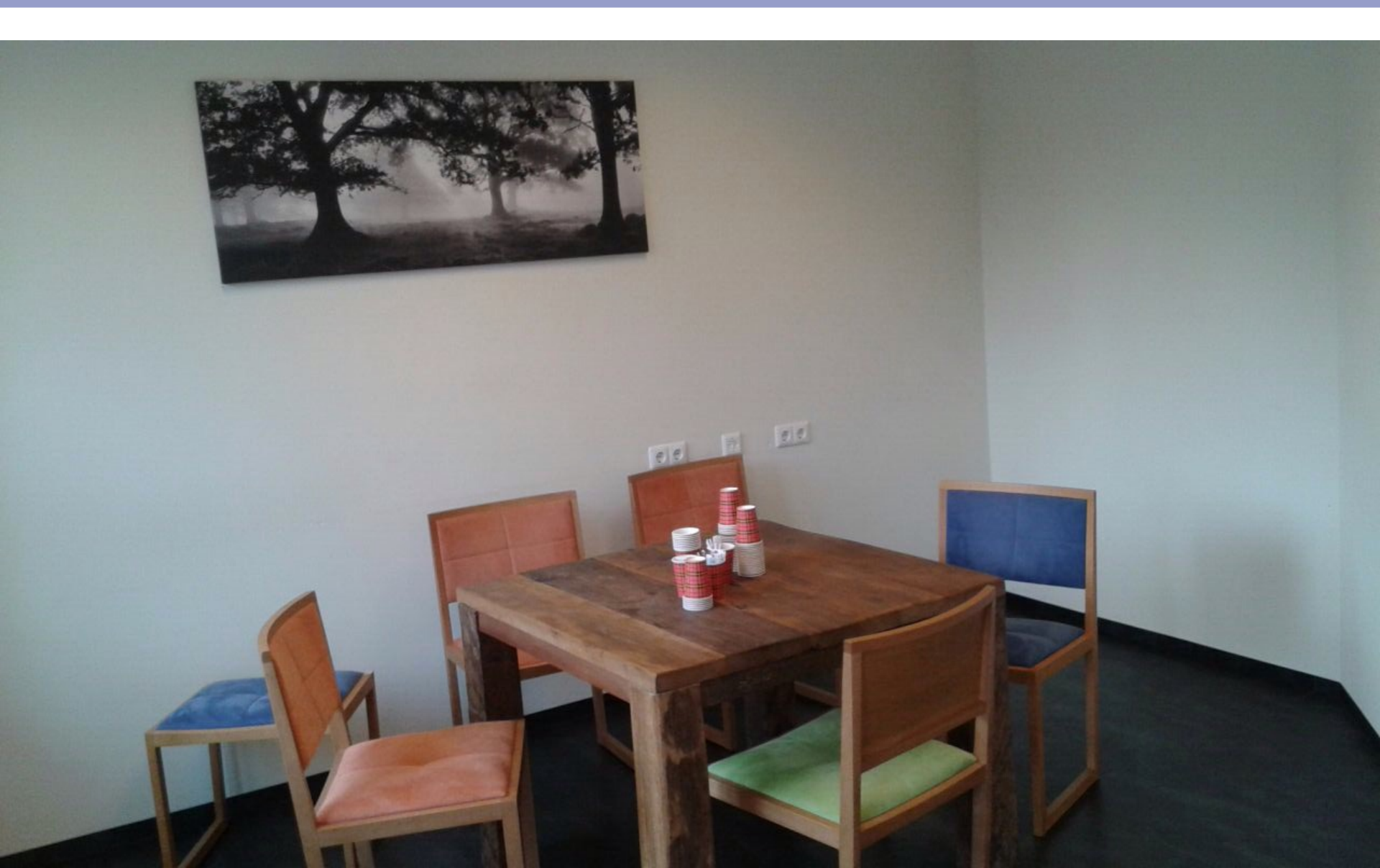
Transmural care from the perspective of the ward

E.N. Arredondo, psychiatrist

# BREAKING DOWN WALLS!

Transmural care from the perspective of the ward

Healing environment



zichtbaar beter





Noord-Holland-Noord



zichtbaar beter

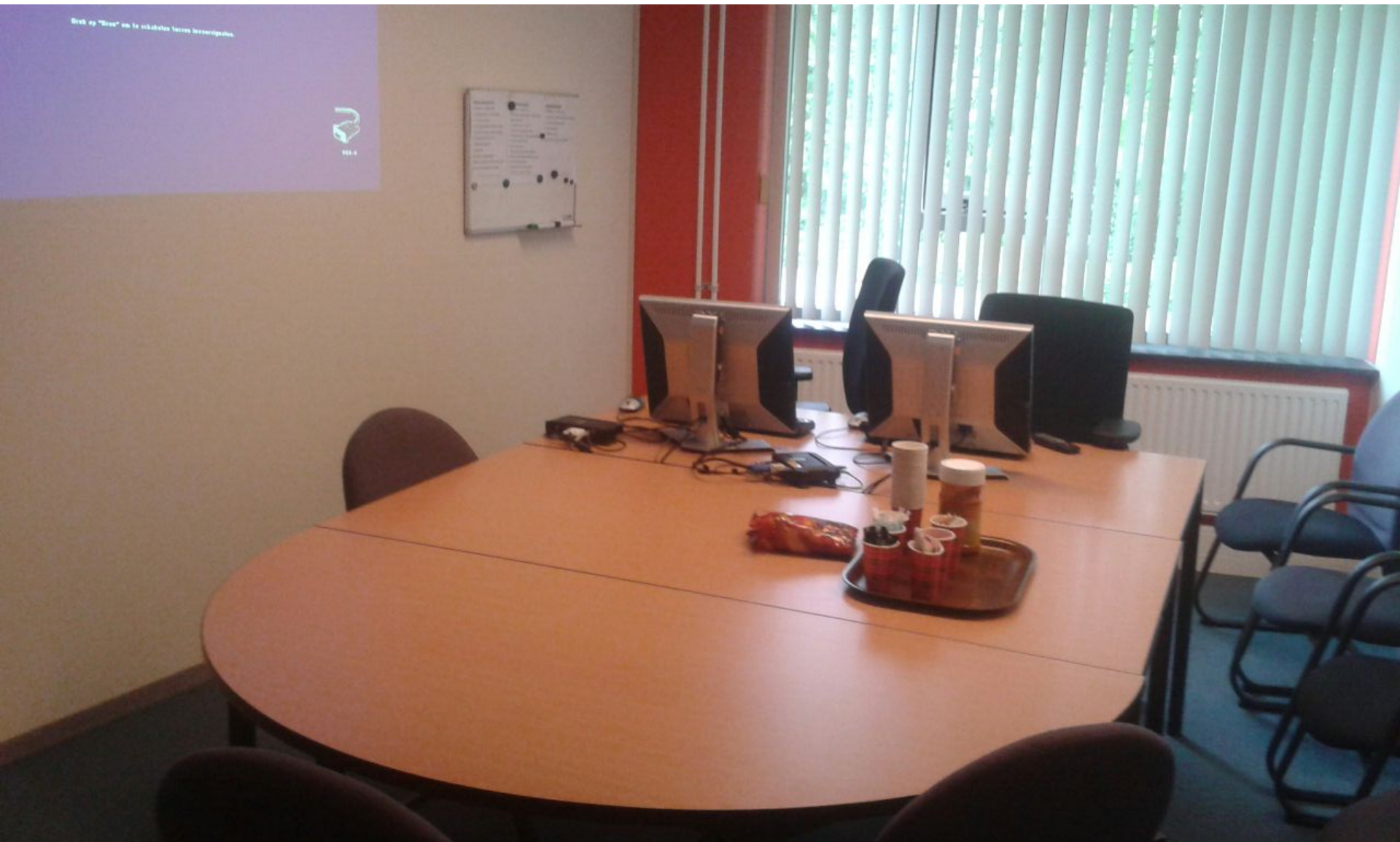


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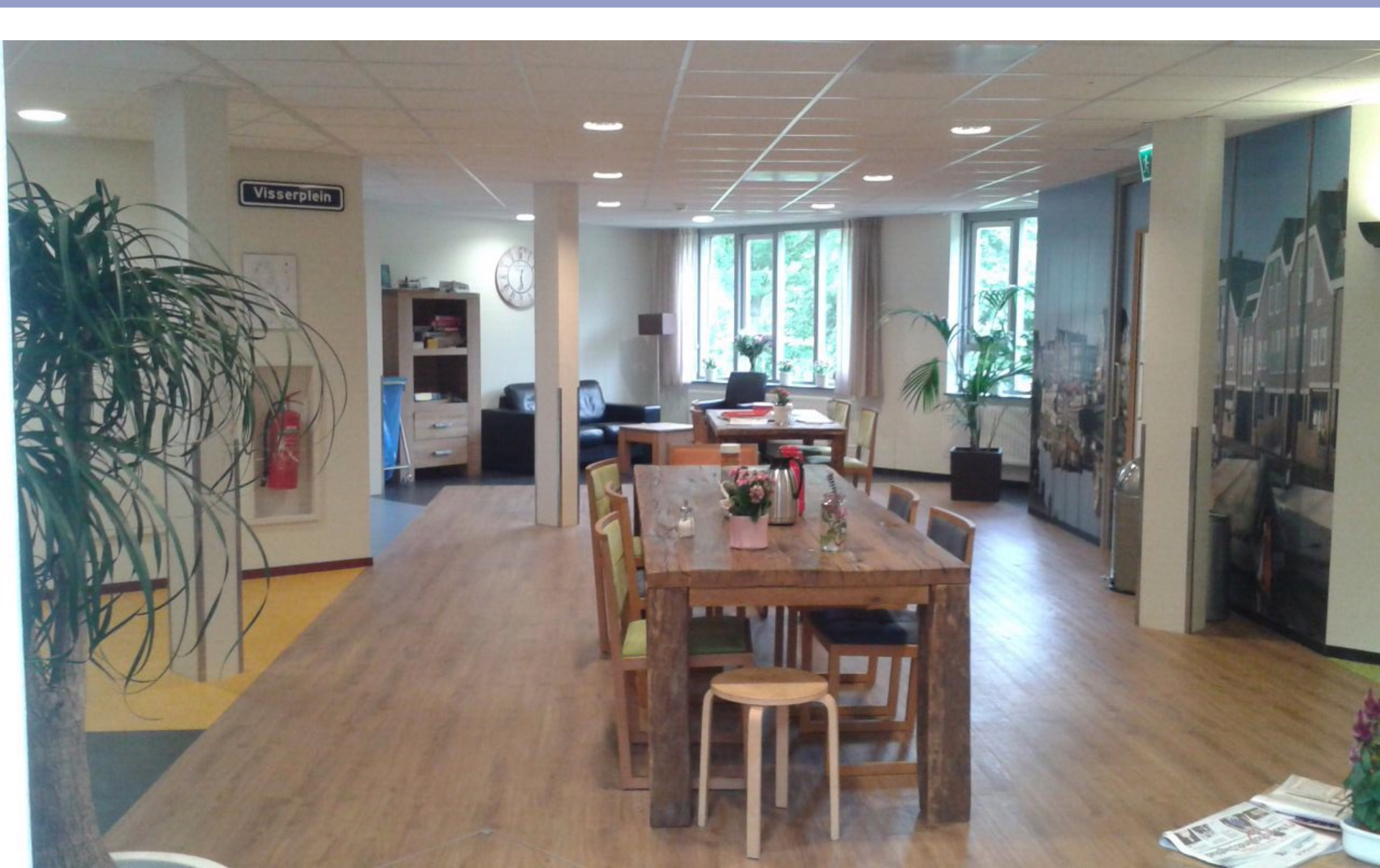
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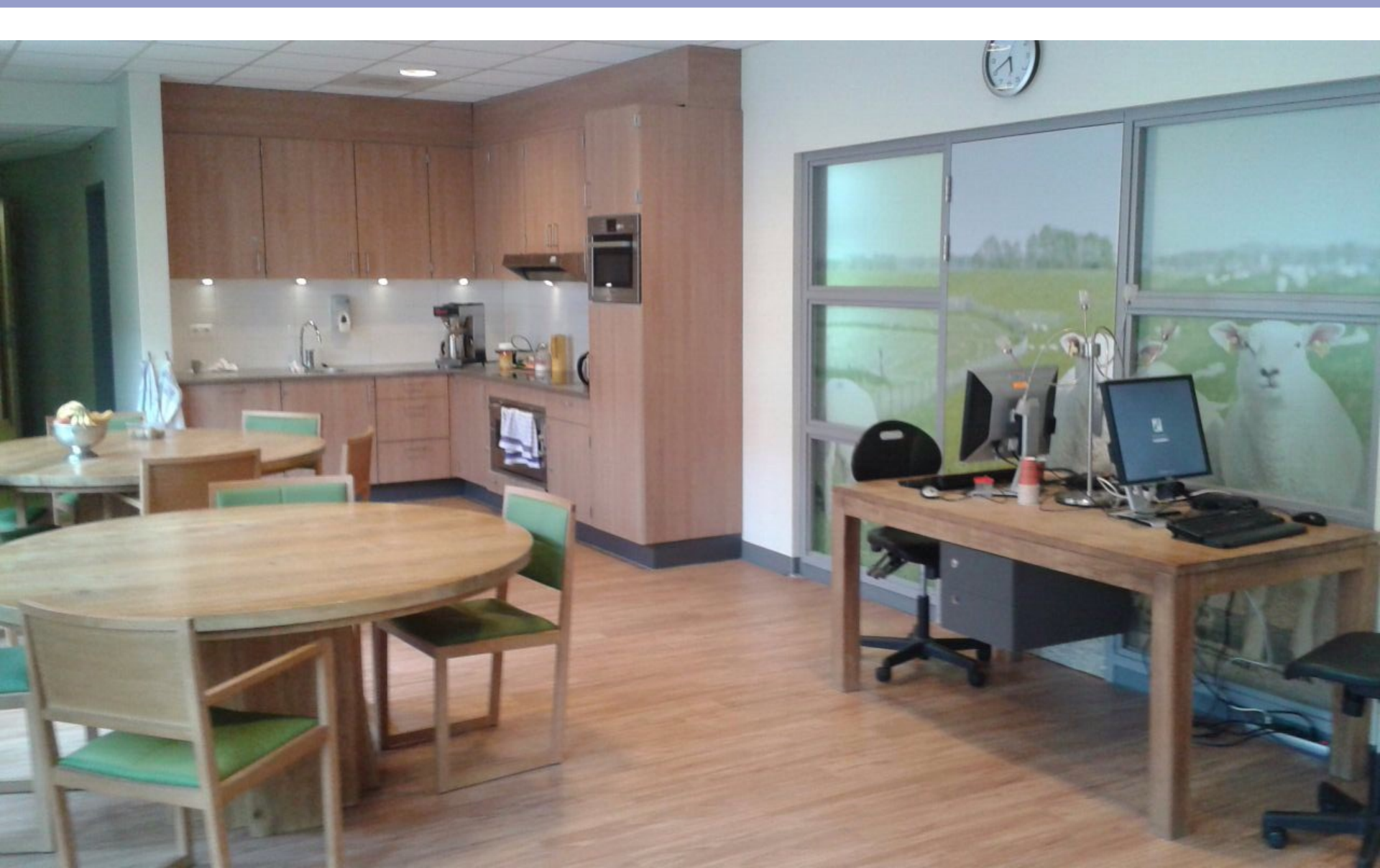




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# BREAKING DOWN WALLS!

Transmural care from the perspective of the ward

Activity program

# BREAKING DOWN WALLS!

Transmural care from the perspective of the ward

One team

Patient

Patient's resourcegroup/family

Inpatient care givers

Outpatient care givers

Peerworker



# BREAKING DOWN WALLS!

Transmural care from the perspective of the ward

Challenges

# How to implement all of this...?

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Transmural care from the perspective of the ward

The key to success lies in good communication



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## **THANK YOU!**











