



100% of the women on Connolly ward to have a completed women's health questionnaire during admission and referred to appropriate services as needed.

We want to achieve this aim by March 2015

Project team: Rachael Levett and Sam Ranson

Project sponsor: Jane Kelly



Background

Why we chose this project: Improving physical health in mental health services is a prominent feature of national government policy (DOH-'No health Without Mental Health) which aimed to bring physical and mental health together in clinical settings. It also highlighted the importance of more people having a positive experience of care and support.

• This report, in line with the Conolly Ward ethos, wants to empower people to 'take control' of their care, and for us to do this in a way that isn't simply ticking the boxes, but instead considers the wider health needs of service users.

What was the problem?

There wasn't any system or tool to offer to women about their women's health needs.

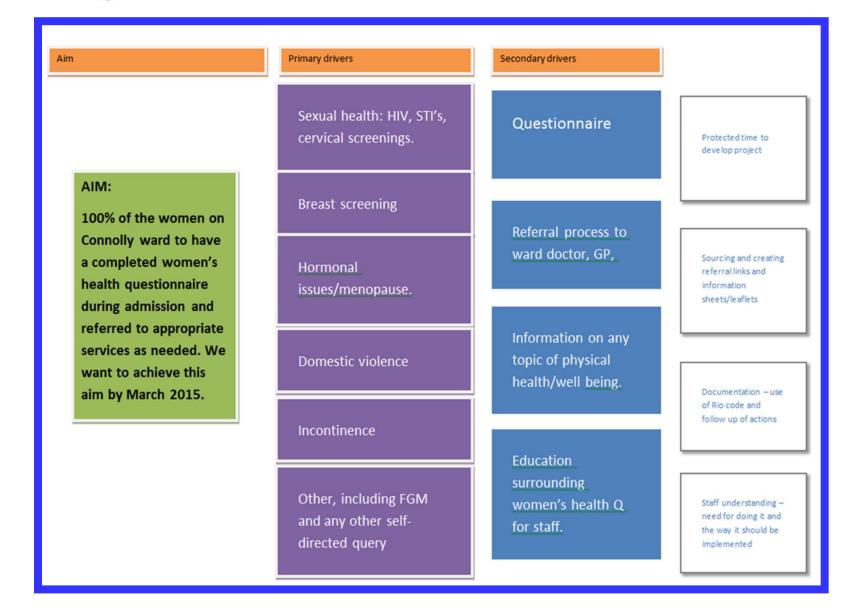
This means we were missing opportunities to provide information and support in relation to Sexual Health, family planning, physical health, concerns in regards to safeguarding issues such as domestic abuse, FGM etc.

Project aim:

100% of the women on Connolly ward to have a completed women's health questionnaire during admission and referred to appropriate services as needed. We want to achieve this aim by March 2015!



How our project is broken down Driver diagram





Sequence of PDSA's; Over 1 year.

Cycle 11:Improve completion rates.

Cycle 10:Staff training info

leaflet

Cycle 9: Staff training session

Cycle 8: Available to Gardner ward

Cycle 7: Add FGM/Safeguarding Q.

Cycle 6: Amendment-action

plan/mammogram referral & access

Cycle 5: Test final draft of Q

Cycle 4: Test new Q with patients

Cycle 3: Staff feedback, add Q

Cycle 2: Service user feedback of Q

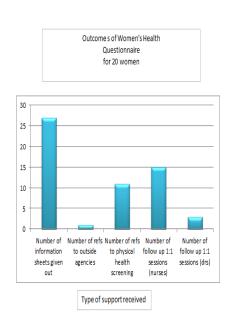
Cycle 1: : Staff feedback of Q

Start of change!



Data

- Results
- 1)Increase in information being provided for women's health issues.
- 2)Increase in 1:1 sessions about women's health issues, with nurses and ward doctors.
- 3)Increase in referrals for cervical and mammogram screenings



before and after the introduction of the Women's Health Questionnaire Pre Intervention Post Intervention Sexual health and family planning Sexual health and family planning Other (FGM/INCONTINENECE) Other (FGM/INCONTINENECE) Menstuation and hormones. Menstuation and hormones. Relationships AP GΑ KB **ADC** = Topic not discussed = Topic discussed = Topic discussed and further support requested

(inc 1:1, info sheets/leaflets, referrals to other

Comparison of support provided



Learning

What did you learn?

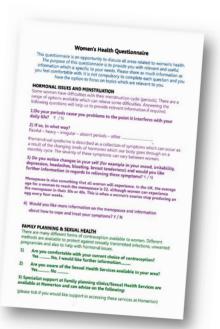
- Self development in areas of women's health
- Teaching skills and motivating staff to support the project
- It took an extensive period of time to develop the Questionnaire and to embed it into the admission process
- Fitting time in to work on the Questionnaire during shift hours has been difficult!

What women thought...

"It is really helpful"

"looks long, but is worth it, and there is a lot of quick yes/no answers"

"I am a Muslim woman and this kind of stuff was never talked about in my family. This was the first time I was able to speak openly about sexual health and smears without feeling like I was saying something wrong."



• Insert video!



What next?

- Next steps
- To roll out the Q onto other female wards
- Continue to monitor the effectiveness of the Q
- Confirm referral route for mammograms
- Keep adding helpful resources as we find them!