

Implementation of F-ACT in the Capital Region of Denmark

Step by step



The aim of this description is to give the center managers and section managers in Region hovedstadens Psykiatri (RHP), an overview of deploying F-ACT model prior to implementation. The description contains 12 broad step of a greater or lesser extent.

1. step

The organisation of the kick of the day about F-ACT

Before launching a kick of the day will be held for all employees in the upcoming F-ACT teams. The day scheduled by the EPA and paragraph managements, and aims to bring the employees knowledge of why the extension of F-ACT takes place, how and when, as well as greatly to make Dutch and Danish experience with F-ACT to employees ' disposal. In headlines could be a theme day for example look like this:

- F-ACT elements presented by Dutch F-ACT clinicians and staff from Coin mestervej and frederikssund
- Center leadership presents the background for the decision on the extension of testing, as well as frameworks for the implementation process
- Ample time for questions and discussions – possibly. in cafes, where employees from the current F-ACT teams together with Dutch employees makes himself available for more detailed discussions on selected elements of the F-ACT model out from the headline: "Why, how, advantages, difficulties, recommendations "
- The coordination group and the next step is presented

2. step

The establishment of a coordination group for testing of F-ACT

Coordination Group's tasks are to:

- Discuss presentations by examination units for F-ACT team organisation, etc. and ensure the coordination thereof with the impetus of the project framework
- Identify any spending requirements in connection with the preparation and testing of F-ACT model, and on this basis, draw up an overall blueprint for budget to the Executive Board's approval
- Clarify the consequences in relation to the activity, goals which are in connection with the test, and more.
- Coordinate:
 - Competence development activities
 - Switch to Dutch providers of F-ACT skills development
 - Contact to the Dutch Certification Institute, CCAF
 - Contact to the coordination group. testing of F-ACT at PCK, coin mestervej and PCN frederikssund
 - Communications for, among other things. collaborators (municipalities, general practice, etc.)
- Assist test spots in relation to any point of order. registration, customization of RHP procedures (VIP), and more.

It is paragraph managements, in cooperation with the Centre management, who are responsible for orientation, discussions, information and dissemination in relation to employees, patients and caregivers and internal/external business partners. EPA assists the much like with help for presentations, data, form, timing, etc.

EPA is responsible for the operation of the coordination group.

Responsibility for local working groups agreed from group to group.

3. step

Draw up a detailed timetable for implementation

The attached "Step and step" will be discussed in the coordination group, and then sketch a timetable drawn up. This plan will be adjusted continuously during the test, so the elements of the model implemented in appropriate portions and, to a certain extent, taking into account other initiatives in Region hovedstadens Psykiatri, at PCK, PCBS or in the unit.

4. step

Conversion from DPC/UP-team for F-ACT teams

Before starting up a number of issues must be discussed and decided in the coordination group, as well as in units, including:

- Number of teams
- Dimensioning of the test
- Mapping of the tulle challenges
- Warning of changes, etc.

5. step

The establishment of new governance structure, including the appointment of team coordinators

Function as team coordinator are covered by employees from teams. Lessons from the other F-ACT units involved in this process. Theme coordinator function in F ACT teams are a new feature in DPC/UP-teams, team leader function e.g. in a previous OP-team ceases and must establish themselves with this paragraph the management change.

Lessons from the other F-ACT units shows that the team coordinators, in close cooperation with the paragraph managements, particularly at the beginning are the driving forces in the implementation of F-ACT model. Function does not have personnel management, and 70% of the function's working time is assigned to the patient work. HR Department supports therefore team co-ordinators with a development program, including exchanges of experience and supervision, coaching in relation to meeting the leadership of F-ACT board meetings, as well as the establishment of mentor "double team" consisting of current and new team coordinators in F ACT teams.

7. step

Organizing in new teams, including distribution of patients in active treatment course

The composition of the new F-ACT teams so that both former DPC and UP-team employee's competencies comes in the best way possible in game, is a demanding task for section managers. There are many reasons to take, and many conditions affect the optimal composition of the teams. Paragraph managements offered experience by encouraging kling In relation to process, advantages and disadvantages seen in hindsight, etc. from current F-ACT paragraph managements. The degree of involvement of employees is determined by the unit, including communication in relation to the process, schedule, moving Office, etc.

Derived from changes in team composition, comes the distribution of patients in active treatment, possible end of course in connection herewith, as well as initial considerations in relation to which patients, on the basis of fixed criteria, should be on board from the start.

8. step

Acquisition of F-ACT tools, including training in the use of these:

-F-ACT board, patient survey list, and more.

-Premises (adaptation to new activity form)

-Means of Transport

-Alerts

Empirically, this step may take some time, and is therefore a good example of a step that should be taken into parreelt in the process, since it overlaps with the other steps. It is difficult to "get started" with F-ACT before teams have a F-ACT board. It takes time to get delivered e.g. projector, install such, tear a wall down or put a ditto up. EPA will ensure that the step taken by units at the right time.

In addition, it takes time to learn how to use patient survey list and customize it so that it has the columns to use for F-ACT board meeting.

9. step

Competence (and cultural) development

F-ACT model Foundation consists of six building blocks (see attached sketch step by step). Implementation of these involves a significantly changed approach to both the content of the offer, the meeting with the patient, the caregiver, internal as well as external collaborators, the cooperation within the team and with other teams. First and foremost is the modified approach a culture change, including the Unlearning of the former approach, before the new approach can be acquired. Culture change is rooted not only by hearing presentations on the experiences of others, but to a far greater extent by teams get space, time and opportunity to discuss, test, challenge themselves and each other, adjust and even experience and learn what the change means for patients and caregivers attach their own unit. There is therefore a comprehensive competence-hospitalized (and cultural) development program in the testing of F-ACT model. Below mentioned elements, of which most requires traditional teaching, but to a much greater degree consists of the employees ' active participation in praksisnær training, during visits from the Netherlands, at gemba to other F-ACT teams in RHP, in working groups and by relate to how workflows in a private team organised so the six building blocks are put into effect, and experienced to the patient. The programme comprises b.la. by:

Lessons from the Netherlands and of RHP ´ s own resource persons ift.:

- F-ACT concept and certification criteria
- Attend the F-ACT Board meeting in RHP
- F-ACT teaching ift. tools and the individual team roles e.g., Tablet Manager, doctor, etc.
- Practice-training
- Effect assessment
- Mutual visits across teams
- Parallel courses. ACT treatment, dual diagnosis treatment, recovery-oriented treatment
- Joint security assessment, and more.

10. step

Implementation of new/modified forms of activity

Testing of F-ACT model creates both new and modified forms of activity, but also new and changed working times. Both Dutch and own experiences from RHP shows that deployment of F-ACT model starts

already when the decision to try out the model is taken, and then going on a cultural change process over the years. Adjustments and Customization via PDSA is usually in Dutch F-ACT teams with 10 years of experience. When Dutch F-ACT clinicians certifies, teaches and visit other F-ACT teams, it F-ACT team they belong to intrigued by what they saw, learned and gained knowledge about, and is ready to discuss whether it would give rise to changes of the team's practice. F-ACT teams develop over time-also in RHP, although it is in its very beginning,-an approach to own practice which can constantly be improved with focus on to be there where the patient would like to have managed and the 5 other building blocks. Activity forms and workflows that support this, listed here:

- More outgoing/outreach activity, even when the patient is hospitalized
- Identification of patients who must be on board and discussed every day
- Varying visitor lengths
- Shared responsibility for patients on F-ACT board
- Group-based deals
- Starting point in the patient's goals for treatment and would involved
- Activity ift. relatives
- New partnership/conjunction with beds section
- New partnership/conjunction with municipalities
- Modified workflows adj. other collaborators
- Monitoring of action
- Enhanced recovery orientation
- Integration of recovery mentor in the team, including the establishment of the individual employee's cooperation with recovery mentor and team cooperation about the patient with integration of recovery mentor competencies

11. step

Recruitment of recovery mentors

As on beds section can work and cooperate with recovery mentors have crucial importance for many patients, and strengthening the recovery-oriented approach in treatment services. In F ACT teams are seen as particularly positive effect compared to patients that are difficult for therapists to engage, as well as in relation to new pate inter. Team composition in an r-ACT team includes a recovery mentor.

Competence center for Rehabilitation and Recovery in RHP and project Peersstøtte. com, has been and will probably continue to be involved in the testing of F-ACT, b.la. PGA. recovery mentors in F ACT teams.

Recovery mentors in F ACT teams is no different than recovery mentors employed in beds section or DPC.

There is on-going in the current F-ACT teams processes compared to become more evident and clear in relation to the duties, responsibilities and collaborations for recovery mentors. Currently work is being done on the current and future recovery mentors in F ACT teams can engage in exchanges of experience and supervision under the auspices of the Competence Center for Rehabilitation and Recovery mentor, as other recovery mentors in the RHP.

12. step

- **The audit team conducted by colleagues from other F-ACT teams in RHP**
- **Certification of CCAF**

Finally, audits are an important element in the implementation and further development of the F-ACT model in the RHP. According to specific methods of performing employees in F ACT teams audits of other F-ACT teams, gives teams feed back and takes even inspiration back to the own team following completion of the audit. Method, process and tools will be honed in the autumn of the current Auditors, who will also be

included in the training and introduction of new Auditors. In the long term, KUA play a role in relation to a more systematic process for doing so. However, it is essential that the audits carried out by F-ACT clinicians, in order to further develop and secure dynamic exchange of experience between F-ACT teams in the RHP.

Certification is performed by appointment and when the team has been working with the model for at least 1 year. Certification is carried out by the Dutch non-profit Foundation CCAF:

<https://ccaf.nl/international/>

Finally, it should be stressed that the progress of the test, and thus the pace of implementation of the individual elements described in the above step, agreement on an ongoing basis in the coordination group.