

Better flow better journey

Improving care in Mental Health Acute Care Services (ACS)

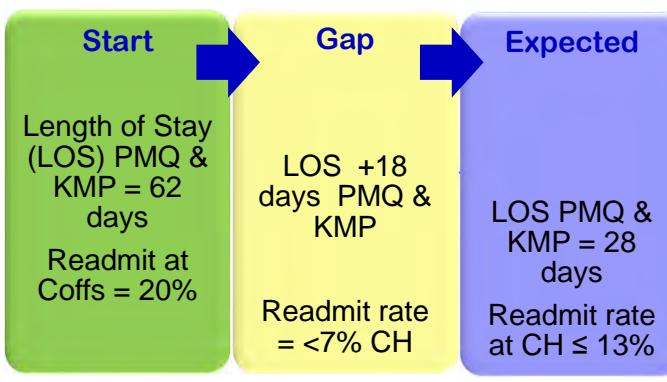
Case for change

Increased team caseloads by 55% in 18 months
Patients waiting longer to be seen or not seen at all.
Frequent appointment changes
Care may not be meeting needs
Decreased clinical time available

Goal

To improve the flow and patient journey through the MNCLHD Mental Health Acute Care Services

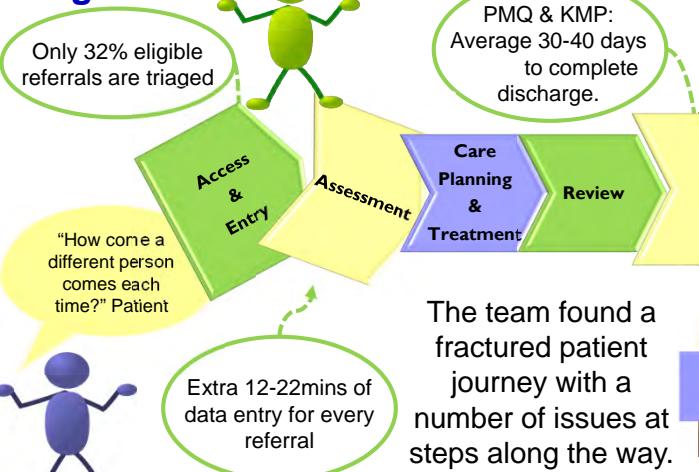
Objectives: By July 2017...



Methods

Data analysis Process Mapping
Patient complaints (n=7) Staff Interviews (n=12)
KPI Development
Root Cause Analysis Focus Groups
Staff Surveys (n=6)

Diagnostics

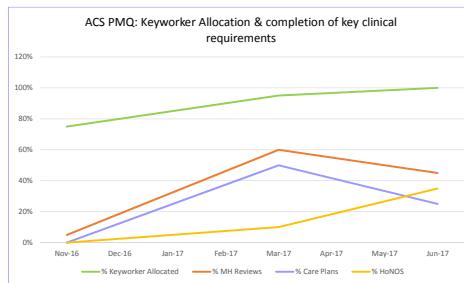
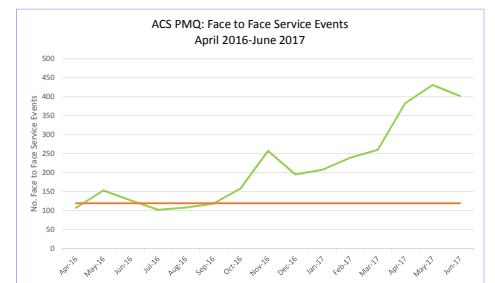
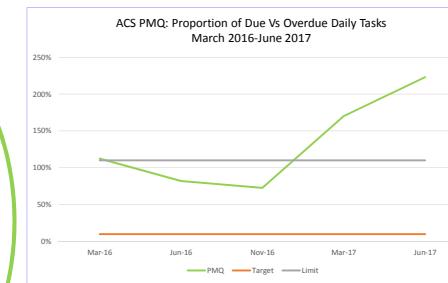


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Mental Health Services Coffs Harbour (CH), Port Macquarie (PMQ) and Kempsey (KMP)

Results



Removing & updating data collection at CH = SAVING staff nearly 1.5 hrs per week based on average number of weekly referrals



Keyworker allocations at PMQ had a small impact on workload initially. The Cohort Clinics had a significant impact on face to face contacts & key requirements which may have increased the daily tasks.

Together, the Keyworker allocations and cohort clinics resulted in an improvement in undertaking key clinical tasks, which is a measure of a more organized patient journey

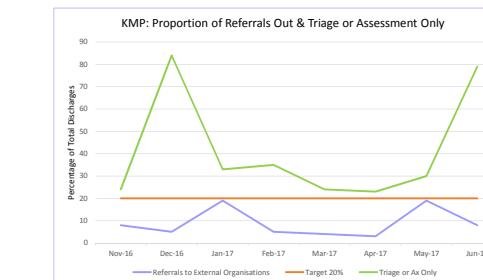
Access & Entry

Assessment

Care Planning & Treatment

Review

Discharge



At KMP, service mapping to match people with care needs resulted in the number of assessment only referrals being well above target. However, the number of transfers to external services remained well below. This indicates that pre-treatment triaging processes may be more effective at service matching than post-treatment at transfer of care and highlights issues where ACS relies on external service resources to maintain effective patient flow.

So far...

Current

Length of Stay (LOS) PMQ = 78 days
LOS @ KMP = 71 days
Readmit at CH remains at 20%



Solutions

- Streamlining Systems
- Adding Keyworkers
- Cohort Clinics
- Service Mapping

Acknowledgements

ACS Clinical Staff
John Atkinson, Mathew Eldridge & Raelene Costello
Mr Barry Hunter, Mr Christoph Groger, Mr Bill Davies

Sustaining change

Solutions are included in standard Mental Health Service local procedures

All solutions are to be rolled out across all three sites

One unused solution is being developed into a large scale LHD project while another is being considered in the "Productive Communities" improvement project

Conclusion

We still have a way to go...

Four 'in scope' solutions were identified and rolled out at single sites.

While each of these solutions has had some positive impact on internal processes, this impact has not been as significant as anticipated in terms of patient flow. The current measurement of our objectives are demonstrating this.

We found that big problems most likely need big solutions.

And there have been lessons learned along the way...

The Redesign methodology, robust diagnostics phase and large data collections for this project are being used for future service planning and other projects.

Contact

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