



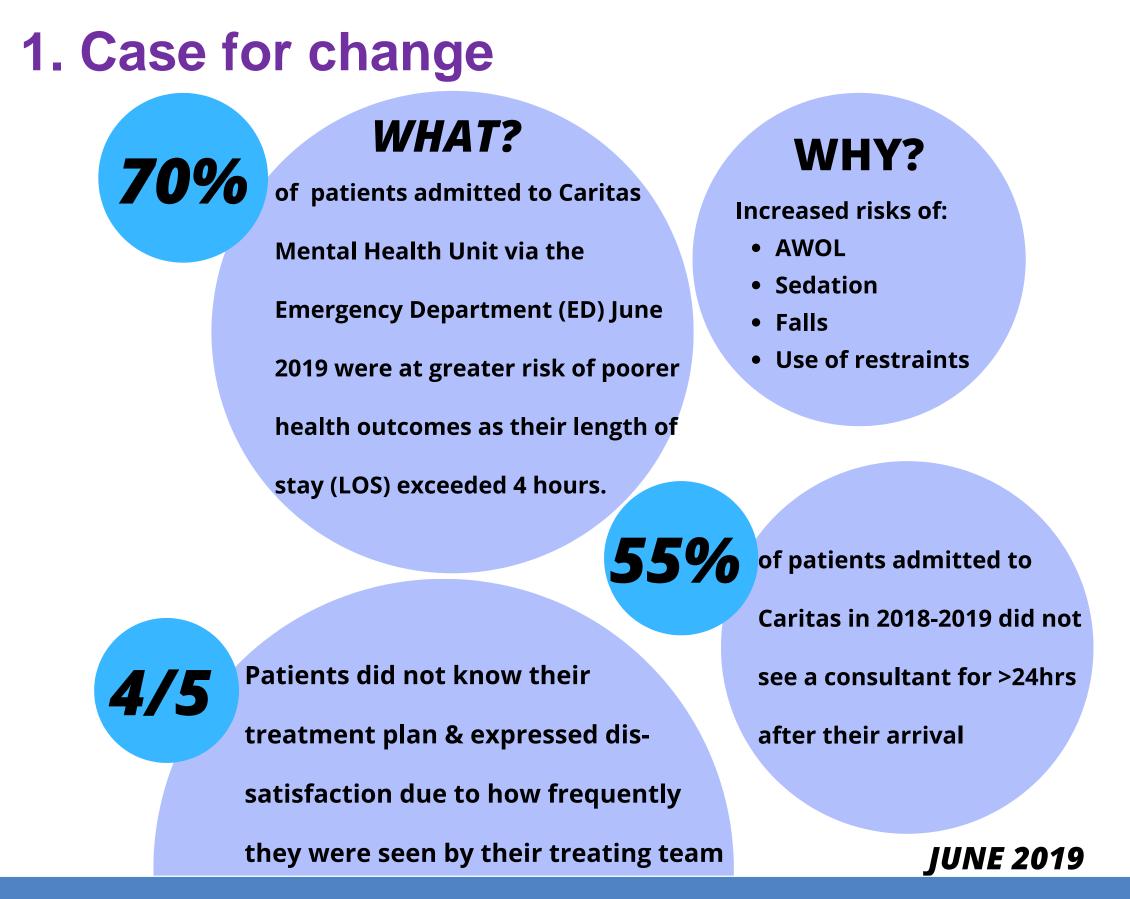
Mental Health Service

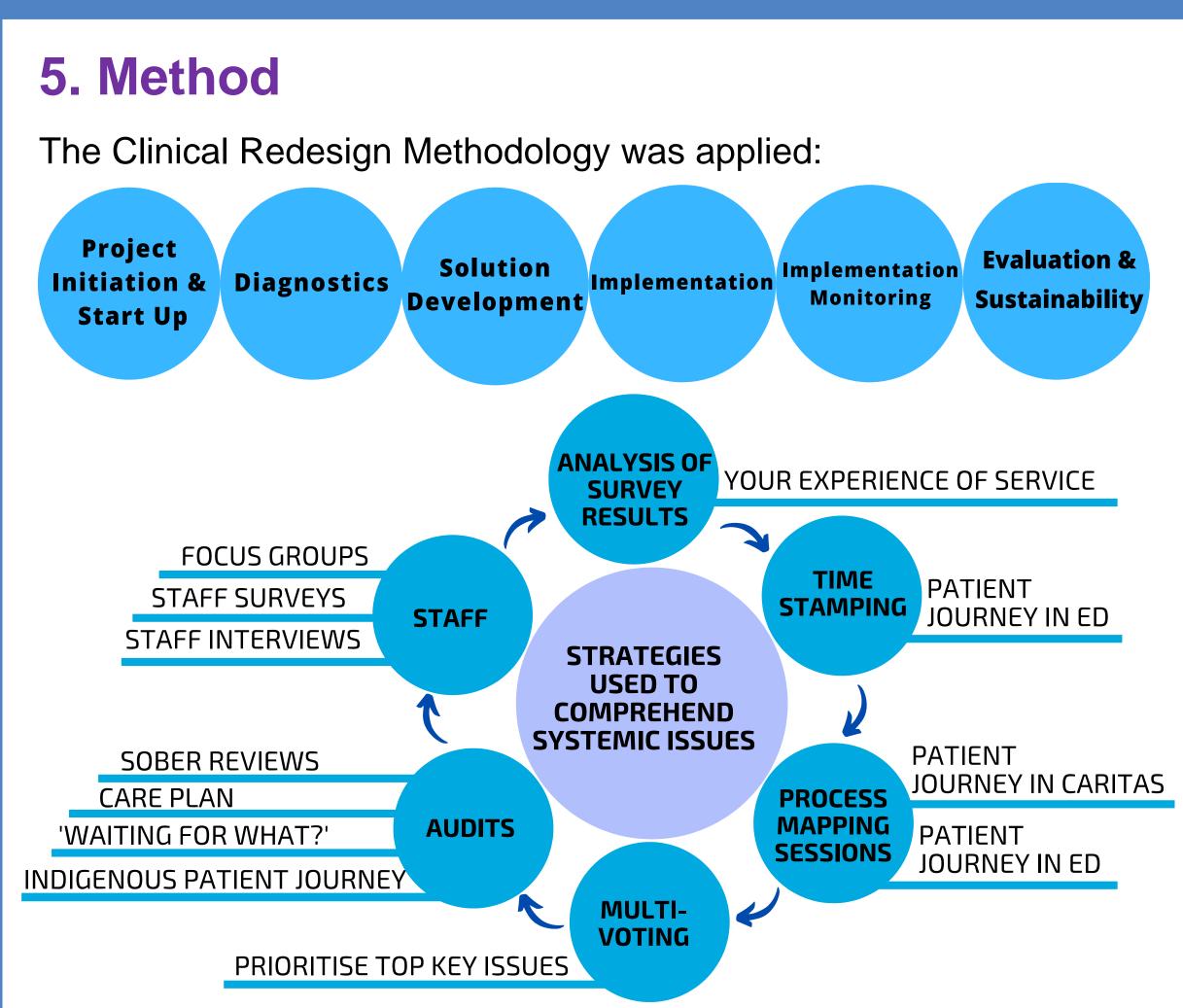


PATIENT ADMITTED TO ONLINE SYSTEMS

DEPARTURE FROM ED TO CARITAS MENTAL HEALTH UNIT

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Acknowledgements:

Dominic Le Lievre – Director of Integrated Care Stream SVHS – Project Executive Sponsor Dr. Nicholas Babidge – Mental Health Clinical Director - Clinical Sponsor Agency for Clinical Innovation, NSW Ministry of Health Viji Matthews – Service Improvement and Redesign Unit Manager St Vincent's Mental Health Management Staff St Vincent's Mental Health Multidisciplinary Clinicians

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2. Goal

To improve access to safe and effective care for mental health patients in the Emergency Department (ED) who are admitted to Caritas Mental Health Unit by May 2020.

3. Objectives

- To improve Emergency Treatment Performance (ETP) for mental health patients admitted to Caritas from 30% to 50% by May 2020
- To achieve and sustain Your Experience Survey Patient Satisfaction Results (YES) from Caritas, which are currently at 75% to 85% by March 2020

6. Solutions

7. Results



CONSULTANTS WARD ROUND SCHEDULE

Set ward round times for each consultant increased transparency and has a positive impact on staff and patient satisfaction in Caritas.



CARITAS CARE CO-ORDINATION MEETING

A huddle with an emphasis on prioritising Our solution is to develop a consumer led and patient flow pressures, with the added person centred care bonus of contributing towards greater MDT involvement in patient care.

AFTER HOURS WORKFORCE PLAN

A CNC after-hours to support PECC/ ED will increase capacity to complete mental health assessments and support mental health clinicians



A FOCUS ON MENTAL HEALTH CARE PLANNING

patients for review based on clinical need nursing care plan which will focus on a

8. Sustaining Change

4. Diagnostics

ED REFERRAI TO MENTAL HEALTH

No Caritas Bed Available

Medical Clearance

Awaiting Registrar Review 45%

Shift Change / Handover 49

Transfer to Mental Health ICU 49%

Sedation

Awaiting a Rehabilitation Bed

Caritas Consultant Allocation

COMPLETION OF MENTAL HEALTH ASSESSMENT BY AMO

Reasons for Increased LOS in ED in %, June 2019

Nurse Decision-Making Autonomy

Lack of Care Planning

Communication

Waiting for What? In % 3pm Daily Caritas Bed Audit June 2019

Accomodation Issues

EDIS Access

Consultant Availability

Format of A.M Meeting

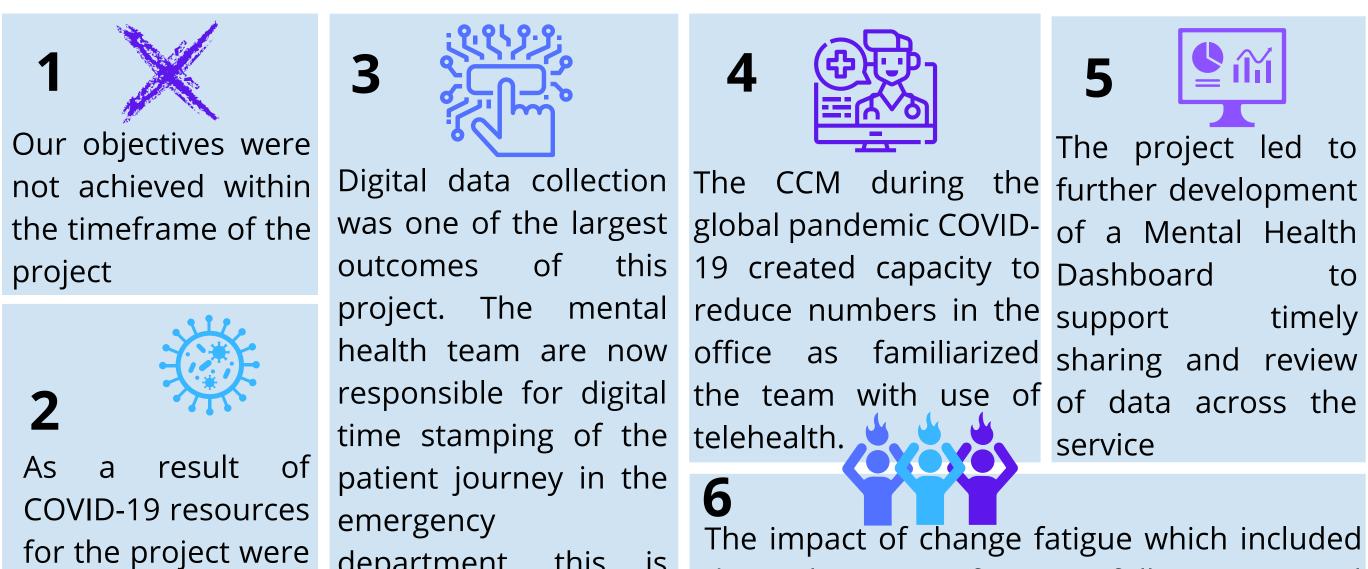
Professional Development

31%

Staff Focus Group Feedback & Multi-Voting Results Top 7 in %

Titration of medication

Stabilisation of Mental State



re-directed

March 2020

outcomes of project. The mental reduce numbers in the support health team are now office as familiarized sharing and review responsible for digital the team with use of of data across the time stamping of the telehealth. service

patient journey in the department, this in now embedded in daily practice.

this 19 created capacity to Dashboard

The impact of change fatigue which included the relocation of PECC following capital works, COVID-19 and workforce constraints

was evident during the implementation phase

The project led to

9. Conclusions & Lessons Learnt



AFTER HOURS WORKFORCE PLAN

Ongoing plan to implement an after-hours Embedded in daily practise in Caritas and will be updated as required by the senior clinician to assist in mental health assessments and supporting clinicians.

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CONSULTANTS

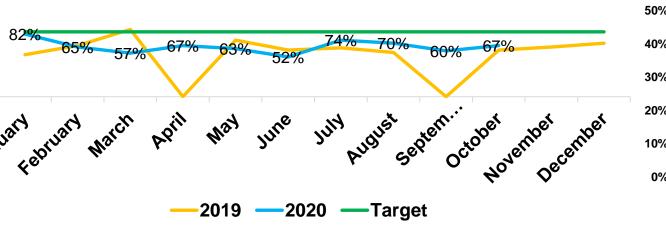
WARD ROUND SCHEDULE

Mental Health Bed Manager.

CARE CO-ORDINATION MEETING

Caritas.

Your Experience Of Service (YES) Patient Satisfaction Results Caritas 2019 - 2020



MENTAL HEALTH CARE PLANNING The Caritas Care-Coordination Meeting Implementation has been delayed and will has become business as usual in be driven by the Caritas Care Plan clinical leads and CNE in February 2021. This solution has been a catalyst for change.

Emergency Treatment Performance Achieved for admitted Caritas Patients in percentage

A FOCUS ON