

CASE FOR CHANGE

Currently there is no clear pathway and/or support for adult consumers presenting to rural and remote Multi-Purpose Services (MPS) with Alcohol and Other Drugs (AOD) concerns in the Northern Sector outside of business hours. This results in a variation in admission rates in emergency departments (ED) across the Northern Sector being significantly higher.

> Health Service Manager (MPS) at a rural location

We only have two staff working at night. When someone presents to Hospital with Drug & Alcohol concerns, we often have to call four different services to get help, "we feel like we need to convince people to help us". We call the mental health service, but they say they are unable to help us because it is a drug & alcohol issue. We end up having to admit the person as we have no other solutions and have to wait until the next day to get support and often the person leaves without any follow up services arranged. There is not a clear pathway.

Communities seem to be accepting of the high level of drug use and feel powerless to change things.

GOAL

Improve access to AOD specialists through implementing a virtual AOD Consultation Liaison (CL) service for adults presenting to MPS with AOD concerns.

OBJECTIVES

- 1. Decrease length of stay for AOD clients in Bourke & Brewarrina MPS's by 40%.
- 2. Decrease in ED to Admission Mode of Separation for drug and alcohol related presentations across the district by 3%.
- 3. Increase Occasions of Service (OOS) activity volumes for areas where low D&A service exposure exists, by 2% for the 2023/2024 financial year.

METHOD

Identifying the gap:

- engage with the Clinical Business Partner to analyse current D&A data for gaps in the service
- staff survey to gauge staff perception of what needed to change
- consumer/carer focus group
- consumer/carer interviews
- review of D&A referral numbers and referral source through HIU portal
- review of IMS+
- review of complaints register
- process mapping.

Improvements needed:

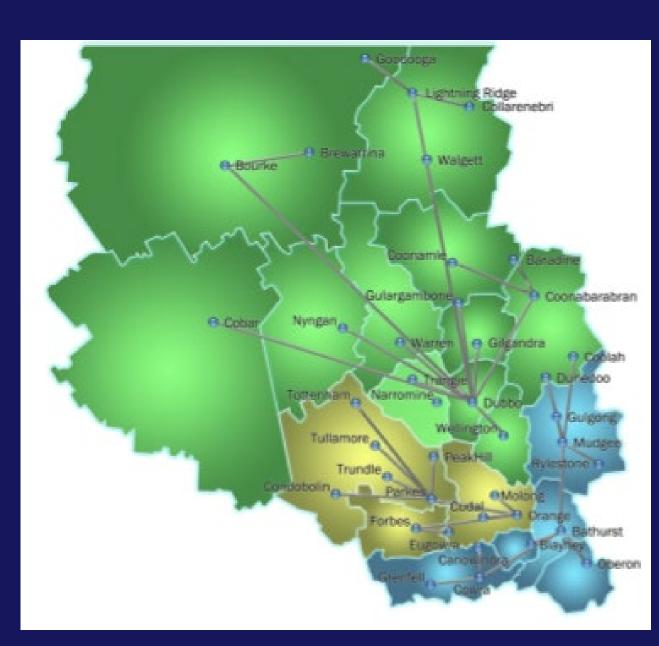
- a more equitable service across the LHD
- access to after-hours support for staff across the LHD.

Potential solutions:

- Develop a clear pathway for staff and consumers to understand what AOD services are available within their local community.
- Pilot of an AOD virtual service allowing there to be extended hours of on-call roster in Bourke and Brewarrina (for AOD) including an option for referral to a peer navigator.
- Develop an electronic resource guide for consumers, carers and service providers which includes referral pathways.

Providing improved access to Alcohol & Other Drug services across the Northern Sector

Kristen Szulik and Vicky Scott WNSW LHD Mental Health Drug & Alcohol



Western NSW Local Health District (WNSWLHD) covers 23 Local Government Areas with a large geographical area of 246,676 square kilometres (31% of NSW).

Mental Health Drug & Alcohol services across the WNSW LHD is divided up into three hubs (Bathurst, Dubbo and Orange) and Bloomfield inpatient Campus.

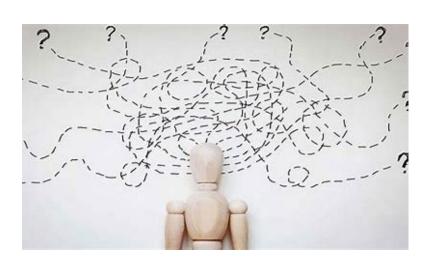
KEY ISSUES FROM DIAGNOSTICS

Triage Code Tr OTr1 OTr2 OTr3 Tr4 OTr5

It was highlighted that most admissions to ED occurred after business hours, which is when D&A out-of-hour services are currently not available.



2. There is no clear pathway for consumers to navigate through the service. Consumers are unhappy as there are no after-hour services and staff are confused with the current pathway for consumers to access AOD services.



Our Vision for Virtual AOD **CL** Services

3. Currently there is no clear pathway and/or support for adult consumers presenting to rural and remote Multi-Purpose Services (MPS) with AOD concerns in the Northern Sector outside of business hours. Resulting in a variation in admission rates in Emergency Departments (ED) across the Northern Sector being significantly higher.

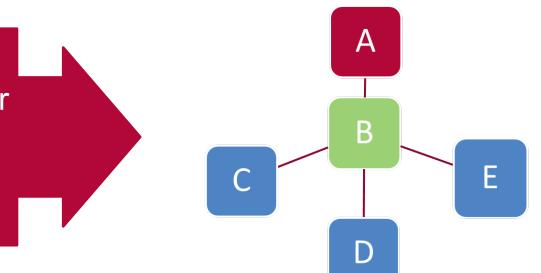


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Community member perspective



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SOLUTIONS

ISSUE / FOCUS AREA	
PATHWAY	Develop a services at Owner : Hu Pathway w on call exte stakeholde
ACCESS	Pilot of an call roster referral to a Owner : Hu By providin increase a remote are
KNOWLEDGE	Develop an providers v Owner: Hu Program (H By develop the region onto clients

PLANNING AND SUSTAINING CHANGE

The district project team consistently monitors implementation progress in line with the district Drug & Alcohol services plan. The team will report monthly to the MHDA Executive and the Centre for Alcohol and other Drugs.

Evaluation will be aligned to the staged implementation of solutions from December 2023 to December 2024.

CONCLUSION

This project has identified the need to provide a virtual after-hours service for the AOD service to support the needs of the communities and MPS's across the LHD.

By implementing this project, we aim to: • reduce complications associated with D&A withdrawal during admission/presentation in

- the regional communities
- decrease the rate of admissions over time.

ACKNOWLEDGEMENTS

All staff and clients who contributed Helen McFarlane – Sponsor Stanley Theodorou – Clinical Director Drug & Alcohol Steven Mirfin – Clinical Business Partner Prue Crichton – MHDA Quality Manager Drug & Alcohol Strategic Implementation Team (DASIT) Agency for Clinical Innovation

SOLUTION

clear pathway for staff and consumers to understand what AOD re available within their local community.

ub Managers & AOD Clinical Director. will be developed by 31 October 2023 as part of establishing the ended hours for AOD services in consultation with relevant

AOD virtual service allowing there to be extended hours of onin Bourke and Brewarrina (for AOD) including an option for a peer navigator.

ub Managers & AOD Clinical Director. ng access to a virtual AOD service with extended hours, this will access to psychosocial support for AOD clients in regional and eas within the Northern Sector from November 2023.

in electronic resource guide for consumers, carers and service which includes referral pathways.

ub Managers, AOD coordinator, Rural Adversity Mental Health (RAMHP) Coordinator, Peer Navigator. ping an electronic resource guide, this will provide staff new to a clear understanding of services provided which they can pass

• reduce the frequency of ED presentations over time