"The Dr did not listen to concerns I had about how I felt while in the MHU."
"I was not told I was being discharged until the actual day. I was too anxious to go home."
"I did not know who the community clinician was until after I was home from hospital"

# "WHAT ABOUT US?"

# Client/Staff inclusion in Mental Health Treatment and Discharge Planning


## David Tobin, Jeanine Smith

St George Mental Health Service, SESLHD


Newly renovated interview space is perfect for the clinical review with the client, nurse and psychiatrist

## CASE FOR CHANGE

- Clients admitted to the St George (StG) acute Mental Health Unit (MHU) were not being included in their clinical decision making and discharge planning as they were not present in the team clinical reviews.
- Community clinicians were not involved or aware of the clinical decisions and discharge plans for their clients in the inpatient unit, indicating poor clinical communication processes between the services.
- The readmission rate (> 28days) for 2016 for the StG inpatient unit was 2.3% above the state KPI of 13%. At a cost of approximately $3,000 per night, this was a significant expense for the organization.


## DIAGNOSTICS

- Poor discharge planning for clients while on the StG MHU.
- 95% of StG community clients who were surveyed after a recent admission indicated that they should be more included in clinical decision making whilst an inpatient. 49% did indicate that this did occur to some extent.
- Minimal clinical communication between medical, nursing, allied health staff and clients on the mental health unit. Nursing staff did not attend consultant clinical reviews with clients and thus were not involved with ongoing planning and care.
- Delay by community clinicians with engaging clients who are admitted to the MHU. Contact with clients tending to occur just prior to discharge and minimal communication being had with inpatient staff.

## GOAL

**To ensure that all StG acute inpatient mental health clients are involved in all decisions regarding their care and management by attending each consultant clinical review with a nursing advocate to ensure that their concerns and issues are being addressed.**

## OBJECTIVES

**1.** By July 2018, 70% of clients within the Acute Mental Health Units at StG are included in their clinical decision making and care planning process regarding ongoing treatment and care.

**2**. By July 2018, reduce the 28 day or less re-admission rates from the 2016 average of 15.3% to 13% in StG Acute Mental Health Units.

**3**. By July 2018, StG Community Mental Health clinicians are actively involved with the care and discharge planning process for 90% of their current clients who are admitted to StG Acute Mental Health Units.

**4**. 90% of newly referred clients from the acute inpatient unit meet their allocated community clinician prior to discharge.
Consistency with font

## METHODS TO ASSESS ISSUES & CREATE SOLUTIONS

Community client stories, analysis of client journeys, 1:1 client interviews of inpatient experience of inclusion and experience of transition to the community service.

Staff surveys, consult groups, brain storming.

Information from other mental health units.

Data from patient flow, failed discharges, YES surveys, and client complaints.

Steering committee and key stakeholder surveys and recommendations.

1:1 consultations with Psychiatrists.

Change history assessments.

## PLANNING AND IMPLEMENTING SOLUTIONS

Inpatient clients to meet with a nurse and complete the "My Health Questions Pocket Card" prior to the Psychiatrist review.

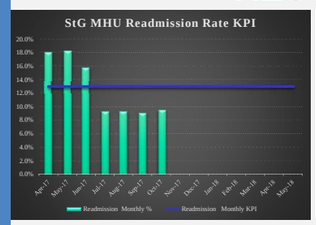
The allocated nurse attends the clinical review with the client to provide support and ensure that the clients issues and concerns are being addressed. The review then becomes client focused with negotiated clinical planning.

Referrals for inpatient clients to the Community Service are to be allocated to a community clinician within 24 hours. The allocated clinician will meet with the client within 72 hours of the referral and this will move towards streamlined care for clients from hospital to home.

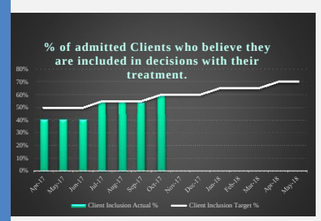
## Implementation occurred through:

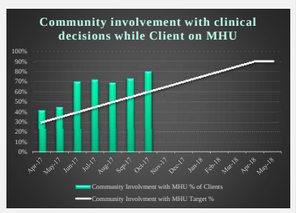
- Sponsorship and endorsement by Director of Mental Health, Clinical Operations Manager and Chief Psychiatrist.
- Inpatient change agents included Nursing Unit Mangers and Nurse Educators. These staff initiated rostering changes to enable one allocated nurse to support each client through their inpatient journey. Support and education was provided for nursing staff to ensure that they were proactive participants in clinical reviews and communicated effectively with allocated community based staff.
- Community change agents included Team Leaders who assertively allocated new inpatient referrals and ensured that community clinicians met with clients on the inpatient unit to assist with discharge planning strategies.

## RESULTS








**The results and outcomes are still being evaluated, with the final evaluation occurring in December 2018. The results up until October 2017 show:**

- A decrease in the readmission rate from 15.3% to 10%. This has resulted in significant savings for the StG Mental Health services.
- 80% of newly referred clients to community mental health are being allocated within 24hr. A substantial increase from the previous 30%.
- Clients who believe they are being included in decisions relating to their inpatient care has risen from 40% to 60%. This % is predicted to increase when all inpatient staff are consistently allocated to individual consultant teams.
- There has been an increase in the involvement from the community clinician with the inpatient client from 40% to 80%. Increased integration between services has also improved.

## SUSTAINING CHANGE

- Community clinicians to report on their interventions and progress with their allocated clients at the weekly community clinical review meeting.
- Community team leaders have implemented a process which allows for immediate allocation for inpatient clients to community clinicians.
- Re-admission KPIs (<28 days) to be obtained communicated to relevant staff each month to measure the success of the project.
- All nursing staff on the inpatient unit to be rostered to the same consultant team to ensure that the newly introduced processes are consistent and inclusive.
- Inpatient nursing staff will meet with clients prior to their consultant clinical review to ensure that the client's issues and concerns are being addressed. A Clinical Nurse Specialist (CNS) position may be offered for each treating team structure.

## CONSLUSION

The project is still in the implementation phase. The changes in the StG MHU still need to be extended to each Consultant Psychiatrist team which will include allocated nursing staff.

The change of process in the Community service with immediate allocation of inpatient client referrals and subsequent engaging the client within 72 hours is fully implemented.

The improvements to date indicate these changes have resulted in positive outcomes for the client, increased satisfaction for the staff and financial benefits for the service.

The changes produced through this project include both community and inpatient services. These changes in process may be implemented in other services, either in their entirety or in an individual inpatient or community service.


## Acknowledgements

David Pearce, Evelyn Chandler, Dr Kevin Clarke.

All clients and staff of the StG mental health service who are involved with the project implementation.

Project Sponsor: Chris Hay

Project Support: Liz Mason, Louise Deady



## Contacts

David Tobin, 9113 2396, david.tobin@health.nsw.gov.au

Jeanine Smith, 9553 2500,jeanine.smith@health.nsw.gov.au