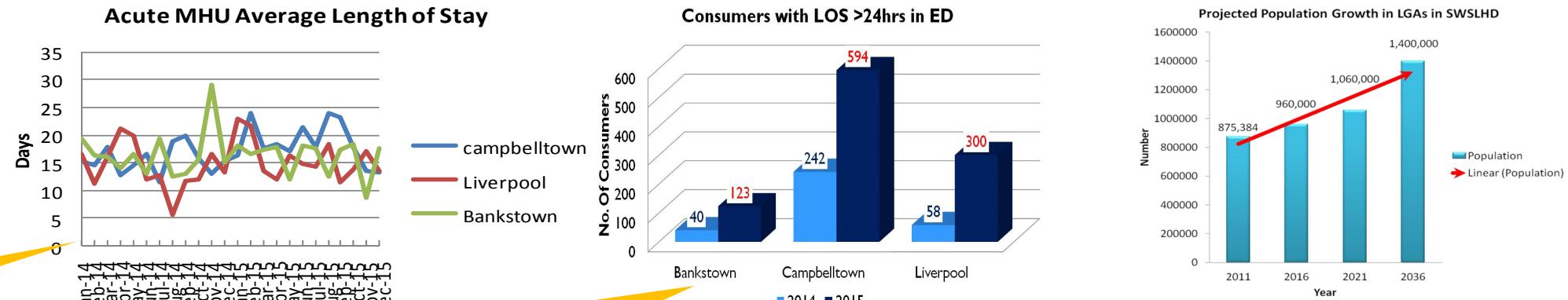


## Christine Dictado, Natalie Wilson and Kate Farrell Area Mental Health Service, South Western Sydney Local Health District

### Case for change

- High demand for services in acute mental health units (MHU) who are operating at over 100% capacity
- There has been a negative impact on carer and consumer experience with consumers travelling longer distances to access acute MHU due to lack of available beds in MHU in the facility

There is significant variation in Acute Mental Health average length of stay across inpatient units in SWSLHD



In 2015 the number of MH consumers exceeding a length of stay of  $\geq 24$  hours in ED more than doubled across all EDs.

Population growth in South Western Sydney from 875,384 in 2011 to 1.25 million people by 2021

### Goal

To improve access to adult acute mental health beds through understanding and addressing clinical variation and variability in length of stay in acute adult mental health units.

### Objectives

- Improve access to acute inpatient mental health services.
- Reduce acute average length of stay in acute adult mental health units.
- Reduce variation in the ALOS for the top 5 DRG's.
- Improve interface between inpatients and community MHS in relation to transfer of care and safe discharge planning.
- Increase consumer and carer satisfaction during admission to acute MHU.

### Acknowledgements

- Project team:** Christine Dictado, Natalie Wilson, Kate Farrell
- Clinical Redesign Manager:** Margaret Chapman
- Project Sponsors:** Penny Waldon (DON MHS) & Scott Fanker (Dir. Operations MHS)
- Ms Amanda Larkin, CE
- Dr Claire Jones, Director MHS
- STAT MH Steering Committee
- SWSLHD MHS WoH Committee
- Mental Health Consumer, Carer and Community Committee
- SWSLHD MH Clinicians
- NSW MoH and ACI

### Contact

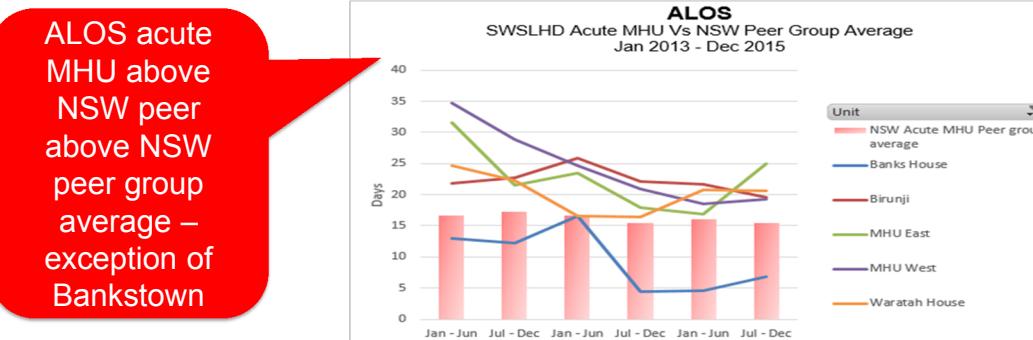
Christine Dictado Nurse Manager, MHS SWSLHD  
Email: Christine.Dictado@sswahs.nsw.gov.au

### Methodology



### Diagnostics

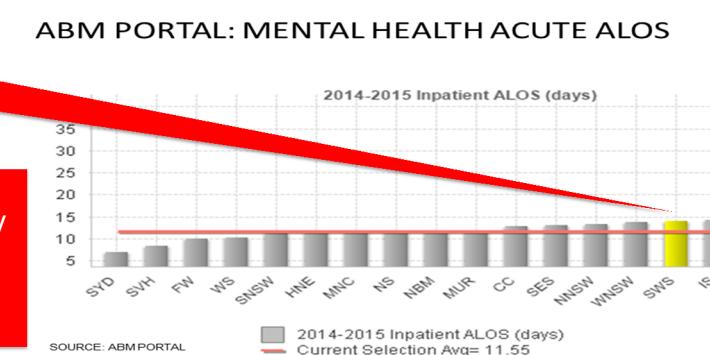
- Staff Focus groups were held at Campbelltown, Liverpool and Bankstown and included key stakeholders from the 3 mental health facilities and community services (n=68)
  - Mental Health Registrars focus group (n=15)
  - Interviews with Medical Directors at each site (n=3).
  - Staff surveys were available online and were completed by key stakeholders including facility and community staff (n=84).
    - Patient and Carer interviews (n = 11)
    - Focus group with the Mental Health Consumer, Carer & Community Council, SWSLHD (n = 7)
    - Focus groups with medical staff (n=15)
    - Interviews with mental health Aboriginal liaison officers (n =2)
    - Process mapping was undertaken with consultation from MHU staff.
    - Data was obtained from multiple sources including: ABM Portal, NSW MOH InforMH (Clinical Information benchmarking reporting engine), and Clinical Information Performance Unit Mental Health.



"She was transferred multiple times throughout admission, new team new treatment" (Carer)

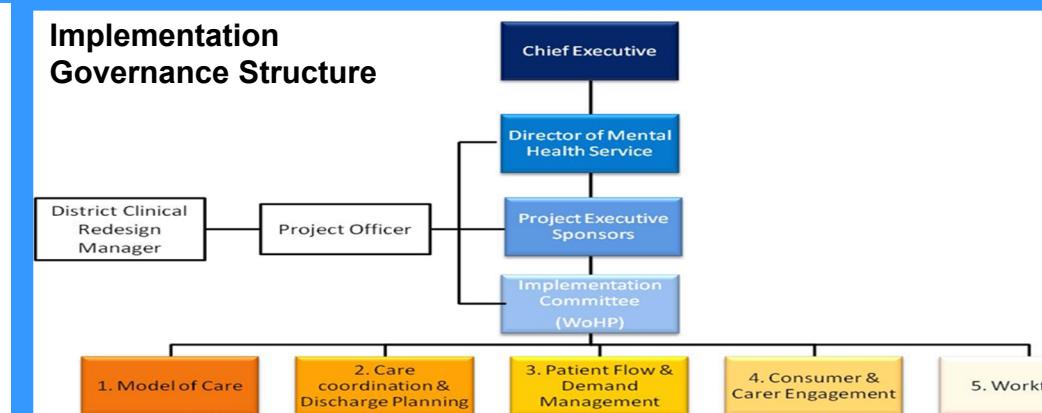
SWSLHD Highest ALOS of any Sydney Metro LHD

57% staff report community and inpatient MHS don't effectively work together



### Implementation & Sustainability

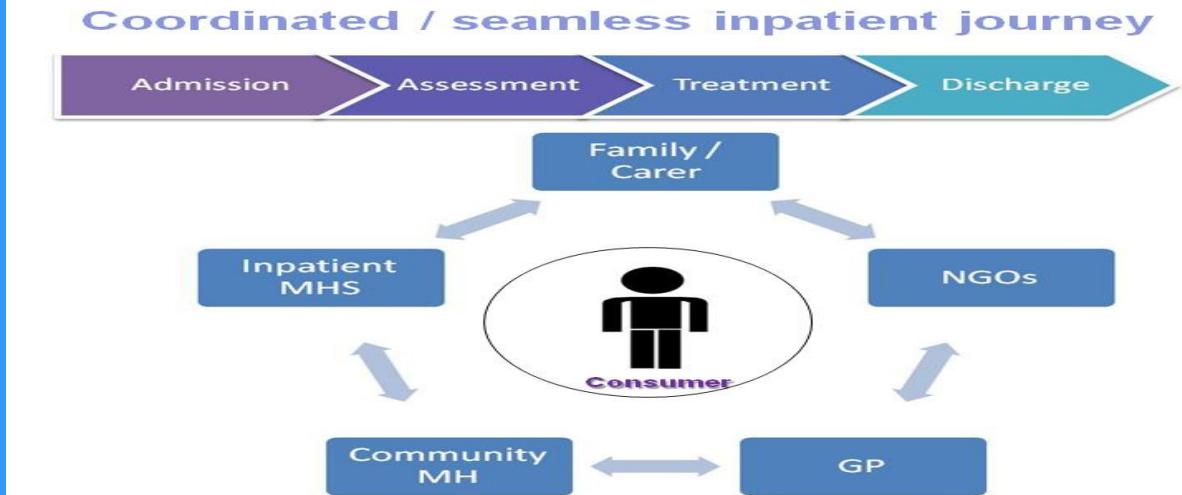
- MH Whole of Health Committee has taken on the responsibility of implementation of solutions. The solutions have become part of the Committee's action plan for 2017.
  - The committee will be responsible for implementation, sustainability and evaluation of the project



### Solutions

Solution Title	Key solutions
1. Models of Care	1.1 Develop overarching area MHS Model of Care (MOC) for acute adult mental health admission pathway 1.2 Develop facility based Models of care for inpatient MHS 1.3 Incorporate processes for CoMHET in reach model into the PECC MOC across the LHD 1.4 Review and refine referral pathway to Rehab/Subacute MHU 1.5 Identify and document Nursing WOW (way of working) for each inpatient MH 1.6 Implement Communication with a Purpose Strategy (COMPURS) 1.7 Review bed base for possible reconfiguration.
2. Care Coordination and discharge planning Process	2.1 Develop standardised Terms of Reference/Agenda/Action list for local weekly and daily MDT in acute mental health units 2.2 Implement Criteria Led Discharge 2.3 Establish facility MHS interface meetings – monthly. To be attended by NUMs/Team Leaders/Clinical Directors to improve communication between inpatient and community mental health services 2.4 Review governance of local Frequent Presenters Meetings 2.5 Review governance of long Stay Meetings & clear escalation processes
3. Patient flow and Demand Management	3.1 Review WoHP Committee TOR, standing agenda and action plans i.e. review membership, frequency 3.2 Develop performance dashboards for inpatient MHS that is readily accessible to all clinicians and to be analysed at WoHP committee 3.3 Review over census bed use policy 3.4 Strengthen process for direct ward admissions (DWA) from community mental health services 3.5 Streamline referral processes and guidelines to Specialist Mental Health beds for older people
4. Consumer and Carer Engagement	4.1 Develop Consumer/ Carer/family information pack 4.2 Implement multidisciplinary rounding with consumers to promote consultation, collaboration and engagement (Structured interdisciplinary Bedside Rounding - SiBR) 4.3 Establish carer and consumer information/support groups at each facility 4.4 Implement Patient and Carer Experience Surveys Across Area MHS
5. Workforce	5.1 Review inpatient mental health Allied Health structure and services across the District 5.2 Develop core competencies for MH staff 5.3 Implement preceptorship, clinical supervision, coaching and mentoring programs for MH staff. 5.4 Implement succession planning pathways for MH staff

### Desired Consumer Journey



### Results

Results are currently limited as implementation has only commenced as of Jan 2017. Preliminary results indicate that since commencing the project acute MH ALOS has decreased for to MH facilities.

### Conclusion

Successful implementation of this project has a number of identified benefits, which include:

- Improved consumer and carer experience and improved staff satisfaction
- Enhanced quality of service delivery
- Improved access to acute mental health units
- Improved collaboration with Community MHS and other specialties
- The development of a culture of using data to inform quality improvement, service improvement and service management.
- Productivity savings allowing better ability to meet demand with existing resources