Creating an integrated and responsive community acute care mental health service to improve the quality of consumer outcomes

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Case for change

Mental Health consumers are becoming more complex and there has been an increase in the need for access to community services following transfer of care following an acute mental health episode of care. The Acute Care Team is a community crisis and short term case management mental health team and services the Hornsby Ku-ring-gai population. Adverse event data has shown consumers can see multiple clinicians (on average 5) which highlights the effects of a fragmented consumer journey. 2017 critical incident data has been reviewed and integrated care has been highlighted as an issue in three clinical investigations. Other external factors are also impacting on mental heath care including the introduction of Activity Based Funding (ABF), an increase in Emergency Department presentations by 10% and consumer complexity and the introduction of the National Disability Insurance Scheme.

Goal

To improve integrated care across the Acute Care Team (ACT) with a stronger focus on recovery orientated and contemporary practices.

Objectives

1) 100% of Mental Health consumers entering the ACT will have a clearly defined recovery pathway.
2) 20% increase in a positive consumer experience with the ACT as defined by the YES patient experience survey.
3) 20% increase in consumer knowledge about continuity of care within the ACT as defined by the YES patient experience survey.

Method

The project team used a wide variety of methods to gain insight and further data in relation to the goal and objectives. Activities included:

Consumer phone interviews (N = 20)
Carer phone interviews (N = 4)
Acute care team staff face to face interviews (N = 14)
Process mapping workshops (N = 10)
File audit (N = 30)
Root cause analysis workshop (N = 3)
Stakeholder survey (Inpatient, Community teams & Medical Staff) (N = 13)

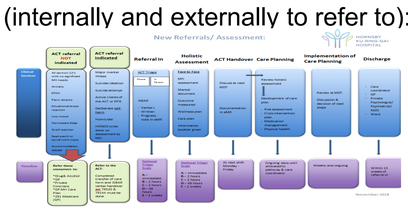
Solution 1: Revised model of care with a split of the team to crisis and case management roles

This intervention commenced in October 2018. A new model of care has been completed in consultation with key stakeholders. In addition to this the team will undergo a restructure process through Workforce Services. As of April 2019 the restructure document has been completed and is awaiting sign off with the District and official staff consultation will then commence. We are aiming for the new model to be implemented by June 2019.

Solution 2: Acute Care Team packages

Identified packages or pathways have been completed for staff (internally and externally to refer to):

- Clozapine pathway
- New admission pathway
- Short term brief intervention pathway
- Medium term /brief intervention pathway
- Step down care pathway (dr's) community appointments

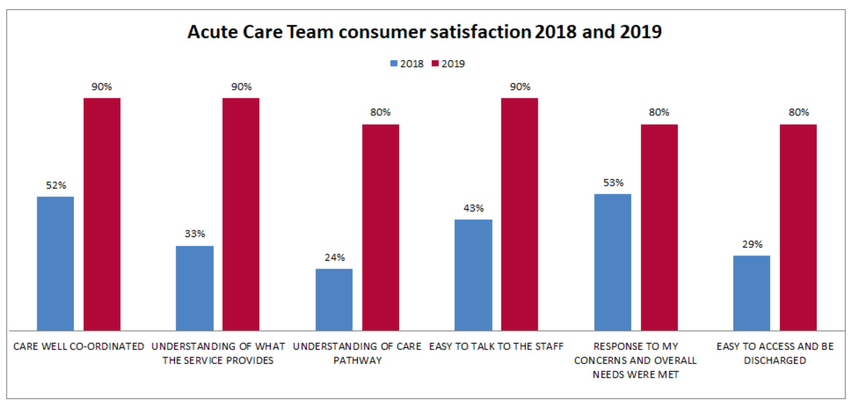


The pathways have an attached timeline to assist in improving flow through the service. These pathways have been incorporated into the staff orientation manual. The pathways will go live once the model of care is endorsed.

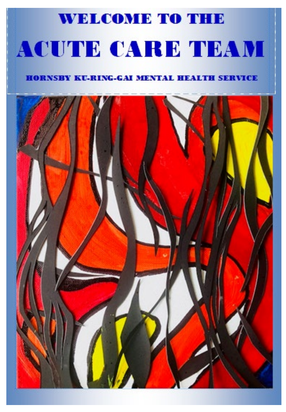
Solution 3: Consumer information brochures

These brochures have been designed and developed by the Acute Care Team staff and provide consumers with information about the service and the timeline for the pathway they are on. Consumer peer workers also provided input. Information packs (that include the brochure) have been given to new consumers to the service since February 2019. In addition to this carer packs have also been developed. Consumers were re-surveyed after the implementation of the wellness program and brochure introduction with positive results.

Preliminary results –



Solution 4: Staff wellness program



To improve the positive consumer experience it became evident we needed to also look after our staff working with high risk consumers. The Acute Care Team started meditation twice a week on the 7th of March, 2019. On average we have 5 staff attend each session. Group external clinical supervision is also included, bi monthly sessions commenced in March 2019 and although not mandatory staff have been rostered to attend.

Three additional education sessions are also allocated per year starting with consumer customer service for crisis teams which commenced in May 2019.

To ensure sustainability of this program a senior role included ownership of the program as part of their portfolio.

Preliminary results –

100% of staff agreed that after attending meditation their stress level decreased and their mood was more positive. 100% agreed that they wanted to continue regular education sessions and only one person did not like group clinical supervision.

Solution 5: Introduction of interagency forums

Consumers have identified the lack of relevant recovery focussed groups. An introduction of interagency forums with non-government organisations will be the last intervention and implementation is aimed in October, 2019 and is also part of another clinical leadership project.

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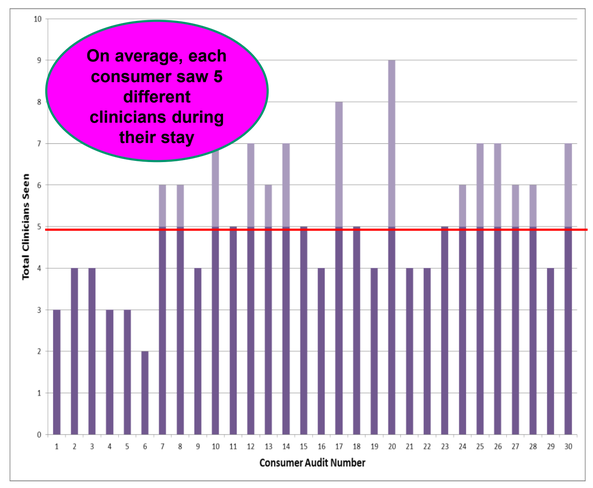
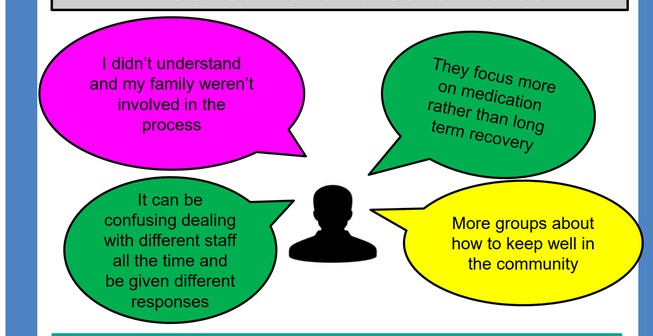
Diagnostics



Consumer and Carer Voice



Key issues and root cause analysis

Prioritised Key Issues	Related Objective	Root cause
1. Consumer journey	1, 2	No clear documentation about the service is given to consumers
		Too many staff are involved in the consumers care
		Pathway is defined by rostering practice – crisis work is done by shift work and case management is done by non shift work
2. Care Co-ordination & Continuity of care	2	Current guidelines are not easy to understand
		Client contact is determined by who is on duty
		All staff do all roles – crisis work always takes priority and review meetings can be missed so consumers can't get discharged
		Blended model of care and historical practice
3. Lack of post discharge support	3	No baseline information of consumer needs regarding post discharge groups
		Current support groups do not meet consumer needs
		Consumers have not been given enough information on support groups
4. Customer service and recovery practice	1, 2	Differing skill levels
		No specific training related to crisis customer service and recovery oriented practice related to acute team work
		Difficulty accessing the service via telephone and finding accurate contact details

Sustaining change

- Regular praise of ACT staff from management
- Offer of rewards when adhering to new practices
- Nomination of staff for various awards
- Better consumer outcomes as evidenced by improved YES survey feedback
- Increased job satisfaction as measured by staff surveys

Conclusion

The project is currently still in the implementation stage. Learnings thus far have found that sponsorship for the project is key. Their were numerous external factors affecting the project which resulted in delays in the implementation of the proposed solutions. Executive sponsorship, along with the risks and issues log, assisted in navigating these challenges. A focus on communication was also highly beneficial with regular updates provided to key stakeholders resulting in a higher level of engagement.