ACI NSW Agency for Clinical Innovation

The ACI Mental Health Network

Mental Health Innovation Showcase 2017

Thursday 17 August, 2017
Kirribilli Club, Lavender Bay

Collaboration. Innovation. Better Healthcare.

Mental Health Clinical Innovation Showcase

Overview

The Agency for Clinical Innovation (ACI) Mental Health Network aims to work collaboratively with clinicians, managers, consumers and carers from

- community and primary health care settings
- hospitals
- community managed organisations
- key organisations, and
- other related key partners

in the development and implementation of evidence-based innovative programs, frameworks and models of care to promote collaboration, innovation and quality improvement through improved consumer engagement and outcomes in health service delivery to promote an integrated health system.

Audience

Multidisciplinary clinicians and managers involved in the delivery of mental health care across the lifespan in acute, subacute, community and primary care settings.

Aims

To showcase innovative and effective mental health clinical care led by clinicians, multi-disciplinary teams in Local Health Districts and Primary Health Networks across NSW.

Key themes

- Delivering evidence based or evaluated innovative models of care.
- Mind and body.
- Building integrated care systems.
- Co-designed or consumer centred care innovative solutions to address local needs.

Please note

This event will be available to view via live stream on the ACI website https://www.aci.mediahouseplus.com/mental-health-innovation-showcase/

A recording of the event will also be available.

Recordings and photographs taken at this event may be published by the ACI for internal and / or external promotion, education or research purposes. If you do not wish to be photographed or recorded please notify our staff.

Contact

Kathleen Schelling
Mental Health Network Manager
Ph: 0475 942 051
Email:
Kathleen.Schelling1@health.nsw.gov.au

Program

Thursday 17 August, 2017	
8.00 am	**Registration (coffee / tea)**
8.30 am	**Welcome to Country** *Gadigal Elder Uncle Charles (Chicka) Madden*
8.40 am	**Showcase overview** *Dr Nick O'Connor / Dr Tad Tietze, ACI Mental Health Network Executive*
8.45 am	**Welcome and ACI overview** *Dr Jean-Frederic Levesque, A/Chief Executive, Agency for Clinical Innovation*
9.00 am	**Keynote speaker** - How can we optimise care for Australians with schizophrenia? *Professor David Castle, Chair of Psychiatry, St Vincent's Health Australia* **Discussion / questions (5 mins)**
9.30 am	**Keynote speaker -** Key elements of a mental health patient safety program *Dr Murray Wright, Chief Psychiatrist, Ministry of Health* *Ms Carrie Marr, Chief Executive, Clinical Excellence Commission* **Discussion / questions (5 mins)**
10.15 am	**Keynote speaker** – Lived Experience *Mr Grant Trebilco, Founder, Flouro Friday* **Discussion / questions (5 mins)**
10.45 am	**Panel discussion / questions**
11.00 am	**Morning tea**
11.30 am	**Breakout session**

Chair: Dr Nick O'Connor	**Chair: Dr Tad Tietze**
Stream A #1 Improving metabolic monitoring of inpatients in Australian hospitals using the National QUM Indicator 7.4 *Sasha Bennett, NSW Therapeutic Advisory Group*	**Stream B #1** STAT MH: Safe and timely Access to Mental Health *SWSLHD Mental Health Service*
Stream A #2 FRESH physical health program in Cumberland recovery services *Donna Gillies*	**Stream B #2** Measurement of horizontal equity of the primary mental health program in Western Sydney: A hot-spot analysis 2012-2014 *Mental health services team – Primary Mental Health Care services – previously known as Access to Allied Psychologist Services (ATAPS)*

Program

12.30 pm	Lunch	
1.30 pm	**Breakout session**	
Chair: Dr Nick O'Connor **Stream C #1** Feeling safe in the emergency department *Sharon May, Rebekah Struthers, Blake Edwards, Margaret Chapman* **Stream C #2** Green Card Clinic: An integrated package for formulation and brief intervention *CP Psychiatry, St Vincent's Hospital*		**Chair: Dr Tad Tietze** **Stream D #1** Psychogeriatric SOS: an innovative clinician-to-clinician tele-health service for rural and remote Australia *St Vincent's Psychiatric Service* **Stream D #2** Kerbside / home based mental health triage: a person focused, multi-organisational solution for risk, resources and re-trauma *Police Ambulance Early Access to Mental Health Assessment via Tele Health (PAEAMHATH)* **Stream D #3** Criteria Led Discharge in acute Inpatient Mental Health Units *Hunter New England Mental Health Service*
3.10 pm	**Afternoon tea**	
3.30 pm	**Closing round table discussion - 'Innovation at the coal face'** *Professor David Castle and presenters from the day*	
4.30 pm	**Wrap up and close** *Dr Nick O'Connor and Dr Tad Tietze*	

Dr Murray Wright

Dr Murray Wright
NSW Chief Psychiatrist
Ministry of Health

Murray is a graduate of the University of Sydney Medical Faculty, completed his post graduate training in Psychiatry in South Eastern Sydney, and has worked in a range of metropolitan, rural and regional centres, as a clinician and, increasingly over the last 10 years, in various leadership roles, including Director of Mental Health services and, since October 2014, NSW Chief Psychiatrist.

His clinical interests include consultation-liaison psychiatry, emergency psychiatry, psychiatric and substance misuse comorbidity, and psychiatric impairment among health professionals and police officers.

Murray has had a longstanding interest in service improvement, quality and governance, and played a significant role in the introduction of the first Maintenance of Professional Standards program by the RANZCP in the early 1990s.

In addition to his public sector roles, Murray has maintained a private practice since 1990, with a focus latterly on general adult psychiatry, and assessment and treatment of health professionals and police.

Murray has also worked in a consultant capacity with the Medical Council of NSW in a number of roles over the last 20 years, including the provision of assessment reports as a Council Appointed Psychiatrist, participation as a Performance Assessor, and as a panellist for the Impairment Programme, Professional Standards Committees and Section 150 Hearings. He is a Peer Reviewer for the HCCC and a Part-time member of the NSW Medical Tribunal.

Murray was the Chair, Psychiatry State Training Committee HETI from 2007-13, and has had a number of roles with the RANZCP, including membership of the Quality Assurance Committee 1990-95, Exams Committee 1996-02, Exemptions Sub-committee 1996-05, Consultation-Liaison Working Party 1992-94, NSW Branch Rural Psychiatry Steering Group 2002-08.

Murray's role as NSW Chief Psychiatrist includes an oversight of quality and safety for mental health services, investigation/ review of critical incidents associated with mental health services, and contributing to improvements in patient safety.

Carrie Marr

Carrie Marr
Chief Executive
Clinical Excellence Commission

Carrie is the Chief Executive of the Clinical Excellence Commission (CEC). The CEC provides leadership in safety and quality to improve outcomes for patients. Since its establishment in 2004, the CEC has gained local, national and international recognition by developing and driving improvement initiatives in collaboration with consumers, clinicians, managers, and other health service partners.

Trained originally as a nurse, she has 37 years experience in healthcare, including oncology, end of life care, organisational development, patient safety and quality improvement.

Born and raised in Scotland, Carrie has worked extensively across the UK and Europe and is now in her fourth year in Australia – a place she now calls home, given the very mild winters!!

Carrie is on a mission to help all of us ignite our passion for safe and reliable care.

Professor David Castle

Professor David Castle
Professor of Psychiatry
St Vincent's Health
University of Melbourne

David is Professor of Psychiatry at St Vincent's Health and The University of Melbourne. His clinical and research interests include schizophrenia and related disorders, cannabis abuse, and bipolar disorder. He has a particular interest in the interface between body and mind, and is actively engaged in programmes addressing the physical health of the mentally ill and the mental health of the physically ill. He is also pursuing his work on OCD spectrum disorders, notably body dysmorphic disorder, in which he is a recognised international expert.

David has published widely in prestigious journals, including over 600 papers and chapters; and has co-authored or co-edited 23 books, a number of which have won prestigious awards. His work is consistently highly cited. He has been successful in attracting substantial grant funding from a variety of different sources, and has strong local, national, and international research links. He has received a number of commendations for his work, including the Senior Research Award from the Royal ANZ College of Psychiatrists (RANZCP) and a University of Melbourne Vice Chancellor's Staff Engagement Award. In 2015 he was presented with the Ian Simpson Award by the RANZCP in recognition of outstanding contributions to clinical psychiatry as assessed through service to patients and the community.

David is on a number of advisory boards and editorial boards, and is a reviewer for numerous national and international scientific journals. He speaks regularly at local, national and international scientific meetings about his research; and also teaches at undergraduate and postgraduate levels. His strong commitment to teaching is reflected in his completion of the Graduate Certificate in University Teaching from the University of Melbourne in 2011, his election as a Fellow of the Melbourne Medical School Academy of Clinical Teachers in 2013 and his being awarded a Certificate of Outstanding Teaching from the University of Melbourne in 2015.

David served two years as Chair of the Victorian Branch of the Royal Australian and New Zealand College of Psychiatrists and was elected to the Binational RANZCP Board in 2016. In 2016 he became a Member of the Australian Institute of Company Directors.
David's broader interests include music, literature, theatre and art.

Grant Trebilco

Grant Trebilco
OneWave Founder
Lived Experience
NSW

After 10 years of battling with mental health issues, without seeking treatment Grant was hospitalised in 2012 and diagnosed with bipolar disorder.

The ocean and surfing was Grant's saviour in tough times when he was released from hospital. He discovered that onewave is all it takes. After hiding mental health issues for years, he decided enough was enough, it's time to start talking and sharing his experience to try and help others. "Maybe if I share the simple recipe of saltwater, surfing and talking about mental health I can prevent people from ever feeling the way I did".

So one Friday morning he decided to dress up in a shirt and tie and go surfing solo at Bondi to try and spark conversations about mental health.

That was the first OneWave Board Meeting and 4 Board Meetings later Fluro Fridays were born, which have now taken place at over 100 beaches in more than 20 countries.

Abstracts

Time	Breakout area	Presentation
11.30 am	A #1	Improving metabolic monitoring of inpatients in Australian hospitals using the National QUM Indicator 7.4
11.30 am	A #2	FRESH Physical Health Program in Cumberland Recovery Services
11.30 am	B #1	STAT MH: Safe and Timely Access To Mental Health
11.30 am	B #2	Measurement of Horizontal Equity of the Primary Mental Health Program in Western Sydney: A hot-spot analysis 2012-2014
1.30 pm	C #1	Feeling Safe in the Emergency Department
1.30 pm	C #2	Green Card Clinic: An integrated package for formulation and brief intervention
1.30 pm	D #1	Psychogeriatric SOS: an innovative clinician-to-clinician tele-health service for rural and remote Australia
1.30 pm	D #2	Kerbside / home based mental health triage: a person focused, multi-organisational solution for risk, resources and re-trauma
1.30 pm	D #3	Criteria Led Discharge in Acute Inpatient Mental Health Units

Breakout A #1 — 11.30 am

Title

Improving metabolic monitoring of inpatients in Australian hospitals using the National QUM Indicator 7.4

Service / team

Interdisciplinary Steering Committee for Multisite Project using National QUM Indicator 7.4 to improve Metabolic Monitoring of Inpatients taking Antipsychotic Medicines - *Sasha Bennett, NSW Therapeutic Advisory Group*

Presenter

Alexandra (Sasha) Bennett

Abstract

Objectives

(1) To undertake performance assessment, benchmarking and implementation of quality improvement (QI) strategies for routine metabolic monitoring of inpatients taking antipsychotic medications;
(2) To train MH clinicians in QI methodology.

Method

A multisite project plan using the National Quality Use of Medicines Indicator 7.4 “Percentage of patients taking antipsychotic medications who receive appropriate monitoring for the development of metabolic side effects” was developed by an interdisciplinary steering group of NSW clinicians. Invitations to participate were sent to Australian hospitals. Ethics and governance approvals were obtained. Site details for benchmarking were collated. Interdisciplinary local advisory groups (LAGs) guide local data collection, identify barriers to best practice adherence and implement QI strategies. Baseline audit, intervention and re-audit phases were undertaken.

Results

Seventeen clinical services across 3 Australian jurisdictions caring for diverse patient populations (acute adult, adolescent, paediatric, forensic and psychogeriatrics) are participating. LAGs contain pharmacists, psychiatrists, nurses and allied health. Baseline indicator results ranged between 0 and 42% (mean 14%), with measurements of waist circumference, and fasting lipids and glucose generally poor. Site feedback identified enablers and barriers to metabolic monitoring. Local and jurisdictional interventions include implementation of ‘metabolic days’ for routine monitoring, tape measure provision, and improvements in pathology ordering and electronic medical records data management.

Conclusions

Multisite studies can provide benchmarking data to drive QI and aid collaborative development and implementation of improvement strategies. Baseline results demonstrated poor adherence to recommended monitoring with common and idiosyncratic barriers emerging. Barriers to governance approval and hence multisite research were identified.

Breakout A #2	11.30 am

Title

FRESH Physical Health Program in Cumberland Recovery Services

Service / team

Mental Health Recovery Services – Cumberland Hospital

Presenter

Donna Gillies

Abstract

Abstract

FRESH "Fun, Recreation, Exercise and Skills for Health" is a group-based Physical Health program which has been embedded within the Mental Health Recovery services at Cumberland Hospital since March 2016. The FRESH program was co-developed by Mental Health consumers and staff in conjunction with staff and students from Australian Catholic University (ACU) and Western Sydney University (WSU). FRESH is founded on three core components: 1. Healthy lifestyle, 2. Physical activity, and 3. Gym activities. It is delivered through supervised Clinical Placements of Exercise Physiology students from ACU and Health Promotion and Diversional Therapy students from WSU along with nursing staff from the Recovery services at Cumberland Hospital.

Program objectives

By incorporating FRESH into the Cumberland Recovery programs, we aim to support consumers to transition effectively into the community by equipping them with the skills needed to maintain a healthy and active lifestyle into the future. In the longer-term, it is envisaged that as a result of being involved in the FRESH program, consumers will understand how to make healthy lifestyle choices, continue to be involved in physical activities and improve social interaction through physical activity outside of the psychiatric setting.

Evaluation

Although the final evaluation of the FRESH program has not yet been completed, the evaluation so far has been very positive. Participation in FRESH is optional but participation rates are high with a median attendance of over 70% throughout 2016. Behavioural programs which have been developed over 2016-7 have further increased rates of participation in physical activities and healthy nutrition choices by consumers. Group activities routinely have just under 20 participants on Thursdays (predominantly VTU) and up to 40+ participants on Fridays. Gym activities which were started in the Bridgeway Building in 2017 are now routinely attended by 18 consumers. During gym session, supervised Exercise Physiology students work individually with consumers to achieve individual goals, which may target specific physical risks such as falls, specific physical problems or loss of function, and/or overall fitness or strength.

Preliminary data, from gym participants over a 6-week period, patients have seen a marked reduction in their metabolic risk profile and an increase in their functional capacity.

Breakout B #1 — 11.30 am

Title

STAT MH: Safe and Timely Access To Mental Health

Service / team

SWSLHD Mental Health Service Project team: Margaret Chapman, Christine Dictado, Natalie Wilson

Presenter

Margaret Chapman

Abstract

Objectives
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.

Method
This project utilised the Clinical Redesign methodology, commencing in March 2016, with implementation planning completed by December.

Results
Consultation with staff and consumers/carers identified a range of opportunities for improvement:

- Staff, as well as consumers, have trouble navigating the services
- Lack of standardised processes to coordinate care or discharge planning
- Less than optimal communication between parts of the service
- Discharge planning is rarely discussed in the initial stages of treatment
- Patients identified they don't always feel heard and decisions are made for them
- Lack of standardised and consistent practice for consumer/carer involvement
- Multiple transfers occur delaying care planning and coordination

The following solutions are being implemented:

1. Clear Models of Care
2. Care Coordination & discharge planning
3. Patient Flow & Demand Management
4. Consumer & Carer Engagement
5. Workforce

The first phase of implementation is underway, with governance being led by the Mental Health Whole of Health Committee.

Conclusions
So far two of the three facilities have reduced in Average Length of Stay (ALOS) by over 2 and 3 days compared to 2015.
An evaluation will occur in December 2017, with measurement of the following:

- ALOS in ED
- ALOS in acute beds
- Variation in ALOS
- Readmission rates
- 7 day follow-up rates
- Rate of YES Survey responses

Breakout B #2	11.30 am

Title

Measurement of horizontal equity of the primary mental health program in Western Sydney: A hot-spot analysis 2012-2014

Service / team

Mental Health Services Team – Primary Mental Health Care Services – previously known as Access to Allied Psychologist Services (ATAPS)

Presenter

Bill Campos

Abstract

Health care systems must ensure equal access to health care services and horizontal equity is a key indicator. However, a very little information is available on use of spatial techniques to analyse a horizontal equity. An ecological study was undertaken to explore the referral rates of people residing in Australia to ATAPS providers located within Western Sydney Primary Health Network for the financial year of 2012-13, 2013-14, 2014-15. The study aims at describing how the access to ATAPS program in Western Sydney facilitated equity of access to mental health treatment. The results of the study revealed an increase its horizontal equity and service accessibility for the regions most vulnerable and at risk groups over a three year period. The findings reported a 24% increase for lower income earners, 90% in referrals to mental health services for Aboriginal and Torres Strait Islander people and a 204% increase for those with lower levels of English proficiency. This study further facilitates the discussion on the roles of programs like ATAPS to ensure horizontal and vertical equity in health care services in the region.

Additional details for consideration

ATAPS as a primary mental health services has gained a considerable momentum over the time and have succeeded in drawing substantial numbers of general practitioners and allied health professionals. The profile of the consumers being referred to the program is very consistent, with the majority being women followed by children. There was also slight increase in the referrals for Aboriginal and Torres Strait Islanders, Perinatal and suicide prevention.

This will set the platform for Western Sydney PHN to develop the stepped care approach to supporting primary mental health services process. The development and implementation of the mental health priority areas requires emphasis on equity and access of services in the region.

Breakout C #1 — 1.30 pm

Title

Feeling Safe in the Emergency Department

Service / team

Sharon May, Rebekah Struthers, Blake Edwards, Margaret Chapman

Presenter

Sharon May

Abstract

Objectives
To decrease mental health incidents related to aggression in the Emergency Department (ED) by 75% and increase patient and staff satisfaction to 80%, by December 2017.

Method
This project has utilised the Clinical Redesign methodology, and received significant feedback from patients, carers and staff during the diagnostic and solutions phases of the redesign process.

Results
Interviews with patients, carers and staff conducted in April 2016 highlighted a number of opportunities to improve the care of mental health patients in the ED. These included:

- understanding who provides care to mental health patients
- determining which patients require supervision and how this is implemented
- delivering staff training on caring for mental health patients in the ED
- understanding where the patient should be cared for in the ED
- determining how care is delivered to mental health patients.

Over 100 solutions were suggested by patients, carers and staff. The following solutions are currently being implemented:

1. Staff roles and models of care
2. Assessment and management
3. Use of isolation rooms
4. Smoking assessment and management
5. Frequent presentations
6. Patient and carer information
7. Staff education and orientation
8. Triage

Conclusions
A full evaluation will be conducted in December 2017, with measurement of the following outcomes:

- number of incidents related to aggression in the ED
- patient and staff satisfaction, evaluated by surveys and focus groups
- individual key performance indicators for each solution.

Additional details for consideration
Background: In SWSLHD, mental health presentations to ED represent approximately 5% of all presentations. While this figure may not seem significant, mental health patients tend to stay longer in the ED compared to other patient groups and the needs of mental health patients are also different. Collectively, this provides a challenge for staff and, at times, a degree of dissatisfaction for patients and carers when needs are not consistently met.

Increasing episodes of aggression displayed by mental health patients had also been noted, which places patients and staff at risk, and was thought to further impact feelings of decreased safety and satisfaction for all.

Breakout C #2	1.30 pm

Title

Green Card Clinic: An integrated package for formulation and brief intervention

Service / team

CP Psychiatry, St Vincent's Hospital

Presenter

Kay Wilhelm

Abstract

Objectives
To describe the evolution of the Green Card Clinic, originally developed as a service for people referred the ED for suicidality and deliberate self-harm. It is now an integrated package for delivering short-term care (assessment, formulation, brief interventions, online outcome measures) aimed at revitalising mental health care in a person-centred, holistic framework.

Method
Attenders complete outcome measures covering lifestyle, mood, wellbeing, attachment style and their own priorities. They are provided with a workbook for the 3 sessions, supplemented by their choice of wellbeing cards. Workbook and clinician manual are now in Version 2, based on clinic experience and feedback from participants/clinicians. We have successfully trialled an online version of outcome measures completed online (at home or in waiting room).

Results
From 2006 on, attenders (N=1198, mean 32.02 years range 16-80 years) were 59.6% female and 70.5% single. Commonest reasons for presentation were overdose (50.9%), suicidal ideation (32.2%), cutting (11.8%). We noted the poor lifestyle habits of attenders (e.g., smoking, substance use, poor diet and exercise) on lifestyle checklist, which, with the person's priorities and a collaborative formulation letter/plan form the basis for making changes to improve physical and mental health, using a personalised, strengths-based approach. Consumer feedback about workbook, cards and online measures has been extremely positive.

Conclusions
We have now extended use of the package to people in PECC and in medical wards and GP settings. The online measures are working well for patients with a range of medical illness who can complete at home. This package really represents good clinical care in an attractive, accessible package and has broad applications

Additional details for consideration
The package includes: (1) outcome measures in online format `with immediate scoring and feedback, (2) participant workbook, (3) access to 24 wellbeing cards to complement workbook, (4) clinician manual for the sessions, (5) formulation letter co-written by clinician and attender back to GP and/or referral for further services.

Also available: 3 papers from Green Card Clinic, reports on clinic, wellbeing cards and online outcome measure trial.

Breakout D #1 — 1.30 pm

Title

Psychogeriatric SOS: an innovative clinician-to-clinician tele-health service for rural and remote Australia

Service / team

Psychogeriatric SOS - *St Vincent's Psychiatric Service*

Presenter

Dr Jacqueline Huber

Abstract

Objectives
Psychogeriatric SOS is a newly built clinician-to-clinician service that brings expert multidisciplinary case-conferencing, education and supervision, via teleconference, to under-resourced rural areas, establishing partnerships across public, private, primary, community, and hospital settings. It assists clinicians to manage their vulnerable older patients locally, up-skilling and building rural capacity, aligning with World Health Organisation task-shifting recommendations

Method
The project was designed and implemented in consultation with numerous rural mental health clinical and service experts. Funding was granted by several institutions, and a website was established as a 'hub' for user interaction and data collection. Qualitative and quantitative evaluation methods were instituted to measure user demographics, confidence before and after using the service, expectations of the service, and feedback.

Results
Partnerships have developed across Local Health Districts (LHDs), Primary Health Networks (PHNs) and Non-Government Organisation (NGO) sectors, leading to inter-service relationships that go beyond the model's boundaries; demand for web-conferencing, education and supervision is strong and increasingly taken up; service-user feedback shows up-skilling and capacity-building; communication has improved across geographical and cultural boundaries; and service providers have increased understanding of the plight of rural Australia.

Significant barriers have included change management, teleconferencing resources, and service funding.

Conclusions
Psychogeriatric SOS has improved access to expertise for vulnerable, older rural adults; provided valuable support and skills to rural clinicians; established professional partnerships with rural providers; and is replicable across other disciplines and settings, but to allow development it requires further evaluation.

Additional details for consideration
In 2016/7 this service received the NSW Health Minister for Mental Health Innovation and Excellence Award, the Mental Health Matters Award for Excellence in Service Delivery, The St Vincent's Health Australia Clinical Innovation Award, the St Vincent's Hospital Sydney Recognition of Excellence Award, and the Faculty of Psychiatry of Old Age Prize for the Best Mental Health Service Improvement.

Breakout D #2 — 1.30 pm

Title

Kerbside / home based mental health triage: a person focused, multi-organisational solution for risk, resources and re-trauma.

Service / team

Police Ambulance Early Access to Mental Health Assessment via Tele Health (PAEAMHATH)

Presenter

Jay Jones

Abstract

Objectives

To provide the right care, at the right time, in the right place to mental health patients by providing alternative care pathways and reducing their unnecessary transport by Police and/or Ambulance to Emergency departments (ED). The primary objectives of the project are:

(1) To improve access to specialised clinical mental health triage information and care recommendations via tele-health technology, utilised by police and/or ambulance prior to/or at time of attending an emergency call relating to a potential mental health patient.
(2) To reduce the unnecessary transportation of mental health patients who are not acutely unwell and safe to remain in the community to the ED department by Police and/or Ambulance.
(3) To reduce unnecessary police and ambulance assisted mental health hospital presentations.
(4) To facilitate increased access to trained mental health professionals and mental health recommendations around patient care by police and ambulance

Method

Using Tele-health technology, a trained mental health professional is available to assess the person and provide recommendation's about care to: the person/carer, Police and/or Ambulance. The PAEAMHATH project will access the Mental Health Line and the Northern Mental Health Emergency Care-rural Access Program (NMHEC-RAP) resource to:

- Provide recommendations of care to: patient/carer; Police and/or Ambulance on safe and timely health interventions/requirements;
- Support Police and Ambulance in how to work with mental health consumers, utilising best practice
- The PAEAMHATH project will be introduced in the Port Stephens catchment area.
- PAEAMHATH will provide triage initially to adults >18
- PAEAMHATH will be available 7 days per week, 24hours per day

Results

Since implementation April the 3rd 2017 The PAEAMHATH project has provided at home triage to 8 consumers (out of a possible 17), all of the 8 consumers were safely triaged to stay within the community and avoid a hospital transport with emergency services. It is important to note to eligible patients offered PAEAMHATH triage declined as they requested to go to hospital and transportation by NSW ambulance occurred.

All consumes were followed up within 48 hours by the local community mental health care team after being referred by the PAEAMHATH project.

Breakout D #2 continued **1.30 pm**

6 of the consumers had the PAEAMHATH triage commence by Police NSW and the remaining 2 consumers triage commenced with NSW Ambulance.

Previous to PAEAMHATH project implementation on scene time for Police NSW at the trial site with a consumer were approximately 3 hours and for Ambulance 75 minutes. PAEAMHATH has reduced the on scene time for Police to 36 mins on average and for NSW Ambulance 32 mins on average.

PAEAMHATH project calculated the cost saving to all three services involved in the project when avoiding transporting a consumer unnecessarily to hospital at $5,000 per patient.

PAEAMHATH project calculates the cost for the consumer when unnecessarily transported to hospital as INCALCULABLE.

PAEAMHATH instils confidence in Police NSW and Ambulance NSW how to treat and respond to Mental health consumers.

PAEAMHATH project promotes Collaboration between Police NSW, Ambulance NSW and Health NSW.

PAEAMHATH project has been reported to reduce the conflict between Police and Ambulance NSW where mental health consumer's transportation is required.

PAEAMHATH project builds confidence and capacity building between all three services involved to serve mental health consumers.

Conclusions
The PAEAMHATH project is Efficient and timely for all involved. Reduces cost for all involved. Gives the consumers autonomy over their own care. PAEAMHATH project is less traumatising and more patient focused. Increasing collaboration between three services. Responsive to best practice mental health care.

Additional details for consideration
The PAEAMHATH project has and highly values the senior consumer representation the project has been privileged to have from conception and will continue this representation to evaluation and beyond.

The PAEAMHATH project is a collaboration of NSW Police, NSW Ambulance and HNE MH services and senior mental health consumer advocates.

PAEAMHATH scalability utilising the current partnerships mentioned above are likely and the project often receives requests from several Police, Ambulance and Health services further rural and remotely located around how soon the project could be implemented for their services.

The PAEAMHATH project will be a valuable enhancement to Emergency services and health services throughout Australia, however the project is expected to reap the most reward in the more rural and remote Areas of the country. The tyranny of distance that impacts our Emergency services will be reduced when required to transport mental health patients unnecessarily and equally the same issue of travel for not only the patient to a health facility but the return to their community at their own expense. For our consumers and carers experiencing or living with Mental health illness.

Breakout D #3	1.30 pm

Title

Criteria Led Discharge in Acute Inpatient Mental Health Units

Service / team

Hunter New England Mental Health Service

Presenter

Jessica Johnston

Abstract

Hunter New England Mental Health Service have implemented the Criteria Led Discharge (CLD) process in acute mental units across the HNE area. CLD is a formal inclusive process which uses agreed discharge goals to facilitate timely discharge processes. CLD improves patient experience and outcomes, reduces the overall length of staff and enhances staff experiences. Patients frequently report feeling under-involved in decisions regarding their hospital discharge plans. CLD aims to collaborate with the patient in the early stages of admission to determine an agreed set of milestones, which when met, can allow for immediate discharge, reducing the reliance on senior medical staff to facilitate. CLD aims to reduce the barriers to timely discharge of patients to their home environment. Frequently the delay in discharge procedures relies on senior medical staff to have a final review of the patient simply to authorise the discharge process. If the admission and discharge goals are transparent from the early stages of admission, the multidisciplinary team and the consumer and carers can be increasingly collaborative to facilitate timely transfers and reduce any unnecessary and potentially distressing delays. CLD has been implemented with the full support an endorsement of the HNE Mental Health Service Consumer Participation Unit. The consumer participation unit has been heavily involved in all areas of design and implementation, from the initial working party to the consumer information pamphlets and the process guideline. We aim for CL D to improve the overall experience for the consumer of the mental health inpatient stay and hope that in successful implementation we will lead the way in NSW for CLD implementation as a standard in mental health units.

Objectives
To improve consumer, staff and carer experience of mental health admissions through collaborative and transparent care planning. To demonstrate efficacy of CL D and promote implementation in mental health units across NSW. We expect to see reduced variation in discharges by days of the week and decreased overall length of stay with consistent readmission rate.

Method
Data has been collected through Patient Experience Trackers (PETS) prior to the implementation date and will be collected again post implementation. Staff experience data will be collected 3 months post-implementation. Other measures include percentage of patients discharged using CLD, transfer of care checklists, pre and post measures of patterns of admission and discharge according to weekday and time of day, compliance with clinically defined estimated date of discharge, mortality data, average admission lengths and readmission rates.

Results
Awaiting data collection which will be available by the presentation date. We expect to find CLD is associated with reduced length of stay, stability of readmission rates, increased staff and consumer satisfaction and reduced variation in discharges according to day of the week.

Breakout D #3 continued	1.30 pm

Conclusions

HNEMHS foresee improvements in overall length of stay, static readmission rates, increased consumer satisfaction with mental health services and enhanced staff experience. CLD is a more collaborative approach to care planning which incorporates the consumer and carers as part of the discharge plan from the early stages of admission. Whilst CLD has been widely implemented in general areas of health, there has been limited application within mental health services to date. HNE would like to demonstrate that CLD is feasible and worthwhile in the acute mental health setting, improving patient and staff experiences whilst reducing the burden on inpatient mental health settings.

Notes

Notes

Thank You

A big thank you to those who have volunteered and provided their expertise, support and assistance for the ACI Mental Health Innovation Showcase 2017.

ACI Mental Health Clinical Innovation Showcase Working Group	
Dr Nick O'Connor	Co-Chair ACI Mental Health Network/ Clinical Psychiatrist
Dr Tad Tietze	ACI Mental Health Network Executive Member/ Consultant Psychiatrist
Ciaran Carolan	Nursing Unit Manager - NNSWLHD
Damien McCaul	Project Manager – Inform MH
David Duerden	Service Development Manager - CCLHD
Emma Todd	Manager, J&FMHN
Garisania Chinguno	CNC – JHFMHN
Genevieve Watt	Quality & Risk Manager – SLHD
Jessica English	Consumer Advocate – WSLHD
Kathleen Schelling	ACI Mental Health Network Manager
Linda Hassett	ACI Primary Care & Chronic Services Network Manager
Lisa Carney	CNS – ISLHD
Tanya Dugard	Quality Manger – MNCLHD

ACI and other	
Uncle Chicka Madden	Welcome to Country - Aboriginal Land Council
Chris Shipway	Director, Primary Care & Chronic Services
Craig Martin	Previous ACI Mental Health Network Manager
Jenni Johnson	ACI Pain Unit Network Manager
Kelli Flowers	ACI Aged Care Network Manager
Eric Dinkin	ACI Web Team
Sarah van de Scheur	ACI Events Manager
Several other ACI staff	