Mental Health Patient Flow

A Whole of System Approach

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Northern Sydney
Local Health District

NSLHD Hospitals

- Hornsby

- Royal North Shore

- Manly

- Macquarie

- Greenwich

- Ryde

- Mona Vale

Mental Health Drug & Alcohol (MHDA)

- 4 Acute Inpatient Units

- 3 PECC Inpatient Units

- 1 MH Intensive Care Unit

- 2 SMHSOP Inpatient Units

- 1 Adolescent Inpatient Unit

- 1 D&A Detox Inpatient Unit

- 8 Non-Acute Inpatient Rehabilitation Units

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Mental Health Care

- **Psychological Treatments**

  – Long term programs mostly community based, with inpatients episodes when community treatment is not clinically appropriate.

- **Psychiatric Treatments**

  – Many conditions are not yet curable and treatment often consists of lifetime symptom control. Initial treatment is often inpatient based, followed by mostly community based treatment with inpatient episodes when community treatment is not clinically appropriate.

  – Long term inpatient rehabilitation when needed.

What does the Whole of System Include

- Whole of Hospital Services

  – ED/General Medical/Specialist Units

  – Acute Mental Health Units

  – Specialist Mental Health Drug and Alcohol (MHDA) Units

- Community MHDA Services

- GP & NGO Service Partners

- Emergency Services/Other Government Agencies

- Consumer, Family & Carer Peak Bodies

MHDA Patient Flow Initiatives

- Introduction of NEAT weekly reporting to area MHDA including reasons all MHDA patients in ED over 4 hours.

- Introduction of Monthly NEAT performance reports from area MHDA.

- Introduction of Monthly Average Length Of Current Stay (ALOCS) reports (Midnight status on last day of each month). Reduction of over 10 days per bed.

- Manly NEAT Project. ED Pathways for Toxicology & alternatives to sedation in ED.

- RNSH ED MH Diversions Initiative.

Working towards a Whole of System Approach in Daily Reporting

- Daily Bed Report expanded to include

  - ED data according to NEAT, EAP & 24 hour breach

  - Acute Mental Health Inpatient Beds

  - Specialist MHDA Unit Beds

  - Non-Acute Mental Health Inpatient Beds

  - All Inter-Hospital MHDA patient transfer requests.

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Working towards a Whole of System Approach in Non-Acute Reporting

- Monthly Non-Acute Report expanded to include

  – Performance tracking of all Non-acute transfer requests

  – Discharge planning from Non-Acute Units

  – MHDA Residential Bed numbers including HASI+ occupancies.

A Whole of System Approach & the Patient Flow Portal (PFP) for MHDA

- Electronic Patient Journey Board (EPJB) Implementation

  – Implemented in 2 acute units with plans to roll out in another 5 acute inpatient units, 5 MHDA specialist inpatient units and if possible 8 non-acute inpatient units

- Upgrades requested to the Ministry of Health to improve PFP EPJB functionality such as Legal Status.

- PFP Waiting for What Categories Procedure for MHDA in NSLHD to guide accurate reporting of patient flow barriers in MHDA.

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PFP Waiting for What

- Waiting for What data entry being integrated into clinical care processes.

- Waiting for What reports incorporated in partnership meetings at both a operational and strategic level.

- Waiting for What reports are now used to advocate for services for MHDA consumers and to ensure accountability and transparency.

- Waiting for What reports to be used to identify trends associated with Patient Flow Barriers.

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System Limitations for a Whole of System Approach

- Electronic Medical Record (eMR) System

  – Works across Inpatient and Community Services

  – minimal integration across LHDs

  – No integration with NGO Service Partners.

- Patient Flow Portal

  – Integrated across NSW Health, dependant on access.

  – Inpatient based, but could expand to Community Services.

  – No integration with NGO Service Partners, but can generate reports for partner meetings.

Aspirations for the Future

- Patient Flow data utilised with all service partners to drive better access to services.

- Patient Flow information sharing across LHDs to identify trends and common areas of core patient care and service delivery need.

- More formalised networking across LHDs between MHDA services to share ideas and strategies to achieve better access for our patients/consumers.

Thank you

Questions

Comments/Thoughts

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