

# Whole of Health Program

## Mental Health Project

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# A Quick Recap:

- Established July 2014
- Site Visits
- Establishment of Key Themes
- Data
- Engaging with LHD's

# MH Data

- Baseline MH Data
- MH Weekly Snapshot
- Data Coding

XXX Hospital				
Measurement / Performance Indicator	This Week	Last Week	Current Calendar YTD	Last Calendar Year
	03/03/2014 - 09/03/2014	24/02/2014 - 02/03/2014	01/01/2014 - 09/03/2014	01/01/2013 - 31/12/2013
ED MH Presentations				
Total ED MH Presentations as a % of Total ED Presentations				
ED MH Admissions to Facility				
Total MH Admissions to Facility				
Total ED MH Admissions as a % of Total ED Presentations				
ED MH Did not Wait / Left at Own Risk				
Total ED NEAT All Patients				
Admitted				
Non - Admitted				
Total MH NEAT Patients				
All MH				
MH Admitted				
MH Non - Admitted				
ED MH Time referred to time seen				
MH ED ALOS hrs (admitted and discharged)				
Number of MH patients staying in ED over 24 hrs				
MH Admissions to EMU from ED				
MH Admissions to EMU from ED as a % of total ED Presentations				
MH Admissions to GMU/CDU from ED				
MH Admissions to GMU/CDU from ED as a % of total ED				
Total number of MH patients admitted to PECC (Bed Type 85)				
PECC % occupancy				
Acute MHIPU ALOS [days]				
Total Inpatient MHU Separations				
Acute MHIPU % Occupancy				
LHD Self Sufficiency				
Peak Acute MHIPU Discharge Time				
Total number of MH patients who used Hospital Discharge Lounge				
ED MH Representations				
ED MH Readmissions				
ED MH Readmissions as % of total ED Readmissions				

# MH Patient Flow Key Themes

- Transportation in Rural Areas
- Management of Complex Clinical Needs and Challenging Behaviour
- Physical Assessment of Mental Health Patients
- Children and Adolescents
- Access to State-wide beds
- Governance Structures
- Lack of Suitable Discharge Options

# Emergency Department Mental Health Processes

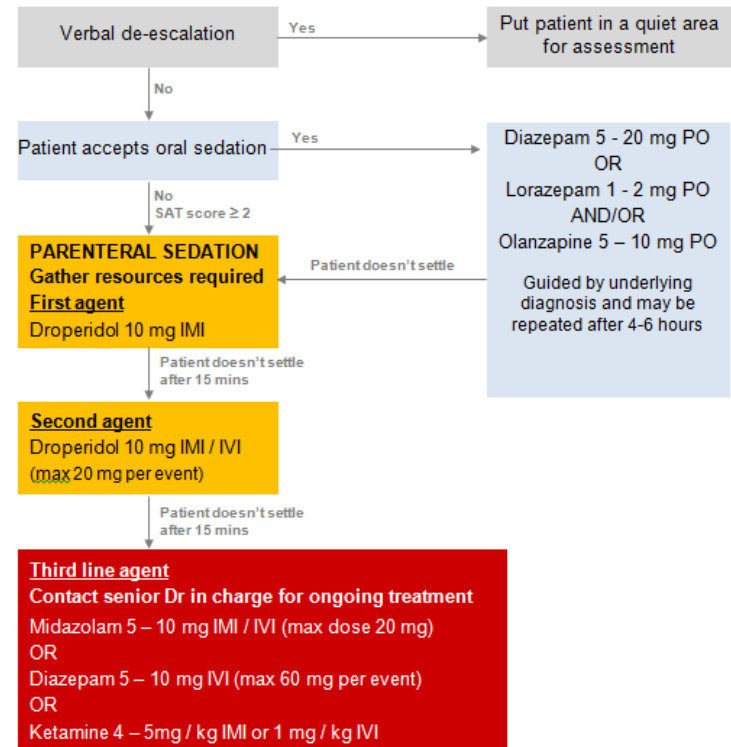


- WOHP Master Class 5
- Physical Assessment of Mental Health Patients
- Management of Complex Clinical Needs and Challenging Behaviour

# ABD Sedation algorithm

- Developed by Clinicians
- Evidence Based
- Simple and easy to use
- Adaptable to facility setting
- Adaptable to patient

## ADULT SEDATION ALGORITHM FOR AN ACUTE BEHAVIOUR DISORDER PATIENT IN THE EMERGENCY DEPARTMENT



- Use five point immobilisation restraint for sedation purpose: one on each limb & head
- Do not restrain patient in a prone position
- Aim for SAT score 0 or -1 or -2
- Half the dose if patient > 65 years or no known use of benzodiazepines or antipsychotics
- Monitor vital signs and SAT score as per Sedation Assessment Tool post EACH sedation dose 5 minutely for 20 min, then every 30 min for 2 hours
- Urgent clinical review by senior medical officer if parenteral benzodiazepines are used & respiratory depression noted (e.g. SpO2 < 95%, RR < 12 or patient appears poorly perfused)
- Benztrapine 1-2 mg IMI / IVI may be given for acute dystonic reaction of Parkinsonian symptoms

# MHDAO, ACI, WOHP, LHD's Joint Working Parties

- **Clinical Guidelines:**
  - Emergency Department Sedation Guidelines for Acute Behavioural Disturbance
  - Physical Assessment of patients presenting to ED with a primary Mental Health problem
  - Care Pathways for patients presenting with clinically complex needs and challenging behaviours
- **MHDAO:** ED Red book, PECC Model of Care Guidelines

# Transfer of Care Pathways

- Lack of suitable discharge options
- Access to state-wide beds
- Utilisation of Patient Flow Portal in MHIPU's
- Criteria Led Discharge





# Child & Adolescent Mental Health

- Increasing Presentations, Increasing Complexity
- Access to CAMHS Inpatient Beds
- Rapid Response, Assertive & Acute Intervention
- Increasing demand on Adult MH Services

# MH-CYP & WOHP

- Joint MH-CYP/WOHP site visits: what's working well?
- Share learning across network and workshop solutions
- Support LHDs/Specialist Networks to improve access to and efficiency of community-based CAMHS, including implementation of previously successful models
- Further develop and test community-based acute response models (including after-hours responses)



# Whole of Health- Mental Health Work Plan

- Data Analysis: Weekly Snapshot, Discharge Delay Data, Improved Data Quality
- Streamline & Standardise ED MH Processes
- Improving Discharge Processes for Acute Inpatient Services through CLD & Patient Flow Portal
- Improving Community Responses for Children and Young People
- Support Local Innovation and Clinical Redesign

# Exciting Times

- MH Strategic Plan
- ACI MH & D&A Networks
- Integrated Care
- WOHP Mental Health Project



# Questions...



# Thank you

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