

KALM

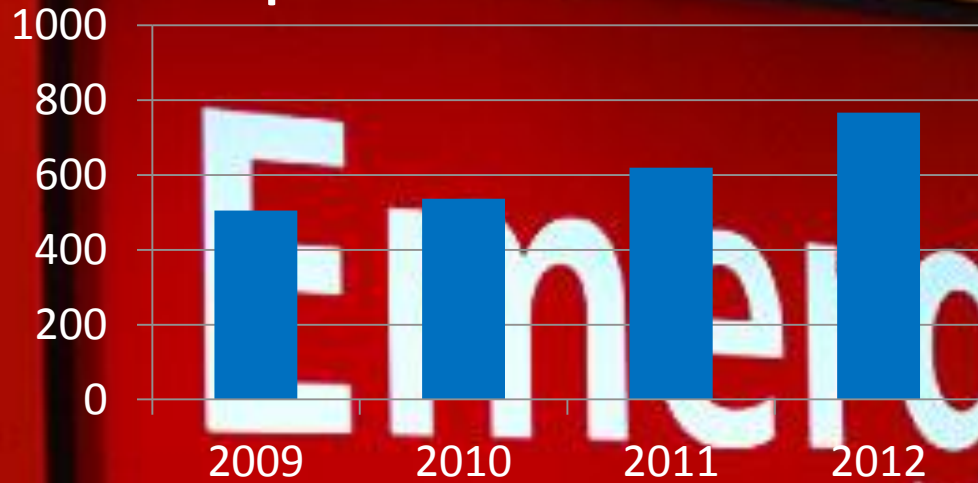
Kids Acute Liaison in Mental Health



Karen Munro on behalf
of Cassie Hainsworth



Annual ED mental health presentations



Project Goal

“To improve the model of care for children and adolescents presenting to The Children’s Hospital at Westmead Emergency Department requiring urgent mental health care.”



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Information gathering / diagnostic tools



Literature Review



Data Analysis



Stakeholder Consultations and Mapping of Existing Services

Patient Interviews



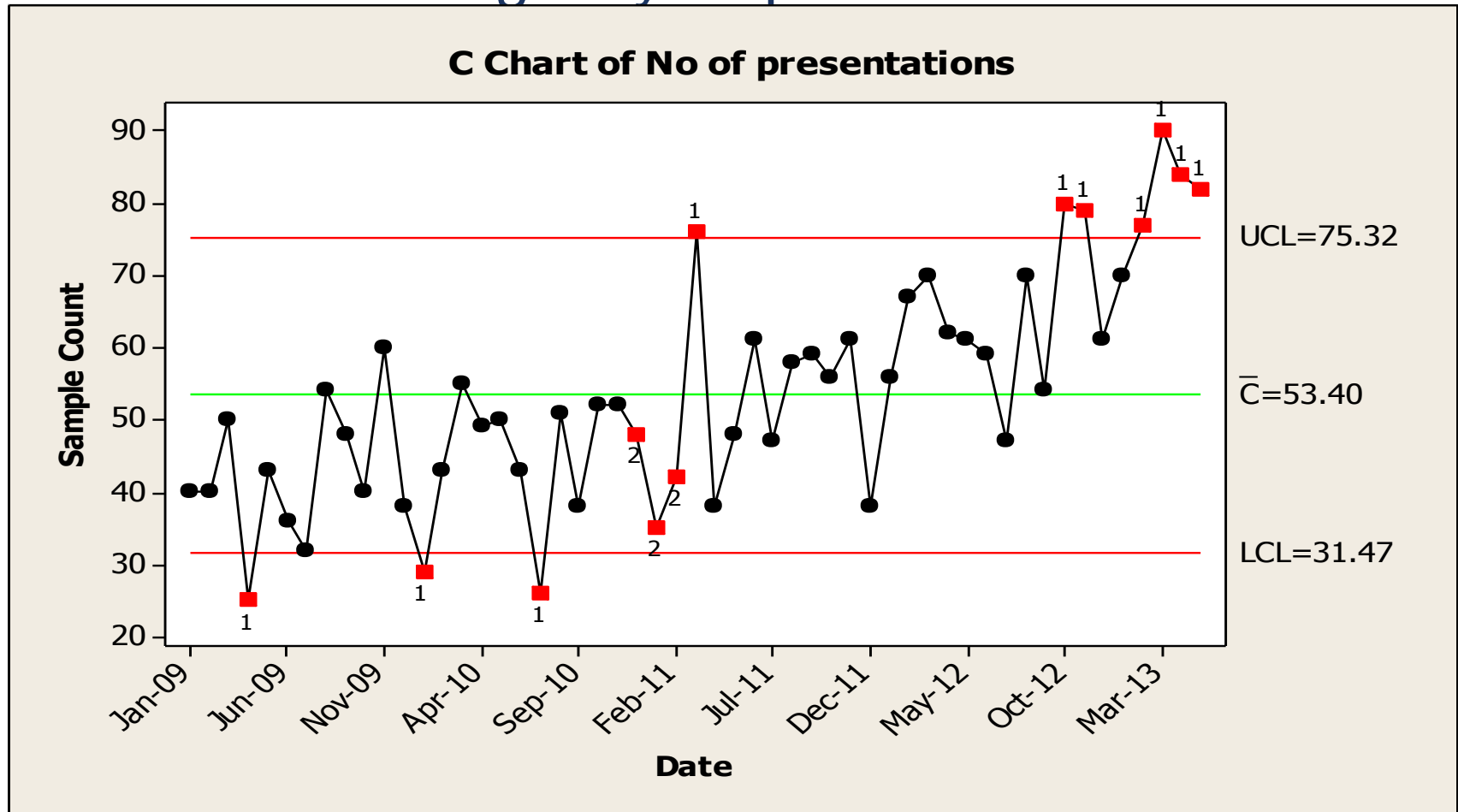
Clinician Consultations with Specialty Teams



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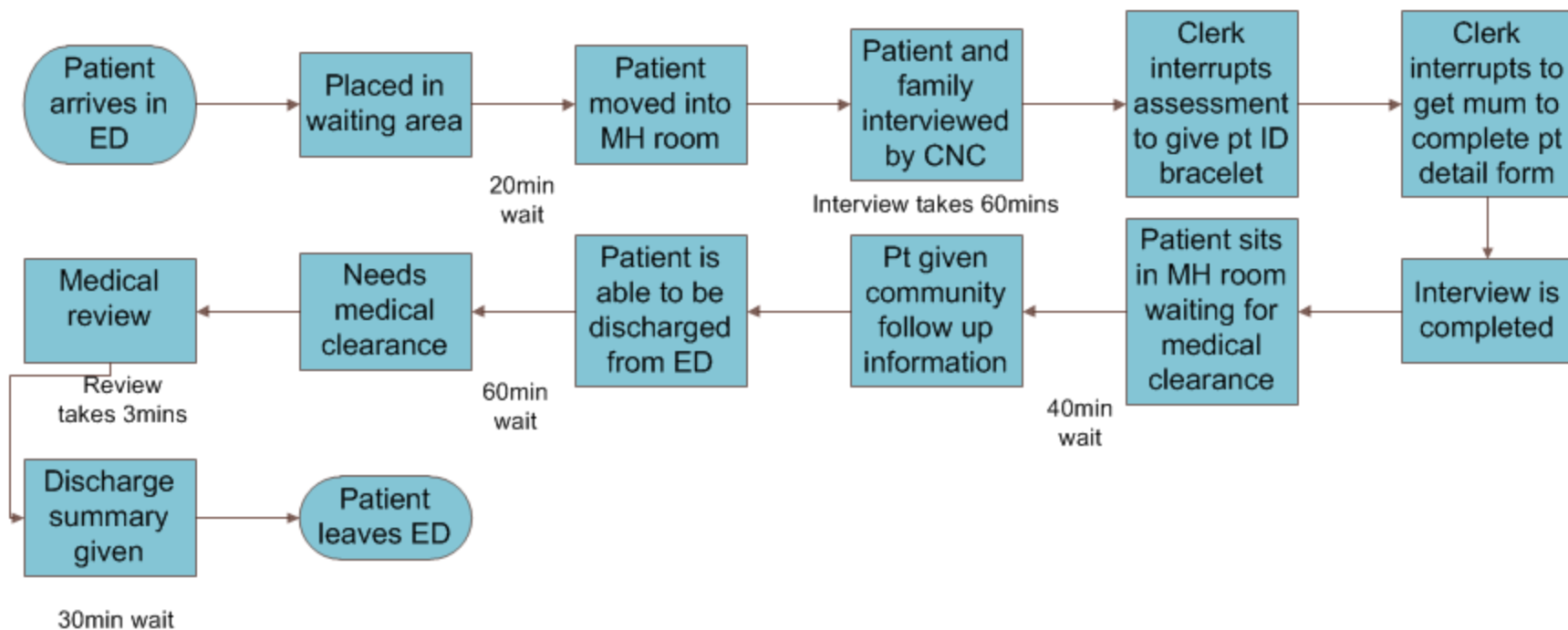
Number of Monthly Mental Health Presentations to the Emergency Department at CHW



Patient tag along

Patient tag along

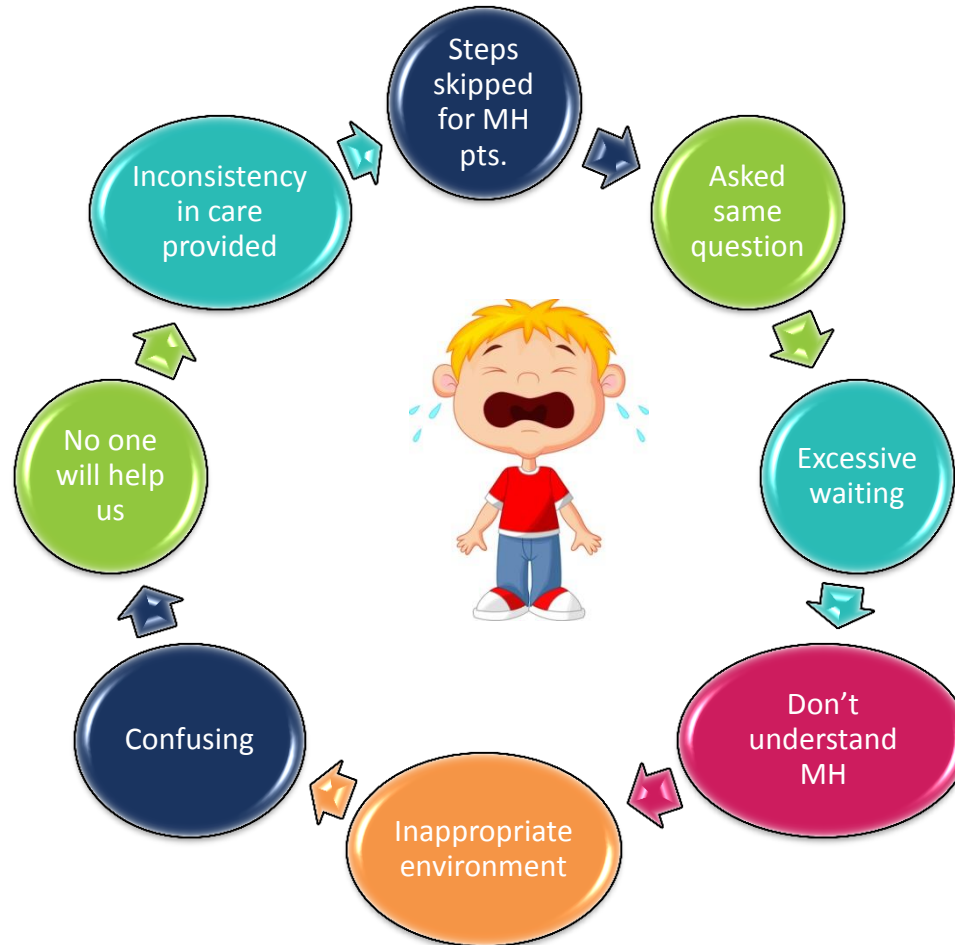
Patient journey



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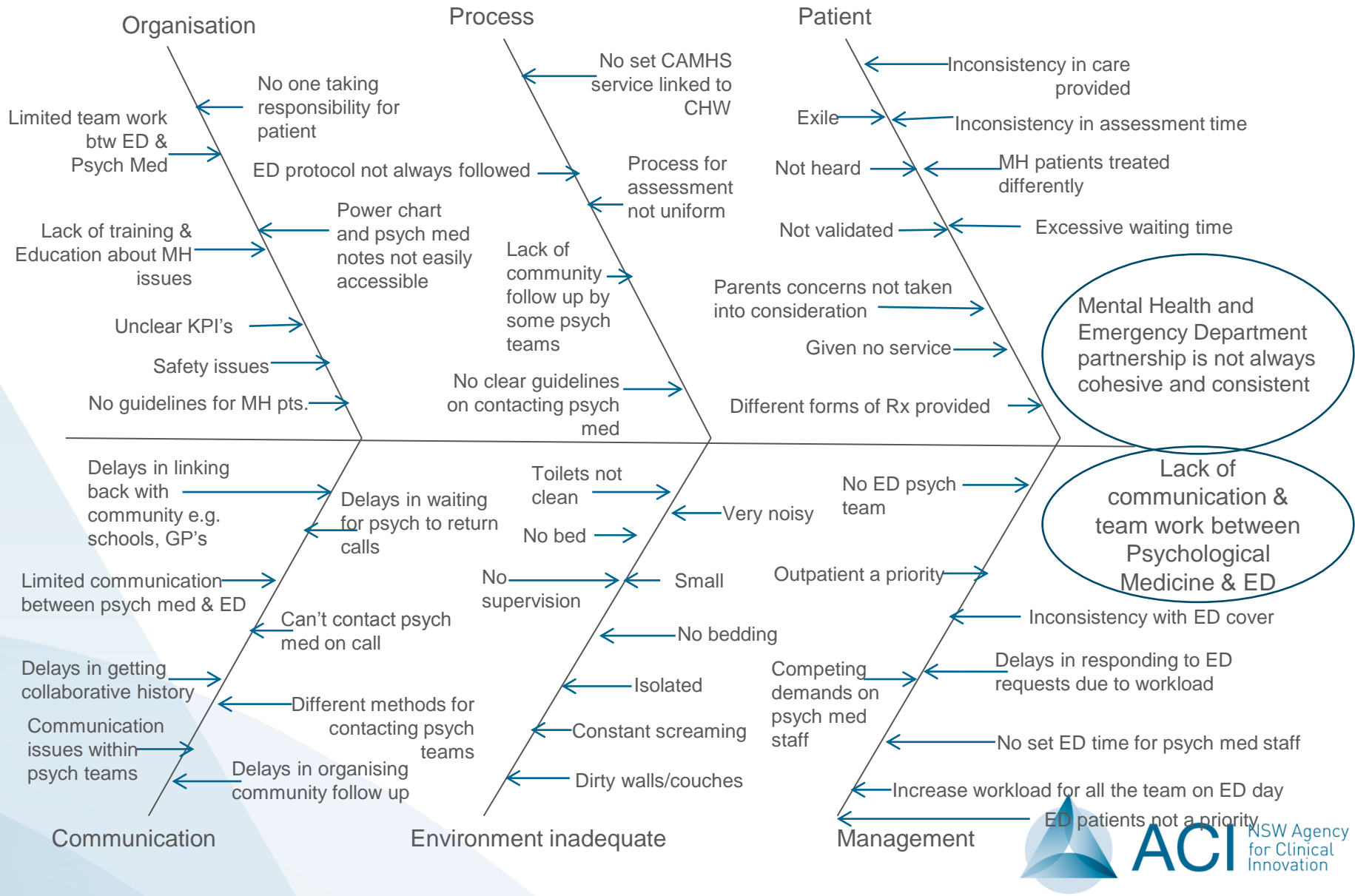
Patient perspective



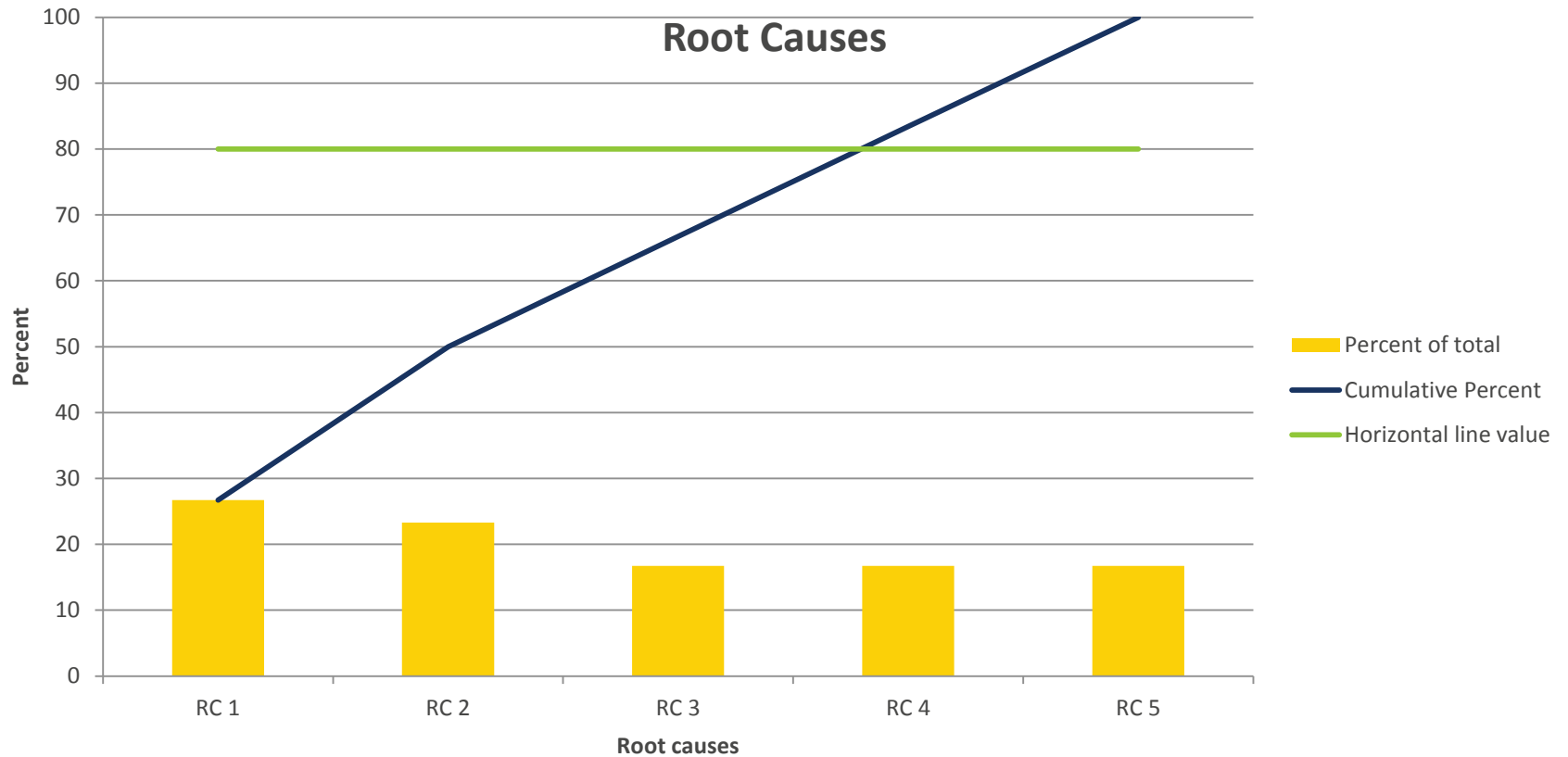
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Cause and Effect Analysis



Pareto Chart



Key Issues

- ❖ Confusion re: roles of ED and Psychological Medicine and lack of communication
- ❖ Inconsistent Psychological Medicine practice in ED
- ❖ Low ED ownership of Mental Health patients
- ❖ Model and practice of care not patient focused



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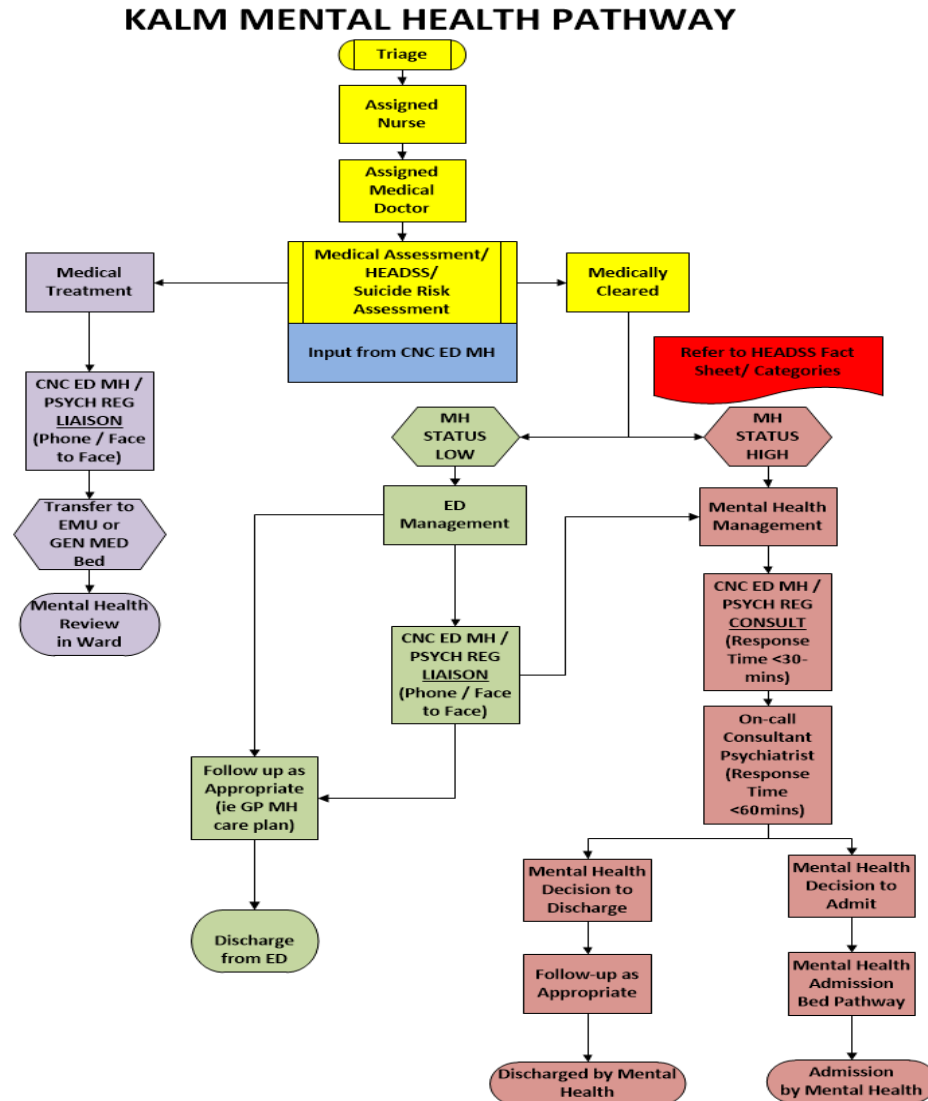
Project Objectives

- Development of agreed care pathway between Psychological Medicine and Emergency Department
- Timely service provision: Improvement in NEAT
- Adherence to new model of care
- Emergency Department medical staff complete MSE on 75% of Mental Health presentations
- Improve Psychiatrist response times to ED consultation request
- Improve Psychiatric Registrars response time to ED consultation request



Key Solutions

1. Development of KALM pathway and guideline
2. Implementation of KALM pathway
3. Implementation of the HEADSS assessment tool for ED staff



Summary of Key Solutions

4. Allocation of Mental Health patients to high or low status by Emergency Department staff based on agreed categories
5. Education package and training to all staff
6. Establishment of agreed KPIs for Psychological Medicine response to Emergency Department consultation requests



Adolescent Psychosocial Assessment	
H	- Home
E	- Education and Employment
E	- Eating and Exercise
A	- Activities and Peer Relationships
D	- Drug Use
S	- Sexual Activity and Sexuality
S	- Suicide, Depression and Mental Health
S	- Safety and Spirituality

Risk Assessment	
Suicidal ideation	- Suicidal intent
Current plan	- Risk of others

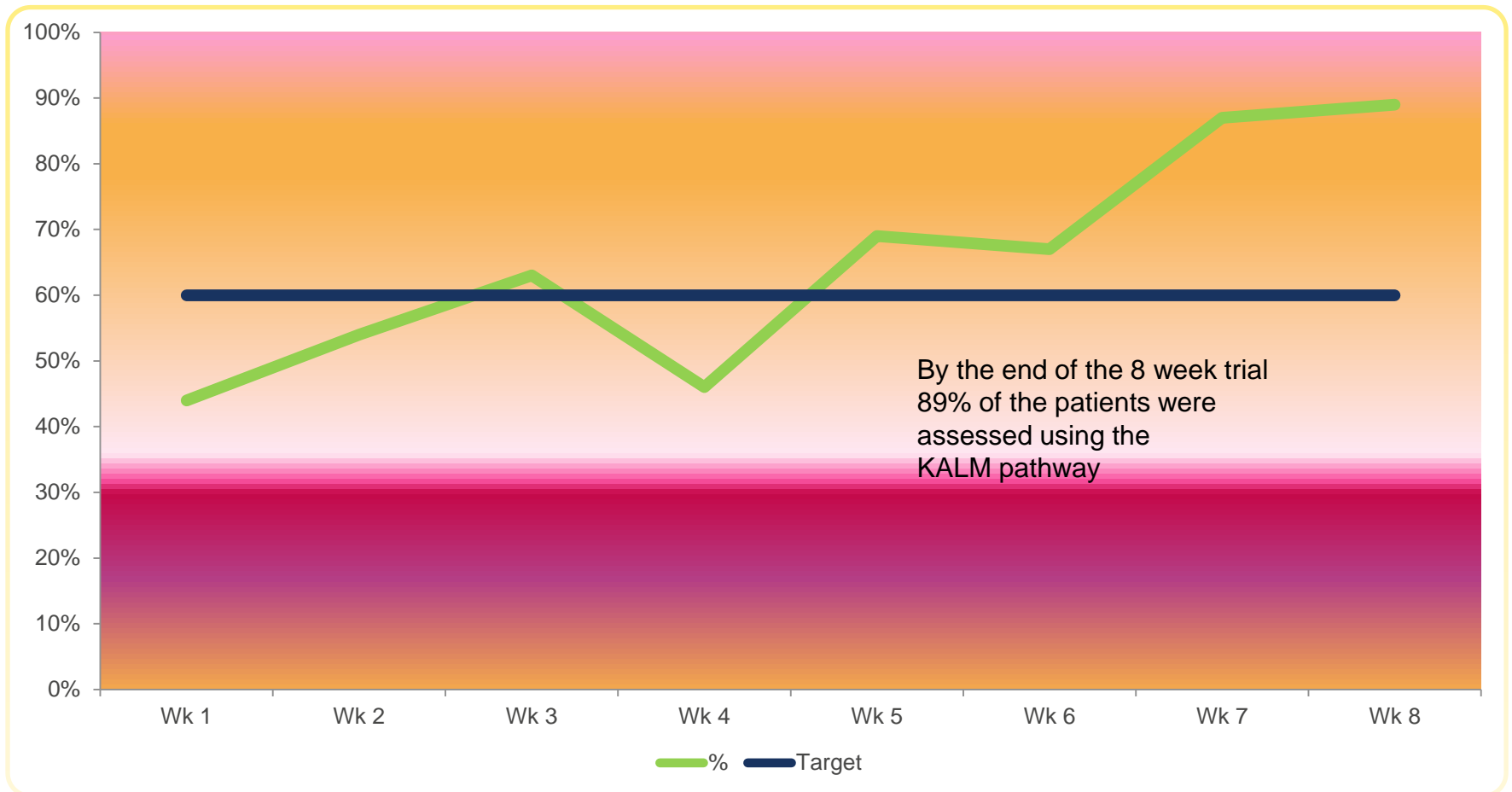


Implementation



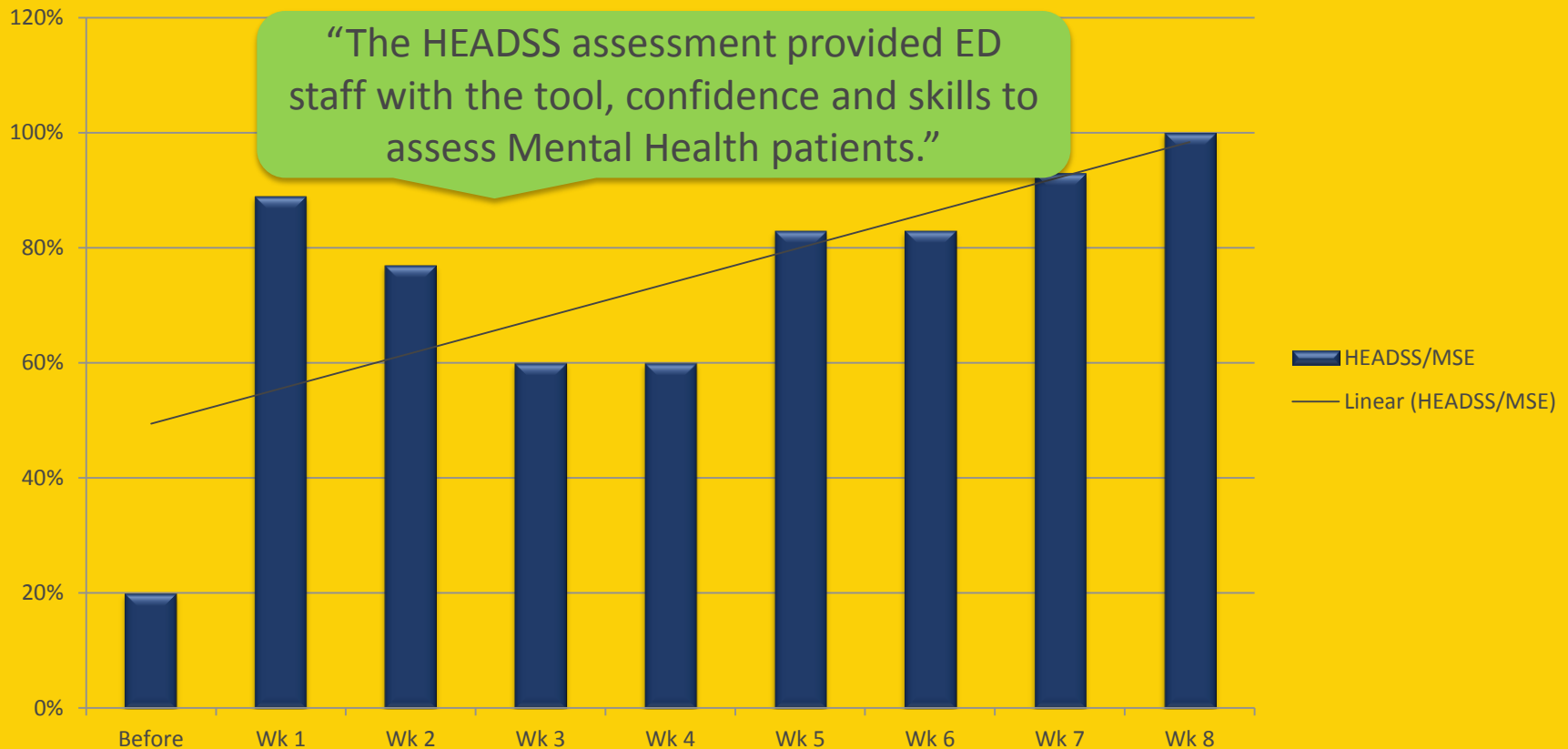
- The KALM pathway and guideline was trialled for 8 weeks
- Weekly auditing of all mental health presentations during trial period with regular feedback on issues provided to management
- All staff were given the opportunity to provide feedback
- Fortnightly meeting between the management of both departments to increase collaboration and communication
- KALM pathway and guideline was adjusted and improved as issues arose
- Rewards and feedback given to staff that were following KALM guideline
- Regular education in the ED for increased adherence to pathway

Results - New Model of Care KALM Pathway



Results - HEADSS/MSE

Number of HEADSS or MSE completed by ED medical staff per week

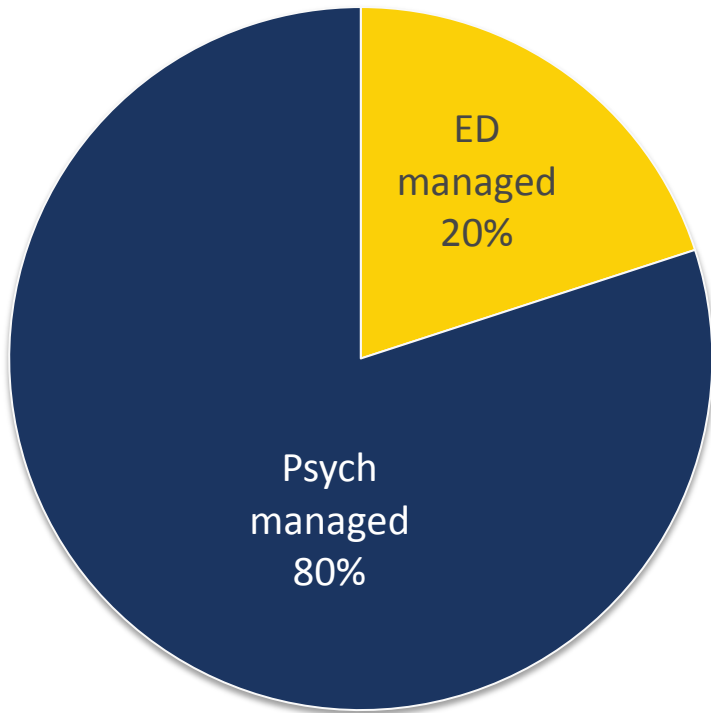


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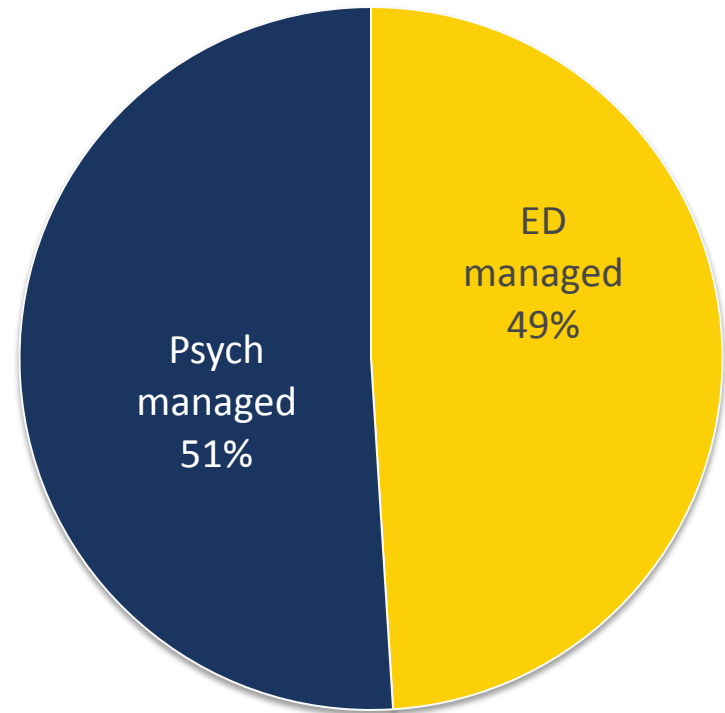
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Results - Mental Health Presentations in the ED

2012 Sample



KALM Trial



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Results - Response Time



Psychiatry Consultants responded to ED consultation within 60 minutes 100% of the time



In close second we have the Psychiatry Registrars responded to ED consultation within 30 minutes 95% of the time by phone



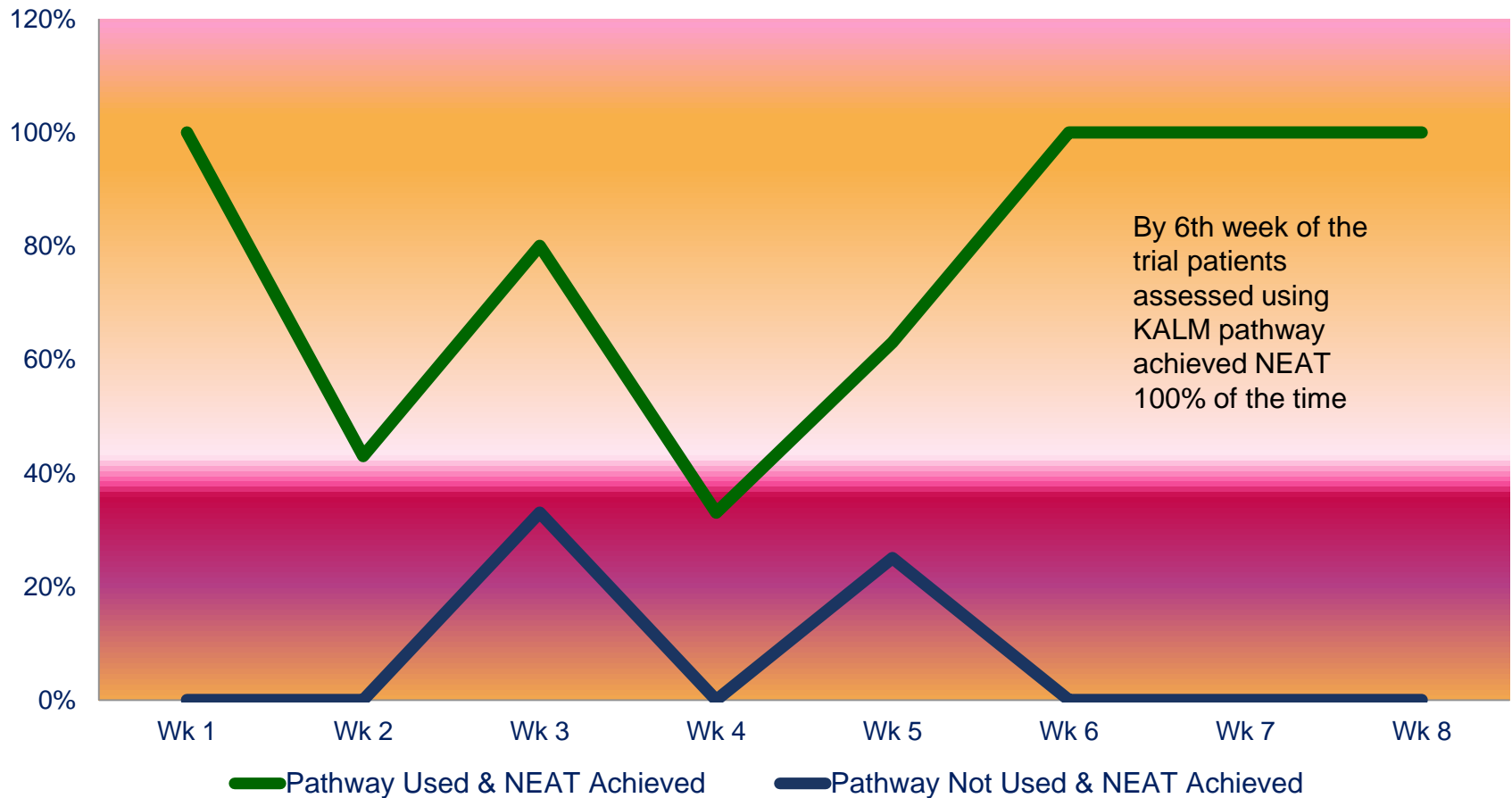
In third place is Psychiatry Registrars who attended ED within 60 minutes 60% of the time



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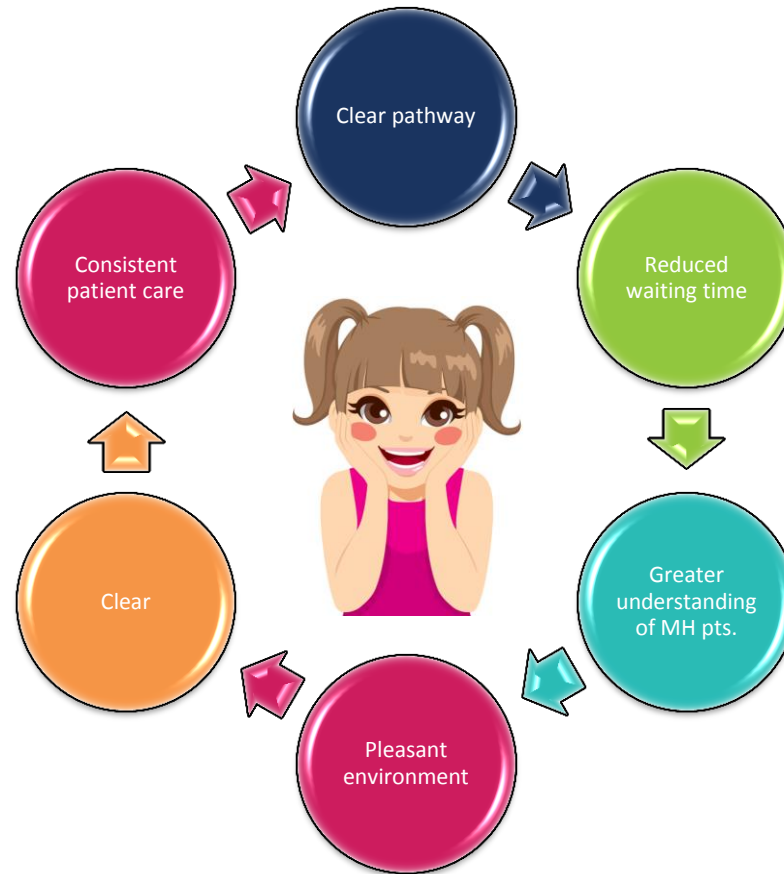
Results - KALM Pathway & NEAT target



Flow of Mental Health Patients in the Emergency Department



New Patient Experience



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Results Summary - KALM pathway and NEAT



89% of MH presentations were assessed using the KALM pathway in week 8



100% of the MH presentations that were assessed using the KALM pathway met NEAT over the last 3 weeks of the trial



ALL MH presentations had a brief HEADSS or Mental Status Examination conducted by ED medical staff by week 8



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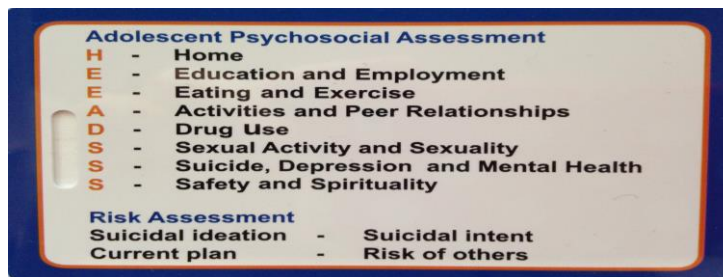
Summary of trial results

- Pathway established
- Reduced waiting time for patients
- 60% saving in overtime for Psychiatry Registrars
- Emergency staff equipped to assess and manage 'low' category mental health presentations discretely
- Mental Health service KPIs re response time for 'high' category patients
- Clarity of role between the Emergency Department and Psychological Medicine
- Governance to adjust pathway as required and sustain practice

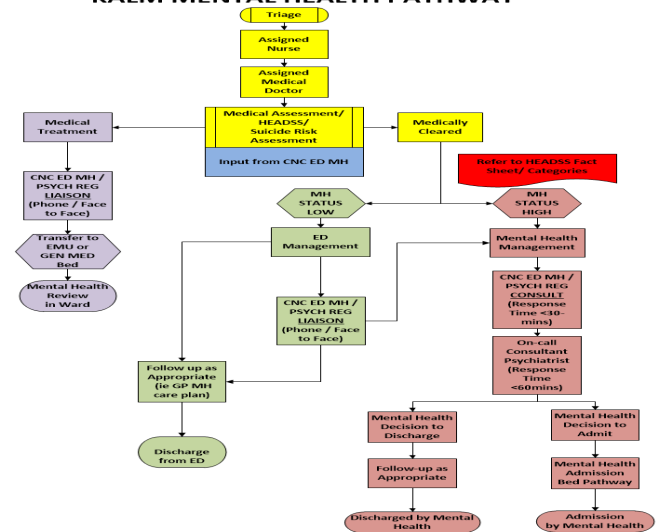


Sustainability after trial

- Transitioned the KALM pathway to a business as usual focus. It has become the tool through which ED & Psychological Medicine collaborate
- KALM pathway incorporated into education and training package for all new staff in the ED and Psychological Medicine
- Ongoing monitoring re: adherence to pathway and KPIs by Mental Health CNCs
- KALM pathway and guideline policy document with built in review process
- Establishment of ongoing governance structure



KALM MENTAL HEALTH PATHWAY



CURRENT STATUS

2015



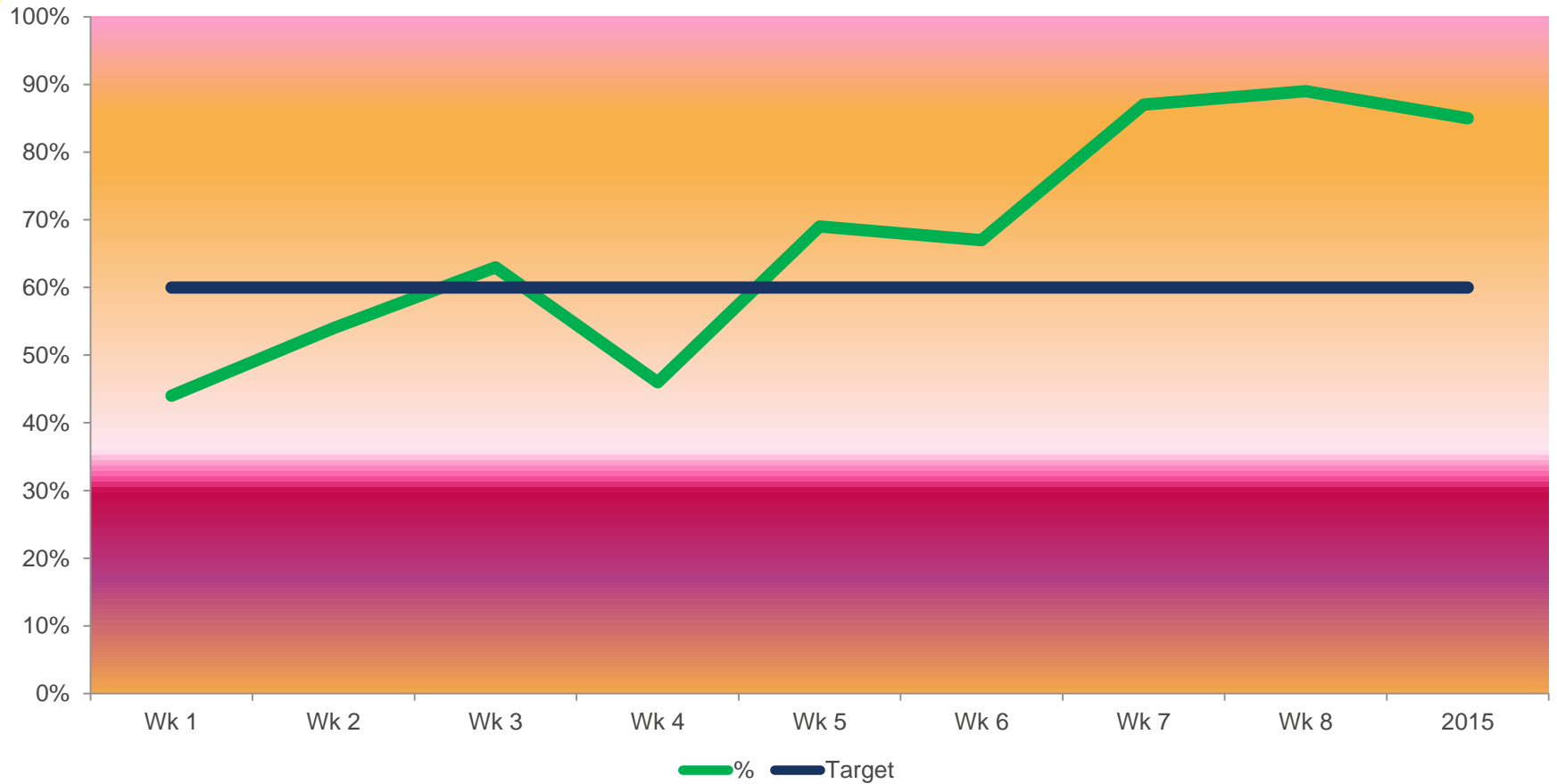
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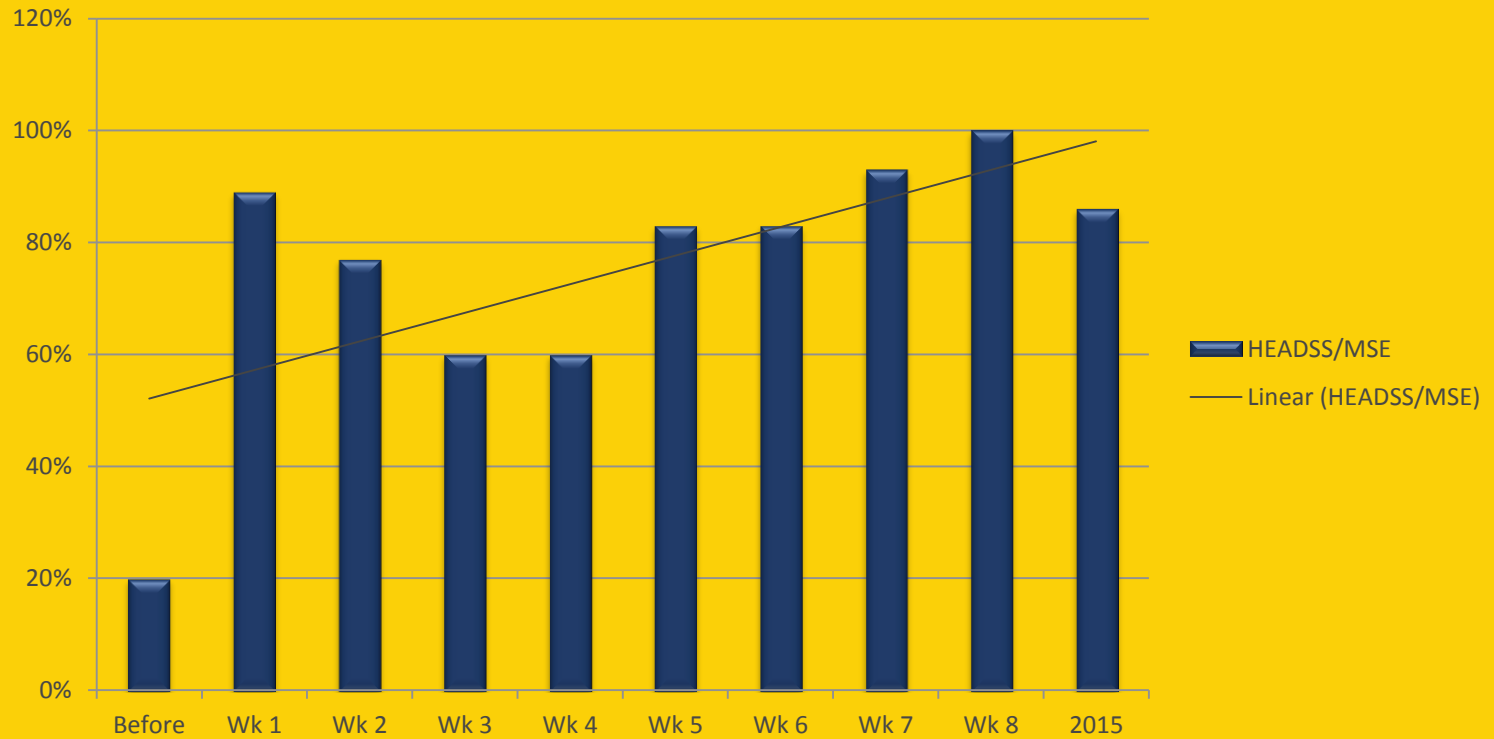
ED Mental Health Presentations



KALM PATHWAY



HEADSS/MSE RESULTS

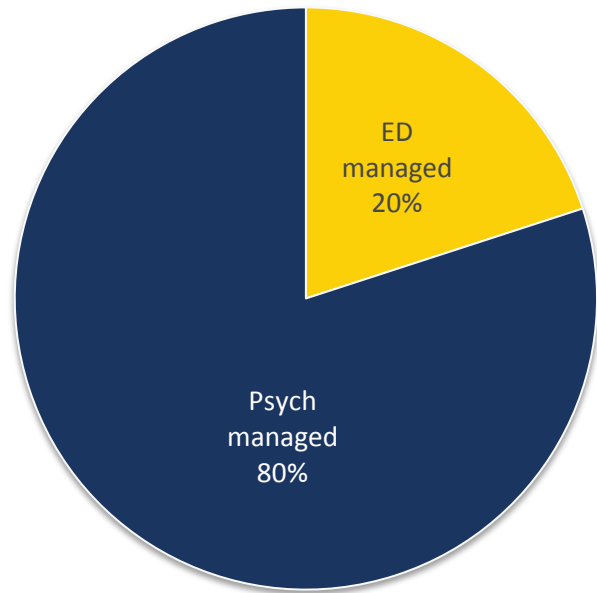


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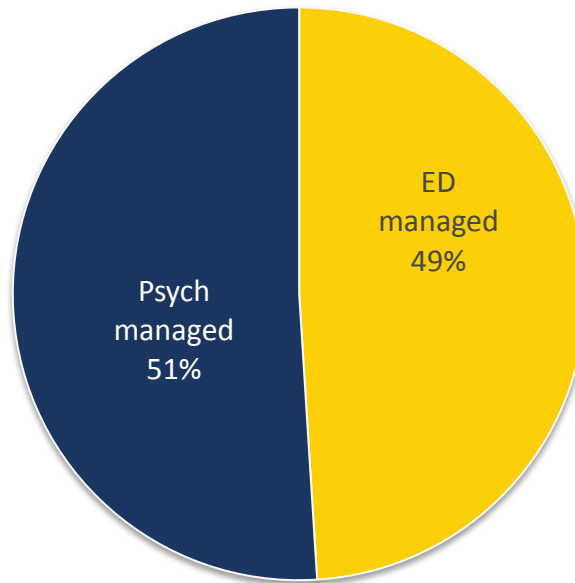
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Mental Health Presentations in the ED

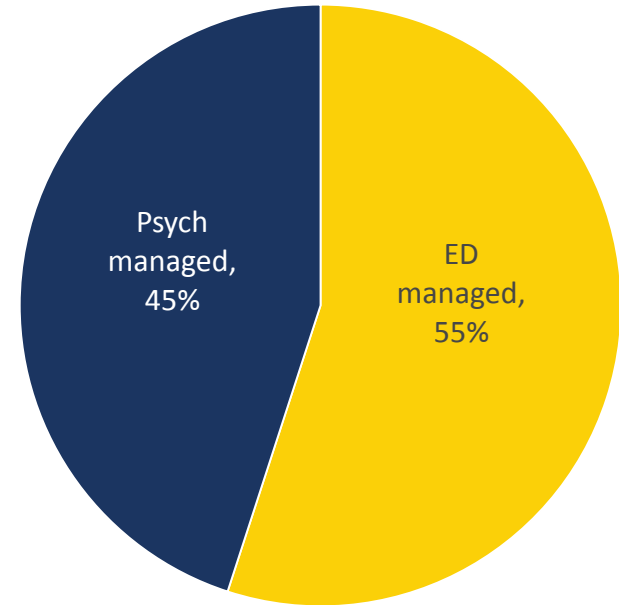
2012 Sample



KALM Trial



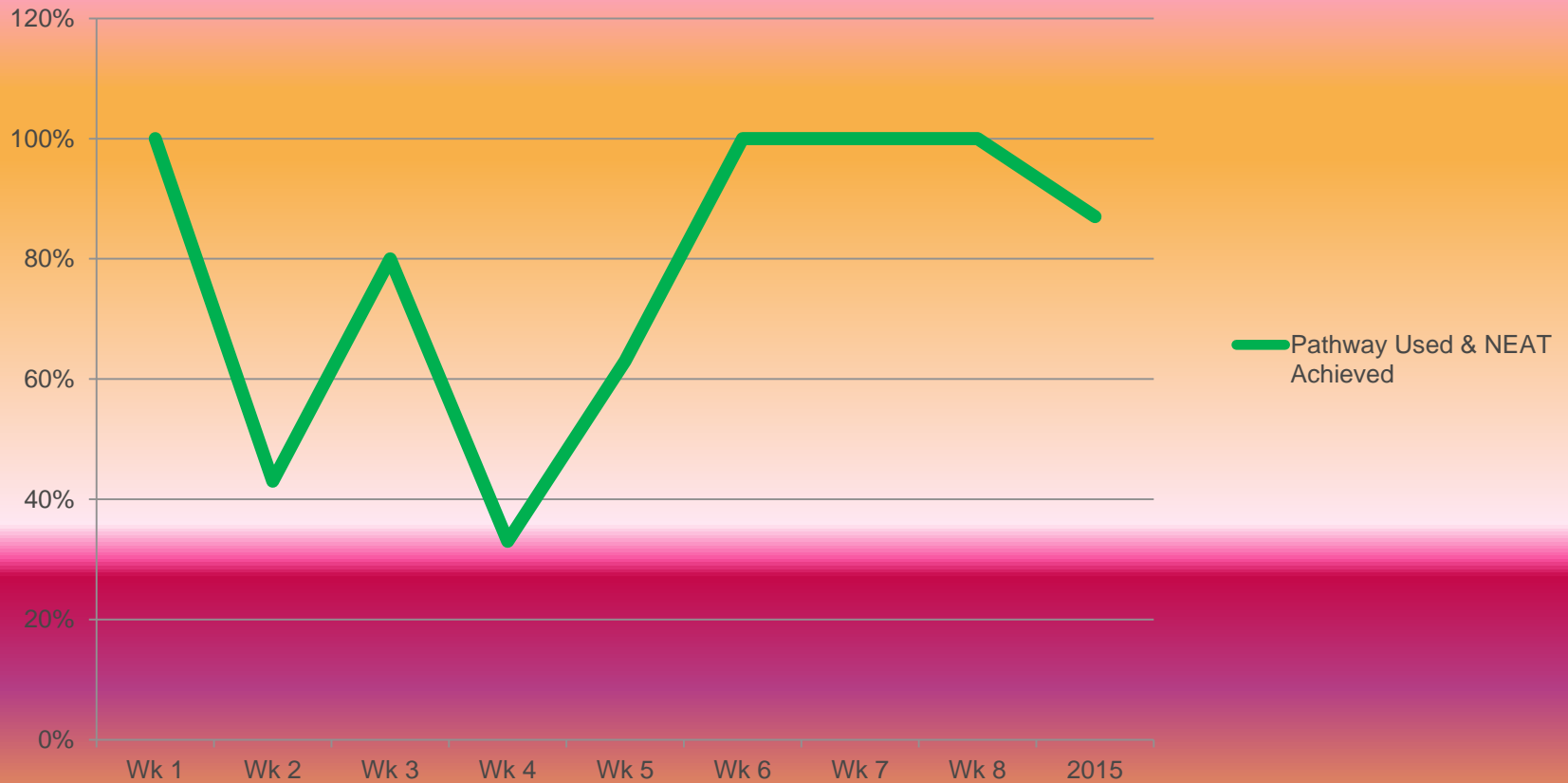
Projected 2015



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KALM Pathway & NEAT target



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CURRENT ISSUES IDENTIFIED

- Continued increase in total Mental health presentations
- Increase in the number of multiple presentations
 - 27 patients presented to ED 2 or more times over a 12 week period
 - 1 patient presented to ED 10 times in the last 12 weeks
- Increase in the number of Eating Disorder presentations
- Increase in Out of home presentations
- Long length of stay for admitted patients



AREAS TO FOCUS ON

- Lack of inpatient beds in NSW continues to impact the length of stay in the ED and capacity to meet NEAT
- Regular training and education to ED and Psychological Medicine staff
- Develop information package and app for community referral options
- Need standardised admission process for Adolescent MH units
- Development of a Mental Health Strategic Plan for the Department of Psychological Medicine

