# Improving Mental Health Patient Flow

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# Why change?

- Demand
- Quality
- Families & Carers
- Access





## Patient Flow Philosophy







# **Principles**

- Patient focused, recovery oriented
- Community and Inpatient teams
- Uses the least restrictive option
- Admissions are prioritised
- 4 hour discharge disposition
- No disadvantage to General Hospital





#### Patient Flow Initiatives

### IT Solutions

- Mental Health Information Navigation Dashboard
- Patient Flow Tracking Demand and Capacity
- · Patient Flow Portal
- Patient Journey Board

#### Processes

- Handover
- · Daily Bed Management meeting
- Weekly Bed management meeting > 50 days
- Weekly Bed management NEAT breaches > 4hrs

## Capacity

- State Average
- · Speciality beds





	ED	>4 hours	>24 hours	Available Beds	Admission	Confirmed Discharge		Leave	LOS >50 days	Out of Area Patients	Outliers in LHD	CYMHS	Specials	Staffing Issues	Sleepout	Backflow	Bedbase
BM													•				
Nepean																	
Hawk																	
Lithgow																	
BM																	15
OPMHU																	12
PECC																	6
Acute																	32
HDU																	12
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	77
Current Bed Balance	BM	OPMHU	PECC	Acute	HDU	Potential Bed Balance	BM	OPMHU	PECC	Acute	HDU	From/To	BM	OPMHU	PECC	Acute	HDU
	0	0	0	0	0		0	0	0	0	0	BM					
Total	0					Total	0					OPMHU					
												PECC					
												Acute					
												HDU					
												Total	0	0	0	0	0

































