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 ETP breaches > 4hrs

Capacity

- State Average
- · Speciality beds

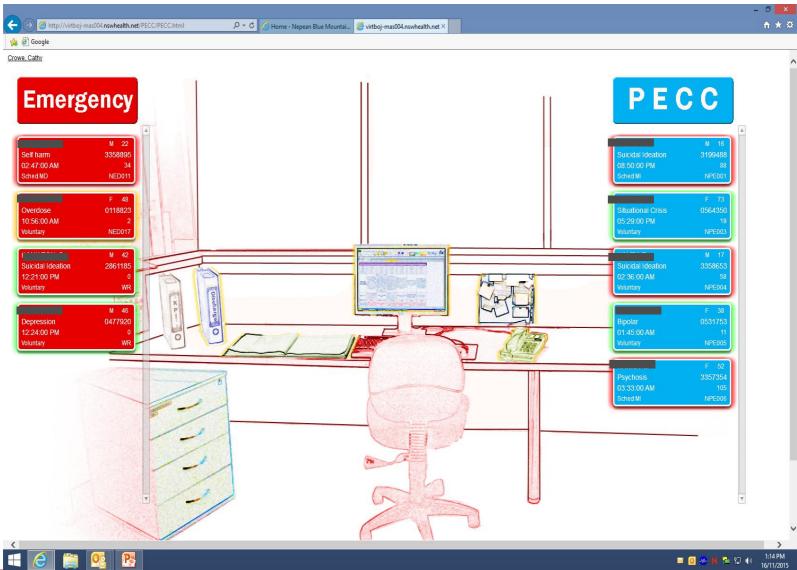




	ED	>4 hours	>24 hours	Available Beds	Admission	Confirmed Discharge		Leave	LOS >50 days	Out of Area Patients	Outliers in LHD	CYMHS	Specials	Staffing Issues	Sleepout	Backflow	Bedbase
BM													•				
Nepean																	
Hawk																	
Lithgow																	
BM																	15
OPMHU																	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

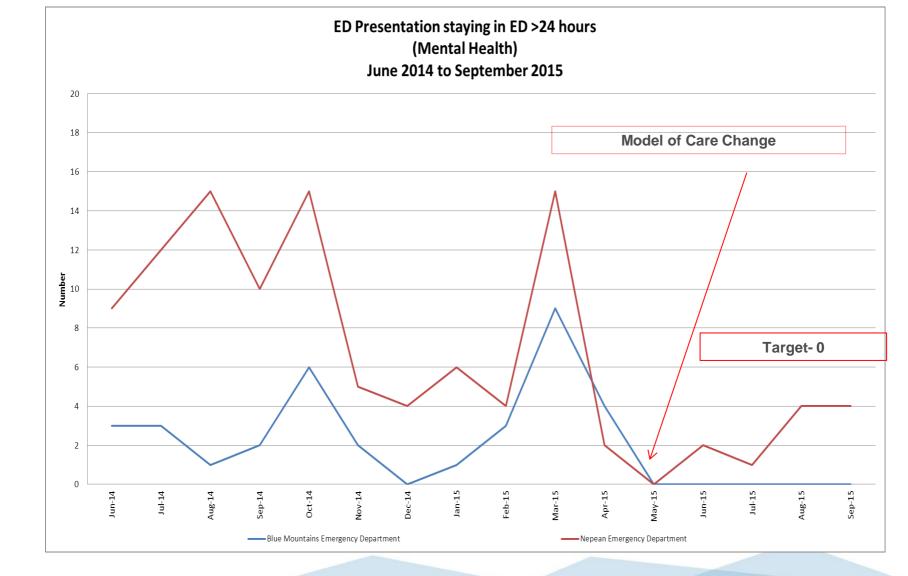






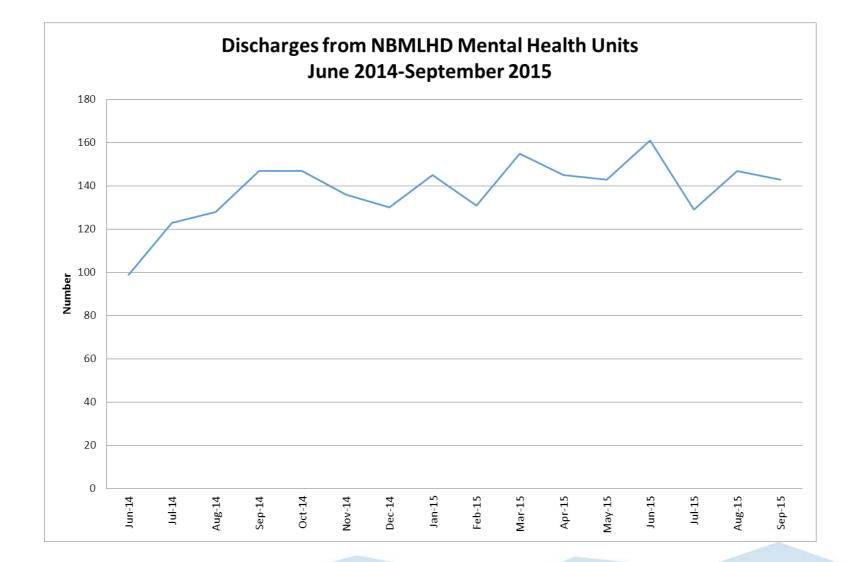






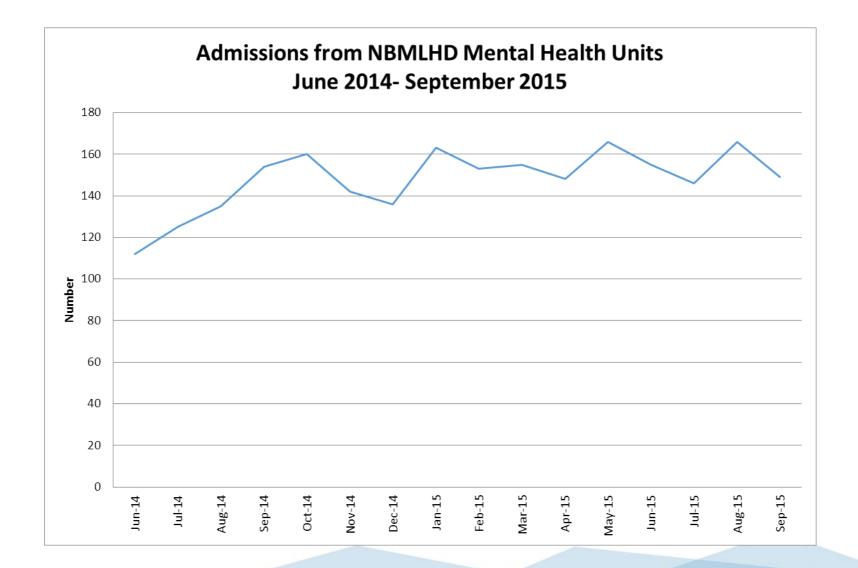






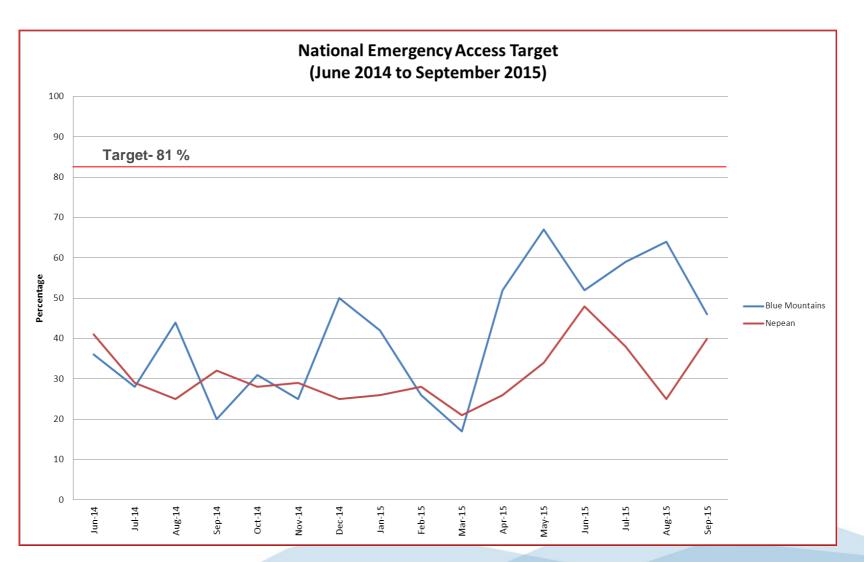
















March 2016 Trial Strategies

- 6 weeks CNC after hours in ED to assist with assessment
- After Hours Nurse Manager (Extended Hours) to manage patient flow
- Access teams to trial in reach to Police Stations taking the assessment to the patient rather than the patient to the ED





2016 – the work in progress

- Criteria Led Discharge
- Utilising Group Homes for easy access Community Rehabilitation
- Year of the Family focussing on Families & Carers how to involve them in the routine.....





Thankyou any questions



