

Designing Improved Clinical Pathways through Mental Health Non-Acute Rehabilitation Units

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**Whole of Health Program
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Health
Western NSW
Local Health District



Health



Bloomfield Hospital Non-Acute Rehabilitation Units

64 Mental Health State-wide Non-acute Rehabilitation Beds

- Manara Clinic 16 bed, male unit 3-6 month length of stay
- Turon House 16 bed, female unit 3-6 month length of stay
- Castlereagh Unit 20 bed, male medium secure unit 1-2 years length of stay

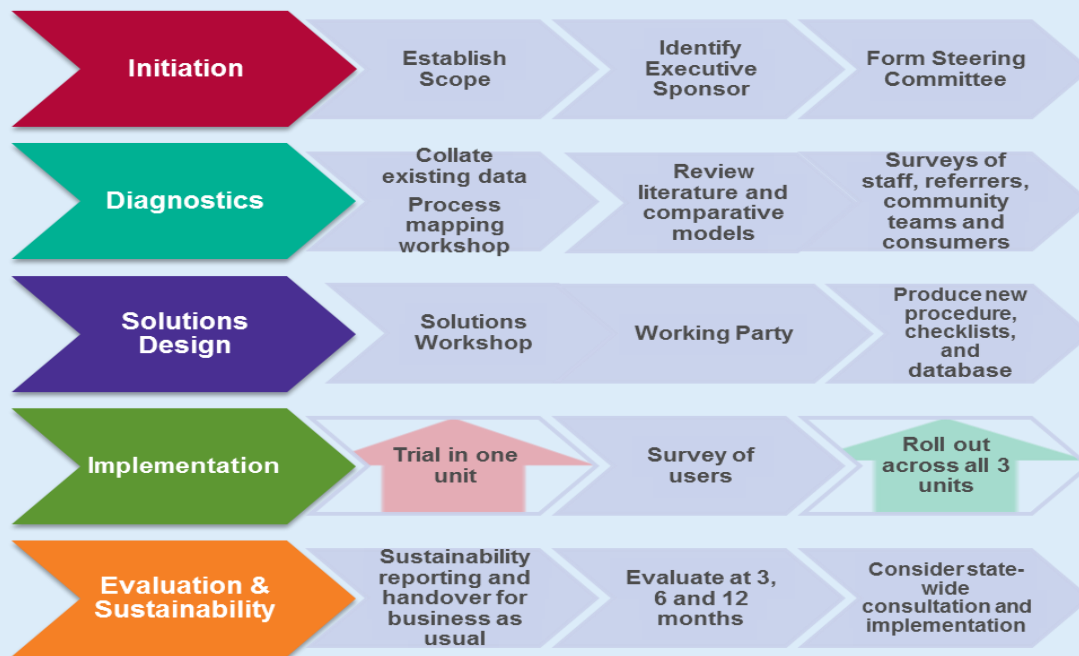


Case for Change

- Clinicians at a state-wide forum identified issues with access to Mental Health Non-Acute Rehabilitation Units
- Issues identified: lack of clearly defined, standardised pathways along the patient journey.



Project Approach





What were the findings?

- No standardised process for recording referrals, admissions, and discharges across the 3 units
- Referrals were often incomplete with multiple requests for further information required to make decisions
- No specific point of contact at Bloomfield or back to the consumers LHD



Project Goals

- Streamline and standardise all documentation and data collection
- Central point of contact
- Key Clinician from the referring LHD
- Referring LHD, consumer and unit retains communication throughout the admission
- Clear and concise KPI's



Measurement of Success

- Improve patient flow in acute and sub-acute units
- Referral is reviewed, decided upon and communicated back to the referrer within 10 working days
- 'Referral Information' documentation complete first time
- Consumers have a documented Key Clinician in their LHD
- Referring team receives regular update of reviews
- Feedback from Consumers on the Your Experience of Service (YES) Survey reflects a collaborative process



Partnering with Consumers

- Transparency and Collaboration
- Discharge planning from the start of admission
- Ensure sustainability of rehabilitation recovery goals
- Family and Carer involvement through the pathway

'Need to be more supportive throughout the discharge process.'

'I wasn't involved [in the referral/discharge process] I was given a time to see a GP on my release.'



Solutions

- A standardised procedure for all 3 non-acute rehabilitation units
- Reduced documentation burden and separation into
 - referral procedure
 - admission procedure
- A new database across all units
- Collaboration between consumers, the Non-Acute Rehabilitation Units, LHD's, families and carers



Where to from here?

- Trial new pathway and processes- May 2018
- Evaluation surveys- June 2018
- Implementation across all 3 units- June 2018
- Make business as usual from July 2018
- Handover- June 2018



Lessons Learnt

Sponsor Engagement

- Reschedule missed meetings as soon as possible
- Have sign off on actions and next steps after each meeting
- Re-clarify goals and end products at each meeting

Stakeholder Engagement

- Have a clear understanding of each of your stakeholders
- Establish a communication plan early
- Engage those who are oppositional



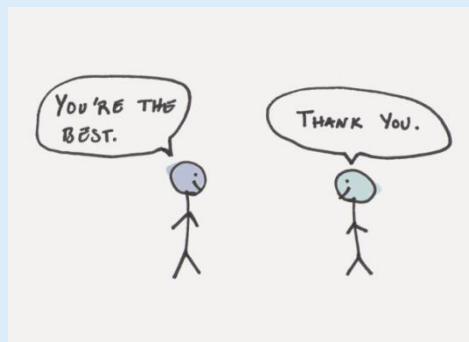
Lessons Learnt

- Clarify, clarify, clarify
- Expect role changes in your project team
- Set clear expectations
- Limit number of documents needing review
- Work with what you have available



Praise for the project team

We have been incredibly lucky to have an enthusiastic, passionate team who prioritise outcomes for the consumer above all else.





Reflections

- Grab opportunities for face-to-face conversations
- Keep a daily communications log for your own benefit
- Consult with the project team on your stakeholder map
- Get a clear picture of what communication works for individuals
- Enjoy the small wins!



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