



Ambulance Service
of New South Wales

NSW Ambulance/LHD collaborations

Direct admission to a mental health in-patient unit

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Context

- Approx 100,000 mental health-related calls per year to NSW Ambulance (60,000 identified as mental health)
- Ambulance response invariably results in transport to ED
- Is this always clinically necessary
- Is it best for patient care and management of resources



Context

- Two initiatives set up to look at alternate models:
 - a) *NSW Amb/Western Sydney collaboration*
 - b) *NSW Amb/HNE collaboration*
- Both models have the same objective = to enable the patient to access the most appropriate care as quickly as possible



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**NSW Amb/Western Sydney
collaboration**

**Mental Health Acute Assessment Team
(MHAAT)**



Amb/WSLHD – MH Acute Ax Team (MHAAT)

- Dedicated ambulance 2 person crew
- 1 Extended Care Paramedic (ECP)
- 1 Registered Nurse (Mental Health)
- Dedicated Control Centre resource to identify jobs suitable for the crew
- On-scene assessment to determine disposition
- Jointly resourced



Options for the team following on-scene assessment

- No treatment required
- Treatment at scene with no referral
- Treatment at scene with referral to community based service
- Treatment and transport to mental health facility
- Treatment and transport to ED



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excellence in care

Options for the team following on-scene assessment

- Admission to Bungarribee House
- Cumberland Hospital



Exclusion criteria

- Patients aged 17 years or less
- Patients aged 65 or more (if ATSYS 55)
- Patients who are intoxicated
- Patients with any 'red' criteria of between the flags
- Patients who require toxicology
- Patients who have been sedated under Ambulance protocol A7 Patient Management with GCS 12 or less
- All first presentations of mental illness

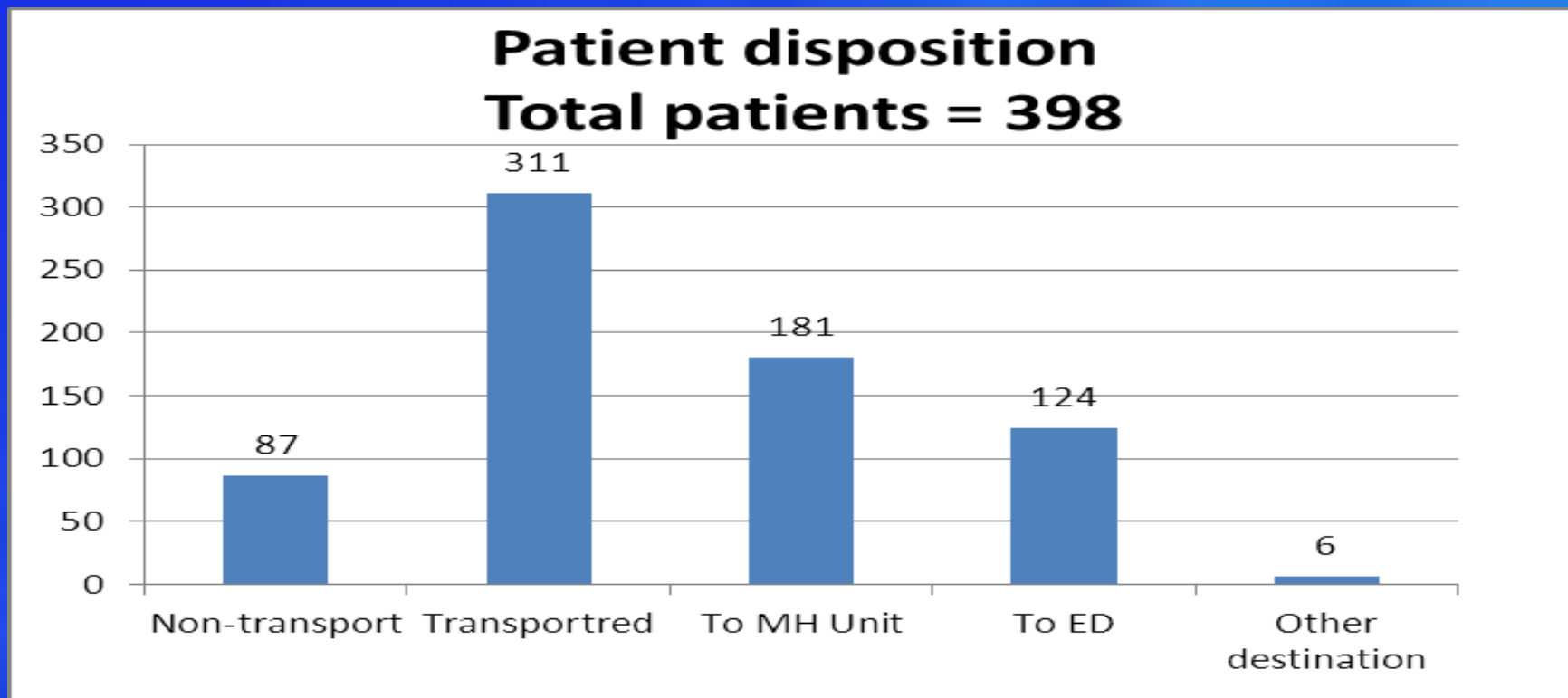


Utilisation of MHAAT

- Initially 3.5 cases per day:
4.2 hours per day (38.2% of shift time)
- Following roster change = 3.9 cases per day:
5.7 hours per day (51.5% of shift time)



Patient disposition





Reasons for transport to ED

- Medical clearance = 33
- Intoxication = 20
- Non-mental health patient = 17
- Age = 16
- No mental health bed = 11
- Other = 47
- (suicide 10, injuries, AWOL from ED, patient request, police request)



Referrals to mental health unit refused

- Insufficient beds/staff = 11
- Medical clearance = 5
- Outside trial area = 4
- Age = 3



Qualitative evaluation summary

- General stakeholder agreement that the proof of concept was worthwhile
- ED not a suitable environment unless clinically indicated
- High levels of staff satisfaction
- Development of good relationships leading to realistic expectations



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**NSW Ambulance /HNE
collaboration**



NSW Ambulance /HNE collaboration

- Cost effective and sustainable
- Straight-through processing of mental health patients
- Normalised process for ASNSW Coordination centre and paramedical processes
- NMH PECC utilisation
- Improved ASNSW Resource management



Challenges

- Patient flow management Systems
- Confidence in Mental Health Assessment
- Memorandum of Understanding
- Code Blue for NMH Centre
- NEAT for Emergency Departments
- Resource maintenance within Inner Hunter



Criteria

- Patients under the influence of recreational drugs and /or alcohol
- Patients aged 17 years or younger (Nexus Assessment Centre at John Hunter Hospital)
- Patients aged 65 years or older (aged 55 years or older if ATSI)
- All first presentations of mental illness
- Any red criteria of the Between the Flags principles
- Patients requiring toxicology care
- Patients who have been sedated under Ambulance Protocol 'A7 Patient Management' with a GCS of 12 or less

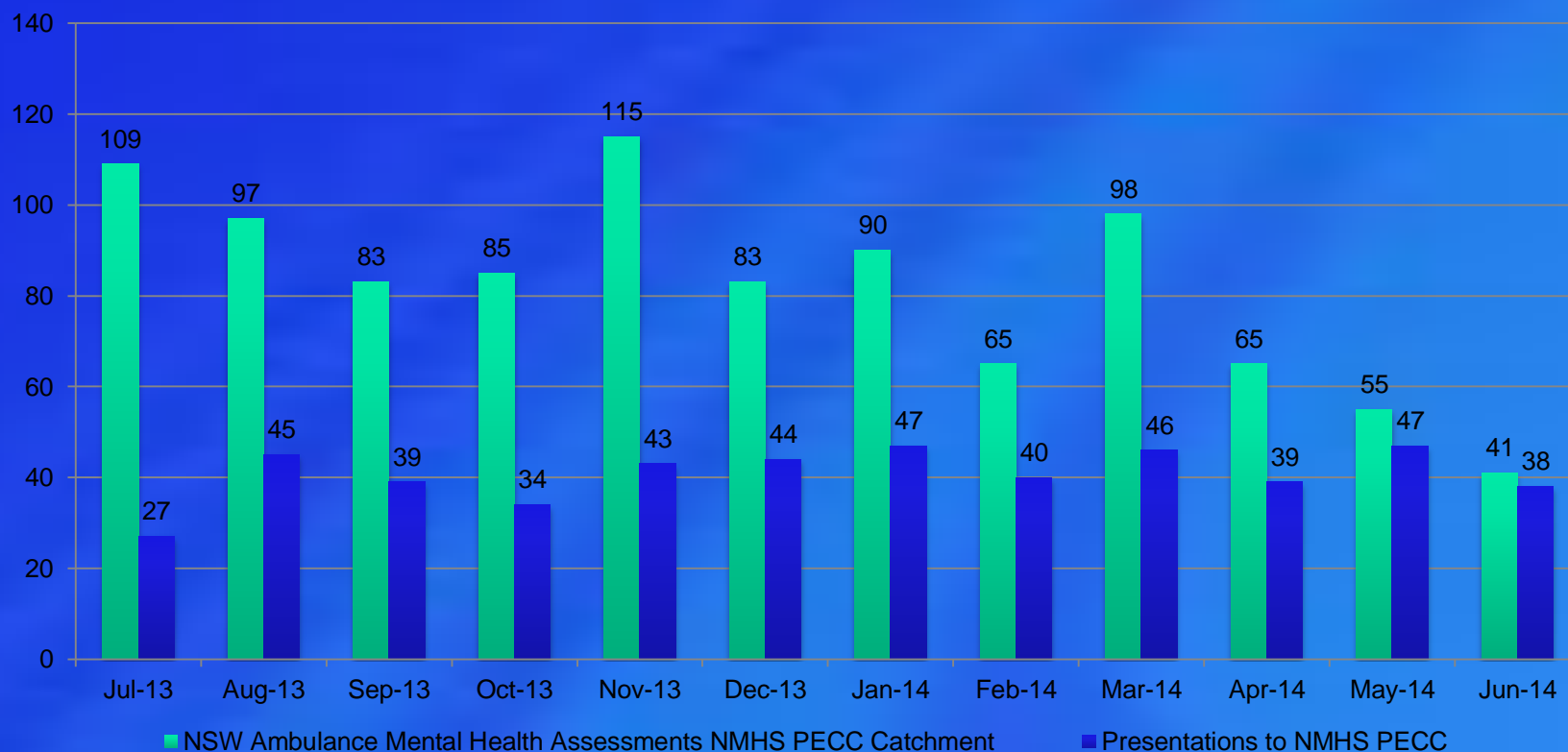


Strengths

- NSW Ambulance and HNE LHD ELT
- Collaborative interagency relationships delivering patient centered outcomes
- Recognition of timely access to safe, and quality health care
- Utilisation of Paramedical based Protocol principals



Results





Evaluation summary and recommendations

- The process of on-scene assessment to determine most appropriate care works
- It can be achieved by two different types of skill mix
- Options for implementing the process in other areas are being investigated in the context of integrated care
- Collaborative interagency relationships (especially at senior level) are pivotal to success
- A health economics evaluation is recommended