



PATHWAYS TO CARE
Mental Health Care in Emergency
Departments
Mental Health Information Navigation
Dashboard (MHIND)
Nepean Blue Mountains Local Health District

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Project Background

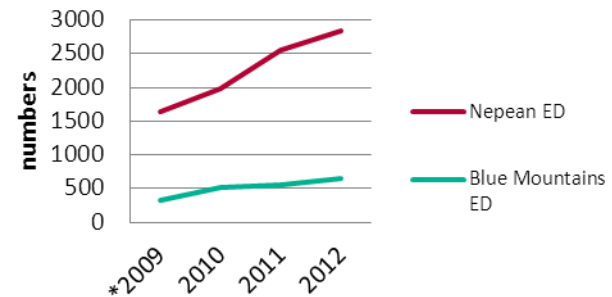
- Nepean Hospital Emergency Department has a large number of persons presenting with mental health issues and comorbidities.
- Approximately 300 presentations a month, many presenting out of business hours with minimal staffing.
- There are a number of people presenting to the Nepean Emergency Department who do not have a medical comorbidity



Project Background

- ❑ Increasing numbers of people requiring intervention by the Mental Health Service
- ❑ Family members and consumers have raised concerns about delays in receiving Mental Health care in the Emergency Department

Mental Health Presentations to Emergency Departments (NBMLHD)

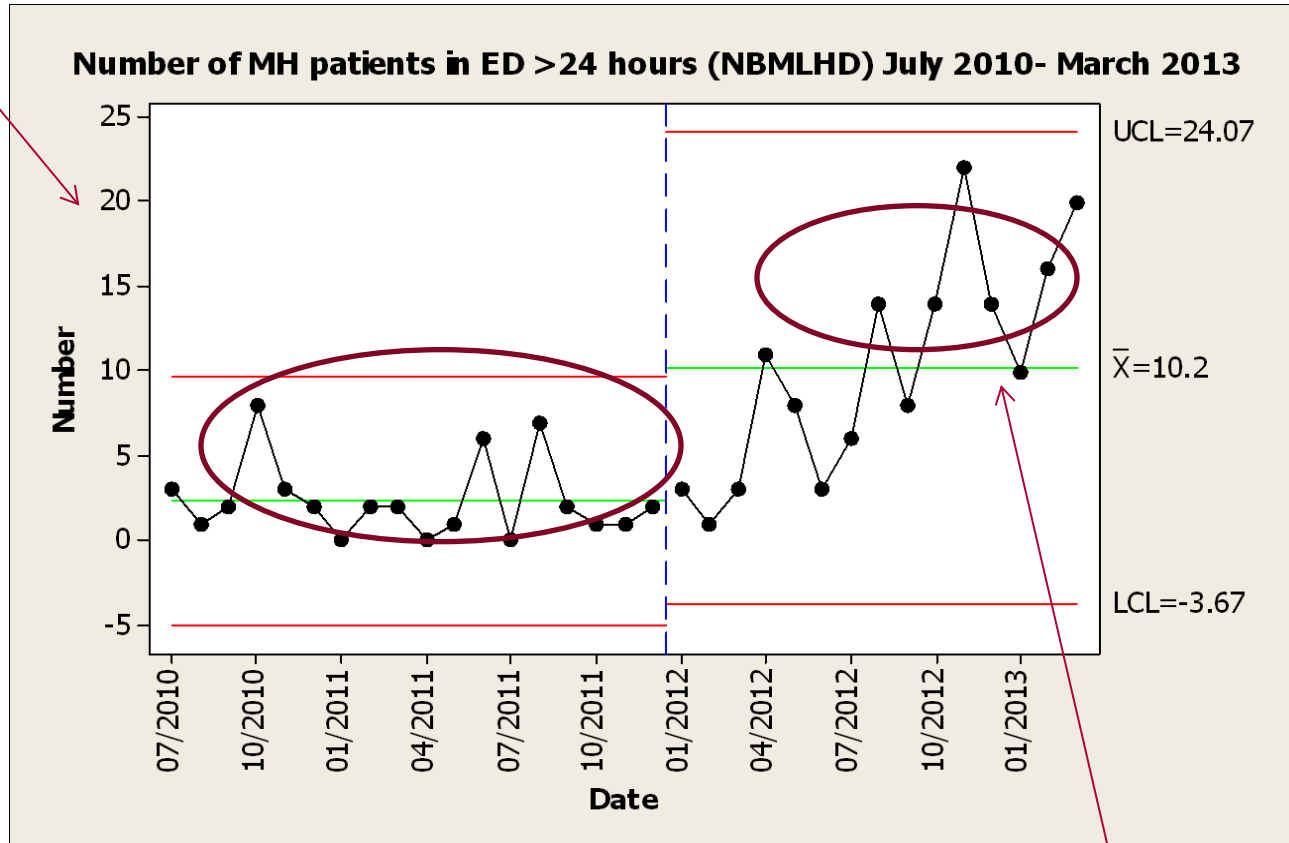


- ❑ No non-acute Mental Health beds, or adolescent or older people's inpatient mental health services within the catchment.
- ❑ The ability to capture real time information and data for Mental Health people presenting to Emergency Departments



Mental Health Patients in ED > 24 hours

From 2010-2012 relatively stable with average of 2 patients with a LOS greater than 24 hours



From 2012-2013 unstable with average of 10 patients per month with a LOS greater than 24 hours

Project Overview

Goal

To improve the experience for people with acute mental ill health presenting in crisis to Nepean Blue Mountains Local Health District (NBMLHD) Emergency Departments (phase 1 Nepean Emergency Department)



The Patient's /Carer's Voice

- Carers not being provided with information
- Limited or no information given regarding legal status
- Support for the family
- Information given to carers or family when a patient absconds

Involvement of family and friends

- Lack of privacy
- Supervision for patients under the Mental Health Act
- Would like to be in an area that was specific for Mental Health

Environment

Respect for patient's values, preference and expressed needs

- Restraint
- Training in de-escalation in Emergency Department
- Attitudes of staff towards patients with a mental health illness

Access to Care

- Increased time in ED waiting for a bed
- Recognition of physical health concerns or issues
- Ongoing care and treatment in Emergency Department

Mental Health Information Navigation Dashboard

Emergency

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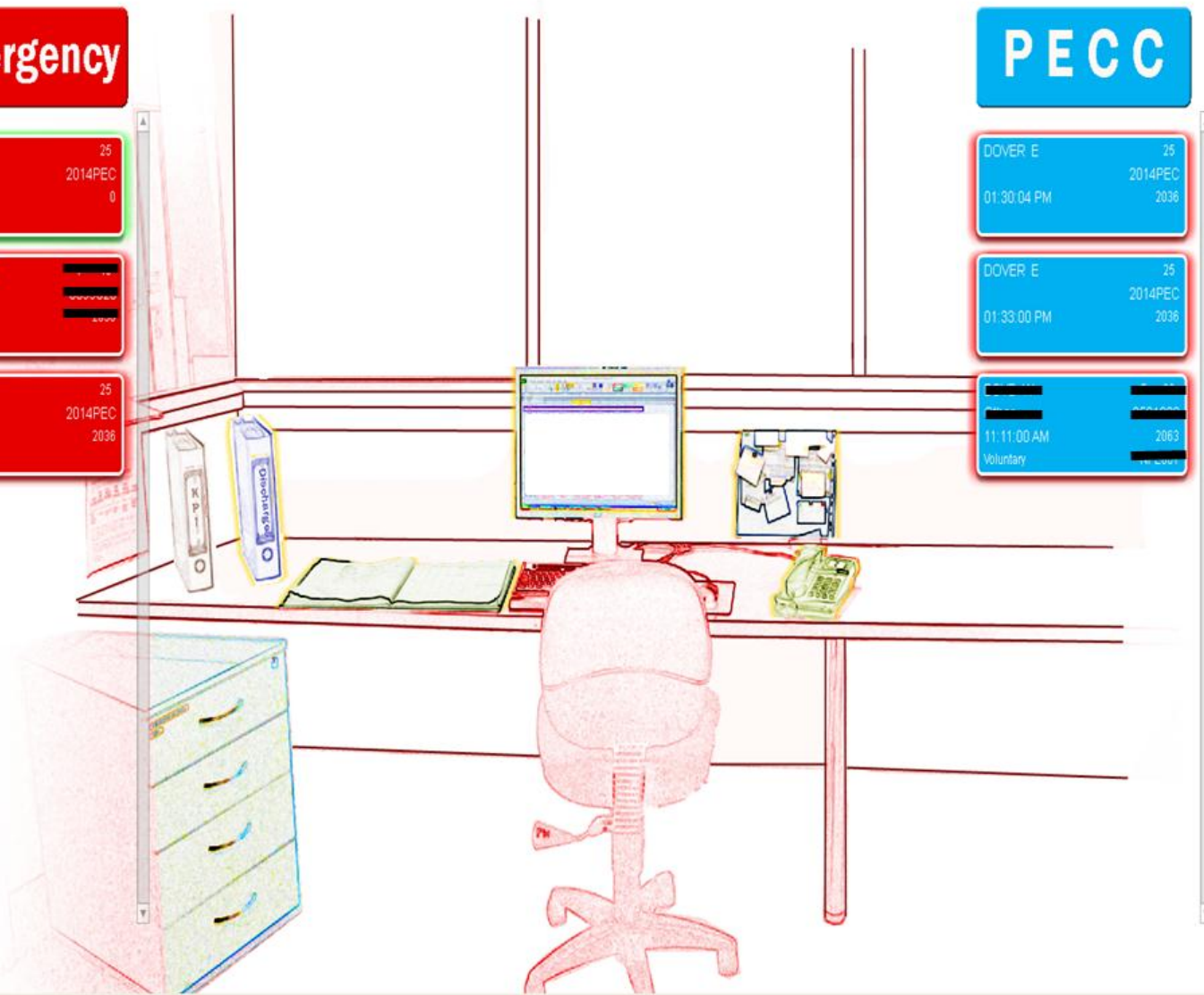
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PECC

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Voluntary



Background to the development Of MHIND



Health
Nepean Blue Mountains
Local Health District

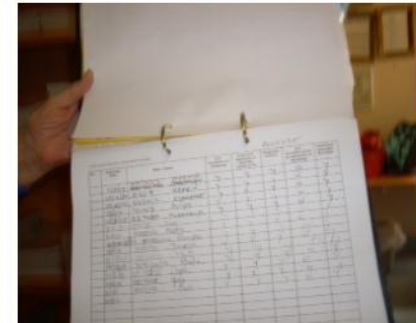
- Mental health information navigation dashboard is a in house designed electronic system derived out of clinical need for varying reasons.
- Replaced repetitive paper based ledgers, hand over sheets, admissions and discharges



Green Tracking
Book



Information



Data collection

- Data often incorrect when reviewed retrospectively
- Staff wanted a system that was electronic data base where information was documented once and also be used for handovers and data collection.
- Simultaneously being able to capture an accurate account of what clinicians were doing in the Emergency department.
- PECCs assesses mental health consumers, provides a consultation and liaison role for consumers with medical comorbidities, provide risk assessments and assist with the management of acute behavioural disturbances, we wanted to track times taken to perform these roles.

Background to the development Of MHIND



Health
Nepean Blue Mountains
Local Health District

- Devise an electronic system that communicates with existing systems e.g.. Firstnet, Cerner, and IPM
- Staff met and wrote a wish list of data they wanted to gather and collect. The BIDS team at Nepean reported that all of the ideas we had collated were not only possible but able to be created without cost to the organisation.

Key Features

- “One Stop Shop”
- Risks or alerts such as suicide, homicide, self-harm, aggression, absconding etc. are added and can also be retrieved from previous presentations.
- This is beneficial when determining the level of observation required prior to assessment.
- The system also allows for telephone triage information collected by PECC clinicians manning the 1800 crisis number overnight.
- The icons both within ED and PECC have a coloured halo surrounding them that is generated by the system
- In ED the colour is green for consumers in ED under 2 hours, amber from 2-4 hours and then red after the 4hour target, this means the assessment clinician at a glance can see the length of stay and use this information when considering the order of assessments.

Key Features/ Benefits

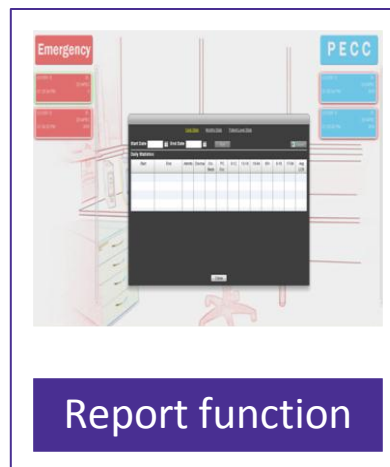
- The KPI folder has patient's statistics and graphs on mandatory patient information to be collected.
- Robust data/ Reports
- Increase timeliness of documentation assisting PECC Nurses
- Reduced duplication
- Confidence building in Nurse who previously were not confident of familiar with using computers
- Pride and ownership of team
- Ability to Prioritise and organise ED assessment faster and more efficient
- Transparent Bed Flow and understanding of what assessments Mental Health is providing in the Emergency Department
- Ability to measure the patient journey against KPI's e.g.. NEAT

Key Features

- The PECC items are similar in colour, green for patients admitted under 24 hours, amber for 24-48 hours and red for greater than 48 hours the time of expected discharge.
- Clinical handover sheets are automatically generated by theMHIND
- By clicking on the handover folder and printing all the information in the system is printed on 2 separate handover sheets one for ED and one for PECC.

Reports

- Reports available “with a click”
 - PECC length of stay
 - ED length of stay
 - Presentation by age groups e.g.. Adolescent
 - Pick up postcodes for Ambulance and Police presentations
 - Sections 20,22 and 33 presentations
 - Risk Factors
 - Type of assessment completed and when
 - Occupancy
 - Length of time taken to complete an Mental Health Assessment

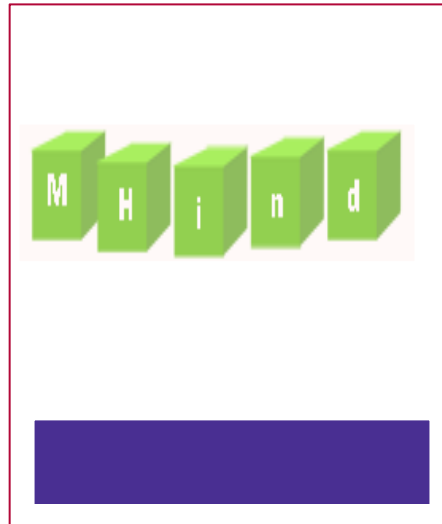
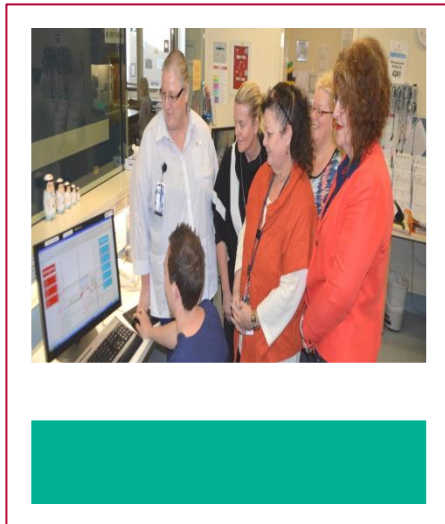


Implementation Training

- Staff were educated in the use of the system and granted login passwords, the feedback is that the system is easy to use and time conservative.
- Extensive education plan was developed
 - Simple step by step instructions
 - Individual training was provide to all staff involved in the trial
- Staff were provided with a book that they could document gaps/ issues or suggestions
- Web developer work closely frontline staff and was responsive to suggestions and provide timely support in using MHIND

Implementation Go Live

- Countdown to go live
- Celebration
- Afternoon tea with pens, key rings



Demonstration of MHIND

Emergency

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2014PEC
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12:00:00 PM

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- Built from in house local talent (web developer NBMLHD)
- No cost for building dashboard
- Complimenting the Patient Flow Portal

PECC

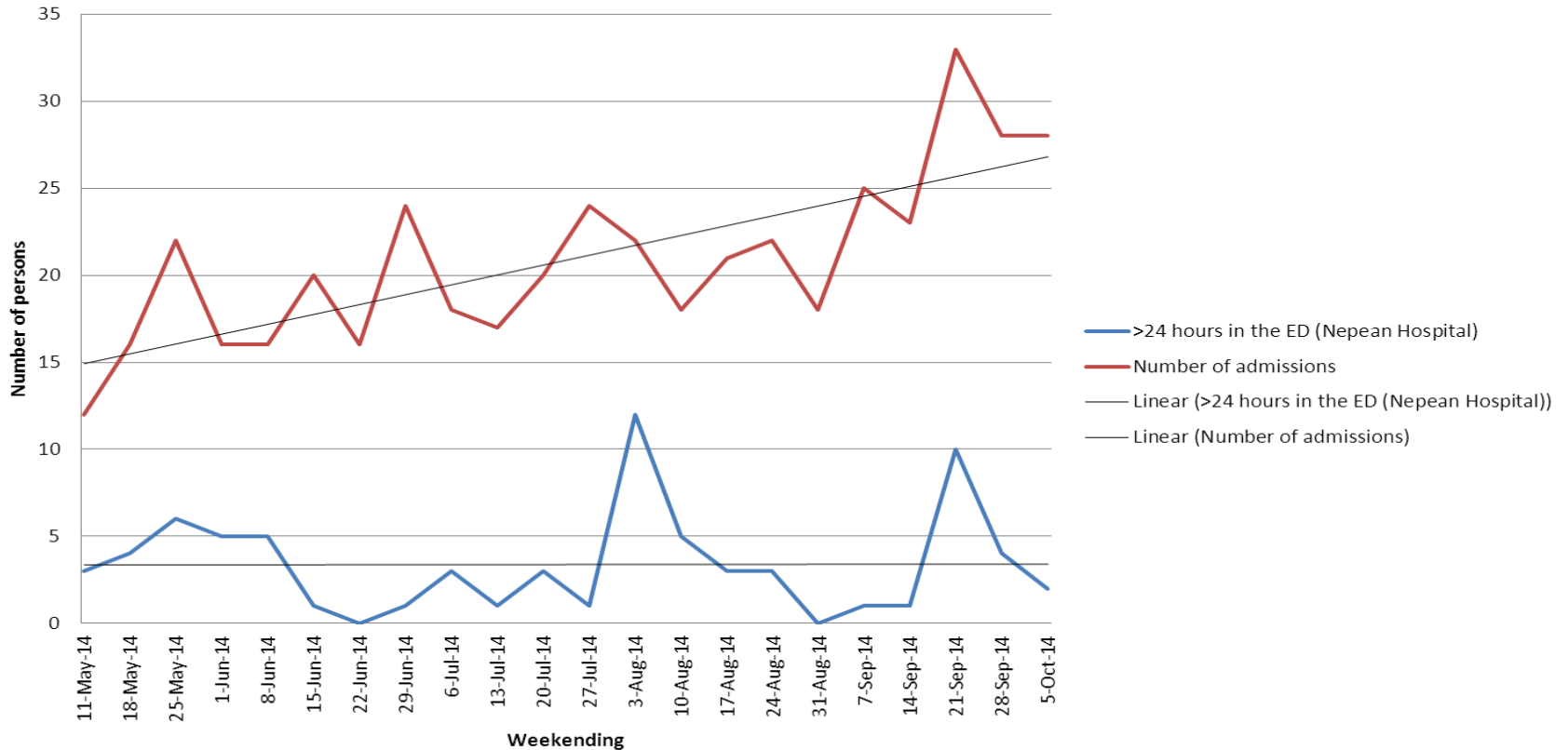
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Voluntary

Results to Date

Number of Persons admitted under Psychiatry >24 hours in the ED (Nepean Hospital)



The Next Steps

- Roll out Mental Health Information Dashboard to Blue Mountains District ANZAC Memorial Hospital
- Re-evaluation of the patient experience in the ED using the Patient Experience Trackers in November 2014
- Continue with Mental Health /ED Dashboard trial
- Further development of Reporting functions
- Acute Care plans stored in MHIND
- Potential to expand to other services e.g. Mental Health Community



Acknowledgements



- If you would like more information about developing this system for your service please contact us at NBMLHD

