

BEAT It!

every patient every time



Enhanced Mental Health Consumer Journey in Wyong Emergency Department

Anne Louise Elsom CNC
Ben Roberts NUM



Project background

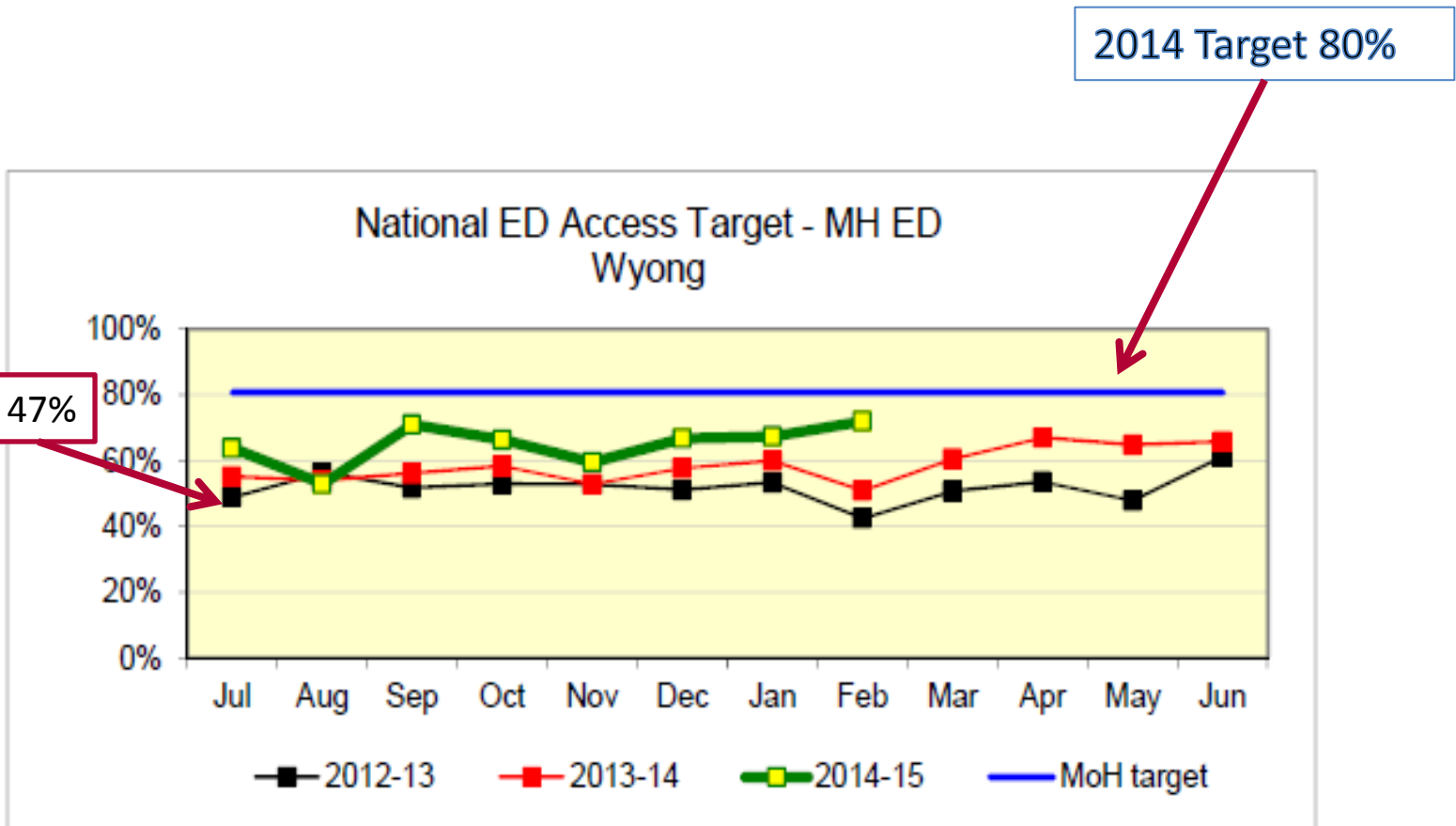


45%



Case for Change

- 2014 NEAT (ETP) Target 80% up to 81% 2015



Project Goal and Objectives



Strategic Direction

Caring for the Coast *every patient every time*



Project Goal

To improve mental health consumers experience at Wyong ED by reducing wait times and treatment delays.



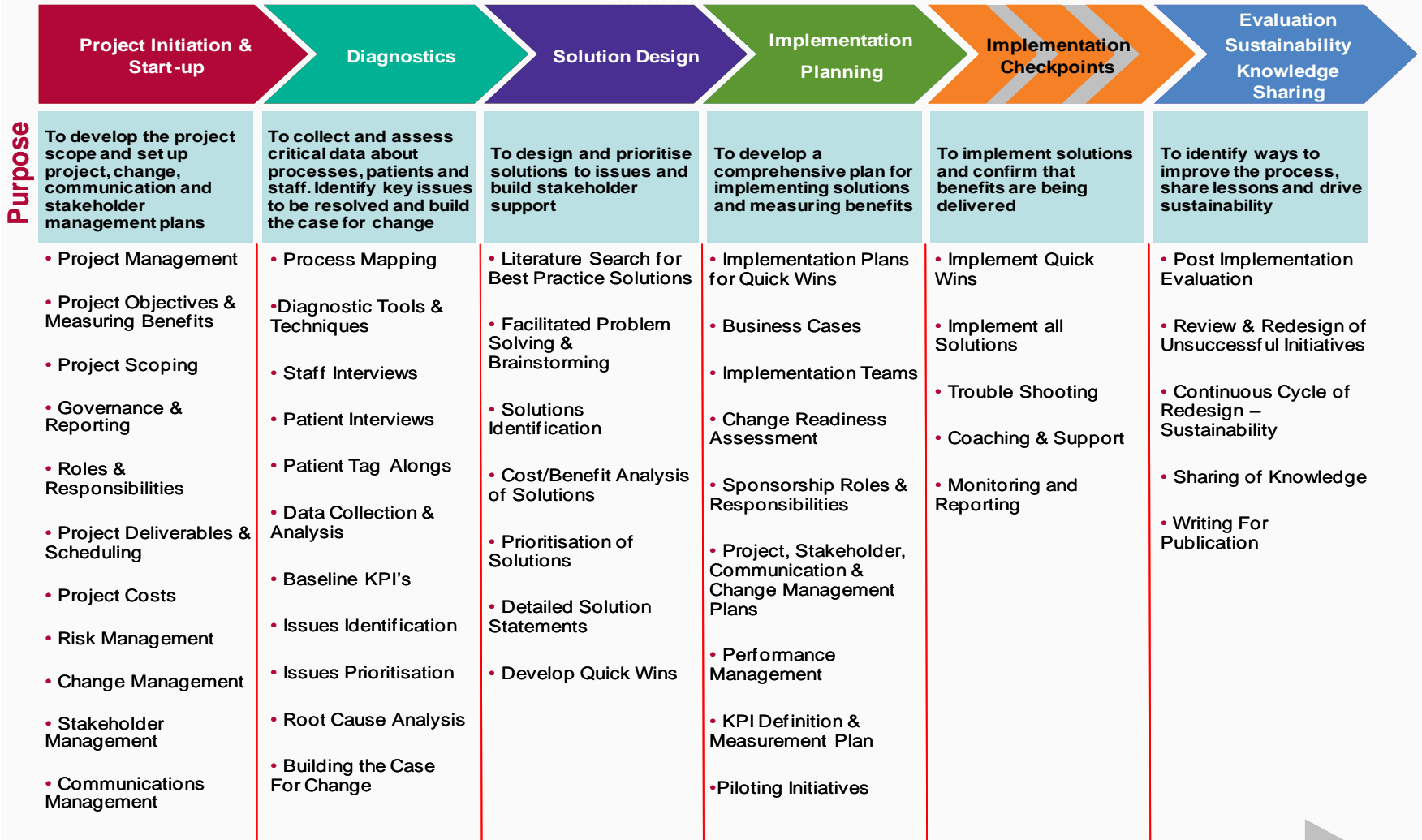
Project Objectives

- By June 2015 mental health consumers presenting to ED will be admitted, discharged or transferred within 4 hours, thereby improving Mental Health NEAT from 47% in 2013 to 81%

Methodology



Centre for Healthcare Redesign- Methodology



Project + Change + Stakeholder + Communication Management

Diagnostics

- Utilise existing data
- Staff interviews (n=30)
- Process Mapping (n=5)
- Suggestions Box
- Focus Groups (n=2)
- Literature review



Engaging Consumers & Carers

- Patient & Carer Experience Trackers (n=26)
- Consumer & Carer Stories (n=4)
- Complaints & Compliments (n=12)
- Consumer Consultants



"No one told me how long I would have to wait"

"There was a long wait in the waiting room"

"I felt uncomfortable with sick kids next to me"



Summary of Key Issues

Psych Reg
Availability &
Workload

Presentation
Times &
Workload

> 200

Length &
Depth of MH
Assessment

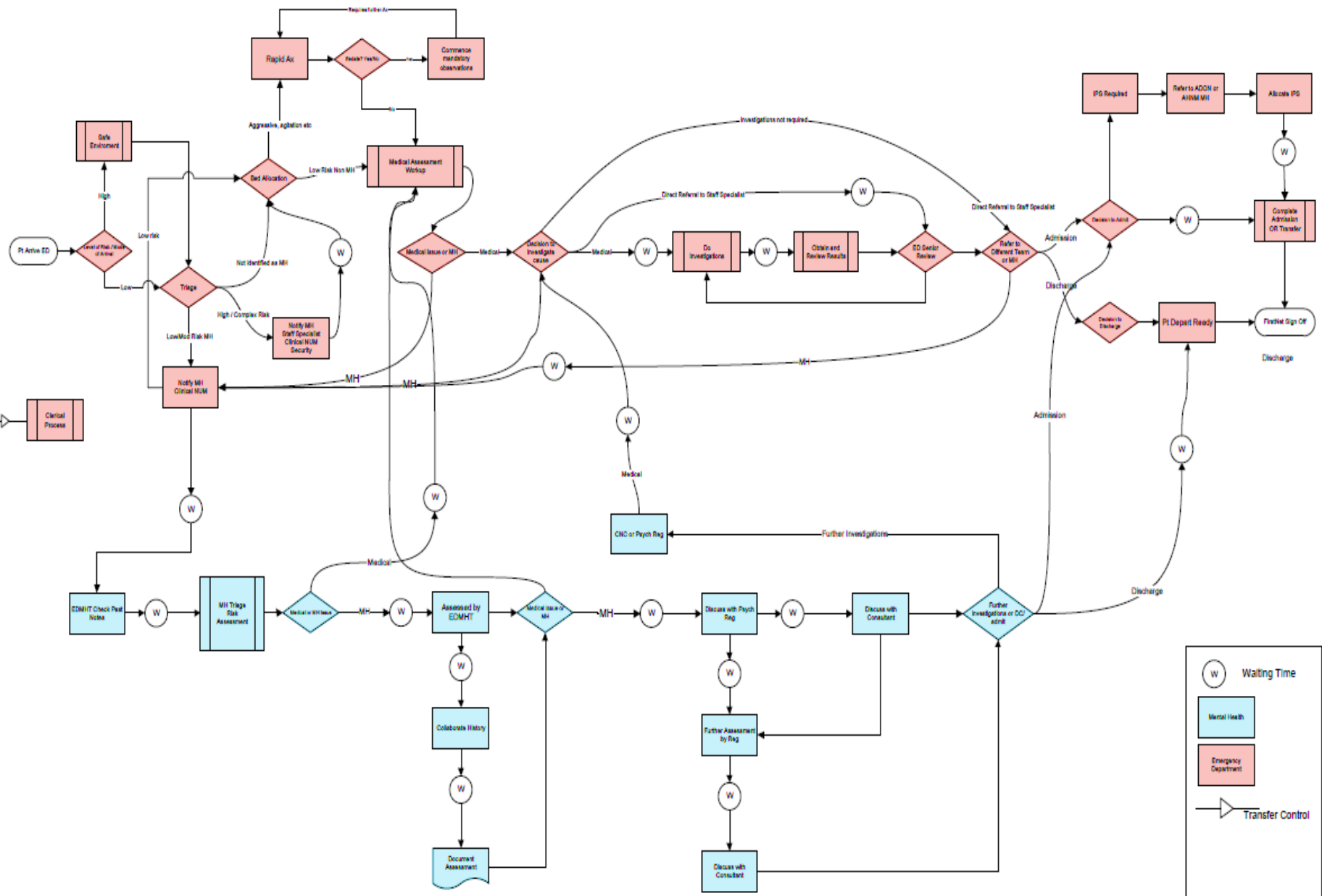
PECC Model
of Care

Inconsistent
FirstNet
Processes

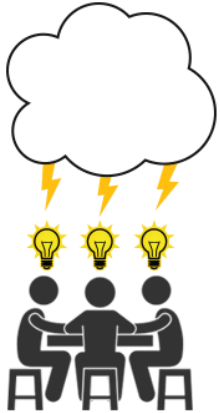
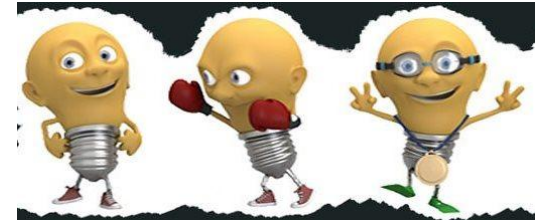
Delays in
Admission

Delays for
Physical
Assessment

The *PAST* patient journey

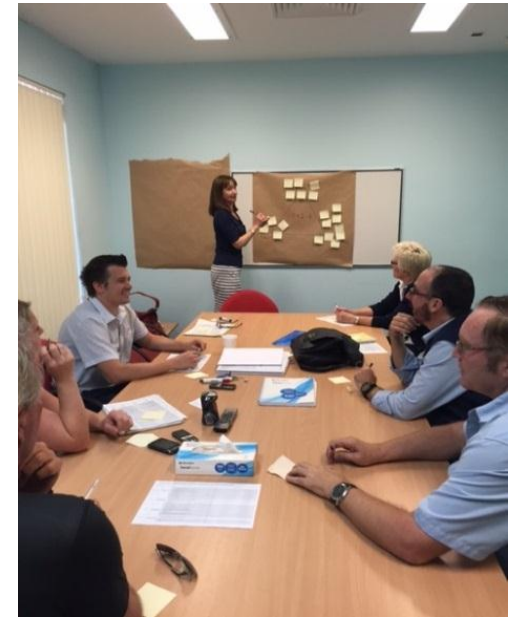
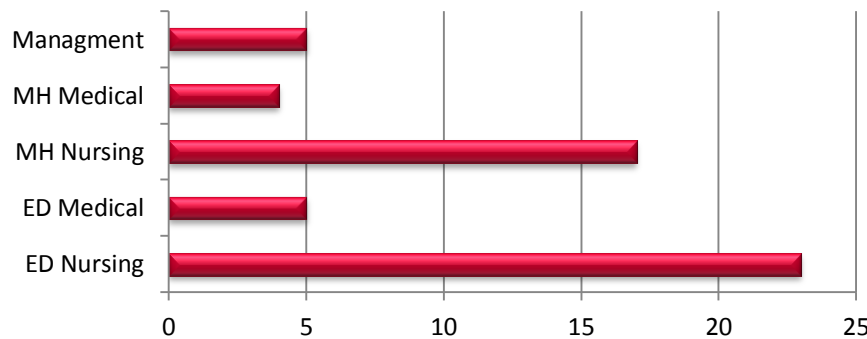


Solution Design Techniques

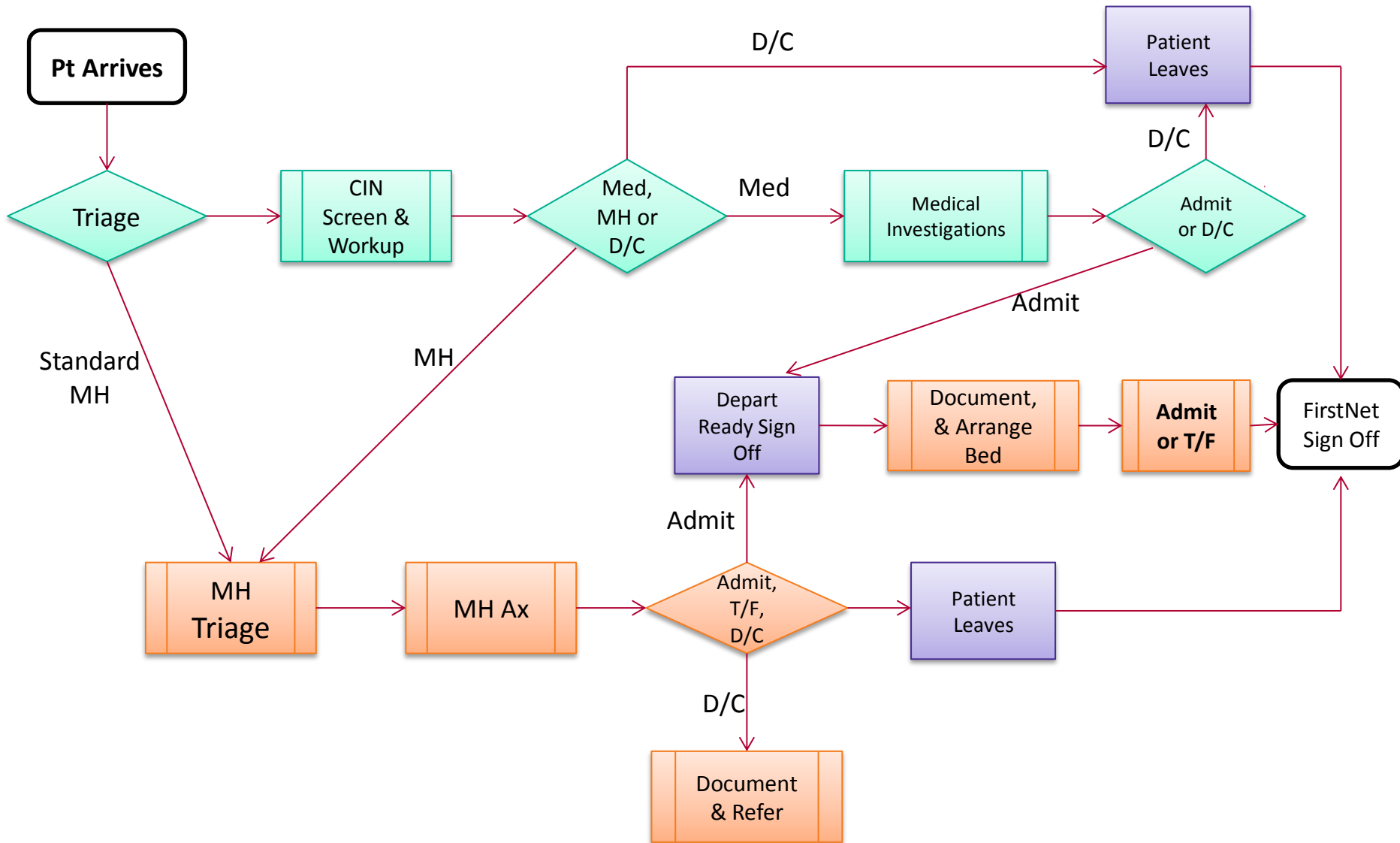


- 6 x Brain storming sessions
- Literature Review
- Review of previous Mental Health NEAT projects
- Suggestions Box
- Solution Statements
- Solutions Prioritisation Tools & Voting

Solutions Prioritisation Stakeholders Engaged



The NEW Patient Journey



Summary of Key Solutions

FirstNet
Referral &
Discharge

Physical
Review

Nurse
Treat
Only

Dedicated
ED Staff
Specialist

Assessment
Clinic

Staggered
Shift Times

Streamlined
Assessment &
Documentation

CIN
Pathways

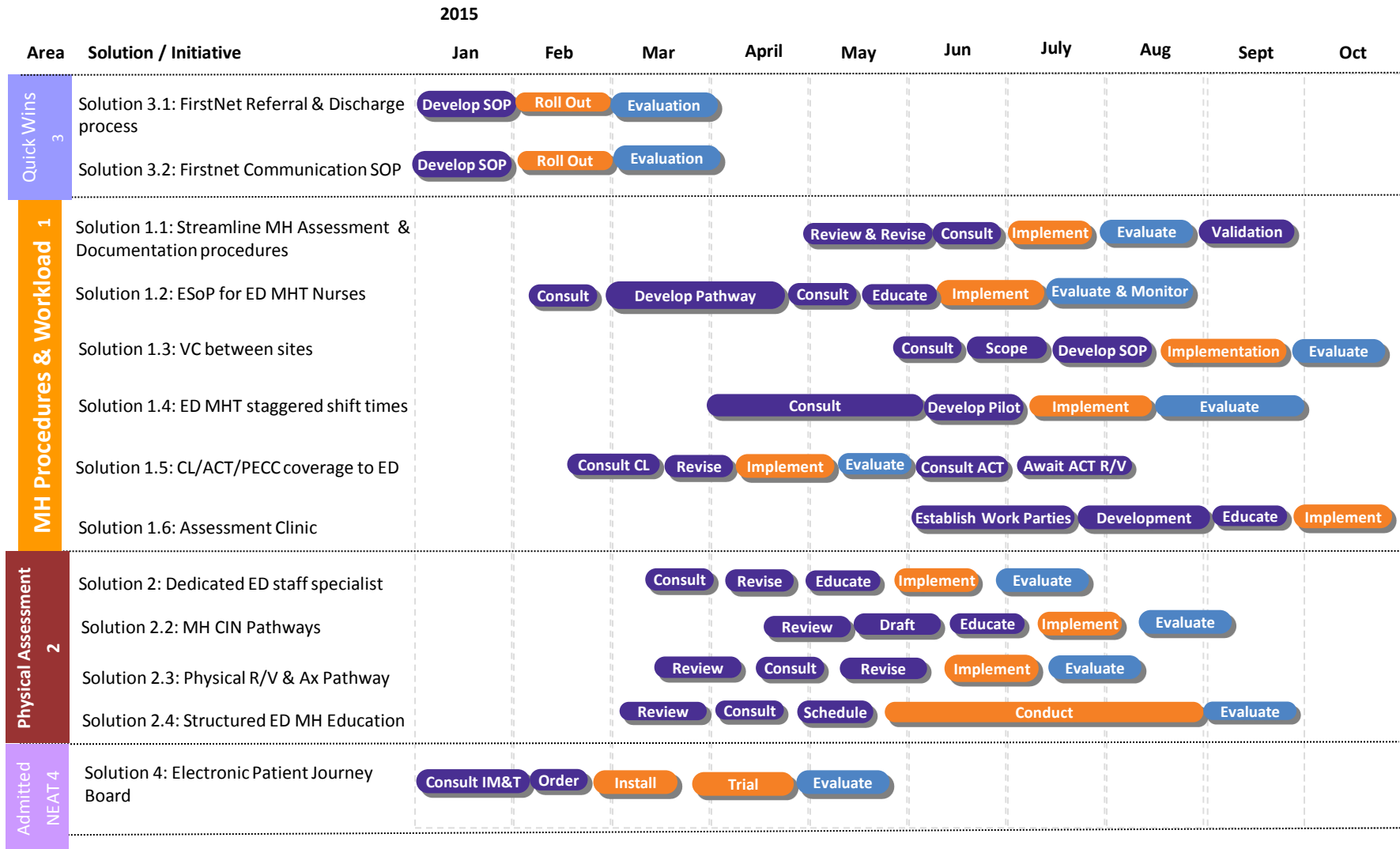
FirstNet
Monitor &
ePJB

CL & PECC
Coverage

Combined
Education

Video-
conference
assessment

Implementation Sequencing



Progress to Date

Standard Operating Practice (SOP)



Discharging Mental Health Patients from ED using FirstNet



Standard Operating Practice (SOP)



Referring a patient to the ED Mental Health Team using FirstNet –
CCLHD Emergency Departments & ED Mental Health Teams

Standard Operating Practice (SOP)



NURSE TREAT ONLY – Emergency Department Mental Health Team

1. Applicable to / Scope of Practice

Emergency Department Mental Health Nursing Staff with extensive experience and competence in mental health and risk assessment.

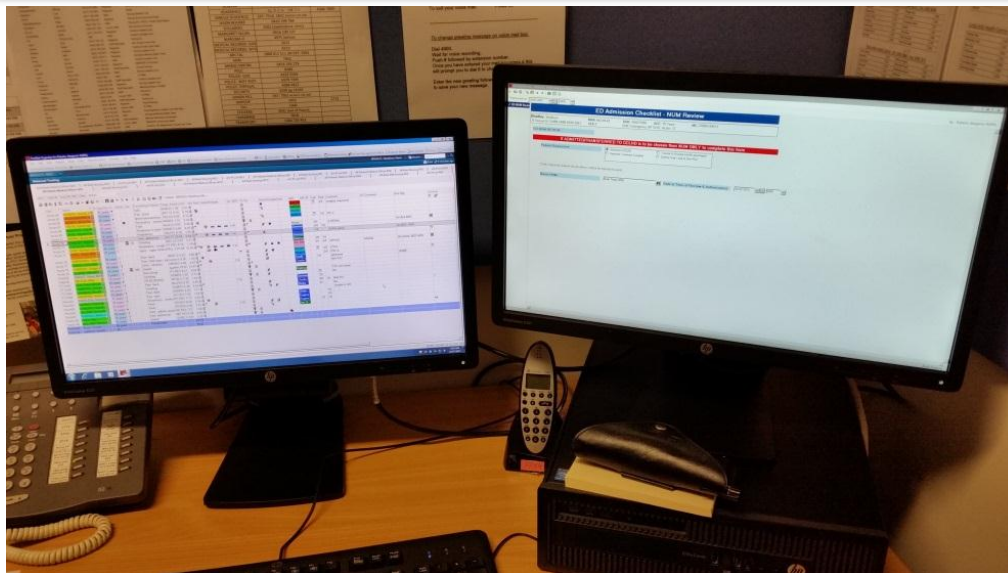
2. Purpose

There are small subsets of consumers who present to the Emergency Department for non-urgent mental health related issues that do not require significant medical review or intervention. These consumers can be assessed and discharged by the ED MHT Nurse under the Nurse Treat Only Standing Operating Procedure.

3. Standard Operating Practice

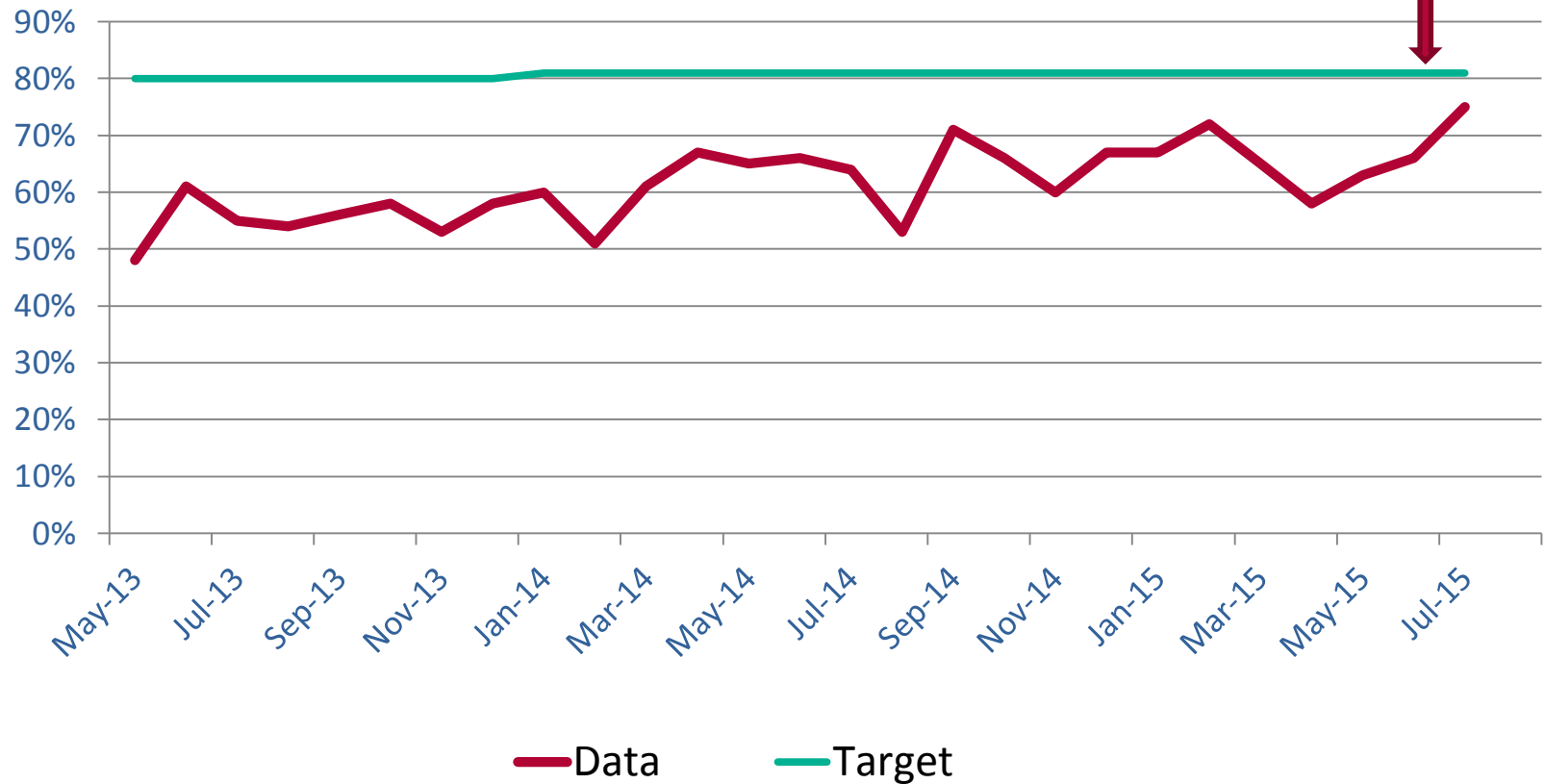
Nurse Treat Only SOP **can be** applied in the following circumstances

- Normal vital signs and Triage Category 3, 4 or 5
- Low risk eg anxiety, situational crisis, personality disorders where crisis has settled, adjustment disorders
- Well known consumers of the service who can be referred back to their case manager
- Alcohol and drug use disorders which are low risk can be provided D&A contact details for self-referral. If acute intervention is required, ED can refer to D&A Staff Specialist on call
- Patients where ED request a brief mental health review before admission to a medical ward so a plan can be initiated for ongoing Consultation Liaison Psychiatry follow-up eg. Settled post overdose, medical or surgical patients with stable mental health comorbidity
- GP referrals that are non-complex and low risk

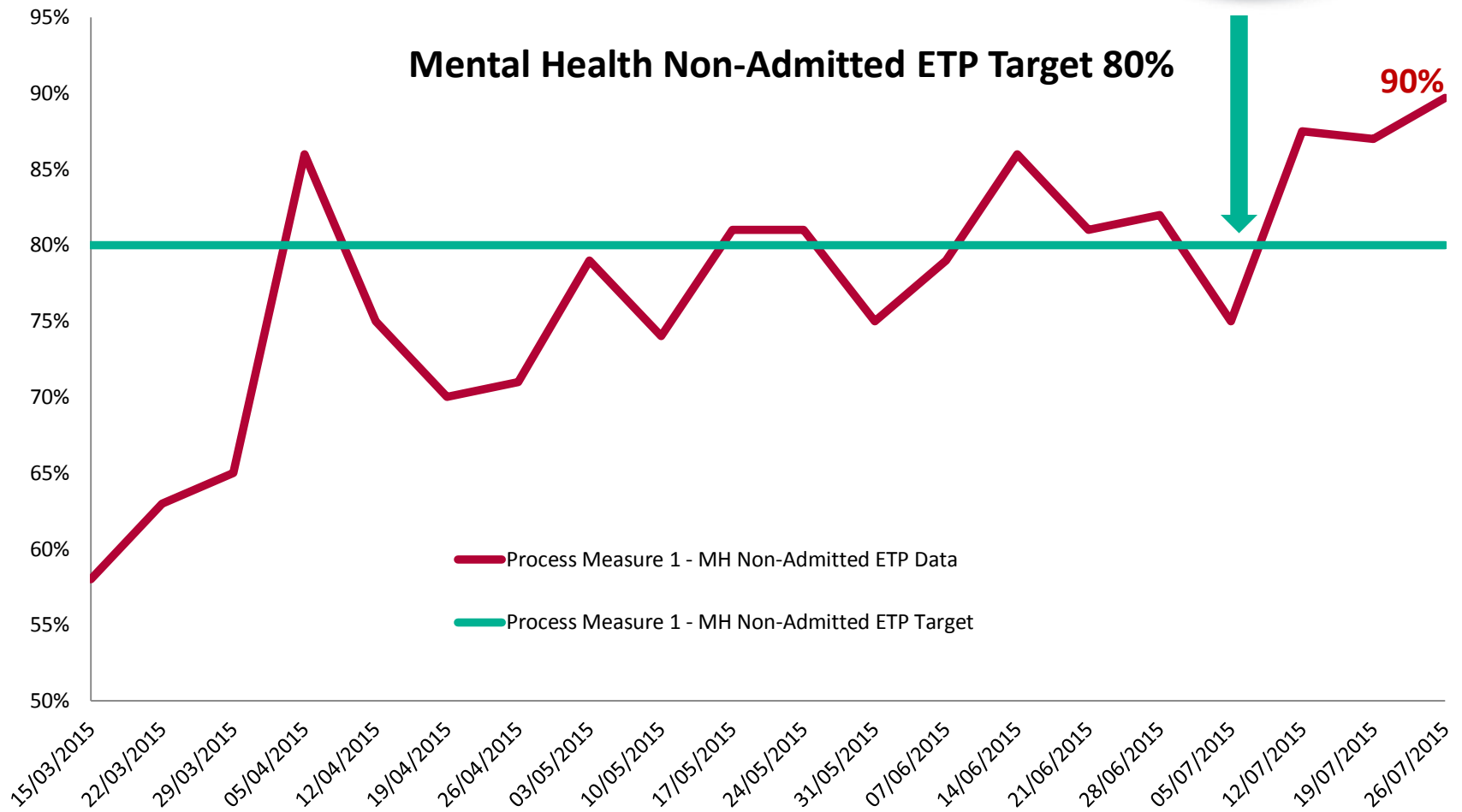


Results to Date

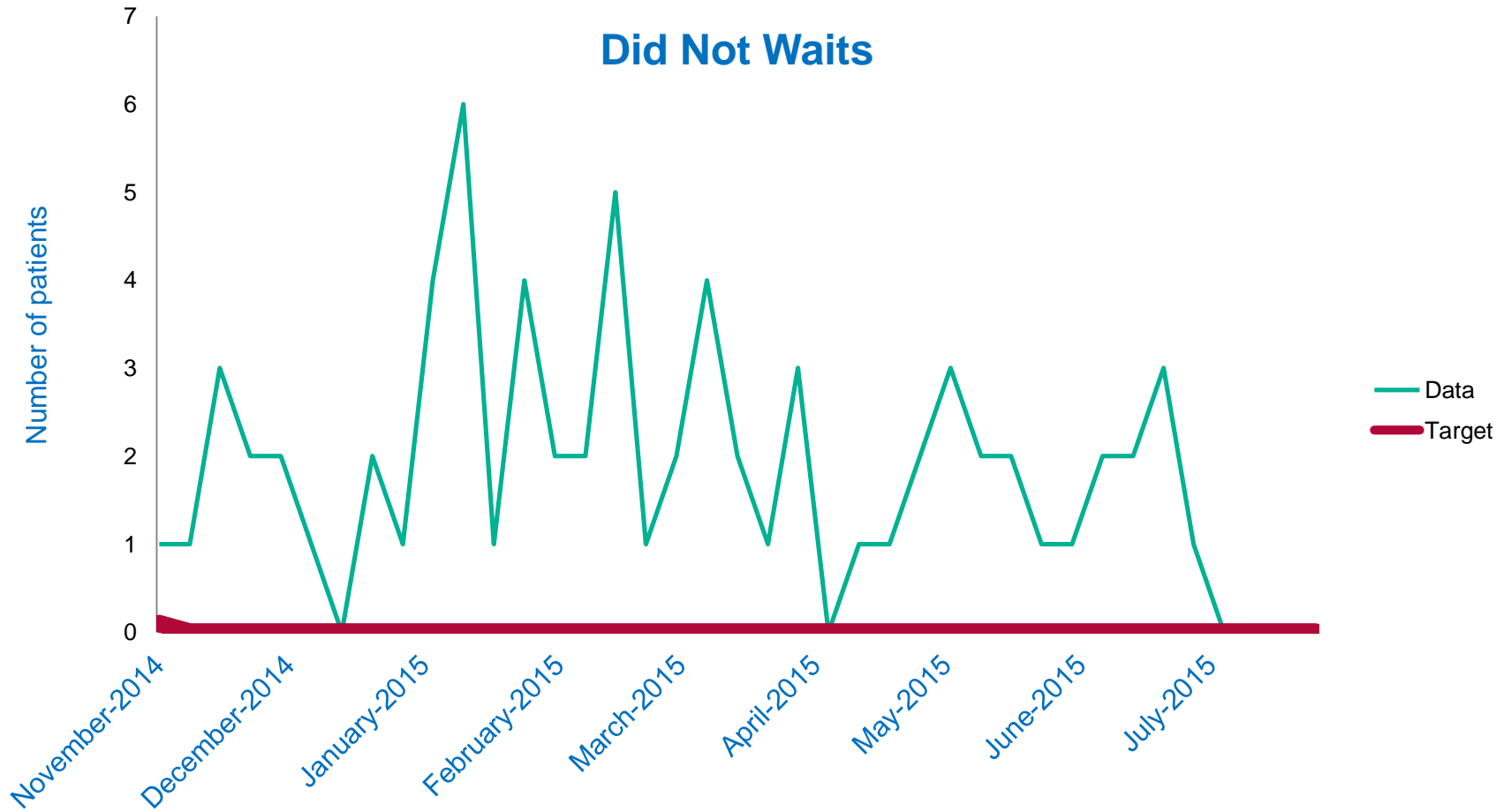
National ED Access Target 81%
MH ED Wyong



Results to Date



Results to Date



Next Steps

- ✓ Weekly reports to team
- ✓ Ongoing Implementation
 - Staggered shift times
 - Clinical Initiative Nurse Pathways
 - Video Conference assessments
 - Assessment Clinics
- Whole of Health Program
- Consumer & Carer Survey
- Australian Nursing & Midwifery Conference
- Achieving Performance Targets through Patient Flow Conference

CLHD - Central Coast LHD
1206 - Wvona Hospital

Whole of Health - Weekly Snapshot

WHOLE OF
HEALTH
PROGRAM



Lessons learnt

- Maintain consumer experience as focus
- Collaboration and ownership by stakeholders
- Cascading sponsorship to translate and reinforce the importance of changes
- Regular, clear and concise communication
- Robust and accurate data to support and monitor performance



Acknowledgements

- *Tim Free* Director of Clinical Operations
- Project Steering Committee
 - *Charles Thompson, Dr David Lienert, Mario Fantini, David Duerden, Dr Simon Battersby, Mark Constable, Dr Kate Porges, Jamie Gills*
- Project & Implementation Teams
 - *Jamie Gills, Oliver Higgins, Lisa Thornton, David Foster, Laura Christie, Nicole Hargreaves, Mary-Louise Leslie, Cassandra Byrnes*
- **Our Consumers & Carers**
- Mental Health & Emergency Department clinicians
- NSW Health Whole of Health Program
- *Lynne Blanchette* ISLHD



Beat the Mental Health NEAT



Thank you

