

# Mental Health Why Am I Still Here?

## Diagnostic tool (MH WAISH) Overview

The MH WAISH is a diagnostic tool that will assist you in identifying barriers to discharge from inpatient mental health services and to gain a clearer picture of local system inefficiencies that impede the ability to provide the most optimal care in the right environment at the right time for the patient.

### Why complete a MH WAISH Study

Mental Health consumers experience significant barriers to transfer and discharge from inpatient mental health services, including high levels of social disadvantage, homelessness and a lack of supportive discharge options. From an organisational perspective, inefficient inpatient care models and the complexity of the inter-agency working relationships required to provide care across a variety of settings from hospital to community often result in patients spending longer in hospital than they clinically need to.

Understanding and demonstrating barriers to timely discharge is an important first step in improving the patient journey for individuals, reducing unnecessary bed days and length of stay and ensuring that inpatient services have capacity to provide care for those who need it.

This tool will assist you in identifying those rate limiting steps to timely discharge and has been conducted at numerous sites, commonly identifying 24-33% of latent bed capacity in organisations.

### Study set up:

1. Obtain Executive Sponsorship and a supporting governance structure for the project, including Identify how and to whom this information will be reported and how the QI activity will proceed.
2. The study is designed to be completed as a one off 'snap-shot in time', it can then be completed again at 3-6 month intervals to establish patterns and/or monitor the effect of any solutions implemented.
3. Identify the units that will participate in the study and add a drop down list if more than 1 unit will be included on the same spreadsheet.
4. Identify a resource to collect the data and a resource to enter and analyse the data. This may be the NUM of the ward, or a project team that attends each ward on the day of the study.

5. All persons entering data must be competent in using Excel and must have access to the spreadsheet during the study.
6. It is important that discharge delays are interpreted consistently throughout the study for your organisation. We therefore recommend that all staff assigned to complete the study meet to gain consensus prior to study commencement. Data entry definitions are available on sheet 1 of the spreadsheet,
7. Use existing knowledge of discharge and resource patterns for your inpatient service to conduct the study on an average day where discharge rates and resources are expected to be stable. Consider public holidays, training schedules, registrar/JMO rotations etc.
8. Communicate widely with all stakeholders the purpose of the study, why it is being undertaken and how it will be undertaken.

### On the day

- Utilise the Electronic Patient Journey Board where available or open Patient Flow Portal on an available computer. If no computer is available print off the units 'Bed Board' from PFP in advance
- We recommend entering information directly into the spreadsheet on a computer/laptop at the time of the study.
- We recommend conducting this survey in discussion with the multi-disciplinary team responsible for care. If the ward holds a morning meeting in which the team discuss individual patient care, we recommend conducting this survey as part of that meeting. Advanced notice should be given to attendees of the meeting that the survey will be conducted and the meeting may take a little longer, depending on usual practice.
- Visit the unit and run through the white board/EPJB with the NUM / MDT and ask the question "is this patient here because they require ongoing inpatient treatment, is this most suitable care setting for the patient at this current stage of treatment?" use this discussion to identify WAISH reasons
- Further follow up conversations with the patient AMO or nominated allied health professional may be required in certain circumstances. Where a plan is not readily available and requires further clarification, this should be noted in the comments section.

**Please contact your local WOHP Lead and/or WOHP MH Project for assistance with study set up.**

### Resources Needed:

- Staff and time
- Access to a computer to enter into Excel spread sheet

## Data Collection:

The tool has been designed to minimise inputting errors and to assist with analysis. Therefore, many of the fields to be completed utilise a drop down list. In addition, those cells and sheets that are not part of the required fields for completion have been password protected. This means that you will get an error message if you attempt to alter those cells. If you wish to alter the data collected including the drop down lists these can be changed for your specific requirements. Please ask somebody familiar with Excel to amend these lists or contact Whole of Health Program

The cells that are highlighted in grey (Columns J and N) automatically calculate to speed up the analysis process (see column definitions in page 1 of spreadsheet for more information).

## Data Analysis:

Ensure that the data is 'cleansed' as much as possible. You may wish to verify it by completing a review of some of the information.

## Next steps:

1. Report back to the Project Group, identify your themes and agree priorities to be worked on
2. Make a plan for next steps to undertake Root Cause Analysis where appropriate and set up short focus groups to discuss and start solution design.
3. Develop a timeline around this work and identify who is responsible for which piece of work
4. Share the findings and plans with all stakeholders

Contact Rachel Mason (WOHP MH Project Lead), [ramas2@doh.health.nsw.gov.au](mailto:ramas2@doh.health.nsw.gov.au) if you have any further questions.