

Category: 2: Create better experiences for people using health services

Title: A redesign journey to improve patient access to acute Mental Health Services.

#### Abstract

Patient access to Mental Health Inpatient facilities within Greater Southern Area Health Services (GSAHS) was at times significantly longer than acceptable. A collaborative redesign project between Mental Health and Critical Care that commenced in November 2006 has resulted in improvements in patient access which has been sustained above targets for 5 out of the last 6 months.

The project involves staff on the frontline objectively monitoring their patient activity and identifying and implementing strategies to improve patient access. The focus of the project has been on the patient journey, utilising objective data and encouraging problem solving skills. The initiative is ongoing and is an area of continual learning for all involved.

#### Aim

To improve the timeliness and quality of care provided to people with mental health issues who access Emergency Departments within the GSAHS.

#### Nature of the problem

Mental Health patients presenting to Emergency Departments within GSAHS were at times having to wait far longer than the benchmarked <8 hours before being either admitted or discharged depending upon their assessed need. This delay in access was not acceptable from a patient satisfaction or safety perspective.

Mental Health access (otherwise known as Emergency Admission Performance) is measured by calculating the number of mental health patients in ED for less than 8 hours divided by the total number of admissions to the collocated Mental Health Inpatient Unit. Our Area indicator target is 80% as reported through the EDIS (Emergency Department Information System) database.

#### Extent of the problem

Results from October 2005 revealed a significant decrease in ED Mental Health Access specifically for one GSAHS site where access was at 22%, although the overall Area indicator result was 77%. A review of systems at that time was conducted and the first Redesign Project between Mental Health and Emergency Departments was commenced in early 2006. This involved stakeholder interviews, data analysis and focus groups at both the design and solution phases. Following the completion of the project, access improved at the site targeted. At that same time, a dedicated Mental Health Cluster Manager was appointed which assisted in sustainability of the initiative.

Concurrently, there were state projects occurring addressing the mental health access issue. GSAHS was able to learn from these initiatives and adapt some of the identified solutions to local needs.

In November 2006, patient access decreased, this time involving two sites; hence a new strategy was required.

#### Strategic importance

This initiative is a primary focus at both State and GSAHS levels:

- State Health Plan - Strategic direction 2 is to: "Create better experiences for people using health services" (A new direction for NSW. State Health Plan. Towards 2010. February 2007:18). Specifically, the health plan states that it will "Deliver better experiences and outcomes for people with acute mental illness by improving emergency health responses.... " (p.19).
- NSW Health Performance Agreement – monitors access to acute mental health on a monthly basis by the State and GSAHS Chief Executive.
- NSW Health Mental Health Performance Report – monitored on a monthly basis locally and at State level.

#### Planning and implementation solutions

Lessons learnt from the first redesign project revealed that there was a need for an "action oriented" patient centred approach allowing incremental change that was monitored on a regular basis. The following team was formed producing sustained improvements in patient access.

Team - Weekly 30 minute teleconference includes the following stakeholders: Mental Health Cluster Managers (Albury and Wagga Wagga); Senior Nurse Managers (Gissing and Nolan House); Director Critical Care; MH Support Centre representatives; Mental Health Business Manager; Mental Health Governance and Service Redesign Manager.

Governance – Mental Health Governance and Redesign Manager and Mental Health Business Manager.

#### Communications –

- Weekly patient activity report from each site - submitted to teleconference members prior to weekly teleconference;
- Weekly Status Report against progress submitted to Director Clinical Operations Mental Health and Deputy Director;
- Monthly report submitted to the NSW Health Services Performance Improvement Branch.
- Monthly Performance Indicator results – state wide performance indicators monitored through the Mental Health Quality & Safety Committee.

Management Support – the two Mental Health Cluster Managers monitor patient activity on a daily basis.

Stakeholder involvement – Consumers involved in original project governance group and Consumer Coordinator involved in monitoring outcomes on a monthly basis through the MH Quality and Safety Committee.

#### **Outcomes and evaluation**

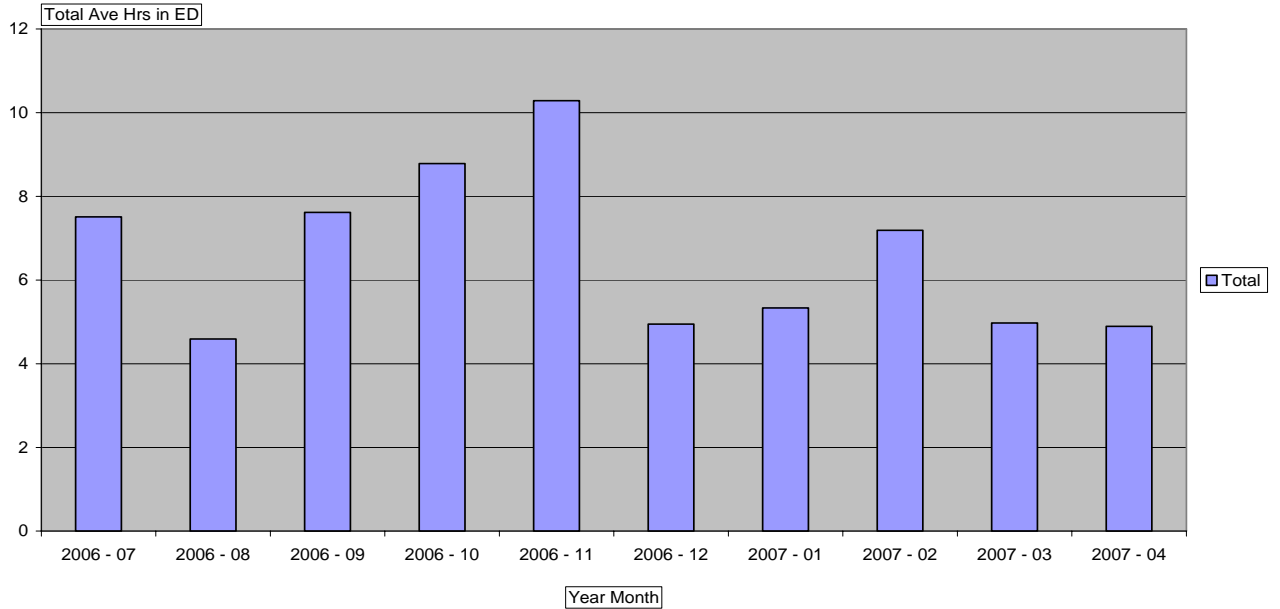
There has been an improvement in problem solving culture from the sites involved in the project and a steady improvement in all indicators as demonstrated below:

- State Performance Indicator 1 = Average time in ED in hours.  
There has been a steady reduction in waiting times for patients requiring inpatient admissions from when this most recent project commenced in November 2006. The waiting time has halved from 10hrs in November 2006 to 5hrs in April 2007.

Results for May have revealed a continuing decreasing time for patients in ED at 4.19hrs.

Area Name|Greater Southern|Facility|(All)

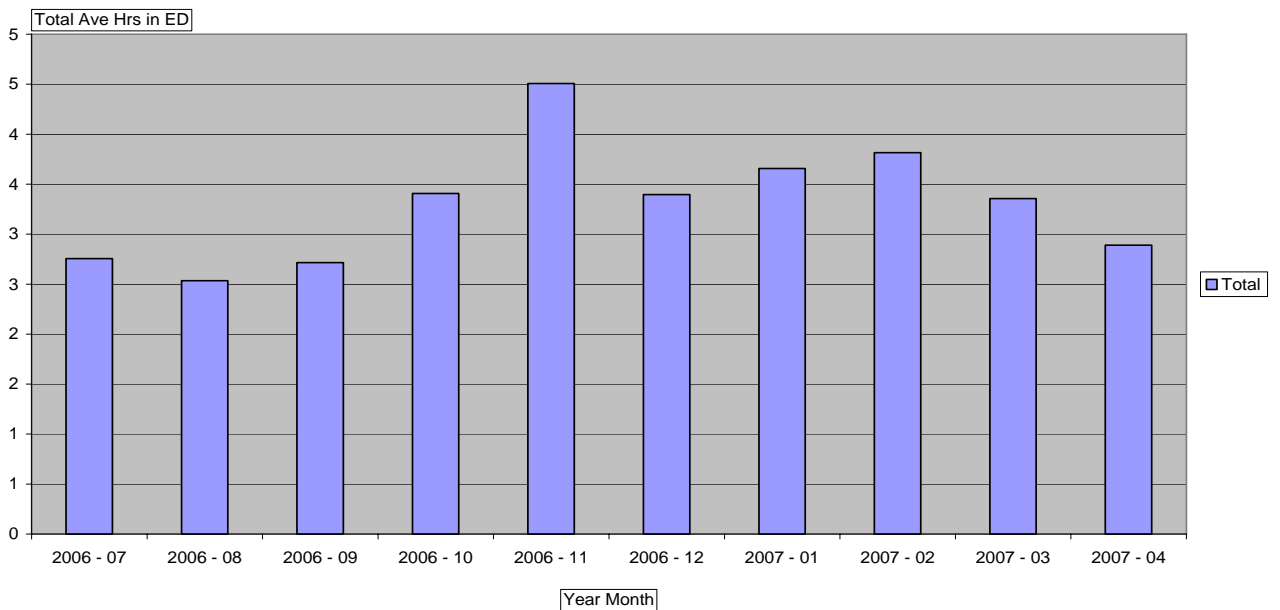
**Average Time in ED (hrs) by Month by AHS - Mental Health Admitted Patients**



- State Performance Indicator 2 = Average time in ED in hours. There has been a steady decrease in waiting time for patients who are not admitted to acute inpatient mental health services but are discharged home. This reduced from 5hrs in November 2006 to almost 3.5hrs in April 2007. This trend has continued down with May results revealing average time in ED for non-admitted patients being 2.4hrs.

Area Name|Greater Southern|Facility|(All)

**Average Time in ED (hrs) by Month by AHS - Mental Health Non-admitted Patients**

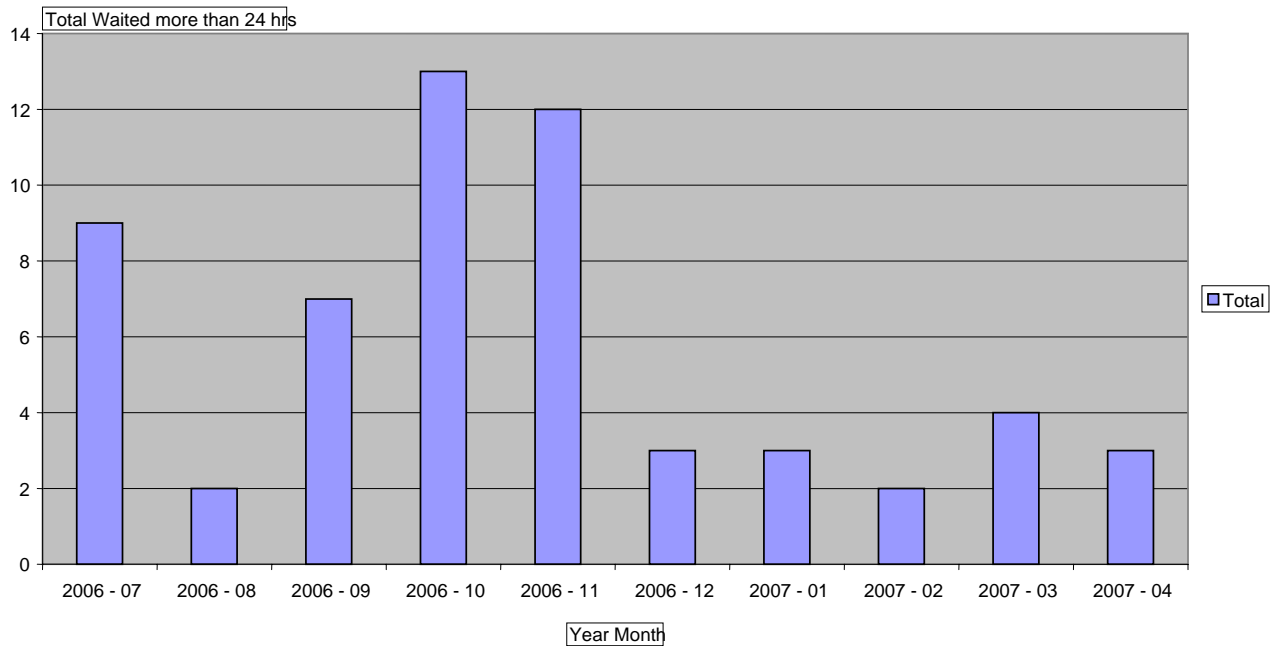


- State Performance Indicator 3 = Patients with mental health issues waiting in ED for greater than 24 hrs.

The trend here has been a significant decline in numbers of patients waiting over 24 hours to access acute inpatient care. From a risk management perspective, this is far better for patient care to access acute services in a timelier manner. This has reduced from 12 patients in November 2006 to 3 in April 2007. This trend has been maintained in May with 3 patients remaining in ED >24hrs.

Area Name: Greater Southern Facility: (All)

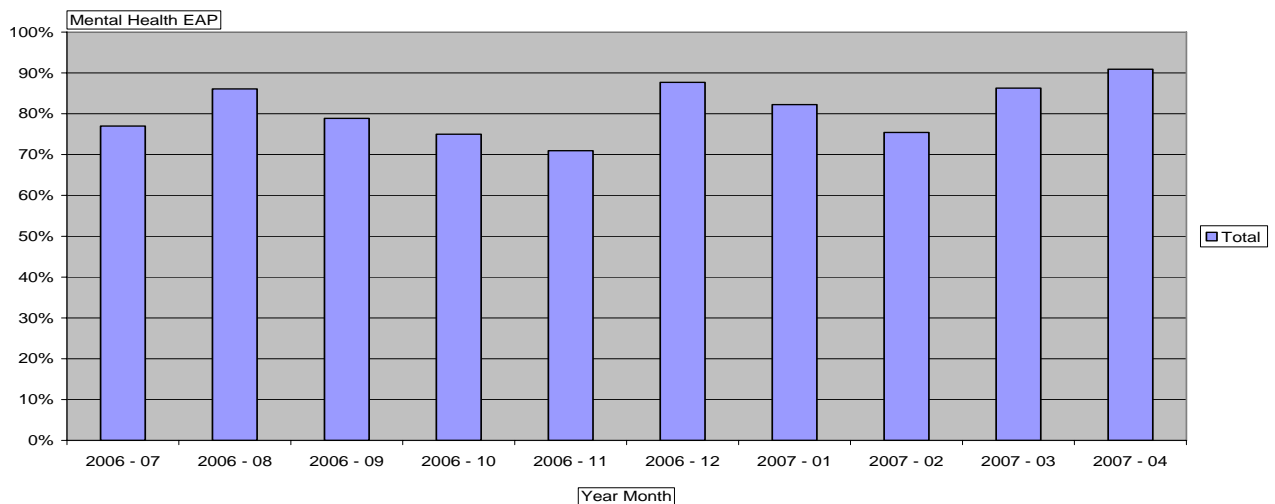
### Mental Health Patients in ED >24 Hours



- State Performance Indicator 4 = Emergency Admission Performance. This indicator is otherwise known as "Mental Health Access". The trend evident here is more steady and increasing to be more consistently at or above 80% target. This trend is maintained in May with results in being 87% for GSAHS.

Area Name: Greater Southern Facility: (All)

### Emergency Admission Performance (EAP) - Mental Health Patients (based on ED Presenting Diagnoses)



### Sustaining change

- Daily recording of patient activity is continuing to ensure regular review of patient access and problem solving strategies in addressing variances.
- Continue weekly teleconferences with “hot spots” encouraging an action-oriented problem solving culture. Engagement of Director Critical Care to ensure an integrated and holistic approach.
- Monthly Report provided to the NSW Health Services Performance Improvement Branch encompasses a brief summary of progress against each of the redesign initiatives within mental health to assist in achieving improved access.

### Future Scope

GSAHS is involved in a fortnightly teleconference that commenced in approximately March 2007 with the NSW Health Service Performance Improvement Branch. The progress made by GSAHS in improving patient access has been acknowledged at this State level. As a consequence we have been asked to present our lessons learnt at the NSW Health Expo in October this year.