

A redesign journey to improve patient access to acute Mental Health Services

**Create better experiences for people using
health services**

Prepared by Louise McFadden and Gabrielle Mulcahy

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Greater Southern Area Health Service

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Aim

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

- Mental Health access (also known as Emergency Admission Performance)
 - Calculate the number of MH patients in ED for < 8hrs, divided by the total number of admissions to the collocated Mental Health inpatient unit.
 - Target 80%

Nature and Extent of the Problem

- MH patients presenting to Emergency departments were at times having to wait longer than benchmark of 8 hours before admission or discharge
 - Overall area performance 77%; 1 site 22%
 - Early 2006: 1st redesign project commenced: stakeholder interviews, data analysis, focus groups.
 - Resulted in improved access.
- November 2006 – patient access decreased at 2 sites.
- Delay in access was not acceptable from a patient satisfaction or safety perspective

Strategic importance

- Primary focus at both State and GSAHS levels
 - State Health Plan: Strategic Direction 2 “Create better experiences for people using health services”
 - 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 & Implementing solutions

- 1st Redesign project (one site) identified need for: an “Action oriented” patient centred approach that allowed incremental change, and was monitored on a regular basis.
- Team formed:
 - Local Mental Health Cluster Managers;
 - Senior Nurse Managers (GSAHS Acute MH Inpatient Units);
 - GSAHS Director Critical Care;
 - MH Support Centre representatives;
 - Mental Health Business Manager;
 - Mental Health Governance and Service Redesign Manager

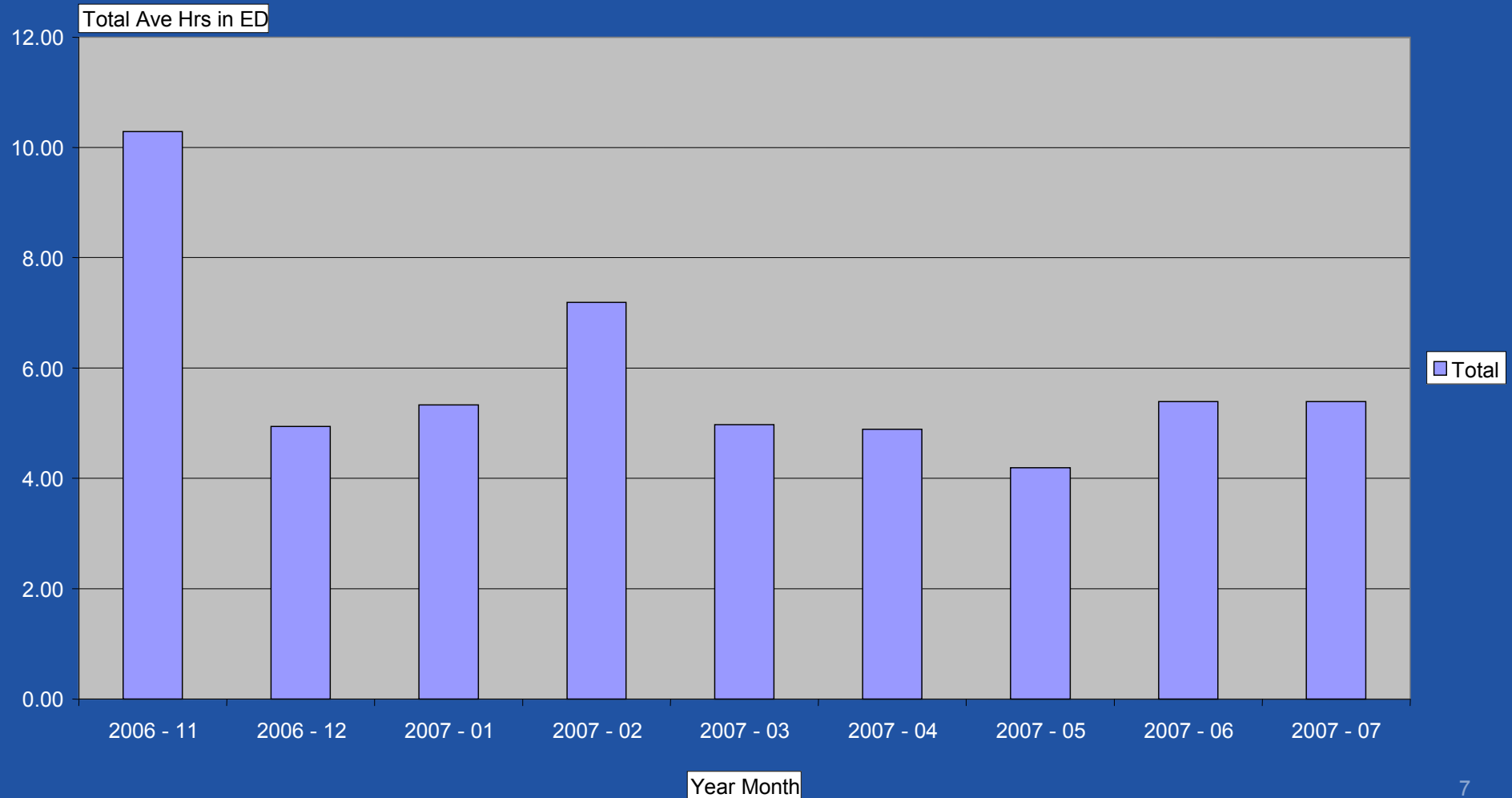
Planning & Implementing solutions (continued)

- Communications
 - Weekly 30 minute teleconference (patient activity report)
 - Weekly status report
 - Monthly report to NSW Health Services Performance Improvement Branch
 - Monthly Performance Indicator results
- Governance
- Management support
- Stakeholder involvement

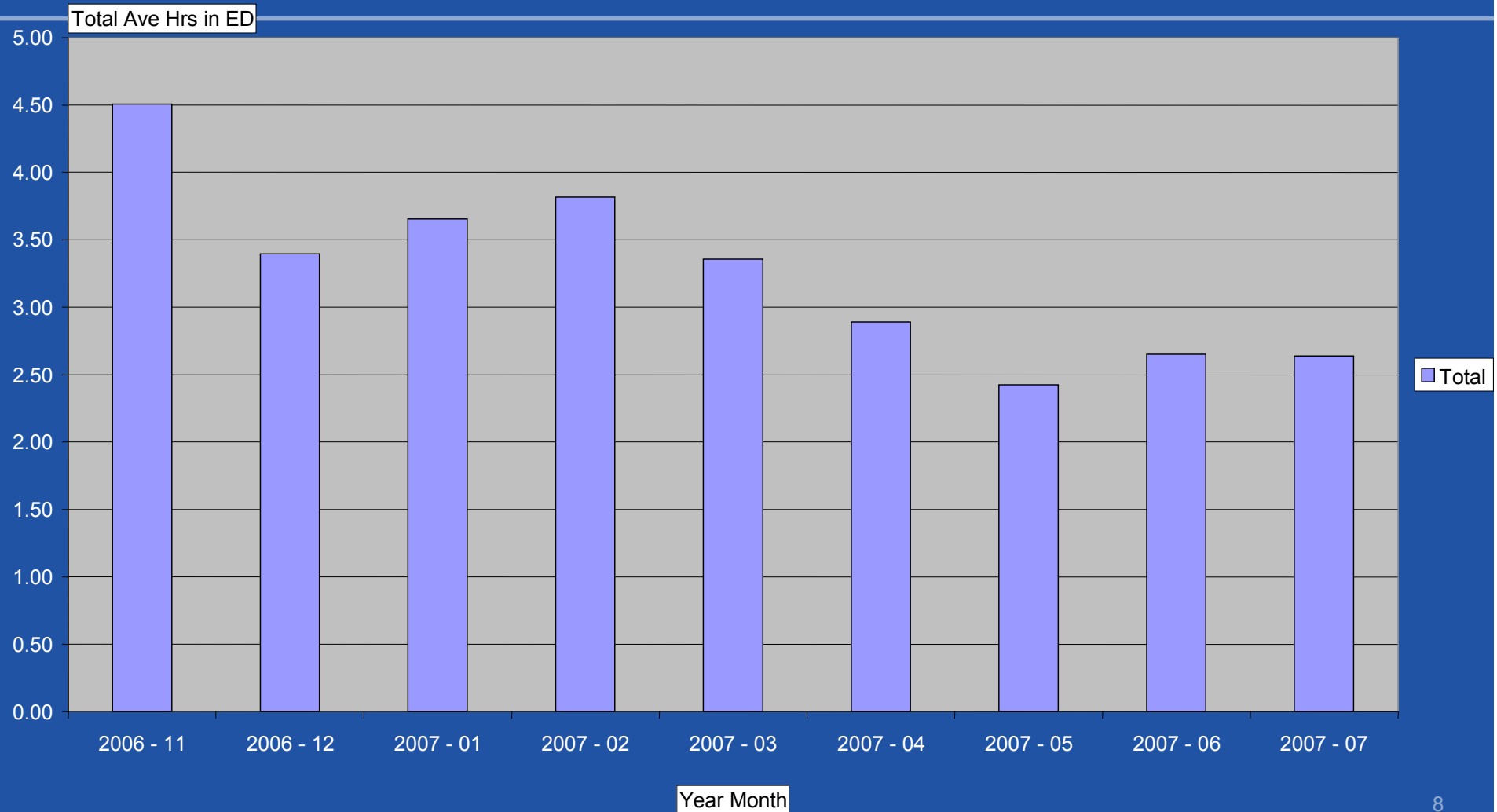
Outcomes & Evaluation

- Improvement in problem solving culture from sites
- Steady improvement in all four State Performance Indicators:
 - Average time in ED in hours.
 - Average time in ED in hours.
 - Patients with mental health issues waiting in ED for greater than 24 hrs.
 - Emergency Admission Performance.

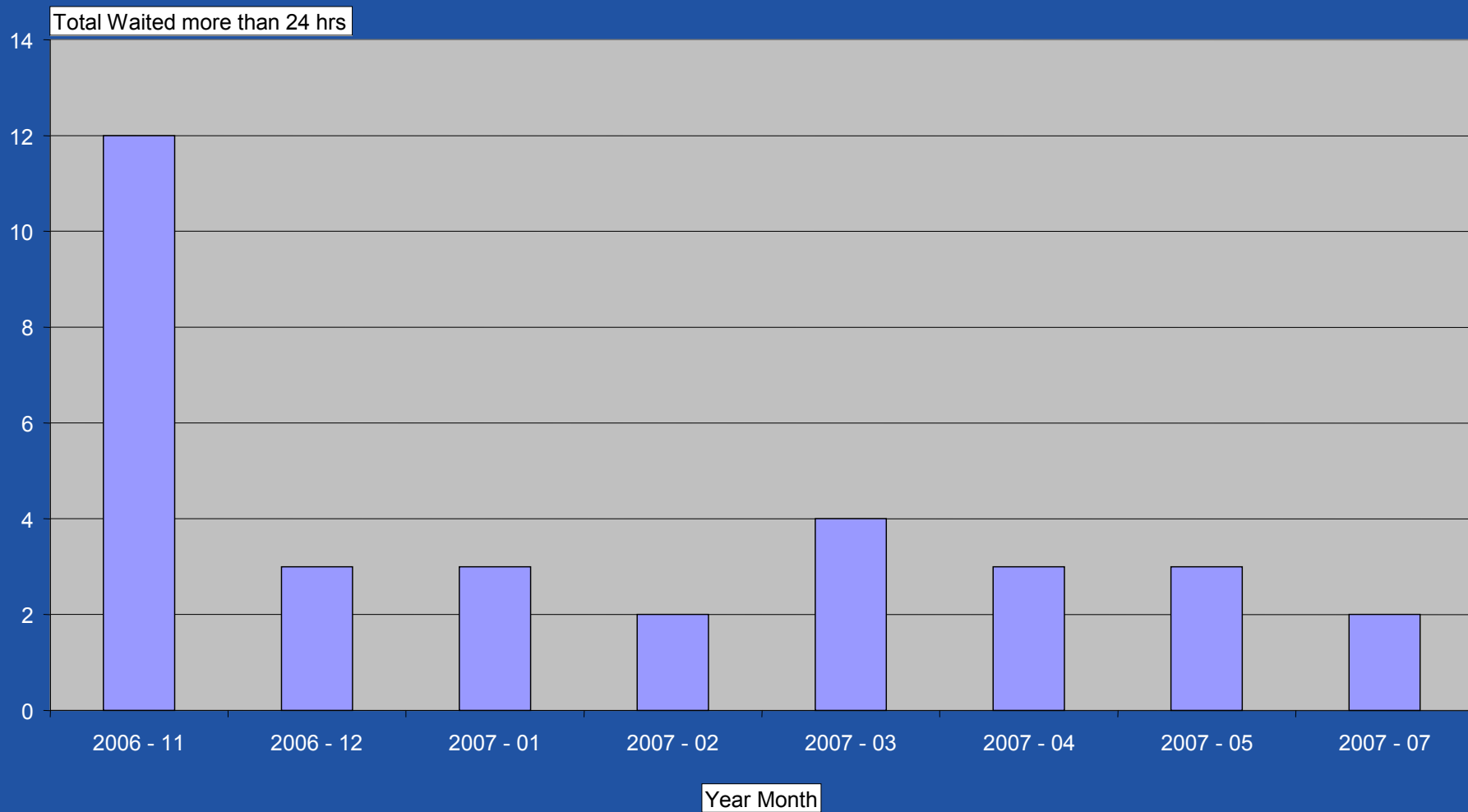
Average Time in ED (hrs) for Mental Health Non-admitted patients



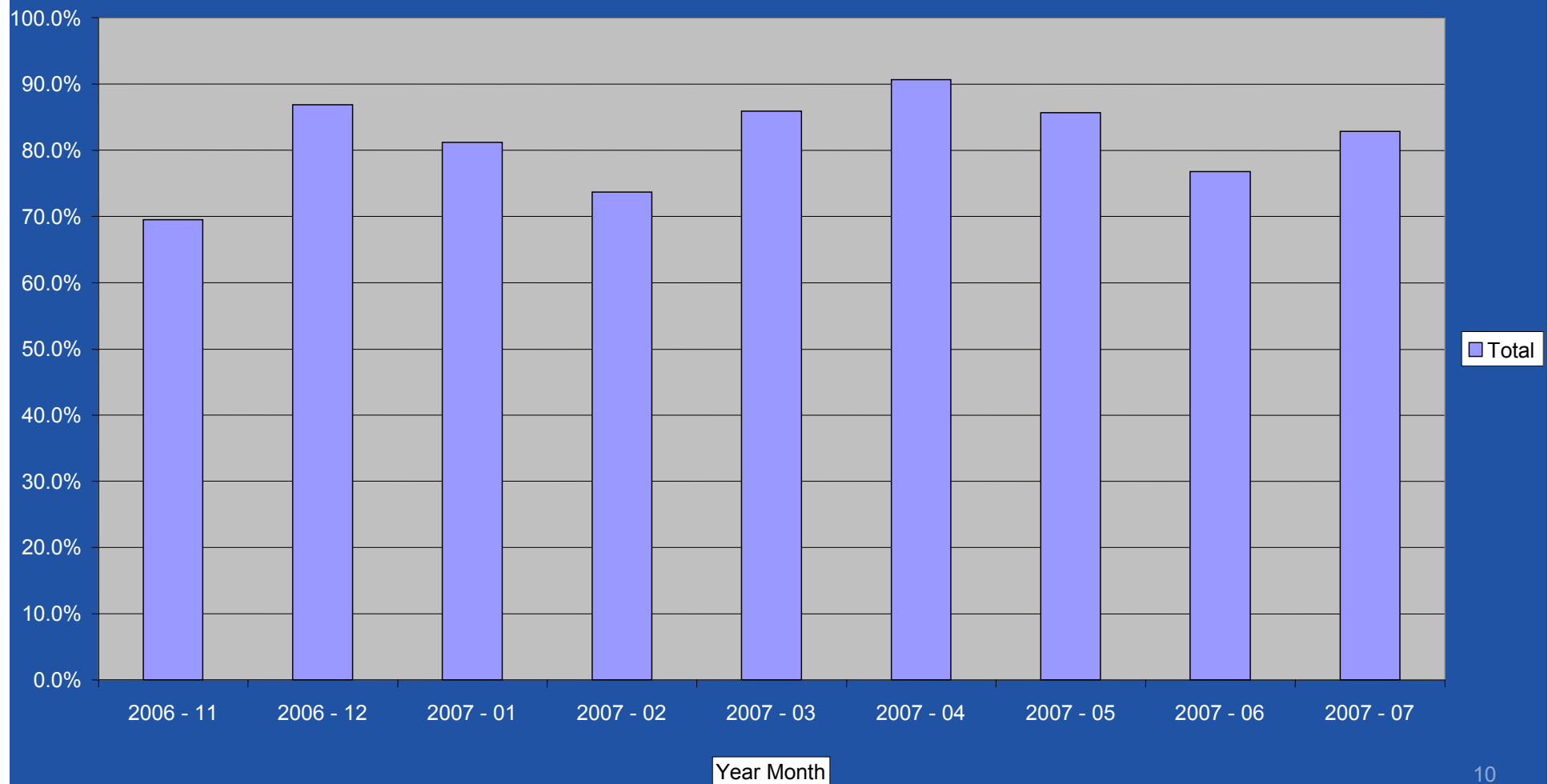
Average Time in ED (hrs) for Mental Health Admitted Patients



Mental Health Patients in ED >24 Hours



Emergency Admission Performance (EAP) Mental Health Patients



Sustaining Change

- Daily recording of patient activity continues. This ensures 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.

Lessons Learned

- System
- Governance
- Partnership
- Communication
- Sustainability

Future Scope

- Ongoing and sustainable – core business
- New benchmarks
- Integrating new projects
- Continued participation in fortnightly teleconference with the NSW Health Service Performance Improvement Branch. The progress made by GSAHS in improving patient access has been acknowledged at this State level.