



# Adelaide Health Service Mental Health

## Hospital Substitution Services

Julie Hoekman, Christine Harding and Lynne James



Government  
of South Australia

SA Health



# What is Hospital Substitution?

## Mainstream Services - Metro Home Link

- > Work across all sectors, adult and older persons
- > Prevent hospitalisation or facilitate an early discharge
- > For people at immediate risk of an admission to an inpatient unit.
- > Involve consumers, their families, carers, GPs and community services.



# Transitional Care Consultants

- > Introduced to provide greater links for mental health with these mainstream services.
- > Providing
  - advisory
  - consultancy
  - education
  - training
  - consumer advocacy
  - service links with service providers.



# Efforts Thwarted

## Clinicians

- > Identified consumer needs well and were creative in the use of Hospital Substitution

## Barriers

- > mainstream hospital substitution services
- > strict criteria
- > lacked flexibility
- > referrals for packages refused.

## Package Refusals

- > maintained the pressure on EDs and dependence on inpatient services/beds
- > resourcefulness of clinicians was not being fully utilized in reducing service demand.



# Understanding the Tipping Point

- > What has brought the mental health consumer to a service today?
- > What has made today worse than yesterday?
- > Is the environment impacting the illness or the illness impacting the environment?
- > What needs to be brought into check?
- > Is there something that has tipped the balance?
- > What's changed?



# Specialist Agency Packages

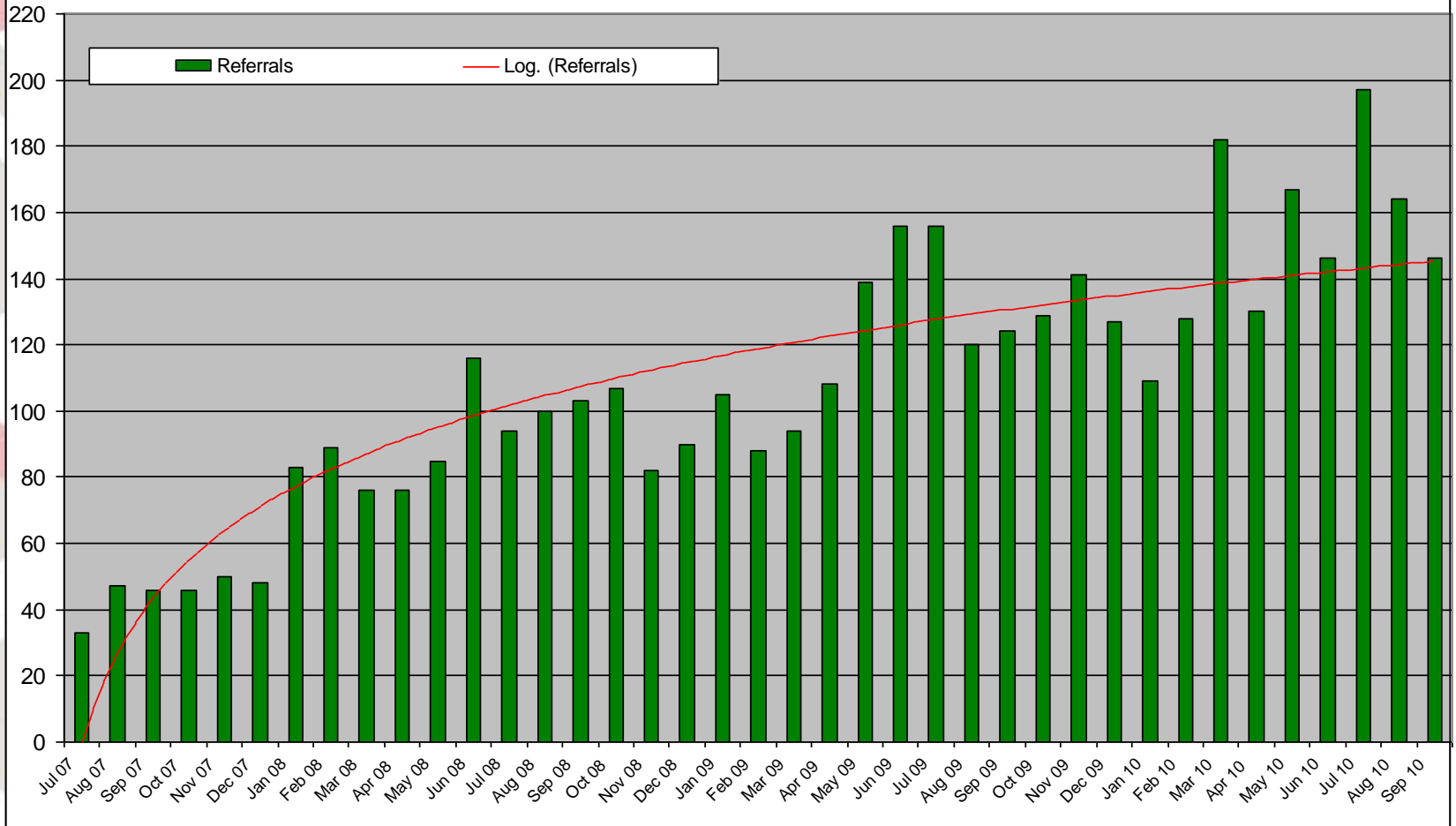
- > Mental Health referral refusals were evaluated.
- > Demonstrated main stream services didn't understand Mental Health needs.
- > Recognised that Mental Health Services knew their clients best.
- > Mental Health Services developed their own packages using a brokerage model.
- > This widened the range of options available for consumers.



## What was needed?

- > Hospital Substitution specifically for Mental Health
- > A Non Clinical Service
- > Responsive
- > Cost effective
- > Flexible
- > Individualised
- > Involving mental health consumers their families, carers, inpatient units, community teams, NGO's, General practitioners, and private psychiatrist.

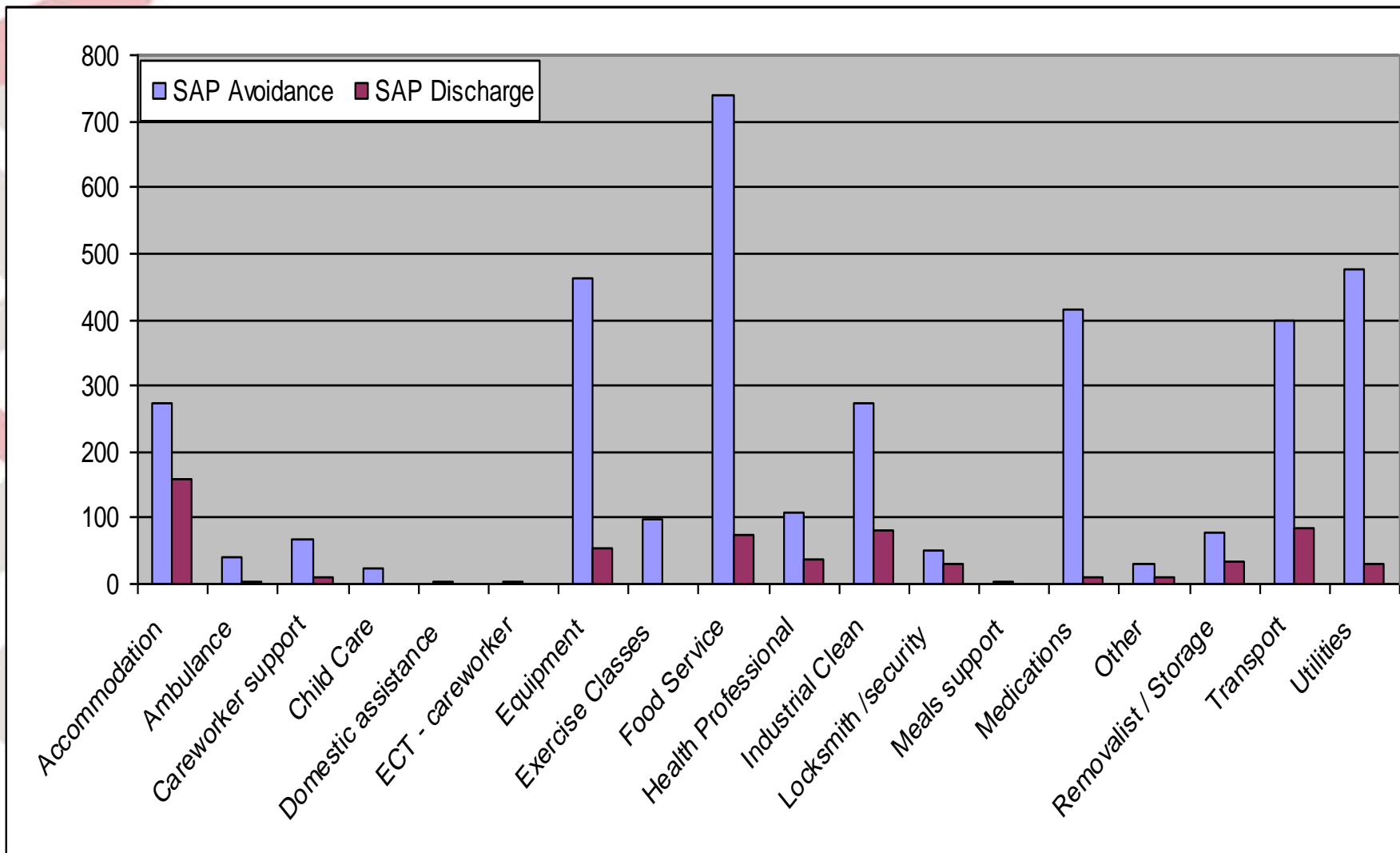
# SAP Referrals Projection to the end of 2010





# Examples of types of Services Provided

- > Services which are used to address the tipping point
  - Food Services
  - Transport
  - Equipment
  - Utilities
  - Medication
  - Accommodation
  - Industrial Clean (pathological clean)
  - Health Professional (gap payments)

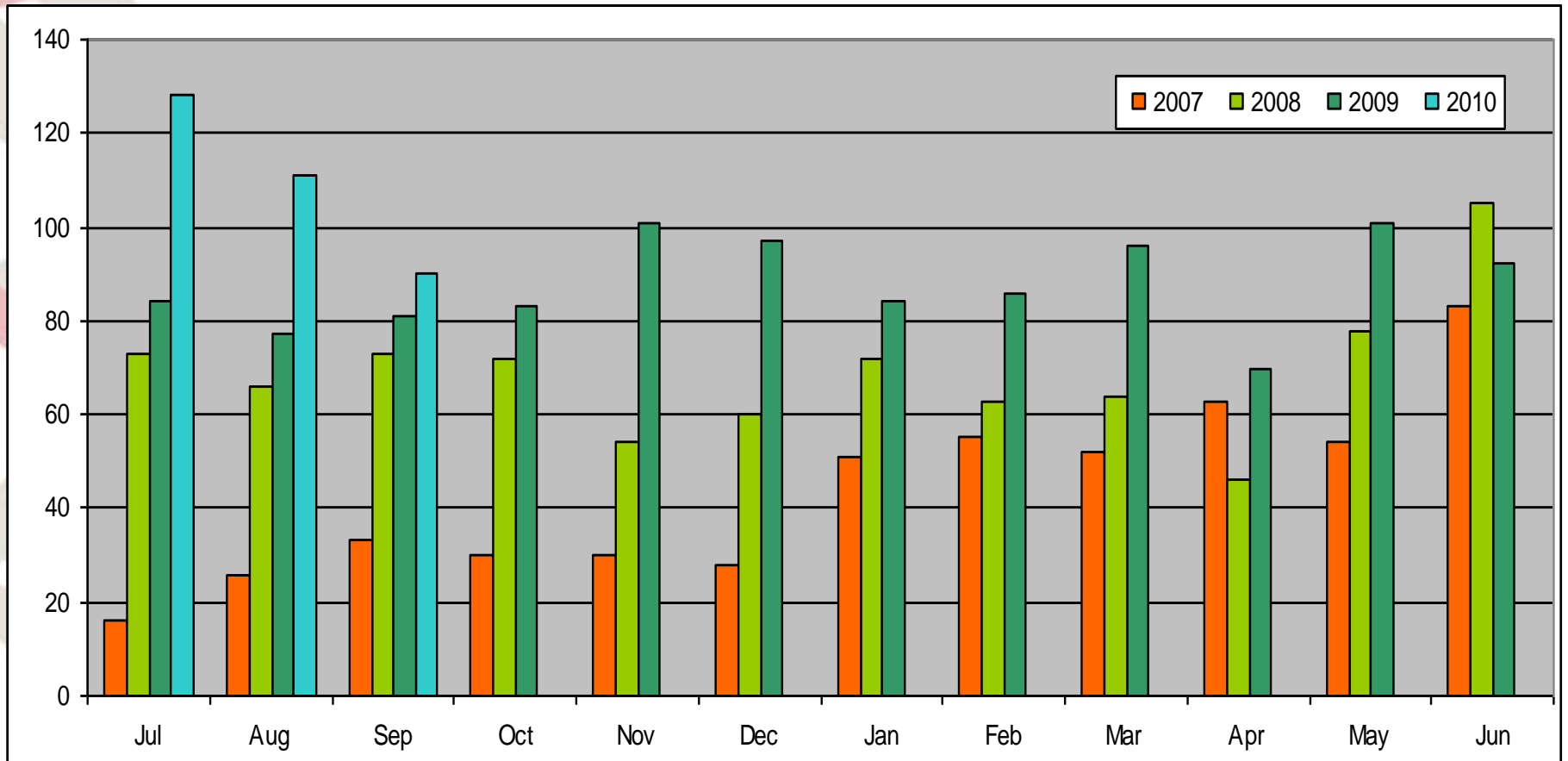




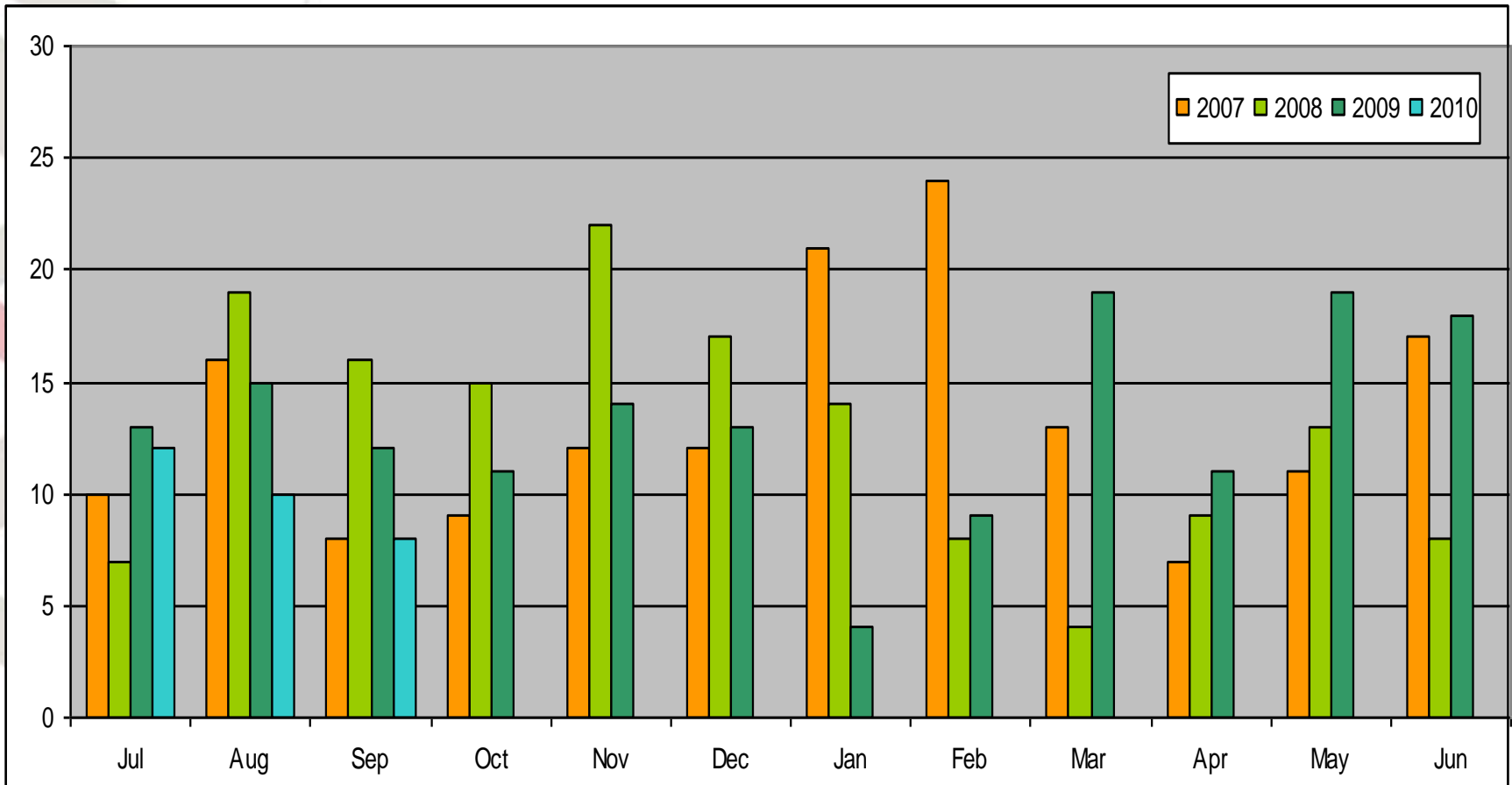
## What does it Achieve?

- > Greater cost effectiveness and flexibility of care for mental health consumers.
- > Facilitates timely discharge for mental health consumers
- > Assisting to achieve
  - 11am discharge
  - 4 hour LOS in ED
- > Reduce hospitalisation and prevent readmission
- > Addresses the Tipping Point
- > Assists clinicians to engage with consumers in crisis building trust

# SAP Avoidance Referrals per Month 2007 - 2010

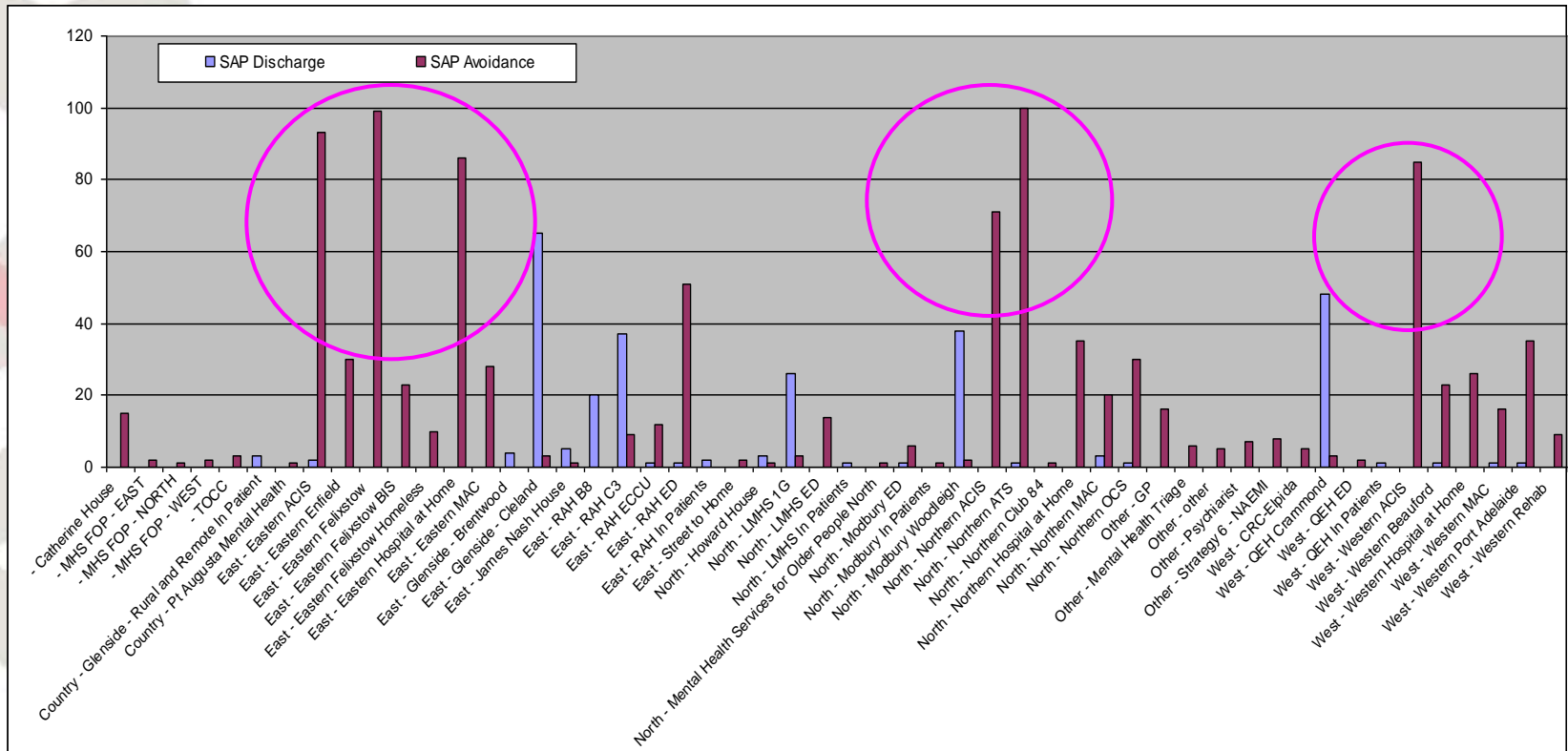


# SAP Discharge Referrals per Month for 2007-2010



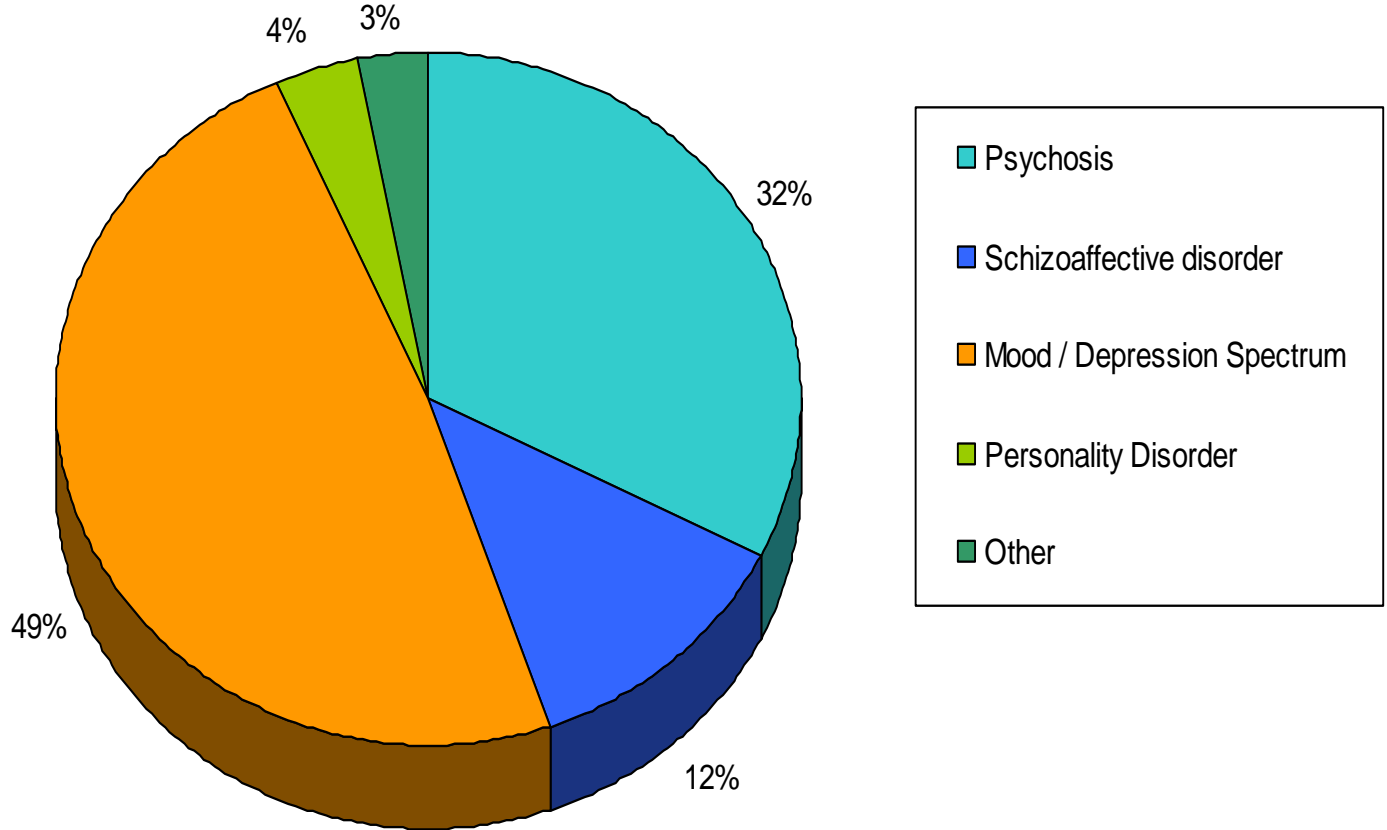
# Greatest users of SAP?

- > ACIS, Hospital at Home, Homeless and Brief Intervention Teams.

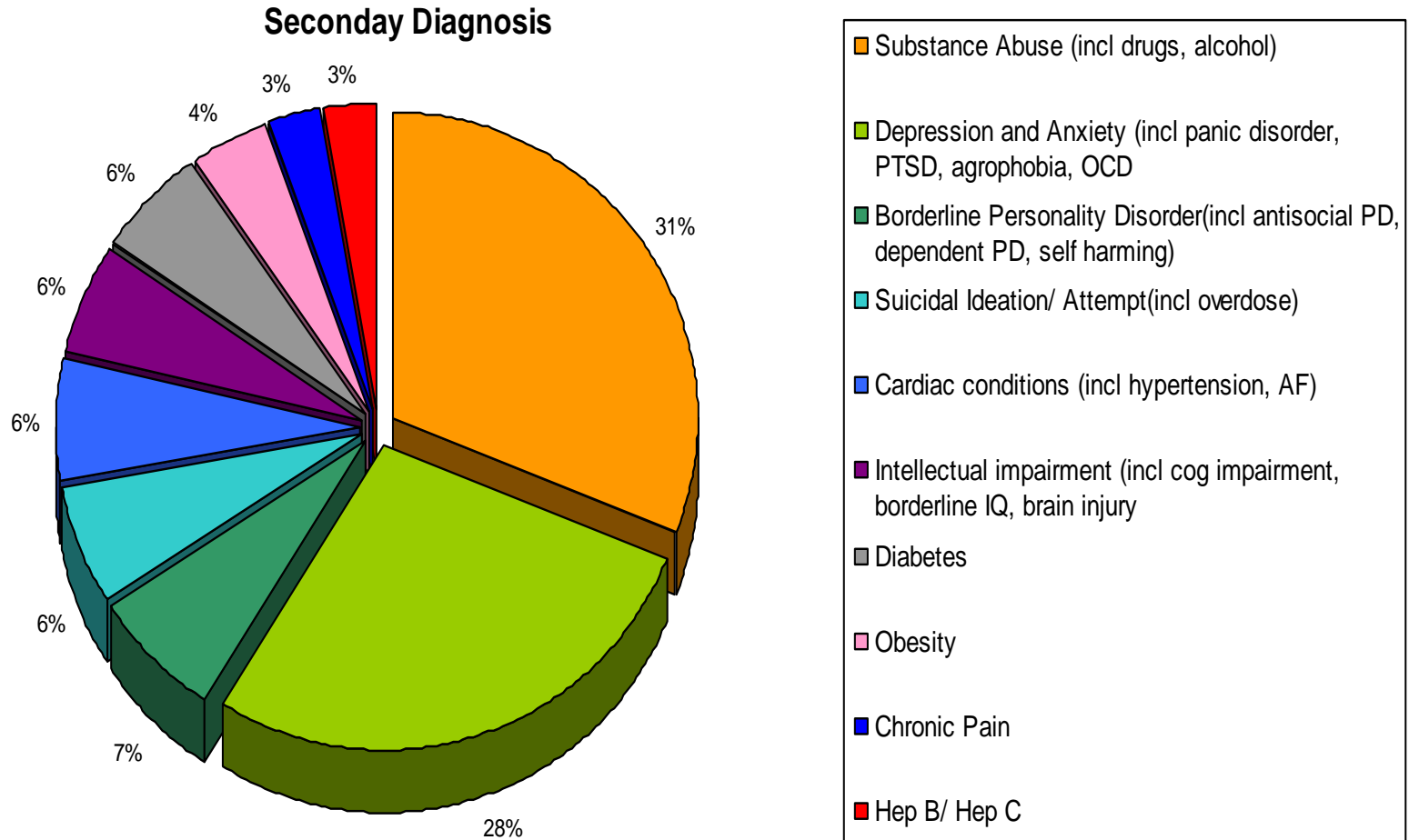


# Primary Diagnosis 2009

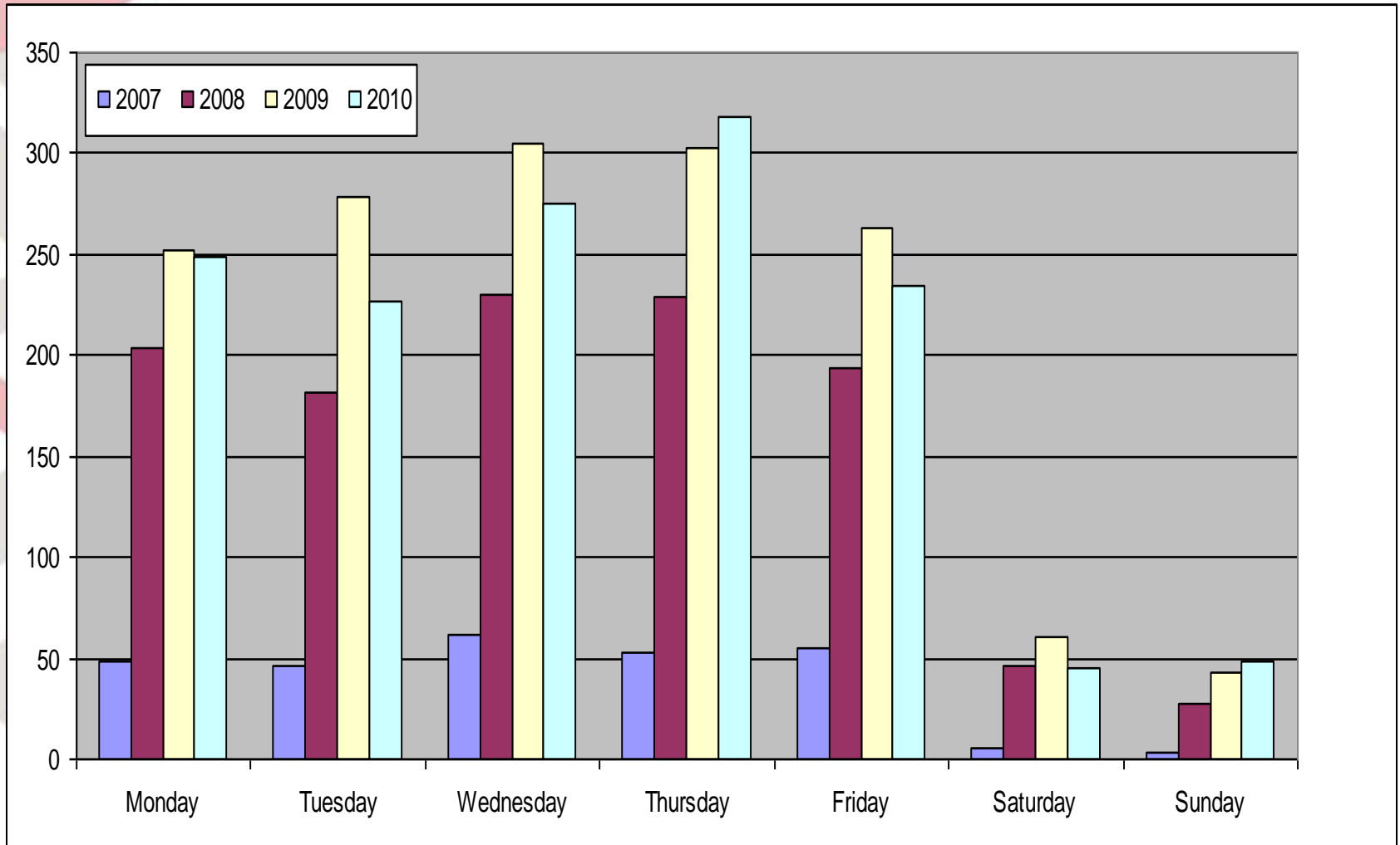
Summary of diagnoses (Figure A)



# Secondary Diagnosis 2009



# Days of referral





# Effects of Change

- > **Specialist Agency Packages**
  - Increased the support options available
  - Support is tailored to Mental Health Consumer's needs
  - Response is rapid and flexible
- > Hospital substitution services have been incorporated into normal practice
- > Reduced admissions
- > Reduced presentations to hospital and emergency department
- > Improved continuity of care in the community



# Challenges

- > The system is always changing
- > Building trust in the system
- > The concept was not readily taken up – needed numerous visits
- > The diversity of mental health services operating in different ways
- > Clinicians fall back to old ways of practice
- > viewed as a service of last resort



## Lessons Learnt

- > The 'Tipping Point' Solutions.
- > Respect clinicians knowledge of consumers needs resourcefulness and
- > The message needs to be given in many different ways and forms for change to occur.
- > Improved consumer outcomes can be achieved at little cost.
- > Consumers can assist in finding solutions for themselves.



## Next Steps

- > Building a sustainable system
- > Finding tipping point solutions
- > Linking the HONOS to the service needs
- > DRG Coding of all SAP consumers
  - Length of stay, cost of stay and acuity in comparison with an inpatient stay.



SAP can open the doors to  
an alternative way of  
meeting the consumer's  
need.



# Government of South Australia

---

SA Health