



Emergency Care Community of Practice
Mental Health Emergency Care Interface Project

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Introduction

- About NICS and the NHMRC
- What is a Community of Practice ?
- The Emergency Care Community of Practice
 - access to evidence based information
 - access to experts
 - implementation projects



The Context for the Mental Health project

- Mental Health presentations to the ED
 - increasing presentations (↑ 12%- 25%)
 - relevant to clinicians and the public
- Mental Health Emergency Care Expert group
 - medical, nursing, and health managers
 - health sectors represented: emergency care, mental health, primary care, ambulance, academia and state government DoH's
- Strong support from clinicians and colleges

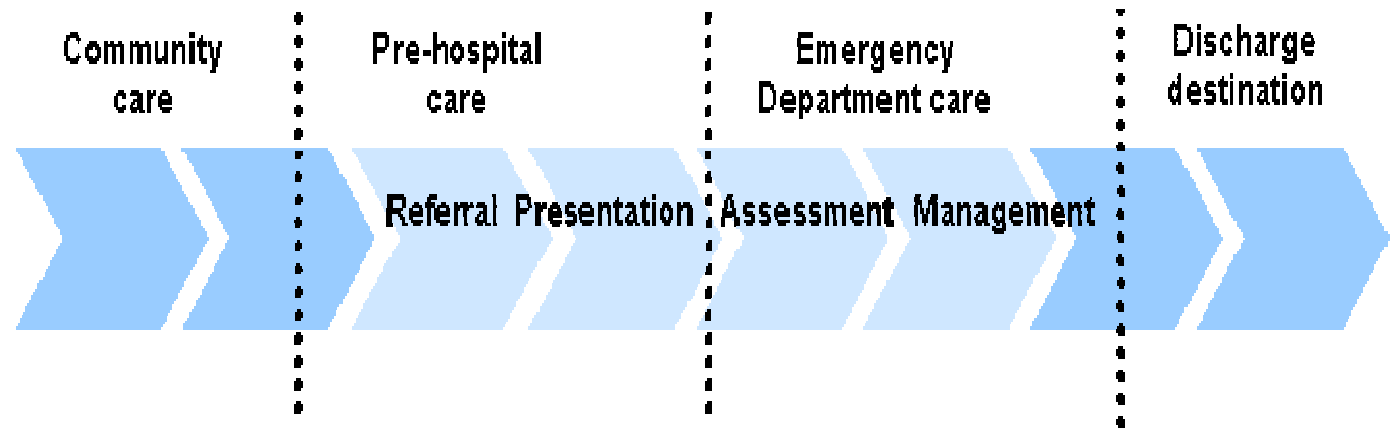


The Commitment

- 41 sites applied
- Joint clinical leadership from Mental Health & Emergency Department
 - program level
 - team level
- Collaboration between Mental Health Services and Emergency Departments



Framework for Improvement



- What is a typical problem at each point of the process?
- What is best practice?
- What can we measure?
- What are the guiding principles for change that can be tested or implemented?



The Practice Gaps

- Emergency Department Mental Health Triage
 - Three different Mental Health triage tools
- Medical clearance
 - Lack of agreed process between Mental Health and Emergency Departments
 - Massachusetts medical clearance protocol
- Appropriate medication for restraint of behavioural emergencies



Project Aims & Targets

Aim:

To improve the care for people with mental health problems who present to the Emergency Department

Targets:

- 90% of mental health presentations are discharged within 4hrs
- reduce 'Did not wait rate' for mental health presentations to 3%
- reduce mental health re-presentations by 50%



The Project Support

- Project teams supported each other by:
 - sharing resources, skills, sharing ideas, and knowledge
- NICS supported the project teams by:
 - web based communication system
 - providing project advice, consultation and support
 - regular communication forums and contact



Project Reports



MONTH: September 2014

What improvement activities did you implement this month?
Project planning (see below)

Team Assessments

Rating: Formed A Team

Comments:

- project planning
- liaise with IT dept. RE obtaining data/reports
- obtaining baseline data for last month, and a review of previous 12 months data
- begin to introduce project to the ED, psych ward, and community mental health

Executive Sponsorship

Aware of the teams progress: Yes

regular communication via e-mail

Actively engaged in project meetings: Yes

fortnightly meetings arranged, has offered to make himself available when required

Negotiates barriers on behalf of team: No

Promotes the work of the team more broadly: Yes

Provides additional resources or support for the project team: Yes

non-clinical time available for team members

MONTH: October 2014

What improvement activities did you implement this month?
lots more planning
working on a model for "medical clearance"
team building and promotion
working with IT RE data collection

What stopped you from achieving your goals this month?
ED Medical Director away for approx 2 months

General Comments

We aren't really sure why things have improved this month, but if we find out we will let you know

Team Assessments

Rating: Active but no changes

Comments:

We have identified a list of 13 projects that we have begun to work through

Executive Sponsorship

Aware of the teams progress: Yes

regular contact via email including data review

Actively engaged in project meetings: Yes

fortnightly meetings in-house

Negotiates barriers on behalf of team: Yes

Promotes the work of the team more broadly: Yes

Provides additional resources or support for the project team: Yes

MONTH: November 2014

What improvement activities did you implement this month?
No new activities implemented.

What stopped you from achieving your goals this month?
Shortage of Psych medical staff - has prevented us from changing the ED psych Reg.
ED medical director away for part of month.
ED medical director not happy with the concept of introducing a policy for medical clearance.

What worked well or has been a 'win'?

Official launch of NICS ED/MBI project with an afternoon tea open to all hospital and community staff to promote NICS project.

Bringing ED doctors into the project to review medical clearance protocol.

General Comments

Data collection methods to be checked with IT as we are not sure if it is accurate

Team Assessments



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Project Results

Target One:

90% of mental health presentations are discharged within 4hrs

Wave 1

- Reduction in variation across 20 sites
- Increase of from 2% to 23% across these sites

Wave 2

- Six rural sites met the 90% target on one or more months
- One of those sites met the target within six of the 12 months



Target two:

Reduce 'Did not wait' rate for mental health presentations to 3%

Wave 1

- Significant reduction from 7.9% to 4.4% ($p < 0.05$)
- Variation reduced from 21% to 16%

Wave 2

- 13 sites met the 3% target in one or more months
- one met the target in 11 of the 12 months



Target three

Reduce mental health re-presentations by 50%

Wave 1

- Six sites met their target for one month
- One site met their target consistently over 10 months

Wave 2

- One site met their target consistently 11 months
- Five sites met their target in five or more months



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What Worked?

- Access to information, website and NICS project support
- The availability of local data to focus on areas for improvement
- A reason to work collaboratively to improve Mental Health services in ED – The project was an impetus for change



Changes In Practice

- ‘Introduction of fast track process for MH patients at triage and development of short stay model of care’
- ‘Communication, patient risk assessment, environmental changes, paperwork changes, attitude changes between MH/ED staff’
- ‘Improved management of people with mental health issues in the ED through more timely input through assessment and expedient output in ED resulting in improve clinical outcomes’



Sense Of Community And Participation

- ‘....regular reporting mechanisms including KPI’s, good communication channels between ED and psych
- ‘Increased communicationoptimism and positive feelings of project success’
- Sharing and commitment to improvement.evident across sites. Others not involved wanted to be ‘in’ the project, it has become known as something good and worthwhile’



Local Engagement

- ‘The project has opened channels of communication between community mental health and ED, previously very poor.’
- ‘The project gave us a reason to work together
- ‘Mental Health and ED partnership has improved’
- Exploration of new and innovative approaches in clinical procedures’



Acknowledgements

- The Project Advisory Group
- Project teams

For more information contact

- Sue Huckson shuckson@nicssl.com.au or
- Scott Bennetts sbennetts@nicssl.com.au

Thank you



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