

Responding to crisis with a systems approach

Case: Central Adelaide LHN Mental Health

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Near daily reports on Mental Health crisis

- Decades of systemic problems:
 - > human rights abuses
 - > dozens of consultancy & stat auth reviews (recommendations ignored)
- No new \$ in community MHS in 10+ yrs & loss of many innovations
- OCP "Conditions" in place RAH ED & IRS
- Culture of bullying
Tribal warfare between ED & MH
- Staff shortages in every team in every LHN (up to 30% in CMH)
- Constant negative narrative in media & bureaucracy
- A MH crisis well before Covid



Prisoner 'shackled to bed for more than 85 hours' at Royal Adelaide Hospital

By Loukas Founten

Prisons

Sat 10 Feb 2018

<https://www.facebook.com/watch/?v=370004660636847>

Chief Psychiatrist issues intervention order to reduce shackles to improve the RAH ED

An intervention order has been issued on the RAH over use of shackles, physical restraints and solitary confinement on agitated mental health patients stuck in the emergency department.

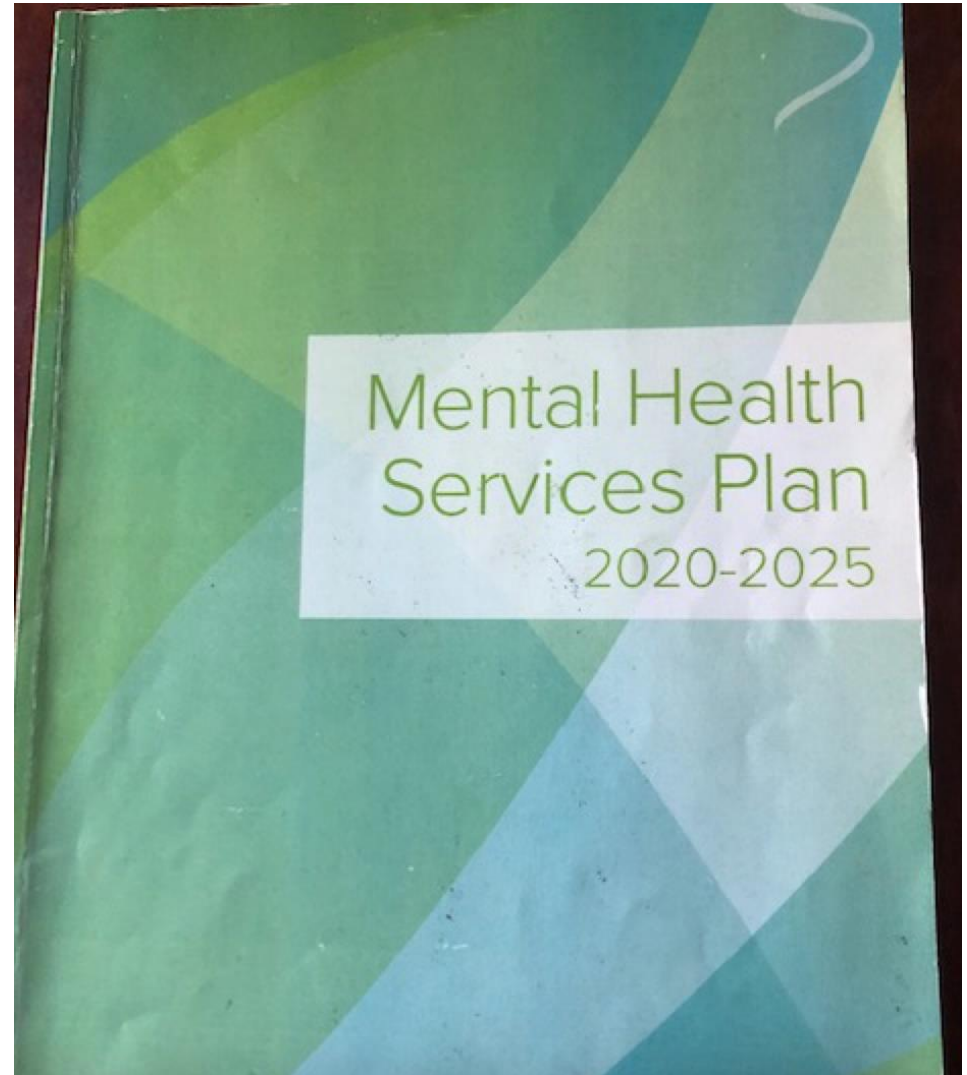
Brad Crouch Health Reporter
@BradCrouch 2 min read June 25, 2020 9:00PM

The Advertiser 100 comments

A Services Plan without

- a model of care
- regional modelling and planning
- an implementation plan
- a workforce plan
- a culture change strategy
- an investment plan
- or effective governance
.....

..... is barely a philosophy of care



CALHN & the RAH – Ground Zero

Context is (just about) everything

- CALHN - \$2.7B recurrent, 14,000 staff. MH 830 staff, 13 units.
- RAH PR Disaster from Day 1
- Massive cost overruns in build & operations – ops overspend **\$330m**
- CALHN put into administration in 2018/9 – KordaMentha
- Priority areas for reform: AAU & MH
- Broken relationships between ED & MH clinicians & between MH units
- Multiple adverse reports from OCP, OOSA, PA, HC – IRS, RAH ED
- Awful performance metrics for MH: transfer of care & consumer experience

*"The new Royal Adelaide Hospital (RAH), which opened in September 2017 in the city's CBD, is arguably Australia's most technologically-advanced hospital. From its fleet of robots (aka, Automated Guided Vehicles) that carry around supplies, food and equipment to its pneumatic tube automated internal delivery system, the 800 bed, environmentally-friendly hospital **is a harbinger of the future of healthcare.**"*



The Start of the Reform

MH Medical Director & Nursing Director in 2018

New CEO + KordaMentha late 2018

“Critical Friends” appointed 2019

Report in December 2019

Board, Exec & DHW engagement

Systemic reform report Dec 2019

3 key messages:

- Systems approach
- *One service, one team*
- Mental health is core business for all of CALHN

Asked to be Exec Dir MH Jan 2020

CALHN Board: *“A master class in mental health services”*



CALHN

Mental Health Interim Report
on Hospital Flow in Emergency
Depts and Mental Health Units

For Discussion Purposes



Commercial in Confidence

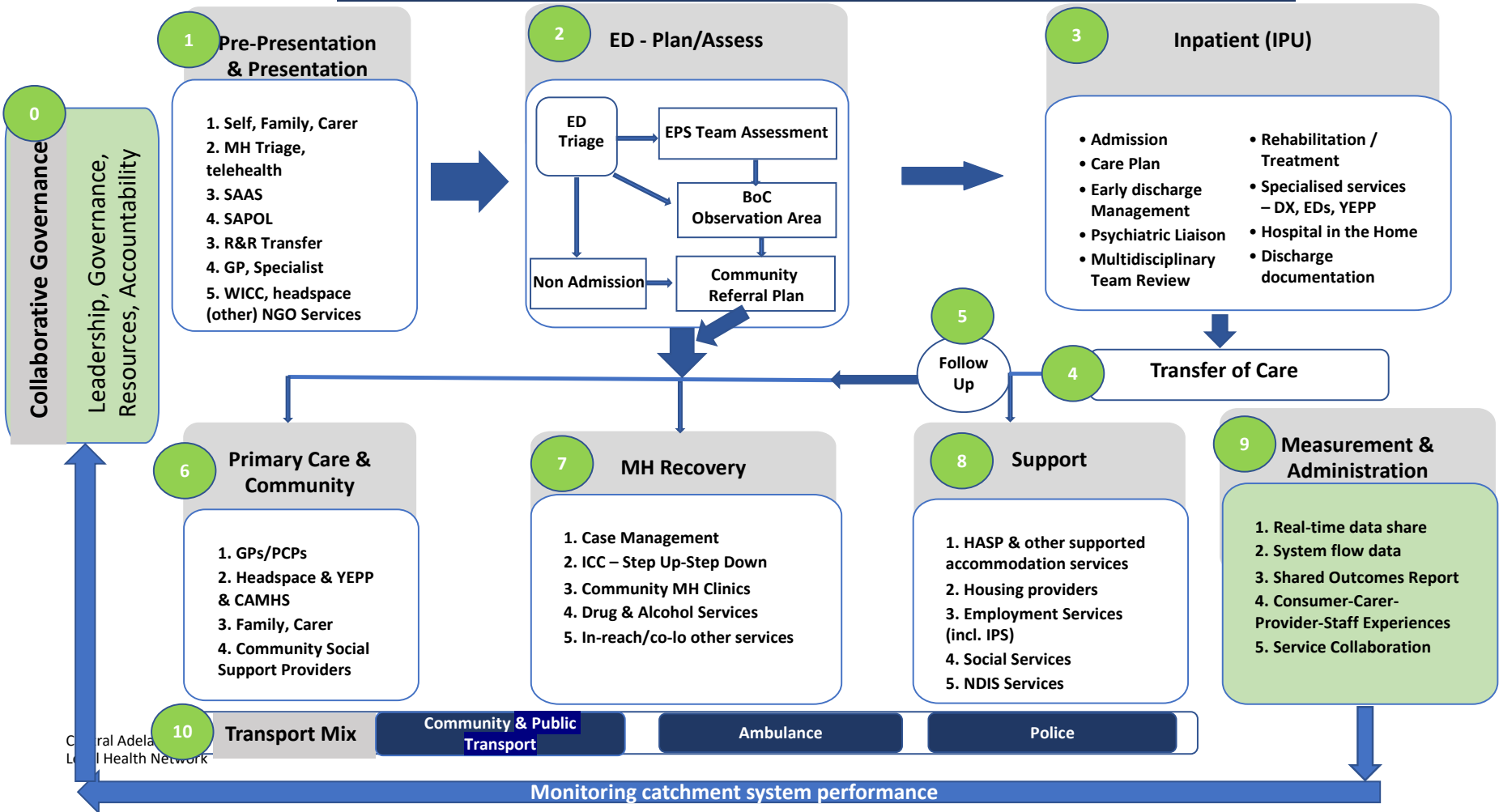
December 2019

Intervention Strategy: STRATEGIC RESPONSES TO ESCALATION IN CRISIS PRESENTATIONS

Key Components	Methods & applications
Person centred care	Engage consumers & family/carers to support self-care Reduce (ultimately) eliminate all coercive practice Trauma informed care on every engagement – phone2home
Integrated models of care	Beyond traditional models of ED MH – upskill all ED staff; commence care in ED; rapidly stabilise crisis; use telepsych; provide calm spaces Build partnership in community ‘to slow flow’ to ED & AAU
Health ecosystems research & method	Whole of system approach to understand complexity & context Map services, population needs, patterns of care, gaps etc Applied hospital transitions ecosystem model (see later)
Flow theory & method	Whole of hospital approach. Understand demand, optimise resources Standardise process: presentation>assessment>disposition>discharge Use data to drive system improvement
Values based leadership	Work toward a common set of values – <i>one service, one team</i> Distribute leadership & authority – <i>ride the boundaries, free the reins</i> When the going is tough <i>Be present. Be visible. Be available.</i>
Lean management	‘Now-soon-later’. Focus on outputs and impacts LM toolkits & guidance (templates, guidance & rapid evidence reviews)
Change management theory & method	Apply evidence based communication-beh change framework Apply ‘Normalisation Process Theory’ – cognitive participation, collective action, sense-making, reflexive monitoring

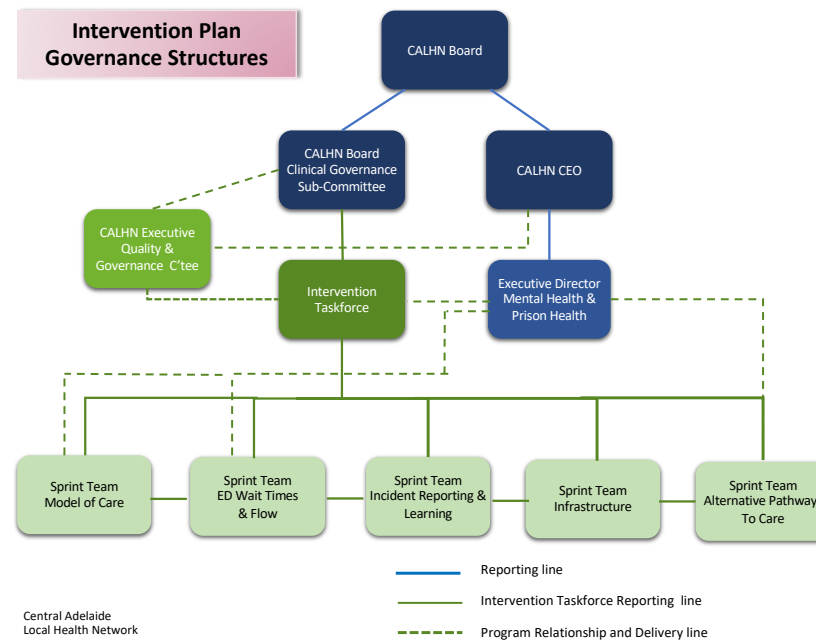
A health ecosystem application to hospital transitions

An Integrated Ecosystem of Mental Health Care – *one system, one team*



Intervention Strategy – some of the how

Governance Structures



Central Adelaide
Local Health Network

V2.0 10072020

Key Personnel

1. Chair CALHN Board Clinical Governance Committee, Professor Justin Beilby
2. Chair Intervention Taskforce, Professor Justin Beilby
3. Exec Quality & Governance C'tee Kathryn Zeitz, Exec Dir Clinical Gov
4. Exec Dir Mental Health, Adj. Professor John Mendoza
5. Chair Sprint Team Model of Care, Matthew Mc Innes Exec Dir Allied Health
6. Sprint Team ED Wait & Flow, Anna Baggoley, Program Delivery Manager, Mental health
7. Chair Sprint Team Incident Reporting & Learning, Scott Bennett, Program Delivery manager Acute & Urgent Care
8. Chair Sprint Team Infrastructure, Elke Kropf, Dir Operational Services
9. Chair Sprint Team Alternative Pathways to Care, Lesley Legg, Nursing Director, Mental Health

Sprints



Sprints – the tasks we must complete in 30 days or less

E.G.

1. Implement Intensive Monitoring Plan in RAH ED by 6 July
2. Develop draft new Model of Care by 17 July

Middle Distance



Our Middle Distance Events – what we must complete on or before 25 September 2020

E.G.

1. Fully documented Model of Care for both RAH & QEH EDs
2. Complete the consultation of workforce implementation plan

Marathon



Our Half & Full Marathon Events – what we must complete or achieve by 31 December 2020 & 30 June 2021

E.G.

1. Creating three Alternative Pathways to Care
2. Changes to the physical ED space at RAH

Lean methods & tools

What we Have Achieved to Date

As at 22/09/20



MH Co-Responder Programs (SAAS & SAPOL)

- ü SAAS MH-CORE now 7 days a week
- ü 2 ED avoidances Daily
- ü SAPOL MH-CORE Pilot & now continuing
- ü Over 30 calls every day



Way Back Support Service

- ü Agreement with SA Health and Adelaide PHN on Way Back Support Service to support consumers discharged and at elevated suicide risk



New Models of Care & Increased Capacity

- ü GP Nurse Liaison commenced in the East & West
- ü Older Persons Rapid Access Clinic (from Oct)
- ü MH-Hospital in the Home (from Oct)
- ü RAH ED Flex Beds



Infrastructure

- ü Identification & Confirmation of RAH ED interview room
- ü Quotes received ü Ligature audit complete
- ü Construction commences 28 Sept 2020



Data sets

- ü Initial data analysis complete on CALHN ED MH Performance
- ü Application of Flow Metrics Analysis



Homeless Population

- ü Agreement with Baptist Care to support homeless population in Central Adelaide
- ü OWI developed and implemented on discharge to homelessness



Incident reporting

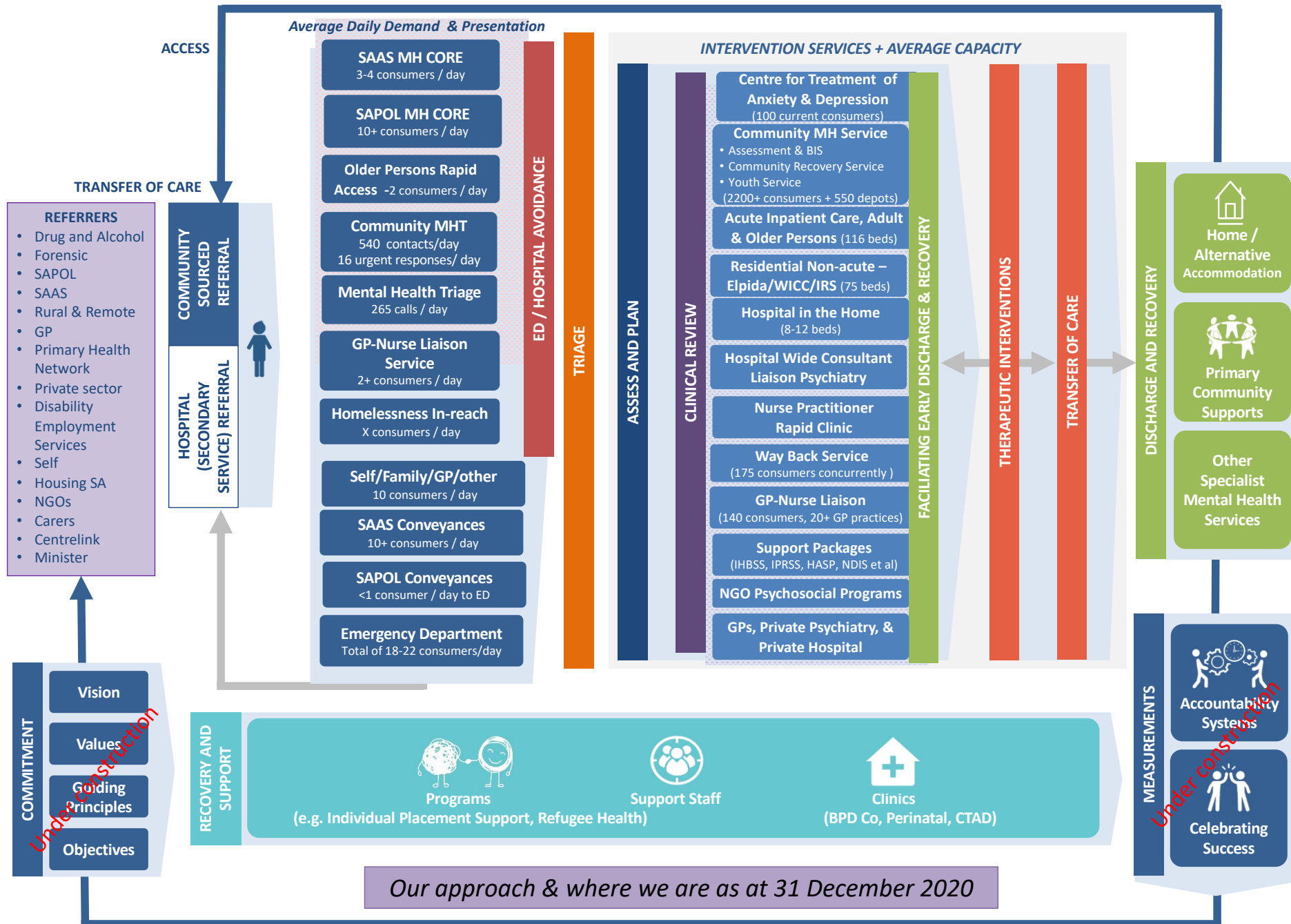
- ü Incident reporting established in RAH ED
- ü Confirmation with OCP on data reporting
- ü Incident review process (learning) established in RAH ED
- ü Sunrise and SLS streamlining discussions with SA Health











Service Redesign & Improvement

- ü ED-MH Workflows Defined
- ü Inpatient Rehabilitation Service Model of Care complete
- ü Redesign of Community MH Services
- ü Reductions in Restrictive Practices in all units

16 initiatives completed in 2020. 16 more underway 2021.



The January 2021 Monthly Headlines

- Activity across acute inpatient, MH Triage & community services well above plan.
 28% East;  3% West
- Year to 31 December, activity up 24.8%. NWAU in Dec  29%; Acuity  5%
- Financial performance impacted by agency/contract staff costs due to high demand + recruitment challenges. Total YTD 1% over approved spend
- Unable to proceed with NEPT procurement to date due to DHW
- Quality of care: significant improvements as measured by:
 - ALOS - down below 14 all adult sites. OPMH 39 to 22 (2024 12.0)
 - Separations  21.9%
 - Incidents of restrictive practice  **(3/1000 OBD seclusion vs 8.1 nationally & 2.6/1000 OBD restraints vs 11.0 nationally)**
 - 7-day post discharge follow up (83-100% actual and attempted) 
 - Consumer/carers compliments & complaints (8 & 2 in December) 
- Outstanding or ongoing risk register issues reduced from 27 to 7 (will be zero after OCP removal of IRS conditions)

Source: Excerpt of Exec/Board Report, MHCP, January 2021

CAHLN Mental Health intervention 2020/21:

This is light years ahead of what has been planned and implemented in Australia. A true systemic program of reform.

.... the report (to OCP) is the only realistic knowledge-to-action plan based on data that I have seen published in Australia

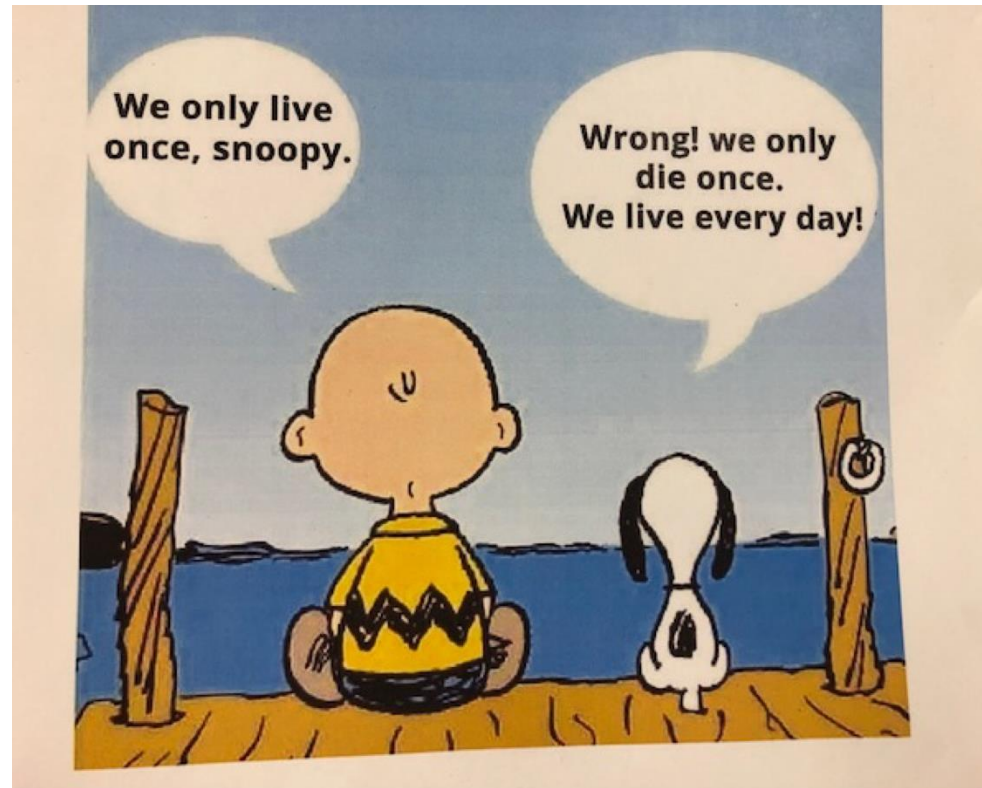
Professor Luis Salvador Carulla

Head of the Mental Health Policy Unit, Health Research Institute, University of Canberra

Advisor to the European Commission, WHO et al

Thanks for listening and contributing

I will not go silently – I have a duty of care to the staff at Central Adelaide Local Health Network and an obligation to the community to call for real action by our governments to meet the mental health needs in the shadow of the Covid pandemic



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LinkedIn: <https://www.linkedin.com/in/john-mendoza-553aa718b/>

Performance Update: Inpatient Activity

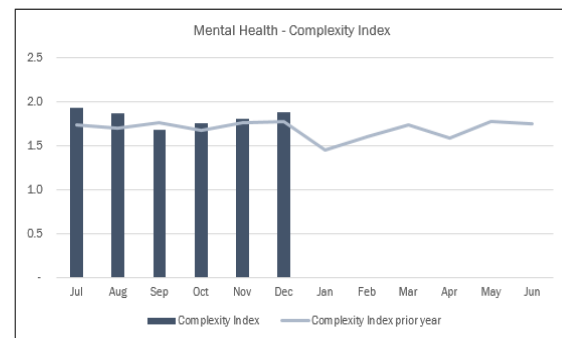
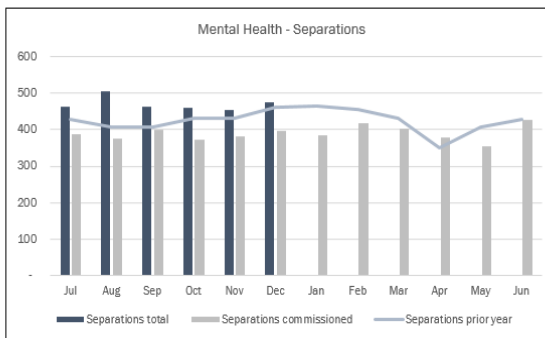
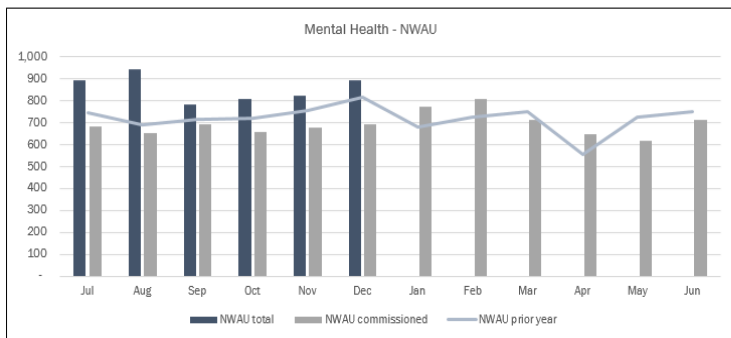
NWAU's/Separations/Acuity/ALOS – RAH & TQEH – Dec 2020 YTD

CALHN Inpatient Activity Tracker (Final Monthly report) - Dec 20 Report

99.82% of Dec 20 Seps Coded and 99.97% of Total Seps Coded for FY 2020-2021

2020-2021 Casemix Funded Activity - CALHN IP Report-By Disch Clinic

Discharge Clinic	NWAU									SEPARATIONS									ACUITY				ALOS (DAYS)				
	YEAR-TO-DATE									YEAR-TO-DATE									YEAR-TO-DATE				YEAR-TO-DATE				
	Jul 20 to Dec 20 (6x mnths)									Jul 20 to Dec 20 (6x mnths)									Jul 20 to Dec 20 (6x mnths)				Jul 20 to Dec 20 (6x mnths)				
	Coded	UnCded	Total	Cap	Cap Var	Var%	PY	PY Var	Var%	Coded	UnCded	Total	Cap	Cap Var	Var%	PY	PY Var	Var%	CY	PY	PY Var	Var%	CY	PY	PY Var	Var%	
All Sites																											
92 - RAH Acute MH	2,099	-	2,099	1,638	+461	+28%	1,793	+306	+17%	1,261	-	1,261	1,064	+197	+18.5%	1,156	+105	+9.1%	1.66	1.55	+0.11	+7%	4.6	5.3	-0.7	-14%	
97 - RAH Hospital at Home MH	39	-	39	-	+39	+39%	-	+39	-	11	-	11	-	+11	+11.0%	-	+11	-	3.58	-	+3.58	-	14.8	-	+14.8	-	
178 - RAH Neurostimulation Clinic MH	-	-	-	0	-0	-100%	1	-1	-100%	-	-	-	1	-1	-100.0%	1	-1	-100.0%	-	0.52	-0.52	-100%	-	0.2	-0.2	-100%	-
179 - RAH Psychiatric Intensive Care PIC MH	564	-	564	302	+262	+87%	397	+167	+42%	168	-	168	123	+45	+36.0%	166	+2	+1.2%	3.36	2.39	+0.97	+40%	8.2	7.4	+0.8	+11%	
192 - RAH Acute MH	136	-	136	-	+136	+136%	-	+136	-	114	-	114	-	+114	+114.0%	-	+114	-	1.20	-	+1.20	-	2.7	-	+2.7	-	
278 - RAH Short Stay MH	596	-	596	432	+165	+38%	493	+103	+21%	386	-	386	337	+49	+14.6%	365	+21	+5.8%	1.54	1.35	+0.19	+14%	3.5	3.4	+0.1	+3%	
77 - QEHI MH Short Stay	590	-	590	639	-49	-8%	631	-42	-7%	212	-	212	222	-10	-4.4%	215	-3	-1.4%	2.78	2.94	-0.15	-5%	10.2	10.4	-0.2	-2%	
78 - QEHI Acute MH	1,114	-	1,114	1,038	+76	+7%	1,123	-9	-1%	555	-	555	568	-13	-2.4%	570	-15	-2.6%	2.01	1.97	+0.04	+2%	7.5	7.2	+0.2	+3%	
80 - QEHI Psychogeriatric Acute	-	-	-	-	-	-	-	-	-	115	-	115	-	+115	+115.0%	90	+25	+27.8%	-	-	-	-	34.7	40.4	-5.8	-14%	
Mental Health Totals:	5,139	-	5,139	4,048	+1,091	+27%	4,438	+701	+16%	2,822	-	2,822	2,315	+507	+21.9%	2,563	+259	+10.1%	1.82	1.73	+0.09	+5%	6.8	7.3	-0.4	-6%	



Commentary & Observations


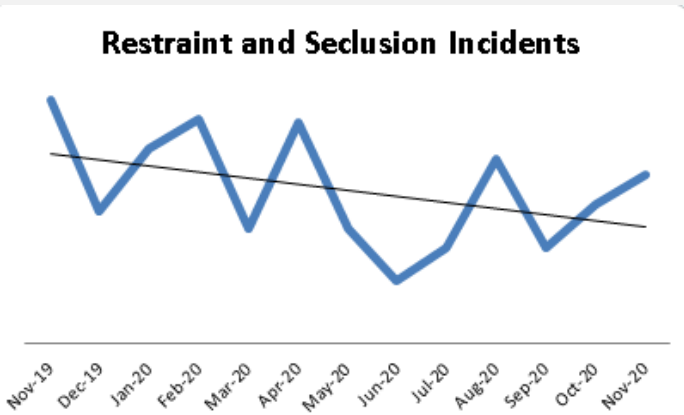

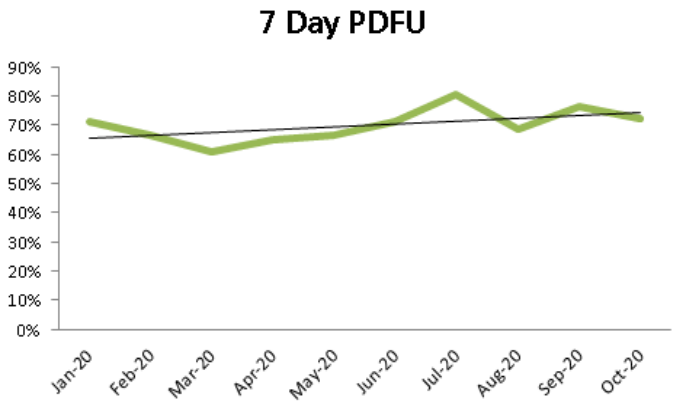
Demand for Mental Health Inpatient services across both RAH and TQEH continues to increase, with separations 22% above commissioned levels and 10% above the prior year. **The demand is particularly strong at the RAH, increasing by over 15% compared with the prior year.** In addition to the volume of activity increasing, the **Complexity of the presentations have also increased by 5%** when compared with the prior year and both factors are driving a 16% increase in NWAU value compared with the prior year. ALOS has reduced by 6% despite the additional volume and complexity. This additional volume and complexity in activity is driving up costs for the MH Program.

Performance update: Access & flow


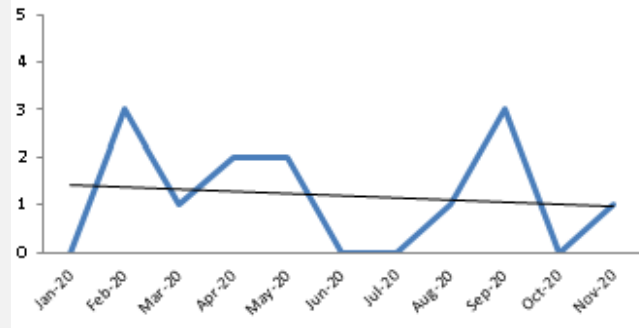
Measure	Commentary			Supporting detail																																																									
MMH ED Breaches	Target: Nil	Outcome: 75	Trend: Favourable	<table><caption>MH ED Breaches Exc R&R</caption><thead><tr><th>Month</th><th>QEH</th><th>RAH</th></tr></thead><tbody><tr><td>Jul 2019</td><td>40</td><td>105</td></tr><tr><td>Aug 2019</td><td>42</td><td>80</td></tr><tr><td>Sep 2019</td><td>48</td><td>64</td></tr><tr><td>Oct 2019</td><td>29</td><td>82</td></tr><tr><td>Nov 2019</td><td>53</td><td>126</td></tr><tr><td>Dec 2019</td><td>37</td><td>107</td></tr><tr><td>Jan 2020</td><td>22</td><td>104</td></tr><tr><td>Feb 2020</td><td>51</td><td>118</td></tr><tr><td>Mar 2020</td><td>47</td><td>88</td></tr><tr><td>Apr 2020</td><td>35</td><td>46</td></tr><tr><td>May 2020</td><td>53</td><td>93</td></tr><tr><td>Jun 2020</td><td>40</td><td>89</td></tr><tr><td>Jul 2020</td><td>53</td><td>123</td></tr><tr><td>Aug 2020</td><td>34</td><td>126</td></tr><tr><td>Sep 2020</td><td>49</td><td>75</td></tr><tr><td>Oct 2020</td><td>30</td><td>69</td></tr><tr><td>Nov 2020</td><td>17</td><td>49</td></tr><tr><td>Dec 2020</td><td>14</td><td>61</td></tr></tbody></table>	Month	QEH	RAH	Jul 2019	40	105	Aug 2019	42	80	Sep 2019	48	64	Oct 2019	29	82	Nov 2019	53	126	Dec 2019	37	107	Jan 2020	22	104	Feb 2020	51	118	Mar 2020	47	88	Apr 2020	35	46	May 2020	53	93	Jun 2020	40	89	Jul 2020	53	123	Aug 2020	34	126	Sep 2020	49	75	Oct 2020	30	69	Nov 2020	17	49	Dec 2020	14	61
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Actions: <ul style="list-style-type: none">Implementation of new pathways through ED will commence following MOC finalisation, Revised medical rosters developedOngoing exploration of alternate sites/models underway + second wave of initiatives																																																													
ALOS Linked (General Acute)	Target: 1-14 Days	Outcome: 14 Days	Trend: Stable	<table><tr><th>Dec 20 YTD</th><th colspan="5">CALHN ALOS Linked (General acute)</th></tr><tr><th>Target 1-14 days</th><th>Curr. month</th><th>Prev month</th><th>Prior period</th><th>YTD</th><th>Prev YTD</th></tr><tr><td>CALHN subtotal</td><td>14</td><td>14</td><td>15</td><td>15</td><td>14</td></tr><tr><td>RAH</td><td>13</td><td>13</td><td>11</td><td>13</td><td>11</td></tr><tr><td>TQEH</td><td>13</td><td>15</td><td>15</td><td>15</td><td>15</td></tr><tr><td>GLN</td><td>15</td><td>14</td><td>21</td><td>17</td><td>20</td></tr></table>	Dec 20 YTD	CALHN ALOS Linked (General acute)					Target 1-14 days	Curr. month	Prev month	Prior period	YTD	Prev YTD	CALHN subtotal	14	14	15	15	14	RAH	13	13	11	13	11	TQEH	13	15	15	15	15	GLN	15	14	21	17	20																					
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Actions: <ul style="list-style-type: none">ED-MH interface Committee continuing to focus on process improvements.Business case re NDIS liaison position/ social work support for discharge planning from IRS.Second wave of initiatives – BPD program, InnoWell,																																																													
28 Day Readmit Rates (General Acute – Linked)	Target: 12%	Outcome: 15%	Trend: Favourable	<table><tr><th>Dec 20 YTD</th><th colspan="5">CALHN MH 28-day readmission rate (General acute - linked)</th></tr><tr><th>Target 12%</th><th>Curr. month</th><th>Prev month</th><th>Prior period</th><th>YTD</th><th>Prev YTD</th></tr><tr><td>CALHN subtotal</td><td>15%</td><td>17%</td><td>19%</td><td>17%</td><td>21%</td></tr><tr><td>RAH</td><td>14%</td><td>21%</td><td>25%</td><td>18%</td><td>23%</td></tr><tr><td>TQEH</td><td>13%</td><td>11%</td><td>7%</td><td>14%</td><td>19%</td></tr><tr><td>GLN</td><td>19%</td><td>18%</td><td>19%</td><td>17%</td><td>20%</td></tr></table>	Dec 20 YTD	CALHN MH 28-day readmission rate (General acute - linked)					Target 12%	Curr. month	Prev month	Prior period	YTD	Prev YTD	CALHN subtotal	15%	17%	19%	17%	21%	RAH	14%	21%	25%	18%	23%	TQEH	13%	11%	7%	14%	19%	GLN	19%	18%	19%	17%	20%																					
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Actions: <ul style="list-style-type: none">The monthly data has moved about more than expected but is now showing a decline from 17 to 15% from November and December across CALHN. Compared to PYTD, reduction is from 21 to 17%																																																													

Performance update

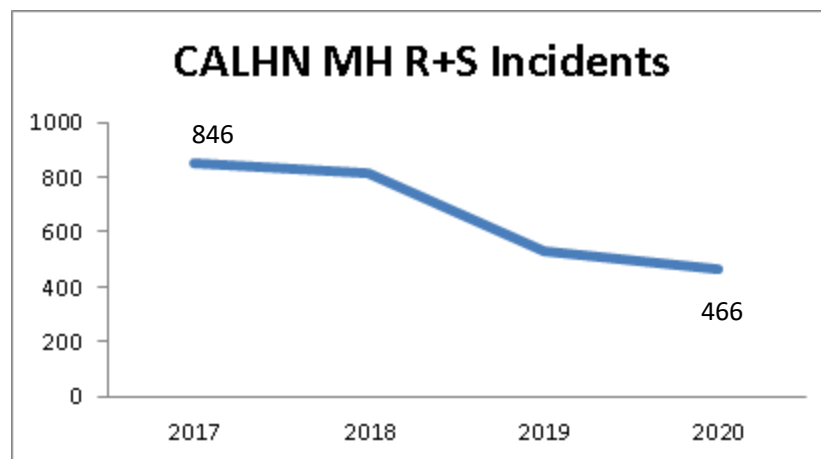
Safety and Quality

Measure	Commentary			Supporting detail
Restraint & Seclusion	Target: Under 20 incidents per month and 7.4 per 1000 OBD	Outcome: 46 incidents & 10.4 Episodes per 1000 OBD in November 2020	Trend: Favourable 	
	<ul style="list-style-type: none">Financial Year to Date: July 2020– Nov 2020: 186 (N)Previous Financial Year: July 2019 – Nov 2019: 217 (N)Down by 14.3% compared to previous FYTD (July 2019 – Nov 2019). Trending down during 2020.Dec vs. Nov 2020 (Seclusion – 6.3 > 3.0; Restraint 4.1 > 2.6)Action: Restrictive Practice Workshops held in May 20; Implementation of Safe Wards planned early 2021			
7 day post discharge follow up	Target: State Target over 80%	Outcome: 72% Oct 2020	Trend: Favourable 	
	<ul style="list-style-type: none">Contact with Consumer and/or Carer (within 7 days)December and November reports continue to show improved trend across all units. OPMH has ranged from 82-100% for the six months to October 2020; with all adult units, with the exception of RAH PICU and 2G, above or close to 80%. For RAH 2G, 81% consumers were contacted or attempts were made to contact.For adult units, FYTD 73% vs PYTD 68% = 7% increaseAction: Intensive monitoring MHCP Executive.			

Performance update: Safety and Quality - continued

Measure	Commentary			Supporting detail																								
SAC1 Incidents	Target: 2 or less per month	Outcome: 1 in November 2020	Trend: Favourable 	<div>Actual SAC 1 Incidents</div>  <table border="1"><caption>Actual SAC 1 Incidents Data</caption><thead><tr><th>Month</th><th>Incidents</th></tr></thead><tbody><tr><td>Jan-20</td><td>0</td></tr><tr><td>Feb-20</td><td>3</td></tr><tr><td>Mar-20</td><td>1</td></tr><tr><td>Apr-20</td><td>2</td></tr><tr><td>May-20</td><td>2</td></tr><tr><td>Jun-20</td><td>0</td></tr><tr><td>Jul-20</td><td>0</td></tr><tr><td>Aug-20</td><td>1</td></tr><tr><td>Sep-20</td><td>3</td></tr><tr><td>Oct-20</td><td>0</td></tr><tr><td>Nov-20</td><td>1</td></tr></tbody></table>	Month	Incidents	Jan-20	0	Feb-20	3	Mar-20	1	Apr-20	2	May-20	2	Jun-20	0	Jul-20	0	Aug-20	1	Sep-20	3	Oct-20	0	Nov-20	1
	Month	Incidents																										
Jan-20	0																											
Feb-20	3																											
Mar-20	1																											
Apr-20	2																											
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Oct-20	0																											
Nov-20	1																											
	<ul style="list-style-type: none">Actual SAC 1: 1 incident for the month of November37.5% decrease this FYTD (5) compared to the previous FYTD (8).Trending down slightly in 2020.All deaths of a Mental Health Consumer/Client whose death is within their last six months of contact with Mental Health Services must be reported as a SAC 1 incident.There is no national standard for this reporting. Western Australia 28 days of last contact; New South Wales is 7 days of last contact, Victoria 3 months of last contact																											

Long term Trend on Restraint & Seclusion across CALHN Mental Health



CALHN MH R+S Incidents	2017	2018	2019	2020	Total
Chemical	71	31	5	14	121
Mechanical	14	13	11	3	41
Physical	175	94	59	82	410
Seclusion	588	678	456	367	2089
Total	848	816	531	466	2661

National Rates (2019-20):

- 8.1 seclusion events/1,000 OBD (CALHN 3.0)
- 11.0 restraint events/1,000 OBD (CALHN 2.6)

Source: Excerpt of Exec/Board Report, MHCP, January 2021

3. Performance Update

3.3.2 Activity Snapshot- Community Mental Health Services

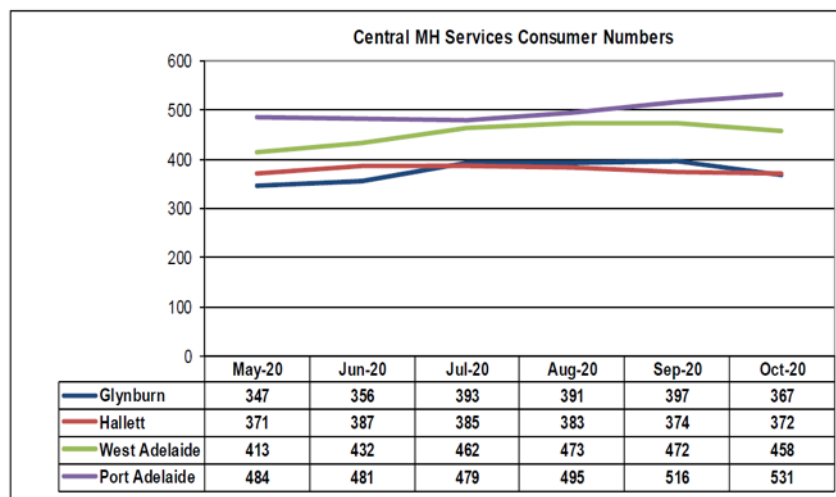
Consumer Numbers

The ambulatory equivalent to the National KPI of Acute Inpatient Occupancy Rate is current consumer numbers.

An integrated team is a community team that provides assessment and assertive care and ongoing psychosocial support.

The graphs below show the number of registered consumers with each integrated team who had an open community episode during the reporting month as their Primary Team.

Central Integrated Teams



Commentary / Observations

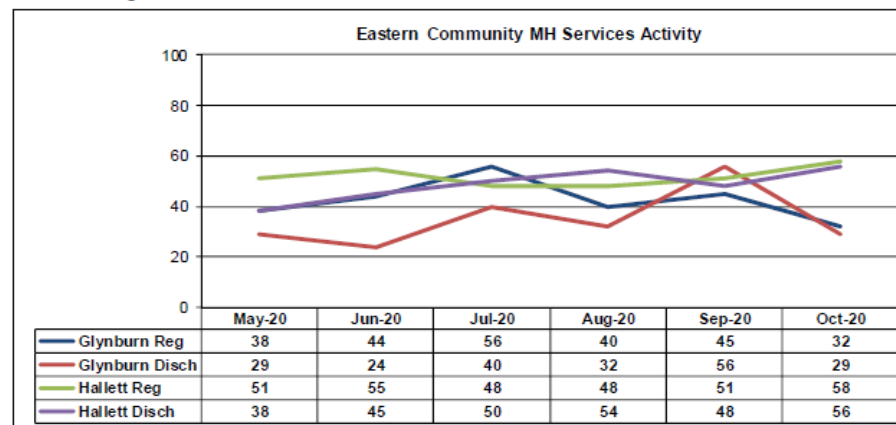
- MH continues to experience growing demand in its Community Services (2.3% increase in the Q1) whilst doing so with increasing improvements in patient flow & efficiency (14.7% increase in discharges in Q1)

Registrations and Discharges

Consistent flow of consumers through the services is important in ensuring service availability for all consumers. The graphs below show all new registrations and discharges per month. The registration and discharge figures are based on new episodes of care and episode closures.

In line with departmental reporting, teams on the graphs below reflect the primary team for that consumers care.

Eastern Integrated Teams



Western Integrated Teams

