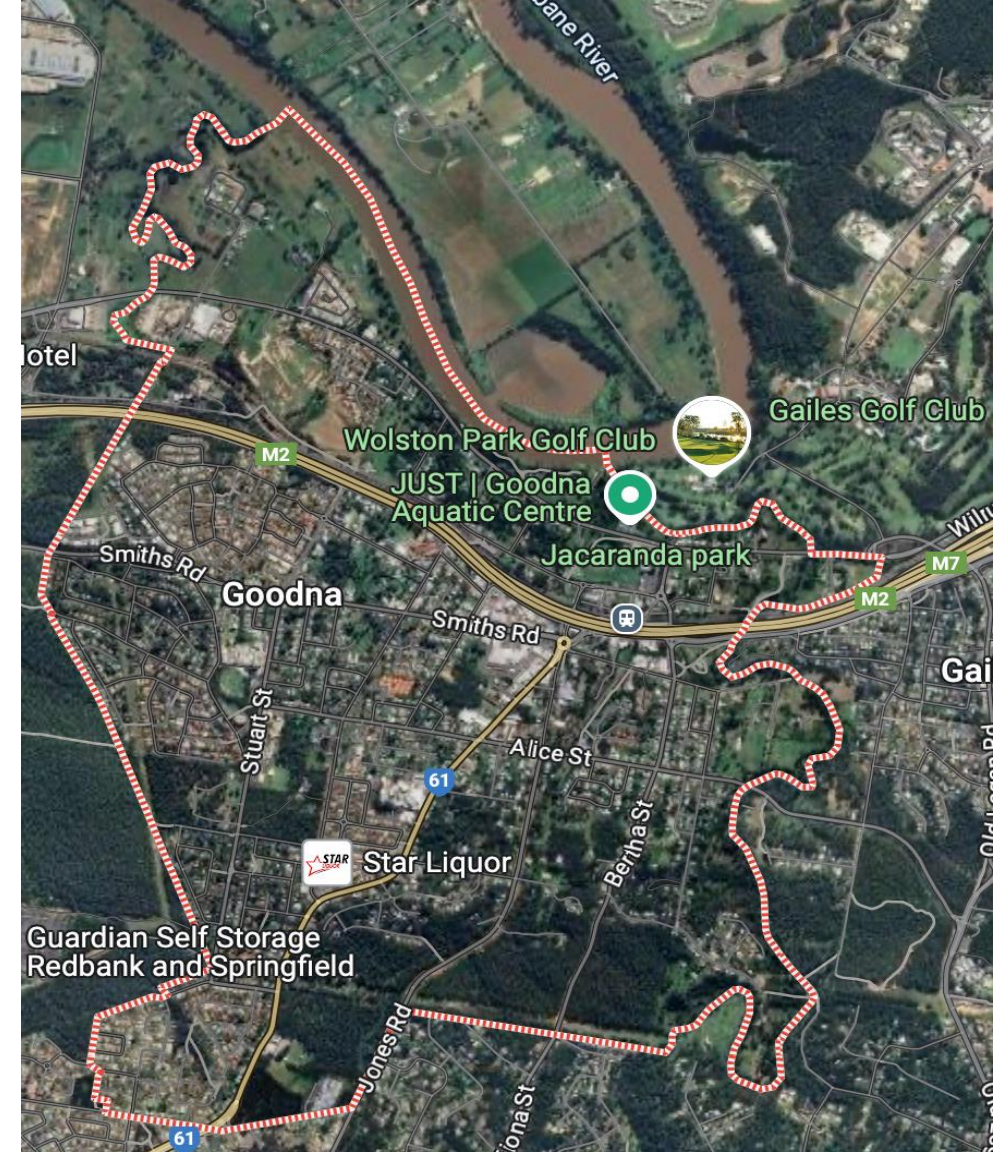# Context is Everything:

a tale of two local integrated service initiatives

Equity Colab Lunchtime Webinar

Country to Coast PHN, Qld

12 March 2025

John Mendoza & Marion Wands

Co-Directors, ConNetica

jmendoza@connetica.com.au | www.connetica.com.au

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We acknowledge and respect all the Traditional Owners, elders & leaders - past, present and emerging – from all the lands on which we meet today.

This webinar

Broad aim:

To identify the critical success factors, strategies & methods that can be applied to local & regional systems change initiatives to build integrated, person-centred care
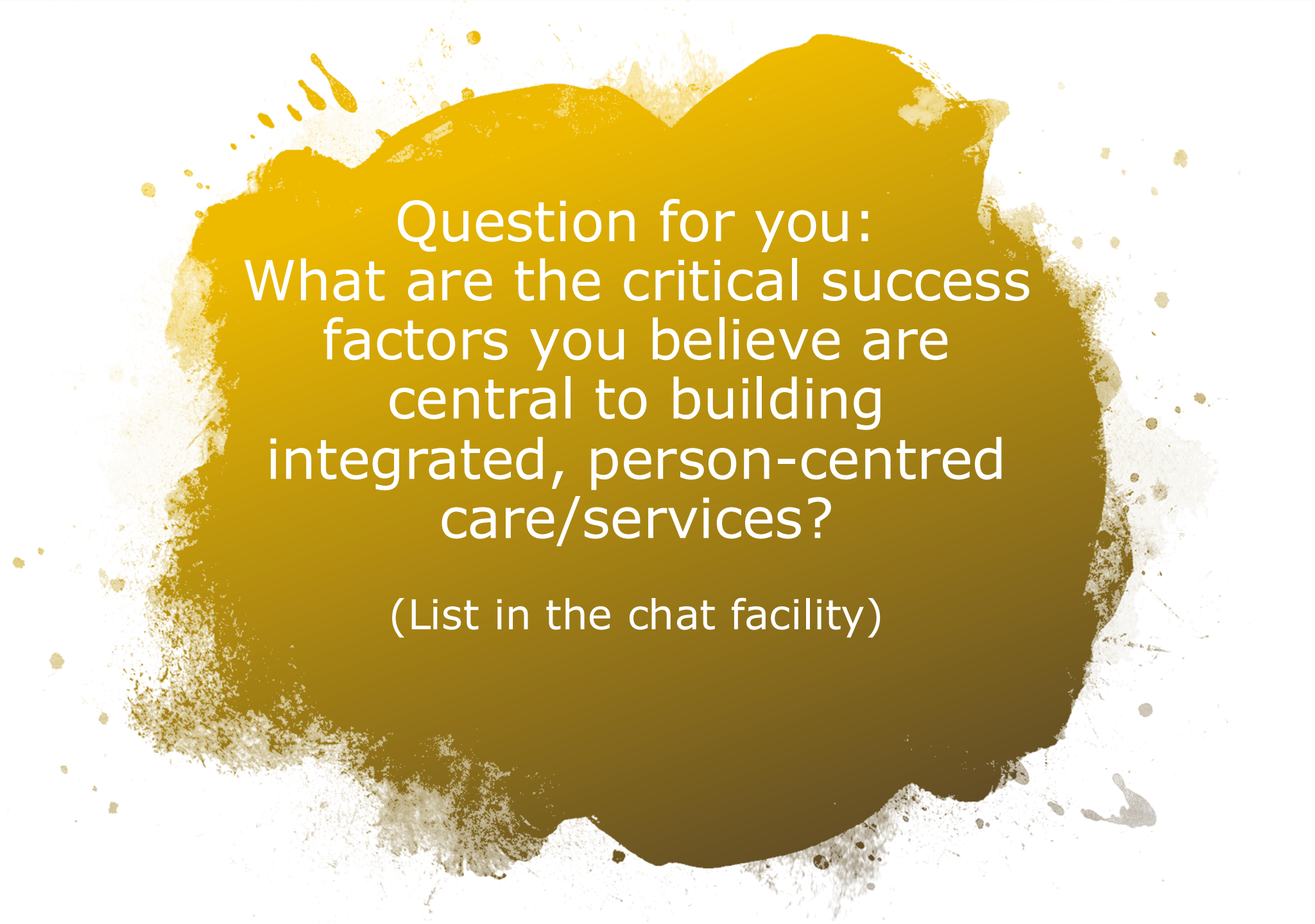
Process:

Present Case example 1 – *Family Centred Employment Program, Goodna*

Present case example 2 – *Alternative pathways to care, CALHN*

Identify critical success factors

Q & A

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Question for you:
What are the critical success factors you believe are central to building integrated, person-centred care/services?

(List in the chat facility)

Some definitions: Integrated, person centred …

Person centred care/services

WHO: providing health services **at the right time, in the right place in the right way,** locating services close to people and communities. Is about building a long-term relationship between people, providers & health systems where information, decision-making & service delivery become shared.[1.]

Health Foundation: 4 principles of PCC
1) Affording people **dignity**, compassion & respect; 2) Offering **coordinated care**, support or treatment; 3) Offering **personalised care**, ….
4) Supporting people to recognise & develop their own **strengths** & abilities to enable them to live an independent, fulfilling life.[2]

A working definition …

An integrated, person-centred approach to care places persons at the centre with their context, their history, their family, & individual strengths & abilities.

Services are proactive, responsive & seamless in supporting them to build self-agency.

The degree or types of 'centredness' will vary with context.

The main goal of person-centeredness is a meaningful life for the person.[3]

1. WHO 2016. www.who.int/teams/integrated-health-services/clinical-services-and-systems/service-organizations-and-integration
2. Health Foundation(UK) 2016. https://www.health.org.uk/sites/default/files/PersonCentredCareMadeSimple.pdf
3. Developed from numerous sources notably Eklund et al, 2019 *"Same same or different?" A review of reviews of person-centred & patient-centred care.* https://doi.org/10.1016/j.pec.2018.08.029

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Family Centred Employment Program, Goodna

About FCEP

Australian Social Inclusion Agenda.

Australia 4th highest rate of children living in jobless families among OCED

ASIB research - 4 key elements critical to success of increasing social & economic participation of jobless families: **sustainability, customisation, achievability, accessibility**.

Competitive grants program – target most disadvantaged job seekers & overcome barriers to employment

Demonstration project - administered by DEEWR & PM&C

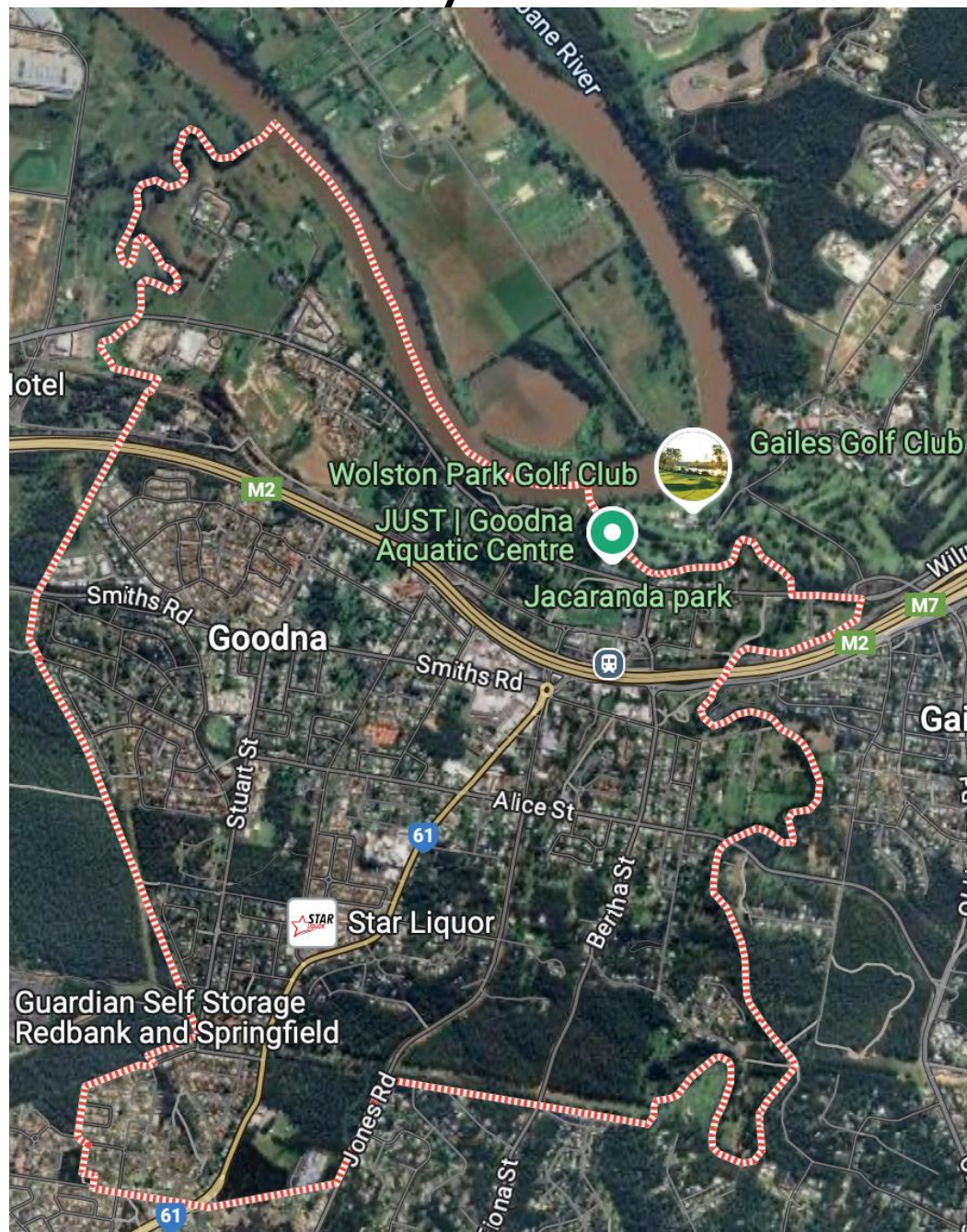Total funding $2.6m over 3 years (2010-13)

Objectives

Support the employment, education/training & social participation within the context of their family & community.

Establish wrap around services & no wrong door approach

Identify, document & disseminate good practice behaviours and principles

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Goodna. Why Goodna?

- 28km west of Brisbane & 15 kms from Ipswich
- Divided by 8 lane freeway + rail network
- Population: 8,777 (2011 Census)
- **Families:** 2,210
  - 28% single parent families (16% Aus)
  - 81% SP families headed by woman
- Median age 30 (36 Qld/37 Aus)
- 27% of kids 0-14yrs (20% Qld)
- 49% of parents born O/S (26% Qld/ 34% Aus)
- 6% Indigenous
- Median family income 13.5% <Ipswich; 26% <Bris
- 49% of all accommodation is rental
- Unemployment rate: Goodna 11.9%, Qld 6.1%, Aus 5.6%
- **Jobless families:**
  - 927, or 42% of all families, jobless
  - 817 (88%) of these single parent
  - 186 (20%) CALD
  - 107 (12%) Indigenous

Goodna floods - frequently

2 major floods during the project period of 3 years

30% of residential areas affected

Business & industry totally inundated

Caravan park destroyed

One other contextual factor ….
in excess of 80 service providers
(~1 per 105 residents)

Why are you jobless?

Data from 19 family interviews
Barriers experienced by clients
to participation – social,
educational, employment
Highest impact barriers were
inadequate finances for daily
living, access to affordable
transport & housing, low self-
esteem & poor mental health.

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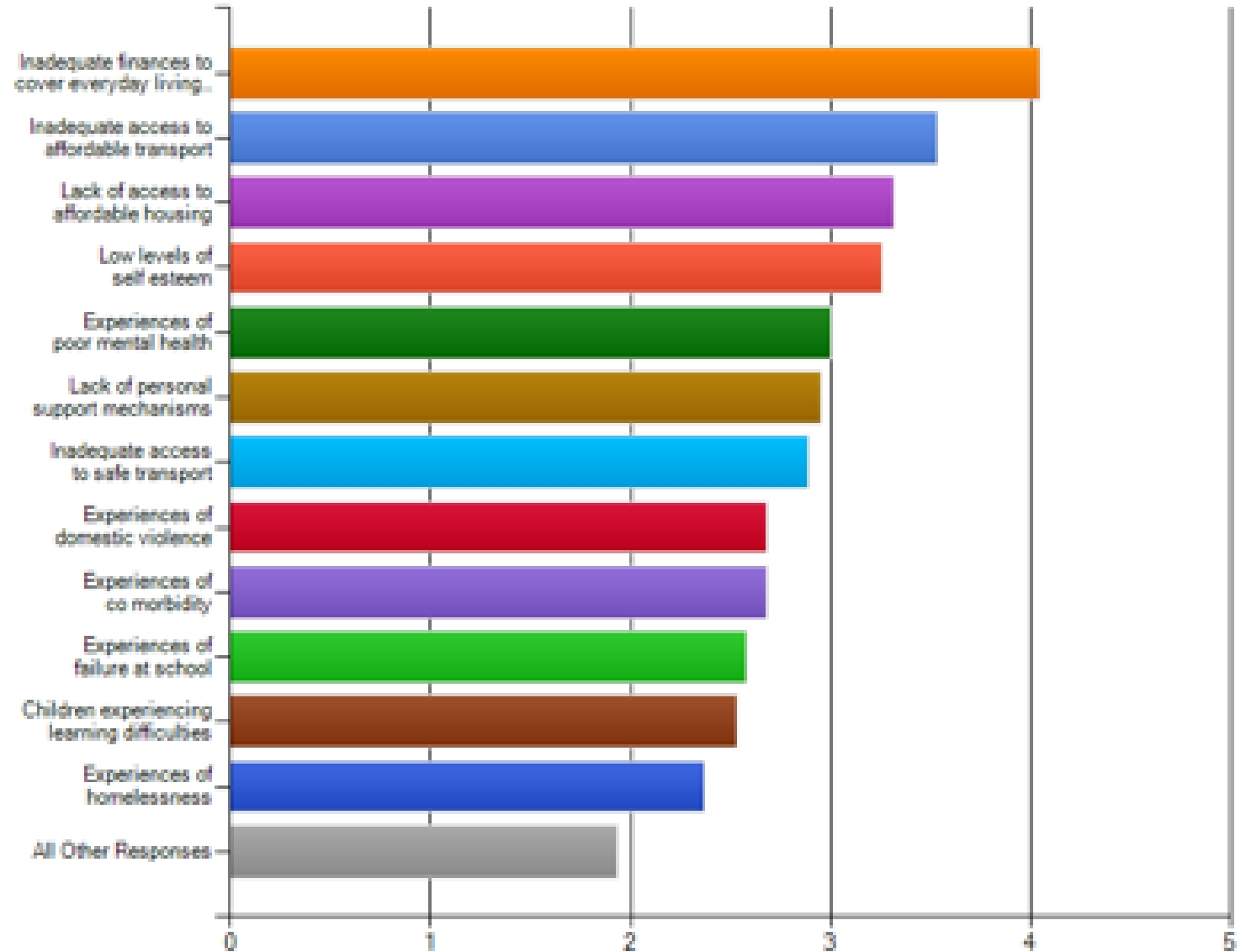
FCEPG Model – Person centred-Action model

Guiding Principle

By countering social exclusion, we reduce the costs to the economy caused by lower workforce participation, preventable health problems, long-term welfare dependence and increased rates of crime, distrust and social isolation in the most disadvantaged communities. Aust Social Inclusion Board, 2011.

Client Target Group:
- Jobless families, live in 4300 postcode
- Receiving Centrelink payments
- No reported earnings previous 12 months
- Children <16 years, living with them; &
- Voluntarily agreed to participate

Consortium Partners

For profit

PVS Workfind

Employment placement provider

NGO

Pathways Rehabilitation Services
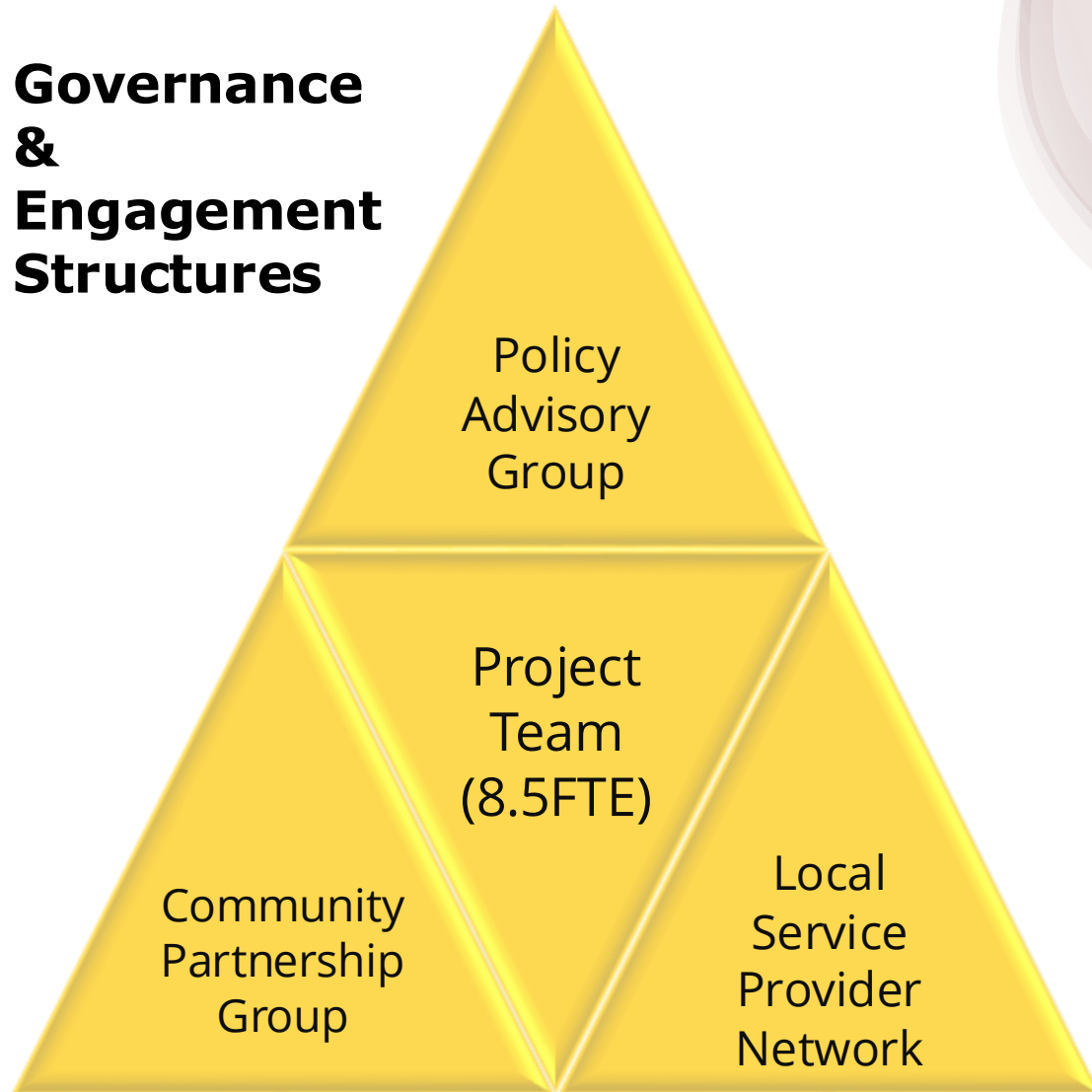
Mental Health, AOD Psychosocial

Social Enterprise

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Policy Research Training

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FCEPG Model – Person centred-Action model

Governance & Engagement Structures

Policy Advisory Group

Project Team (8.5FTE)

Community Partnership Group

Local Service Provider Network

Model Elements

A holistic continuum of support to families predicated on building a relationship with family, assessing type + level of need & meeting these needs

1. Direct service provision
2. Colocation
3. Formal referral service pathways (MOUs)
4. Client engagement strategies
5. Communication
6. Brokerage funding for clients ($1000/family)
7. Collaborative funding initiatives
8. Upskilling provider network
9. Action research
10. iPad provision

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FCEPG Model – Person centred-Action model

Client Engagement Strategies

Utilise existing community forums, professional networks, meetings with service providers, co-location to:

- introduce members of the FCEP team,

- outline the purpose of the Goodna FCEP

- discuss client eligibility requirements

- distribute information fact sheets, local school newsletters

FCEP team's existing community networks - previous work/live in local area/personal connections – services, local shops, schools & childhood centres.

Client Engagement Practices

- Person orientation *"what matters to you"*
- Person involvement
- Self-determination and choice
- Flexibility
- Focus on growth potential
- Insight with low stigma & no judgement
- Valuing engagement
- Valuing outcomes (all & the small)
- Culturally appropriate
- Family/Carer Support/Respect
- Joint case/client management

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FCEPG Model – Person centred-Action model

Focus on Culture: *what' cultural attributes are needed for service integration*

1. Clear commitment - client centric service
2. Readiness to think & act across agency boundaries
3. Agreed guiding principles
4. Enduring commitment to alliances, internally & externally; collaboration & trust
5. Open to innovation & creativity
6. Encourage & values diverse opinion
7. Seize opportunities, tolerate mistakes & manage risk
8. Demonstrate flexibility
9. Practices teamwork
10. Values outcomes higher than process
11. Aware of cultural & historical factors - *context*
12. Address short term & long-term goals

Creating the Required Culture

- Clear leadership commitment, expertise
- Interagency & cross-agency networking opportunities
- Cross agency mobility/temporary placements
- Cross agency L&D - skill development & recognition process, peer learning ...
- Evaluation – action learning - capture & share client experiences of care/service
- Best Practice Research – literature review, seminars, guest speakers, share findings
- Reward & recognition

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FCEPG Model – Person centred-Action model

Structures for joined up services

- Inter-agency/dept committee/taskforces – share plans, implement, report
- Govt: align dept boundaries; facilitate resource management & coordination; senior central 'champion'
- Establish specific purpose agency
- Multi disciplinary practitioner/agency work groups
- Linked information/data systems
- Communication: regular, multi channel, 2way
- Co-create better practice guides, document case studies
- Fund, incentivise collaboration
- Monitor, report, continuously improve - transparency

Systems for building integrated services

- Formalised links/agreements between agencies - contracts, MOUs, Shared Responsibility Agreements
- Joint/shared values, protocols, codes of conduct, risk management
- Joint budgeting & accountability framework, shared measures
- Joint performance management, renumeration, grievance procedures - HR
- Joint client assessment processes (for service delivery agencies)

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Impacts & Outcomes

All we needed was someone to believe in us

Thank you Goodna FCEP

1. **Impact**: changed lives (intergenerational)
- Dozens of case examples
- Total number of 518 clients (171 adults, 137 0-5yo, 210 6-16yo)

2. Outcomes:

- *Social participation*: Target, 150; Result, 883

- *Education*: Target, 45; Result, 62 families

- *Employment*: Target, 60; Result, 57 families

  o 26-week outcome: FCEPG, 27%; Ipswich JSA Streams 3&4, 7%

  o If FCEPG result achieved across Ipswich 4,200 more job seekers would achieve 26-week outcome

3. ROI – FCEP vs BAU

- Input – 15-40 hrs team member

- savings of $5967/job seeker

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These people never went away, but the funding did.
We owe it to our clients to start with sustainability in mind!

Advocacy for sustainability

- Visits from PM Julia Gillard, Social Inclusion Minister Mark Butler, + local MPs and Chair of ASIB and directly hearing from clients

- Visits from senior public servants – PM&C, DEEWR

- Meetings with Employment Ministers Kate Ellis & Bill Shorten

- Six monthly reporting to DEEWR + Policy Advisory Group

"What is needed are wrap around services … to be competitive in future purchasing rounds, all (JSA) providers should need to demonstrate their ability to deliver wrap-around services to disadvantaged job seekers"

Hon Kate Ellis, Minister for Employment Services, NESA National Conference, Nov 2012

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Responding to crisis with a systems approach

Case: Central Adelaide LHN Mental Health

John Mendoza

Co-Director, ConNetica (former Exec Director MH & SA Prison Health, CALHN)

Adj Asso Professor, Brain & Mind Centre, University of Sydney

Adj Professor, Health & Sport Science, University of Sunshine Coast

jmendoza@connetica.com.au | www.connetica.com.au

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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   Follow

@Bradcrouch   2 min read   June 25, 2020 - 9:00PM   The Advertiser 100 comments

18

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

Mental Health Services Plan 2020-2025
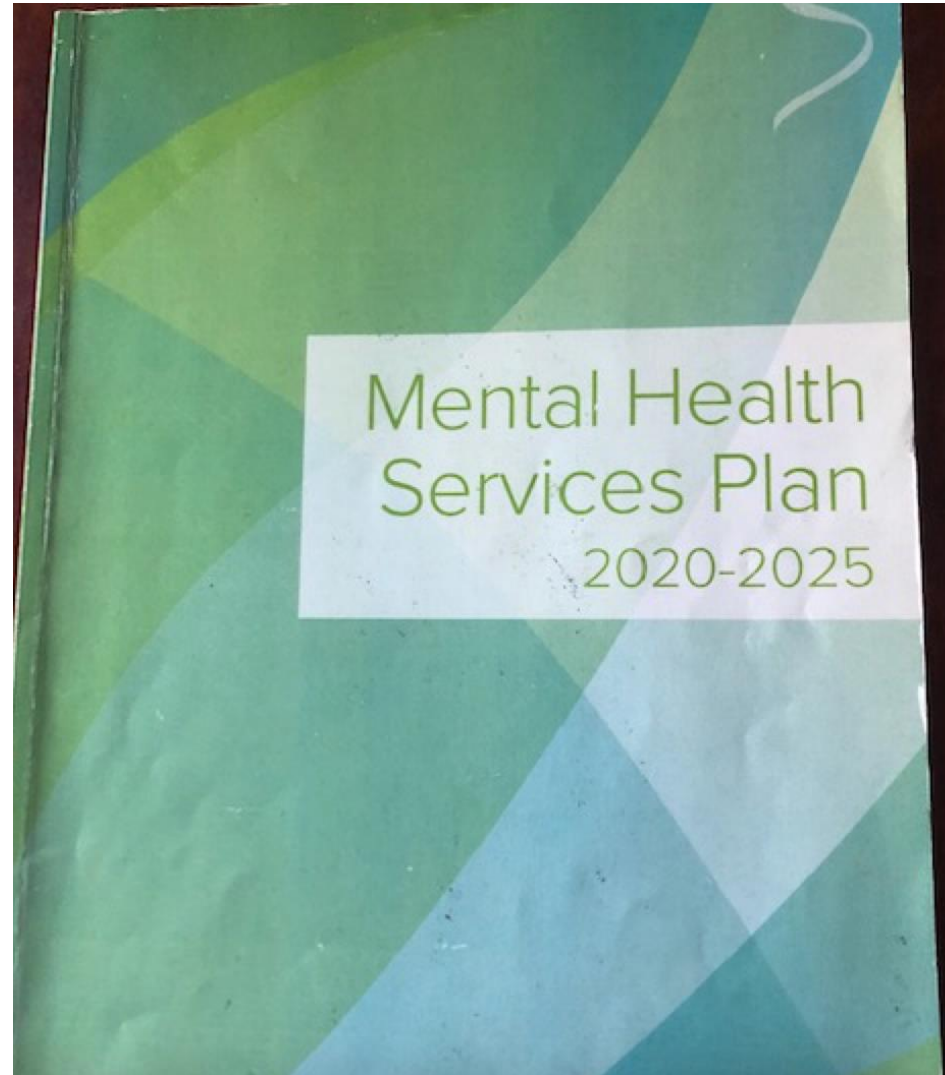
CALHN & the RAH – Ground Zero

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."***

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The Start of the Reform

MH Medical Director & Nursing Director in 2018

New CEO + KordaMentha late 2018

"Critical Friends" appointed 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"*

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CALHN¶

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

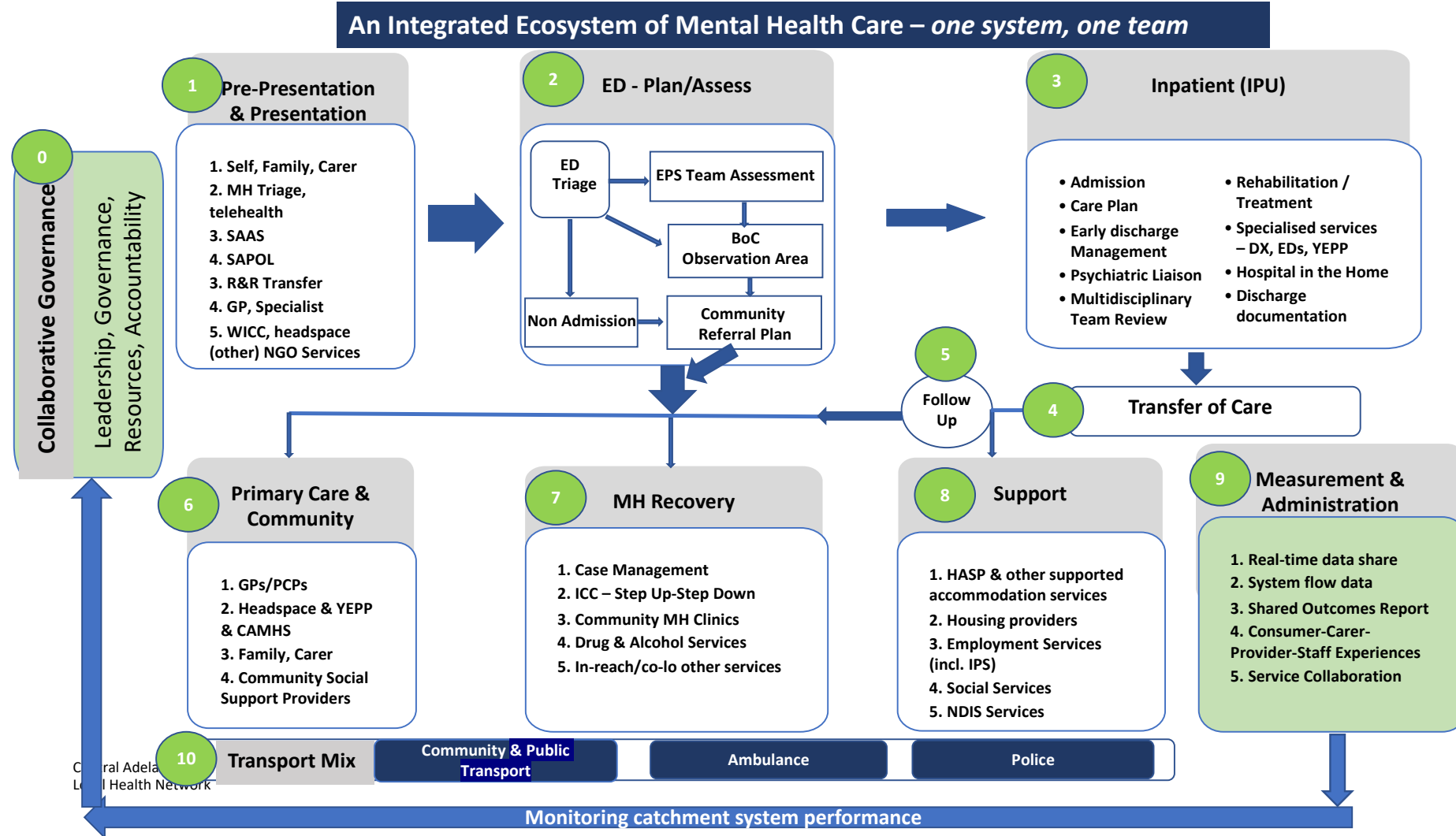F̲OR·D̲ISCUSSION·P̲URPOSES·¶

¶
¶
Commercial·in·Confidence¶
December·2019¤

Intervention Strategy: STRATEGIC RESPONSES TO ESCALATION IN CRISIS PRESENTATIONS
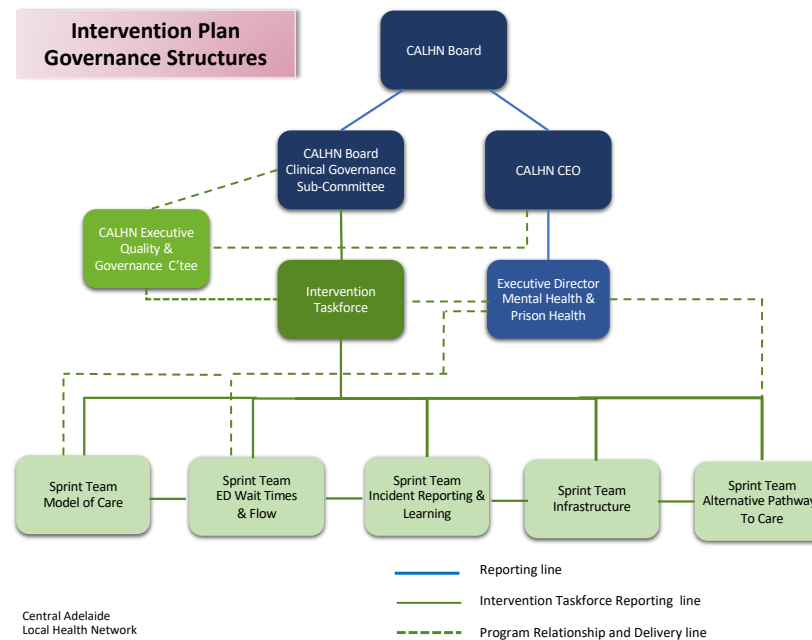
Key Components	Methods & applications
Person centred care	Engage consumers & family/carers to support self-care Reduce (ultimately) eliminate all coercive practice Trauma informed care on every engagement – phone2home
Integrated models of care	Beyond traditional models of ED MH – upskill all ED staff; 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 – *one service, one team* Distribute leadership & authority – *ride the boundaries, free the reins* When the going is tough .... *Be present. Be visible. Be available.*
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*

0 — Collaborative Governance
Leadership, Governance, Resources, Accountability

1 — Pre-Presentation & Presentation
1. Self, Family, Carer
2. MH Triage, telehealth
3. SAAS
4. SAPOL
3. R&R Transfer
4. GP, Specialist
5. WICC, headspace (other) NGO Services

2 — ED - Plan/Assess
- ED Triage
- EPS Team Assessment
- BoC Observation Area
- Non Admission
- Community Referral Plan

3 — Inpatient (IPU)
- Admission
- Care Plan
- Early discharge Management
- Psychiatric Liaison
- Multidisciplinary Team Review
- Rehabilitation / Treatment
- Specialised services – DX, EDs, YEPP
- Hospital in the Home
- Discharge documentation

5 — Follow Up

4 — Transfer of Care

6 — Primary Care & Community
1. GPs/PCPs
2. Headspace & YEPP & CAMHS
3. Family, Carer
4. Community Social Support Providers

7 — MH Recovery
1. Case Management
2. ICC – Step Up-Step Down
3. Community MH Clinics
4. Drug & Alcohol Services
5. In-reach/co-lo other services

8 — Support
1. HASP & other supported accommodation services
2. Housing providers
3. Employment Services (incl. IPS)
4. Social Services
5. NDIS Services

9 — Measurement & Administration
1. Real-time data share
2. System flow data
3. Shared Outcomes Report
4. Consumer-Carer-Provider-Staff Experiences
5. Service Collaboration

10 — Transport Mix
- Community & Public Transport
- Ambulance
- Police

Central Adelaide Local Health Network

Monitoring catchment system performance

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Intervention Strategy – *some of the how*

Governance Structures

Intervention Plan 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

Lean methods & tools

Sprints	-	Middle Distance	-	Marathon

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

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

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

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

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

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

What we Have Achieved to Date

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.

Average Daily Demand & Presentation

ACCESS

TRANSFER OF CARE

COMMUNITY SOURCED REFERRAL

HOSPITAL (SECONDARY SERVICE) REFERRAL

REFERRERS
- Drug and Alcohol
- Forensic
- SAPOL
- SAAS
- Rural & Remote
- GP
- Primary Health Network
- Private sector
- Disability Employment Services
- Self
- Housing SA
- NGOs
- Carers
- Centrelink
- Minister

SAAS MH CORE
3-4 consumers / day

SAPOL MH CORE
10+ consumers / day

Older Persons Rapid Access -2 consumers / day

Community MHT
540 contacts/day
16 urgent responses/ day

Mental Health Triage
265 calls / day

GP-Nurse Liaison Service
2+ consumers / day

Homelessness In-reach
X consumers / day

Self/Family/GP/other
10 consumers / day

SAAS Conveyances
10+ consumers / day

SAPOL Conveyances
<1 consumer / day to ED

Emergency Department
Total of 18-22 consumers/day

ED / HOSPITAL AVOIDANCE

TRIAGE

ASSESS AND PLAN

CLINICAL REVIEW

INTERVENTION SERVICES + AVERAGE CAPACITY

Centre for Treatment of Anxiety & Depression
(100 current consumers)

Community MH Service
- Assessment & BIS
- Community Recovery Service
- Youth Service
(2200+ consumers + 550 depots)

Acute Inpatient Care, Adult & Older Persons (116 beds)

Residential Non-acute – Elpida/WICC/IRS (75 beds)

Hospital in the Home
(8-12 beds)

Hospital Wide Consultant Liaison Psychiatry

Nurse Practitioner Rapid Clinic

Way Back Service
(175 consumers concurrently)

GP-Nurse Liaison
(140 consumers, 20+ GP practices)

Support Packages
(IHBSS, IPRSS, HASP, NDIS et al)

NGO Psychosocial Programs

GPs, Private Psychiatry, & Private Hospital

FACILIATING EARLY DISCHARGE & RECOVERY

THERAPEUTIC INTERVENTIONS

TRANSFER OF CARE

DISCHARGE AND RECOVERY

Home / Alternative Accommodation

Primary Community Supports

Other Specialist Mental Health Services

COMMITMENT

Vision

Values

Guiding Principles

Objectives

Under construction

RECOVERY AND SUPPORT

Programs
(e.g. Individual Placement Support, Refugee Health)

Support Staff

Clinics
(BPD Co, Perinatal, CTAD)

MEASUREMENTS

Accountability Systems

Celebrating Success

Under construction

Our approach & where we are as at 31 December 2020

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/carer 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)

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

Advocacy Strategy

1. Do all one can reasonably do working within the system

2. Build a coalition

3. Start quietly

4. Hit in a media lull

5. Have multiple media outlets competing for stories. Feed them well

6. Have facts & feelings (personal stories)

7. Overwhelm opposing views with saturation coverage

8. Provide solutions (i.e. 10-point Covid Plan)

9. Take up initial offer/s

10. Return to critique if a 'mirage'

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
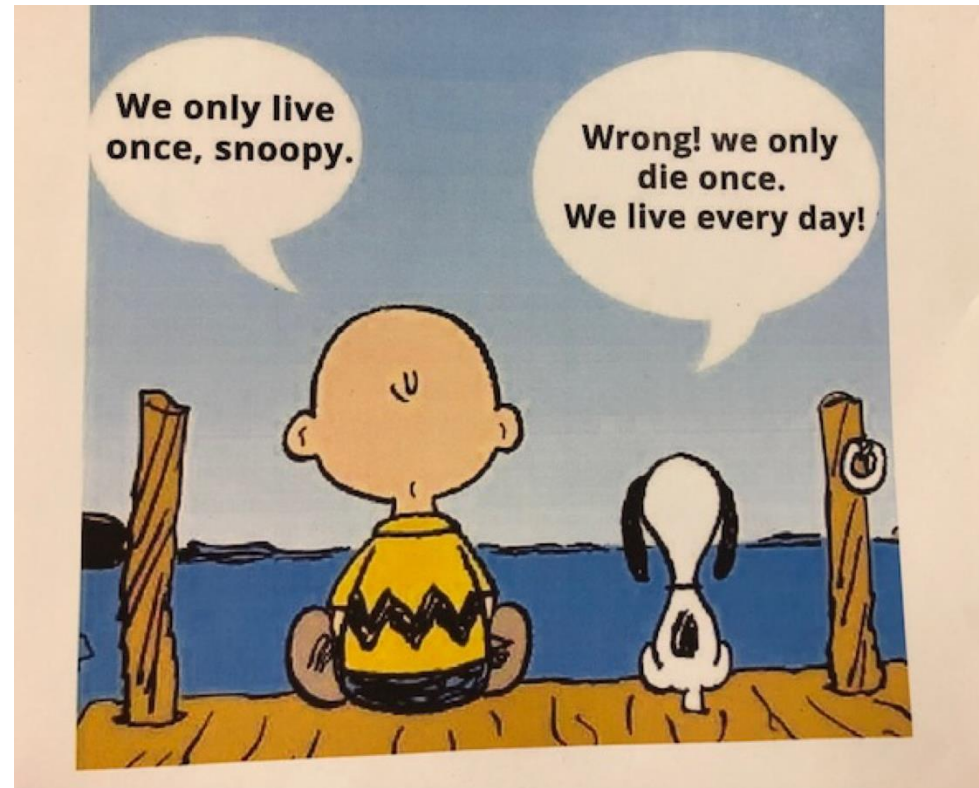
Email: jmendoza@connetica.com.au | **Web:** www.connetica.com.au

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

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
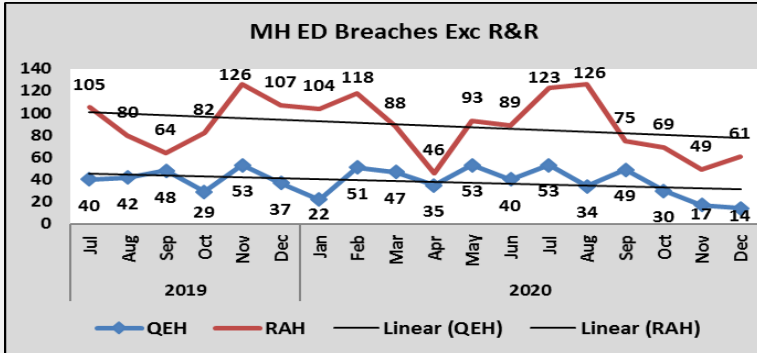
| | NWAU | | | | | | | | | SEPARATIONS | | | | | | | | | ACUITY | | | | ALOS (DAYS) | | | |
| | YEAR-TO-DATE Jul 20 to Dec 20 (6x mnths) | | | | | | | | | YEAR-TO-DATE Jul 20 to Dec 20 (6x mnths) | | | | | | | | | YEAR-TO-DATE Jul 20 to Dec 20 (6x mnths) | | | | YEAR-TO-DATE Jul 20 to Dec 20 (6x mnths) | | | |
Discharge Clinic	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 - QEH 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 - QEH 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 - QEH 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%**

Mental Health - NWAU

Mental Health - Separations

Mental Health - Complexity Index
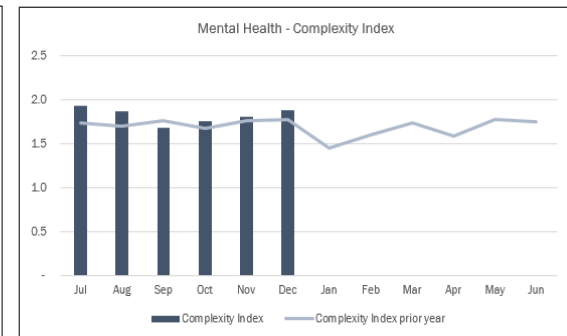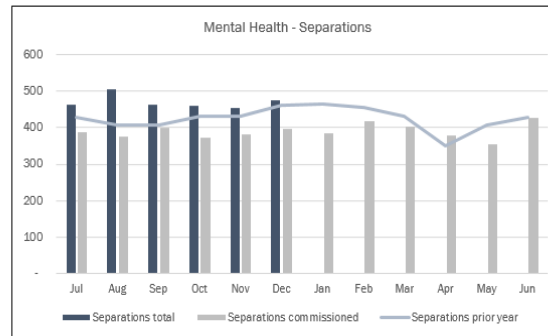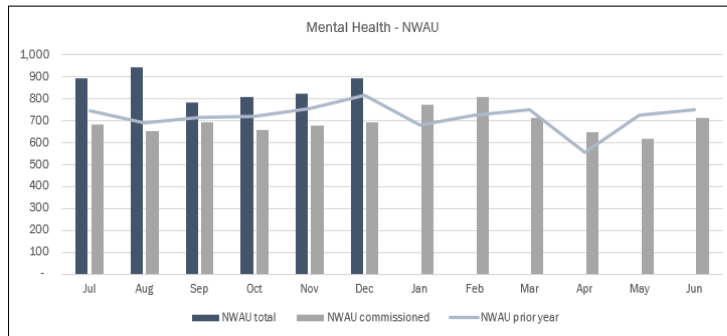
Commentary & Observations
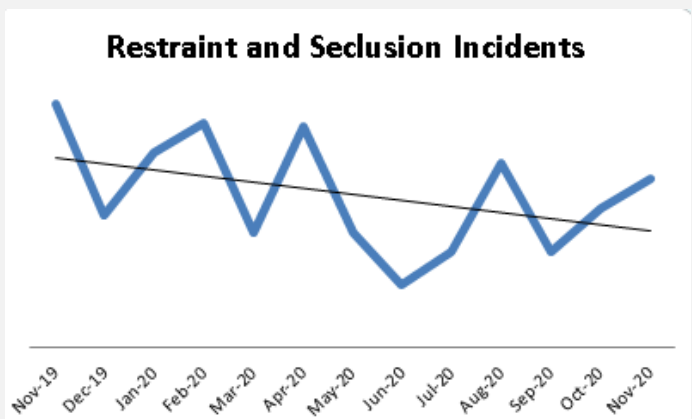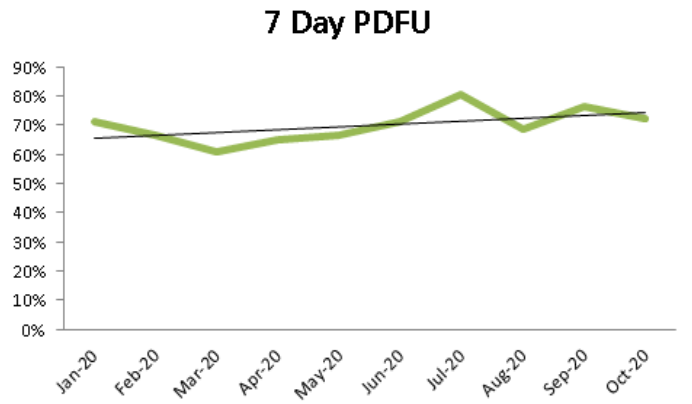
Demand for Mental Health Inpatient services across both RAH and TQEH continues to increase, with separations 22% above commissioned levels and 10% above the prior year. **The demand is particularly strong at the RAH, increasing by over 15% compared with the prior year.** In addition to the volume of 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
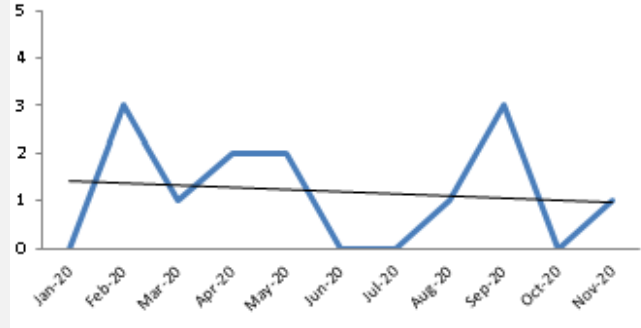
Measure	Commentary			Supporting detail

MMH ED Breaches

Target:	Outcome:	Trend:
Nil	75	Favourable ⬆

Actions:

- Implementation of new pathways through ED will commence following MOC finalisation,
  Revised medical rosters developed
- Ongoing exploration of alternate sites/models underway + second wave of initiatives

MH ED Breaches Exc R&R

QEH: Jul 40, Aug 42, Sep 48, Oct 29, Nov 53, Dec 37, Jan 22, Feb 51, Mar 47, Apr 35, May 53, Jun 40, Jul 53, Aug 34, Sep 49, Oct 30, Nov 17, Dec 14

RAH: Jul 105, Aug 80, Sep 64, Oct 82, Nov 126, Dec 107, Jan 104, Feb 118, Mar 88, Apr 46, May 93, Jun 89, Jul 123, Aug 126, Sep 75, Oct 69, Nov 49, Dec 61

Legend: QEH, RAH, Linear (QEH), Linear (RAH) — 2019 / 2020

ALOS Linked (General Acute)

Target:	Outcome:	Trend:
1-14 Days	14 Days	Stable ⚌

Actions:

- 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,

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

28 Day Readmit Rates (General Acute – Linked)

Target:	Outcome:	Trend:
12%	15%	Favourable ⬇

- Actions: 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%

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%

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** ⬇	
	• 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. • <mark>**Dec vs. Nov 2020 (Seclusion – 6.3 > 3.0; Restraint 4.1 > 2.6)**</mark> • **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** ⬆	
	• 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% increase • **Action:** 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** ⬇	

Commentary details:

- Actual SAC 1: 1 incident for the month of November
- 37.5% 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)**
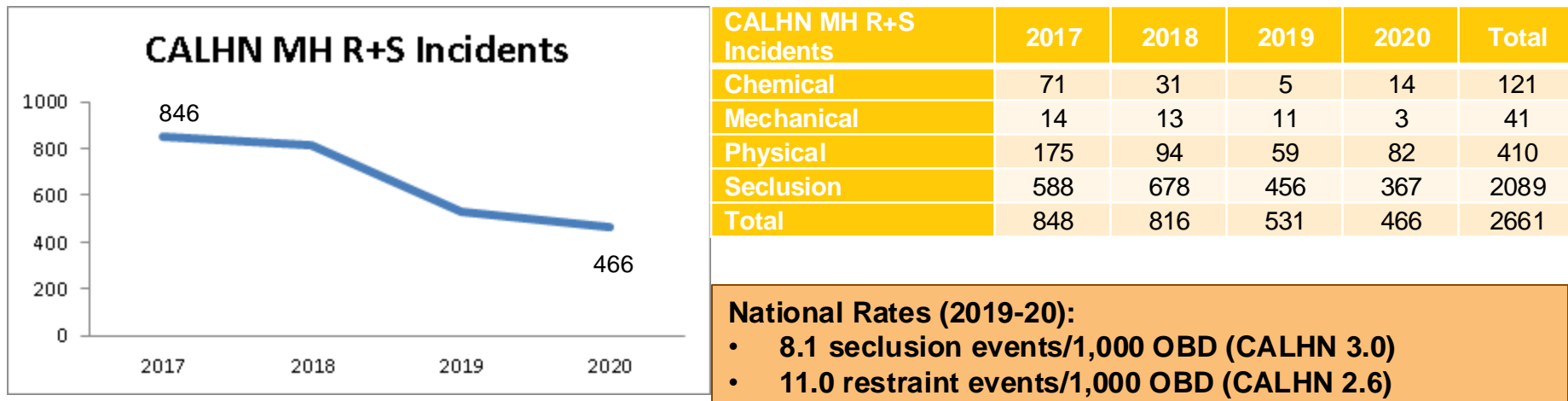
Source: Excerpt of Exec/Board Report, MHCP, January 2021

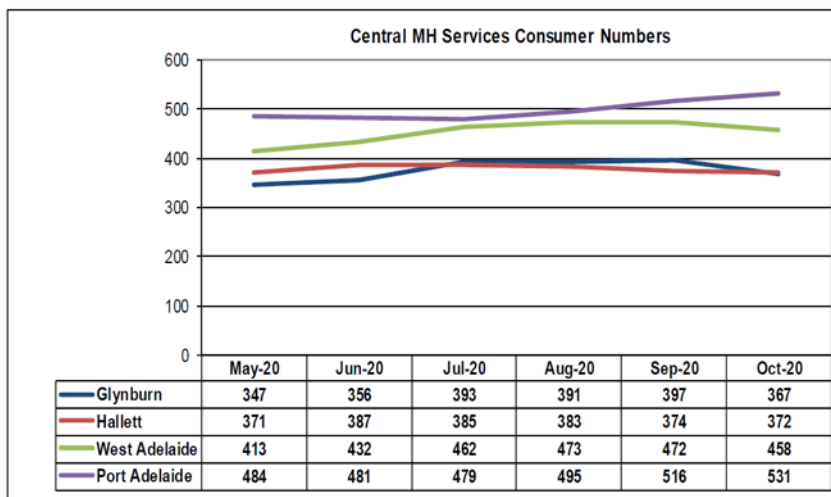## 3.3.2 Activity Snapshot- Community Mental Health Services

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

Central MH Services Consumer Numbers

	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Glynburn	347	356	393	391	397	367
Hallett	371	387	385	383	374	372
West Adelaide	413	432	462	473	472	458
Port Adelaide	484	481	479	495	516	531

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

Eastern Community MH Services Activity

	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Glynburn Reg	38	44	56	40	45	32
Glynburn Disch	29	24	40	32	56	29
Hallett Reg	51	55	48	48	51	58
Hallett Disch	38	45	50	54	48	56

Western Integrated Teams

Western Community MH Services Activity

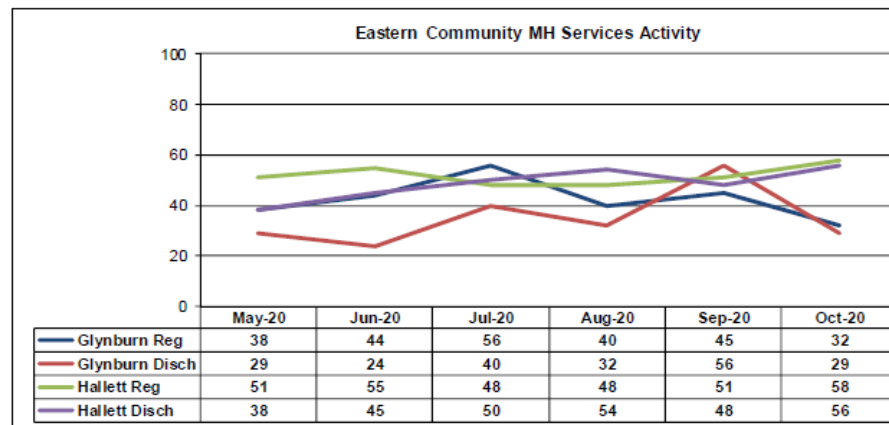|	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
West Adelaide Reg	38	53	54	54	42	44
West Adelaide Disch	37	21	47	49	59	58
Port Adelaide Reg	42	33	36	57	35	56
Port Adelaide Disch	16	42	40	29	40	37

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)