Assertive Outreach
When Standard Care Isn’t Enough

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ECLP Cohort 20

Aim Statement:
To provide “Intensive Extended” phase of care treatment to at least six people engaged with HVMHS by 31st December 2018

Background to problem worth solving
Known service gap contributing to poor outcomes for clients, staff and organisation

Team members
- Sponsor(s) (Guidance Team)
  Leanne Johnson General Manager
  Hunter New England Mental Health Network
- Project Team
  - Team Leader – Darren Bowd Service Manager
  - Dr Shane Clarke Clinical Director
  - Mandi Smith Clinical Coordinator
  - Andrew Kelly Team Manager Non-Acute
  - Anna Dunbar Clinical Nurse Consultant
  - Luke Johns Senior Occupational Therapist
  - Sarah Campbell Senior Social Worker
  - Jane Bonfield Registered Nurse
  - Jessica Turnbull Occupational Therapist
  - Consumer Participation – Elizabeth Newton

Link to National Standard or Strategic Imperative
- Standard 5 – Comprehensive Care
- Activity Based Funding via AMHCC

Literature review
- Australian Mental Health Care Classification
  Participant’s Manual
- Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the management of schizophrenia ad related disorders

Change concept 1
Assertive Outreach roster developed
Staff identified in advance
  - Equitable
  - Facilitates individual work planning of this and other functions
  - MDT

Change concept 2
Daily clinical meetings held with
  Regular member attendance
  Run by Team Leader/Senior
  Agenda including
    - Review of all current client care and client progress
    - Next actions discussed, confirmed and allocated to staff on assertive outreach roster
    - New referrals presented and considered
  Formatted documentation
  Formatted activity reporting in electronic record

Change concept 3
Parameters to indicate Assertive Outreach
Development of a “problem set” covering six domains representing the full range of concerns, their measurement and application
Characteristics of a presentation described in detail

Results
Outcome measures
- Number of clients provided Assertive Outreach
- Contact Frequency
- Standard Care Performance

Process measures
- Contact Frequency
- Standard Care Performance

Discussion
Assertive outreach is resource intensive – more care to a few people with very high need. Consideration still needs to be given to many people that would benefit from standard care

Overall Outcome of Project:
Goal achieved early and sustained for life of project, but not sustained in becoming an ongoing practice.
Even modest numbers of clients (such as the goal) require a high level of organisation and resource for the care to be reliably and sustainably provided.
Workloads require active monitoring to support staff

More contact = better engagement = better outcomes

Plans to spread /share change
Learnings to be used to inform development of new model of care for adult community nhs services in HNELHD
Revisit during implementation of same
For now, the gap remains, the costs remain