The complete treatment: Improving Care in a Rural Community Mental Health and Drug & Alcohol Service

Aim Statement:
By November 30 2017, 50% people who are discharged from Dareton Community Mental Health and Drug & Alcohol (MHDA) team will have completed treatment.

Background to problem worth solving
2017 report identified that only 15.4% people who are discharged from Dareton Community MHDA team complete treatment to the satisfaction of the person and their case mgr.

Team members
Sponsor(s) (Guidance Team) - Chief Executives – Stuart Riley / Stephen Rodwell

Project Team
• Team Leader – Susan Daly, Director MHDA
• QI Advisor – Mel Welsh, CRIM
• Dareton Community MHDA Team Leaders, CNC and staff
• Dareton Consumer and Carer Action Group (CCAG)
• Dareton Primary Health

Link to National Standard or Strategic Imperative
• Standard 1 – Clinical Governance
• Standard 2 – Partnering with Consumers
• Standard 5 - Comprehensive Care

Literature Review
Rural MH Service Delivery Models: A literature review CRRMH (2014)

Driver Diagram

The Problem:
Only 15% people who are discharged from Dareton MHDA Service complete treatment.

SMART Aim: By 30 November 2017, 50% people discharged from Dareton MHDA Service will have completed treatment.

Aim Statement:
By November 30 2017, 50% people who are discharged from Dareton Community Mental Health and Drug & Alcohol (MHDA) team will have completed treatment.

Results
Outcome measures

Process measures

Discussion

Overall Outcome of Project:
We didn’t reach the stretch goal, but we improved

Plans to sustain change
1. HealthOne project in the region requires ongoing work on the model of care for this team and others in the region
2. Standardisation – policy documents published locally
3. Work with new T/L when appointed

Plans to spread /share change
• Feedback to the project team members
• Enter into Far West LHD Quality Award 2019
• Presentation to Far West LHD and MHDA Executive