Reducing Mental Health Emergency Treatment Performance (ETP) breaches due to Medical Care Requirements

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Aim Statement: By December 2018, to reduce the number of mental health ETP breaches at The Sutherland Hospital due to delays in “medical care requirements” to zero.

Background to problem worth solving:
NSW Health has an ETP target that 81% of patients who present to the Emergency Department will, within 4 hours, be discharged, transferred or admitted to an inpatient bed. Overcrowding and access block in EDs (Emergency Departments) are identified as being associated with adverse patient outcomes. The Sutherland Hospital, has an ETP of around 77%. Delays in “Medical Clearance” are one of the biggest causes of mental health ETP breaches at The Sutherland Hospital.

Team members:
• Sponsor/ (Guidance Team)
  Evelyn Chandler, Director Mental Health Service, Sutherland and St George Hospitals
• Project Team
  Sophie Kavanagh – Clinical Director, TSH Mental Health
  Oliver Barrett – Mental Health Lead, TSH Emergency Department
  Danielle Coppleson – Access and Service Integration Manager, District Mental Health
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  Julie Durrant – Inpatient Services Manager, TSH Mental Health
  Peter Griffiths – Team Leader, Acute Care Team, TSH Mental Health
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  Leann Horvat – NUM, TSH Emergency Department

Link to National Standard
Clinical governance/ Patient Safety and Quality/ Measurement and Quality Improvement, Risk Management

Literature review
Mental Health and Drug and Alcohol Office, Mental Health for Emergency Departments – A Reference Guide, NSW Ministry of Health, Amended March 2015. Emergency Care Institute
Australasian College for Emergency Medicine. The long wait: An analysis of mental health presentations to Australian emergency departments. ACEM: Melbourne, 2018

The Problem:
TSH is underperforming on ETP. On year to date, our ETP is 77%, which is below the target of 81%. The most common cause of our breaches at around 40%, is medical care requirements.

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Driver Diagram

Results
Outcome measures: Mental Health ETP Breaches due to medical Care requirements as % of total mental health presentations

Results continued
Process measures ED Divergence

Balancing measures

Discussion
Our remaining Medical Care breaches are almost completely attributed to sedation/intoxication and people with complex cross over issues who do not meet current threshold for medical admission.

A pathway out of ED for patients with short term but complex needs is the main road block now causing breaches. Culture change is hard. People like the concept of “medical clearance” – it implies transfer of responsibility for risk.

There are almost no incentives for services who are currently using the ED, despite alternatives, to stop doing so.

Overall Outcome of Project:
ETP Mental Health breaches due to medical care requirements seemed to be reducing until an unprecedented surge of ED presentations in December 2018

We are in the process of implementing a specific clinical pathway for people who are intoxicated/sedated and require mental health assessment/treatment.

Plans to sustain change
Regular ED / MH meeting
MH ED breaches
MH ED breaches
In ED admissions
MH ED breaches
MH ED breaches
Uptake of Checklist
Review of frequent presenters
Frequent ED presentations

Plans to spread /share change
Done:
Presented at LHD Winter Patient Flow Planning Forum
Published in Psychiatry Journal
Present at a RANZCP Conference 2020

Plans to share

Drivers: 77% of the workload of ED is the sedated/intoxicated group. They make up a significant 32% of patients in the ED and 40% of admissions to the Psychiatric Unit. There are a number of different pathways people need to go through. Some may go to the ED for sedation/intoxication, and people with complex needs who do not meet current threshold for medical admission. This is causing breaches in ETP.