

PSYCHOLOGICAL MEDICINE CLINIC

Monash**Health**



ADULT MENTAL HEALTH

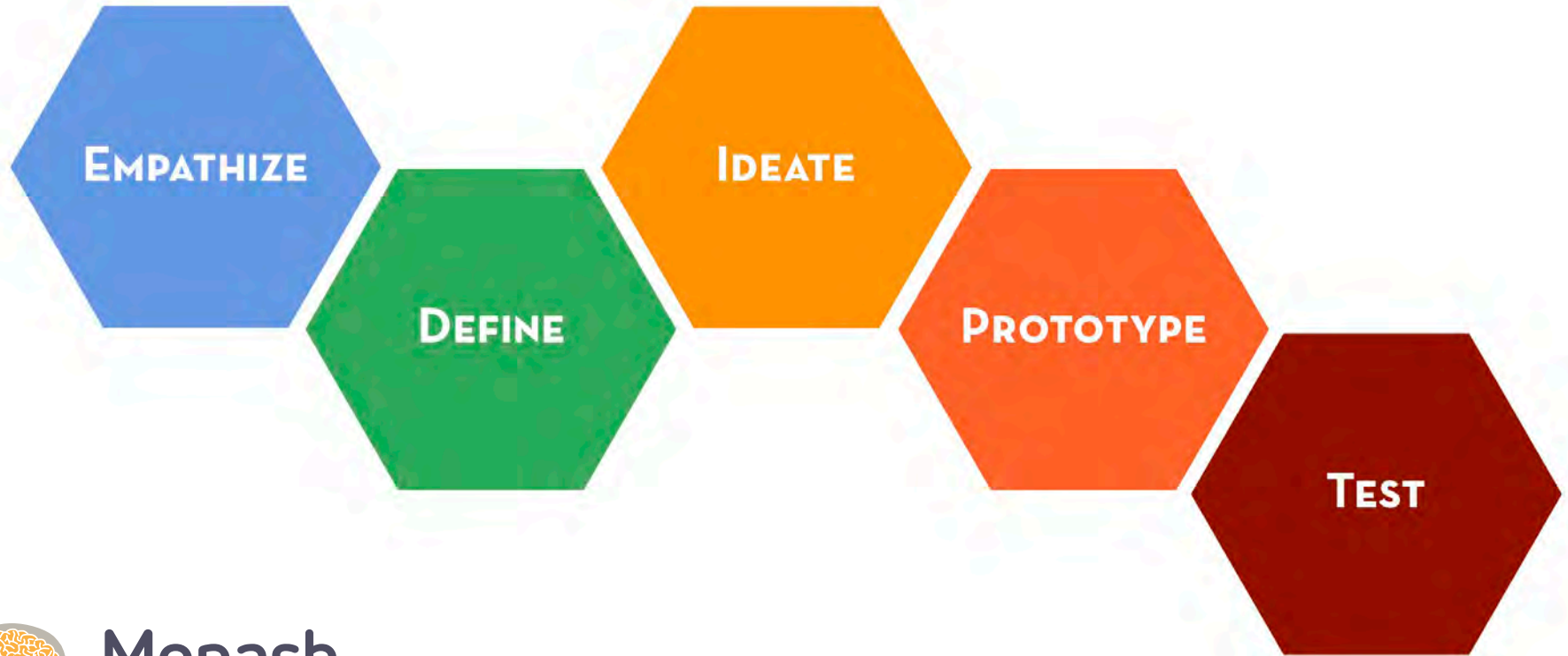
- Longstanding recognition we need to change our Model of Care
- Change resistance

Drivers For Change

- Our patients needs and feedback
- Our clinicians feedback
- Emerging trend, we are not meeting all KPI's

We wondered whether our increasing ED presentations were symptomatic of gaps in our system of care

STANFORD UNIVERSITY DESIGN THINKING PROCESS



EMPATHISE

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Given the nature of mental ill health, as a tertiary system of care are we meeting our patients clinical needs?

- From a patient perspective
- From a service design perspective

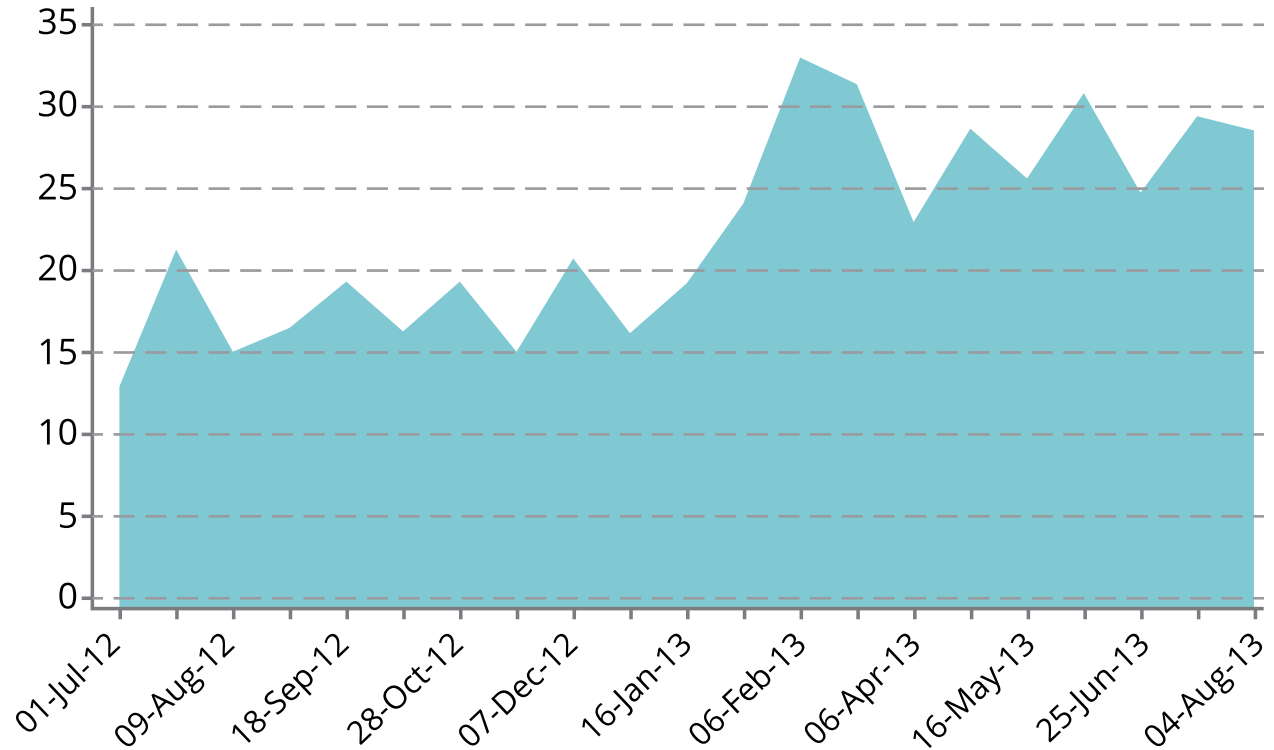
We were needed to understand the existing demand for our adult mental and qualitative patient experience for a service component

DEFINE: EMERGENCY DEPARTMENTS

ED/eCATT

The proportion of MH patients in ED is low, but rose in 2013

Mental Health ED Presentations by Day



DEMAND: SERVICE DESIGN PERSPECTIVE

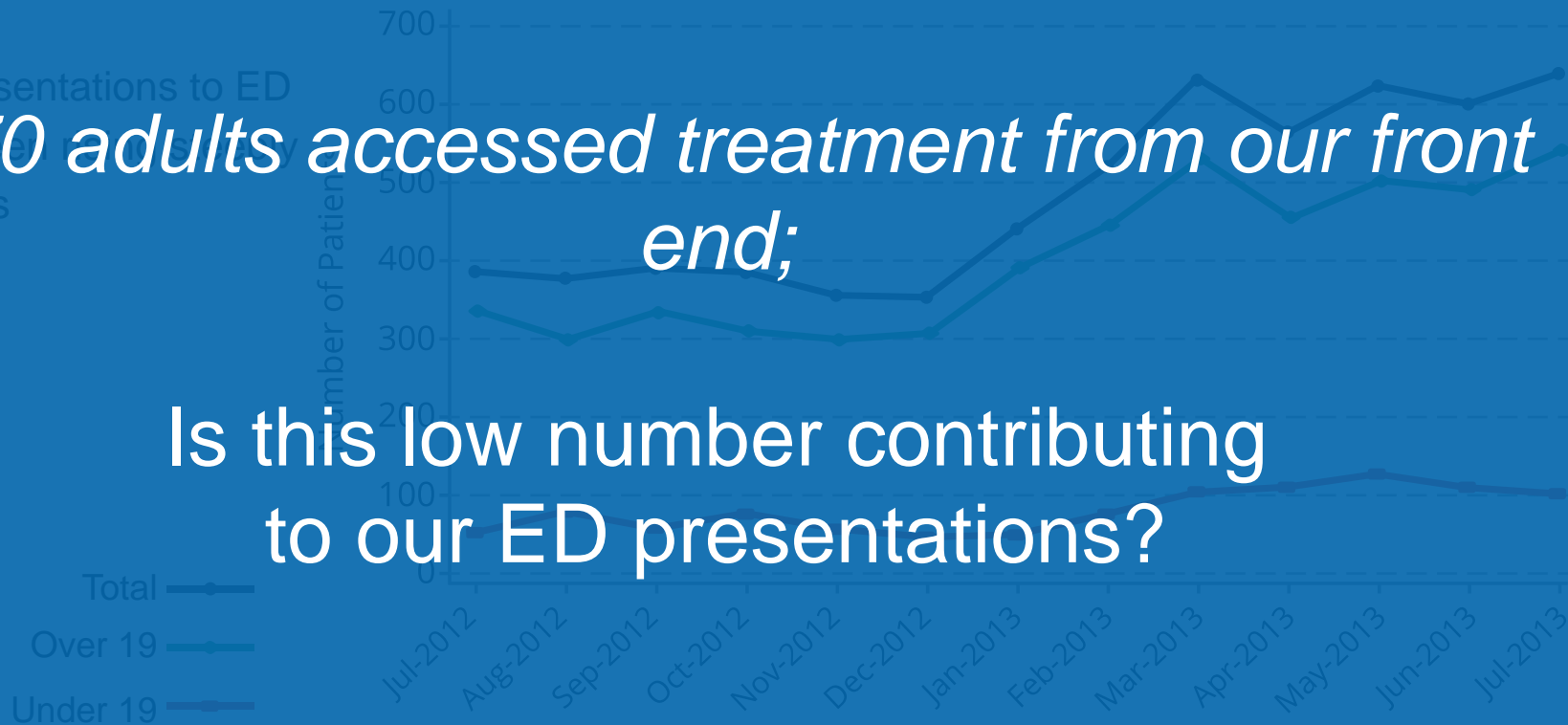
ED/eCATT

MH presentations to ED
have been consistently low
in adults

170 adults accessed treatment from our front end;

Is this low number contributing
to our ED presentations?

Mental Health ED Presentations by Age Group



DEFINE: EMERGENCY DEPARTMENTS

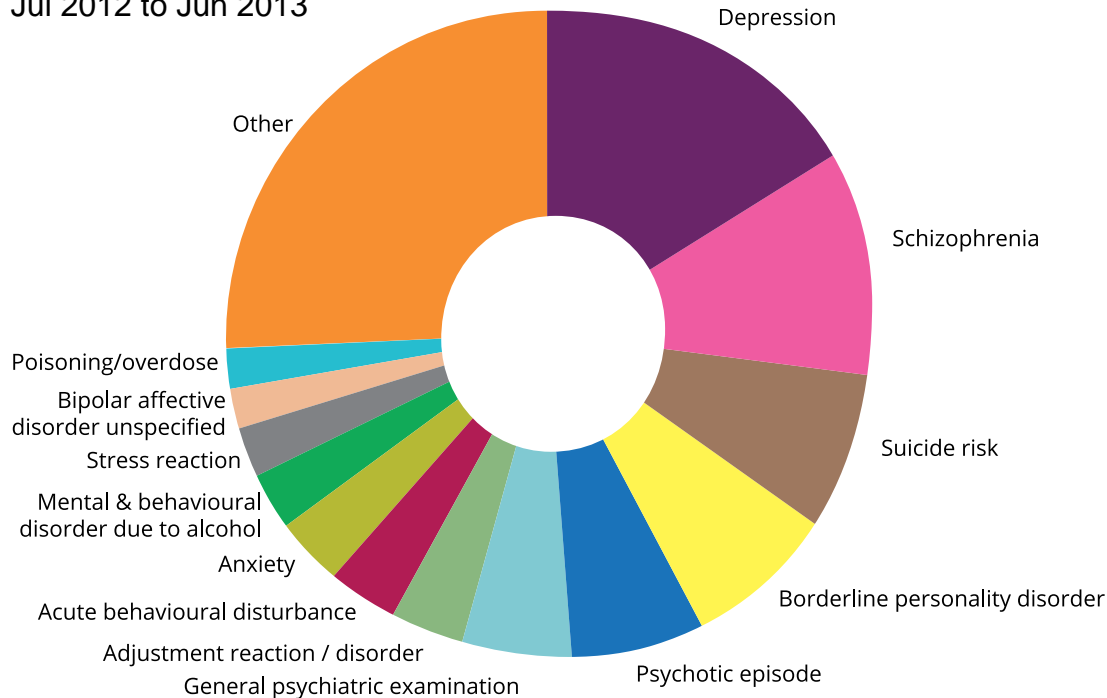
ED/eCATT

Top 5 Diagnoses...

- Depression
- Schizophrenia
- Suicide Risk (not attempt)
- Borderline Personality
- Psychotic Episode

ED Mental Health Primary Diagnosis

Jul 2012 to Jun 2013



IDEATE: HOT SPOTS FOR DESIGN ADULT MHP

Our front door: access

- PTS and ECATT (and CATT) work on a triage crisis intervention model
- It's a crisis assessment - not of the longer term problem or treatment required
- Most referrals to CATT are within 72 hours (87% CATT 3) which is not acute, acute....and does allow time for proper assessment and treatment planning
- Hence the rationale for the service prototype

We want to stop the people triaging and assessed that is occurring without proper assessment and planning

SERVICE PROTOTYPE: AGILE PSYCHOLOGICAL MEDICINE CLINIC

Clinic's ethos: work collaboratively with clients, deliver timely brief psychological and medical treatment to people in distress and experiencing situation crisis

- Clinicians (suppliers of service)
- Clients (users of service)

OUR VISION

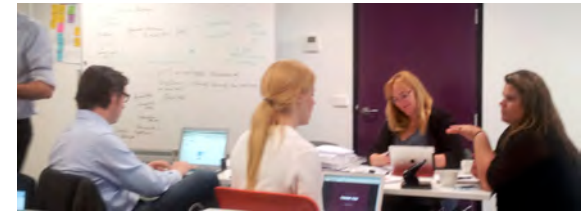
To provide short term solution focussed therapy to enable our clients with mental illness to stay well and live a contributing and meaningful life; “To live, love and work. “

Help me live, love and work.

*How do we test the hypothesis
this new clinical service
will be better for the client?*

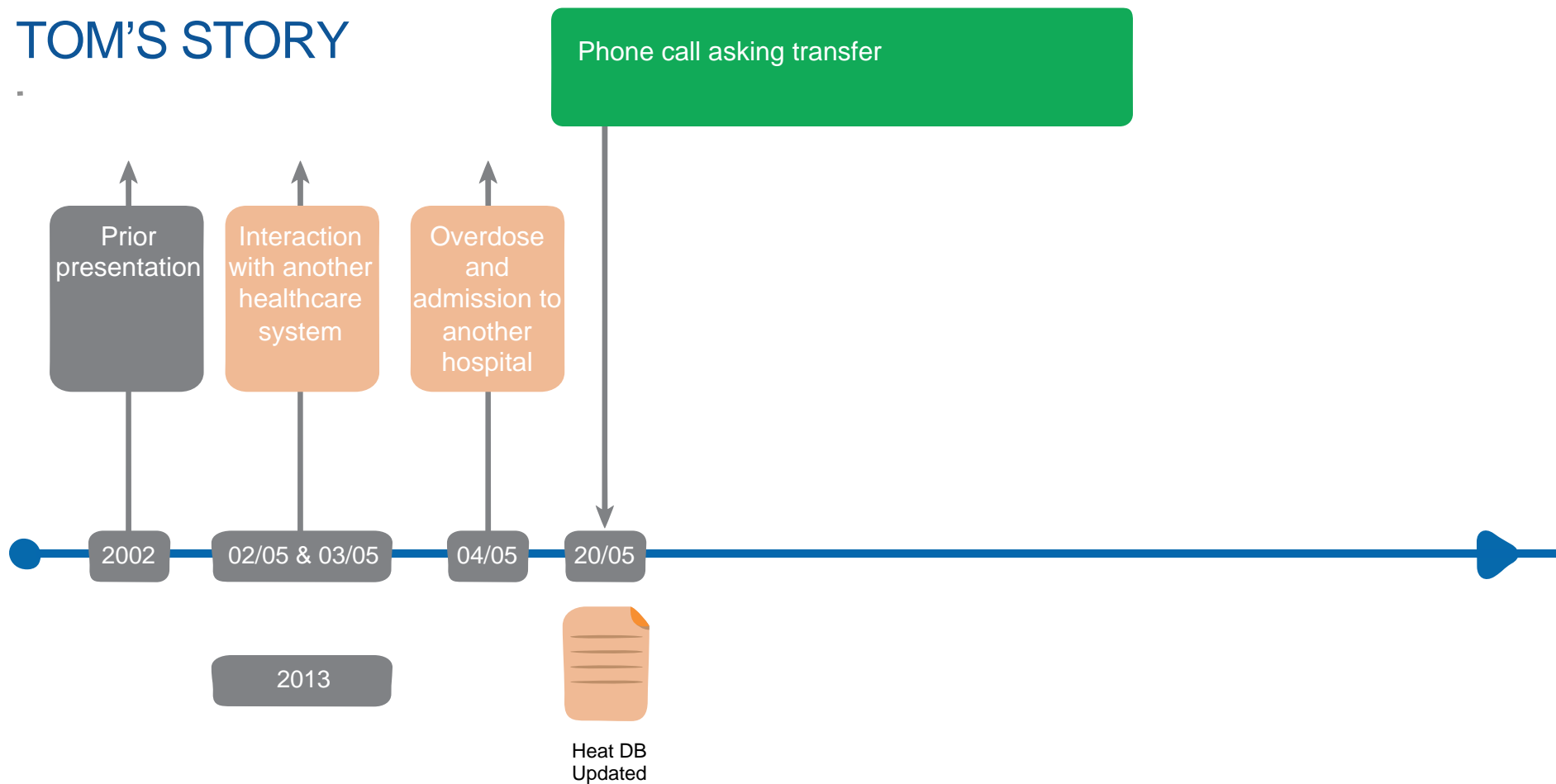


Testing our hypothesis: getting the data we need
ThoughtWorks helping us work on our system's
measures of the client's experience



HAVE A STORY TO TELL

TOM'S STORY



*All names have been changed

3 contacts with MH clinicians (in person)

13 case managers, touched 70 times

18 hand offs

5 IT systems, 15 paper records, lots of different updates

Help me live, love and work.

PERSPECTIVE MUST BE OUTSIDE-IN

.

EXISTING DATA MAY NOT HELP

.

Is something missing?

Typically, we know a lot about:

- Volume of calls/mail/channels
- Service/productivity levels/customer sat
- Level 1,2,3
- # appointments, visits
- Customer segments
- Day rates, unit times, repeat calls
- SLA's

Typically, we know little about:

- Nature of the calls
- Value/Failure splits
- Customer journey
- What matters?
- Value Created capability
- Demand resolution

3 contacts with MH clinicians (in person), 3 phone calls

13 case managers, touched 70 times

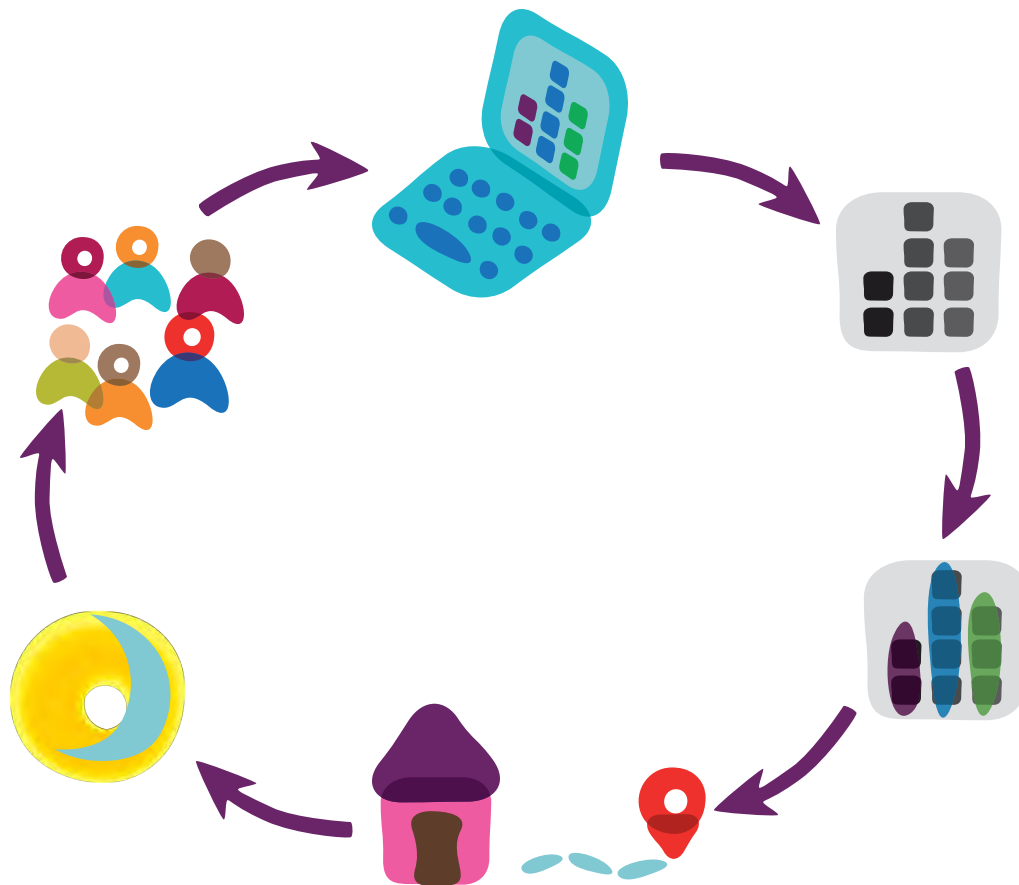
18 hand offs

5 IT systems, 15 paper records, lots of different updates

SEE IT FOR YOURSELF

.

SEE IT FOR YOURSELF
(INCLUDING LEADERS)



ROLE OF TECHNOLOGY

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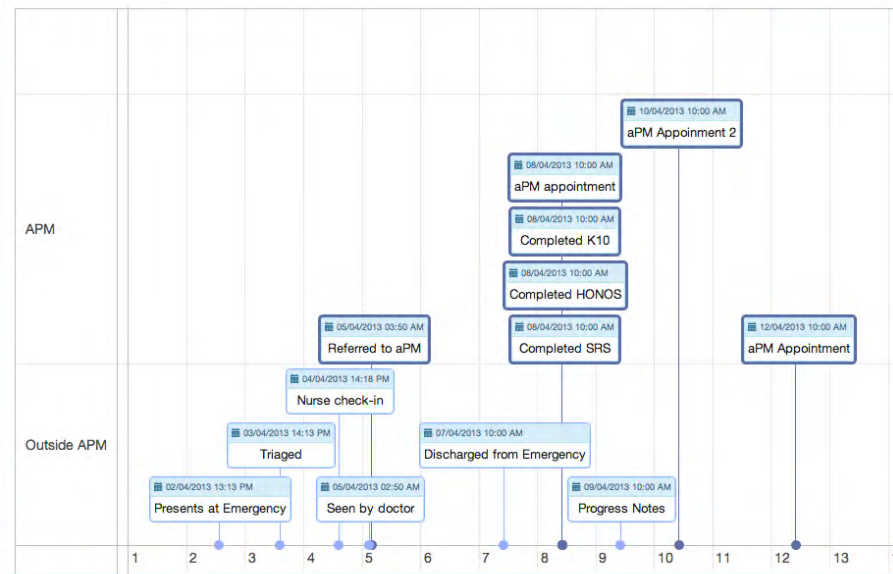


Agile Psychological Medicine Clinic

Journey for joanne Smith

Edit Selected Activity

Add a New Activity



Journey Summary for joanne Smith

Handoffs	4
Direct contacts	7
Staff involved	3
Different IT Systems	2
Updates to IT Systems	8
Paper records updated	2
Updates to paper records	8
APM activities that met purpose	2 of 7

Clinical Outcomes for joanne Smith

Appointment	Initial	Interim	Interim	Final
K10	8			8
HONOS	10			5
Demoralisation	5			9
Basis 32	8			10
SRS	5	4	3	3

ROLE OF TECHNOLOGY



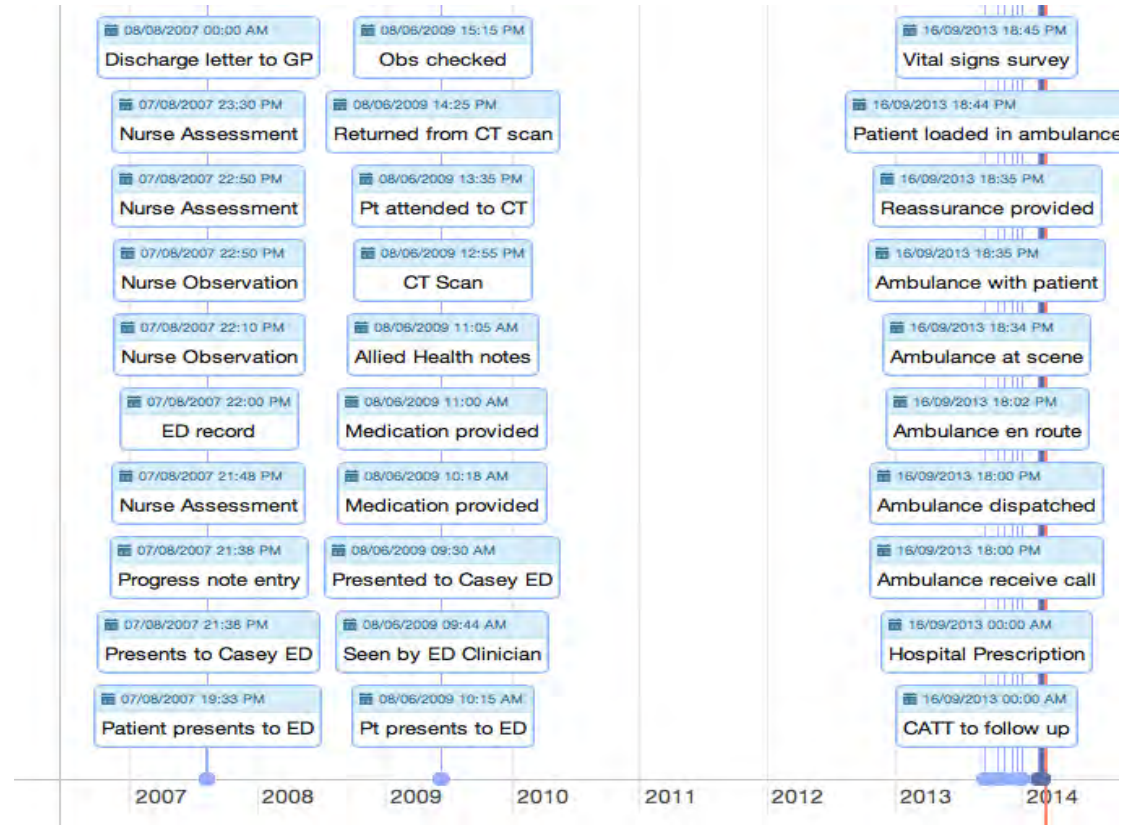
PSYCHOLOGICAL MEDICINE CLINIC OUTCOMES

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TEST: A CLIENT TIMELINE

A snap shot of the system activity



TEST: CLINICAL AND CONSUMER OUTCOMES

CLINICAL Outcome measures	Description	Pre	Post	Improvement
HONOS (Health of the Nation Outcome Scales) (clinician report)	Measures consumer outcomes in four domains: behaviour, impairment, symptoms and social.	9.9	3	70%
K10 Kessler Psychological Distress Scale (consumer report)	Measures anxiety and depressive symptoms	35	26	26%
Demoralisation (consumer report)	Measures loss of meaning, dysphoria, disheartenment, helplessness and sense of failure.	63.6	46	27%
Basis 32 Behaviour and Symptom identification Scale (consumer report)	Measures major symptoms and functioning experienced by people with mental ill health	64	38	40%
Session rating scale (consumer report)	Measures therapeutic alliance between therapist and consumer. Each session is rated by the consumer on relational bond, agreement on goals and tasks of therapy.	74% = average satisfaction score for all sessions		

TEST: CLINICAL AND CONSUMER OUTCOMES

SYSTEMS Activity measures on our clients	Description	Pre APM clinic (average per consumer)	APM clinic (average per consumer)
Service Clinical handovers	Transfer of care between clinicians (that occurs as a result of meeting service needs not consumer needs)	7	> 1
Direct clinician contact with client	Phone contact or in person	60	3
Number of staff involved	Each time a new clinician enters an activity on client's medical record	19	1.4
Updates to IT systems	Each time a system's update recorded	23	1
Paper records updates	Each time the client's paper medical record updated	69	14

ENGAGING STAFF

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WHERE DOES INNOVATION COME FROM IN THE BRAIN?

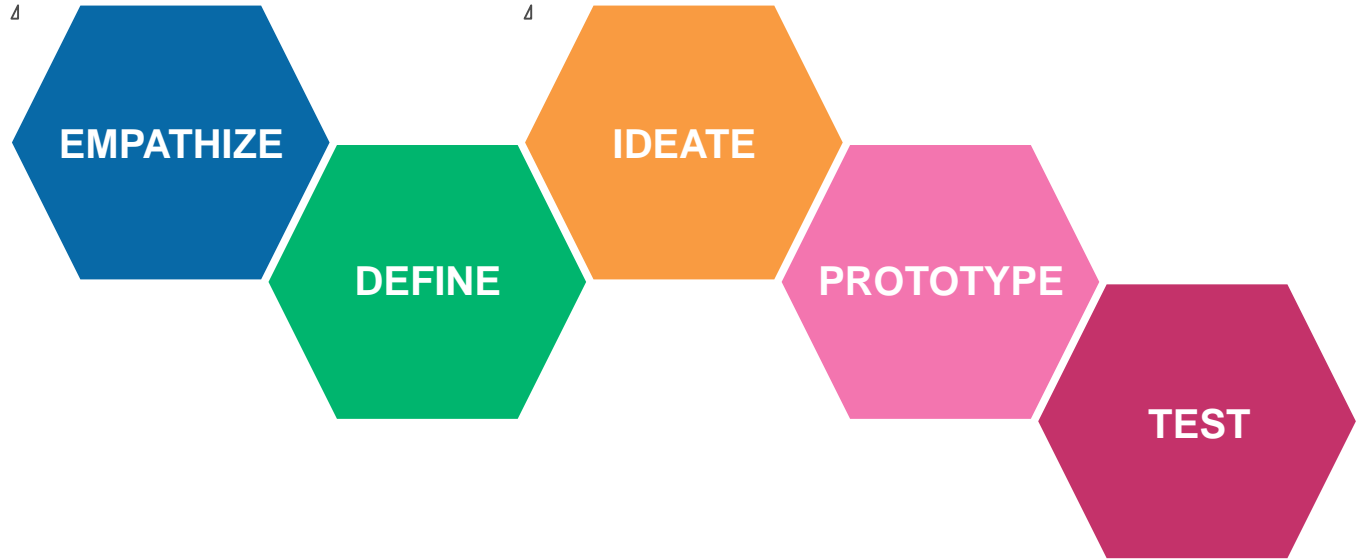
WHERE DOES INNOVATION COME FROM IN THE BRAIN?



THE FRAMEWORK OF DESIGN, INNOVATION & CHANGE



Patient
Carers
Clinical Staff
Executive
Primary Care
Clinicians
DoH
Regulatory Groups



DEMAND FOR SERVICE

DAVID CLARKE, KEITH STOCKMAN,
MELISSA CASEY

AGILE PSYCHOLOGICAL MEDICINE TEAM

DAVID CLARKE, CHRISTINE MILLER,
GEORGE HABIB, SEATON
CHARLES WORTH, KIRSTEN YATES,
ARUP DHAR, STANA CUBRA,
MELISSA CASEY

PTS

JEREMY SHEPPARD, FERGUS LEONARD AND THE
TEAM

CASEY ECATT

JEREMY SHEPPARD, TRACEY MORGAN AND THE
TEAM

THOUGHTWORKS

LIAM BROBST, MAIA SAUREN, JUSTIN CONAGHAN

BERWICK HEALTHCARE SUPERCLINIC

CATHY HERMAN AND HER TEAM

VIDEO: ZOLTAN DEAK

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