PSYCHOLOGICAL MEDICINE CLINIC
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

- Empathize
- Define
- Ideate
- Prototype
- Test
EMPATHISE

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 wondered whether demand for adult mental health services had a failure demand component.
The proportion of MH patients in ED is low, but rose in 2013.
DEMAND: SERVICE DESIGN PERSPECTIVE

ED/eCATT

MH presentations to ED have been rising steeply in adults

170 adults accessed treatment from our front end;

Is this low number contributing to our ED presentations?
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 get people assessed and treated as early as possible

Monash Health
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

Prior presentation 02/05 & 03/05 Interaction with another healthcare system 04/05 Overdose and admission to another hospital 20/05

Phone call asking transfer

Heat DB Updated

2002
2013

*All names have been changed
TOM’S STORY

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
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
TOM’S STORY

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
ROLE OF TECHNOLOGY

Understand

Improve
(on paper)

Pull Technology
ROLE OF TECHNOLOGY

Success is not a colour printer
PSYCHOLOGICAL MEDICINE CLINIC OUTCOMES
A snapshot of the system activity

Monash Health
### CLINICAL AND CONSUMER OUTCOMES

<table>
<thead>
<tr>
<th>CLINICAL Outcome measures</th>
<th>Description</th>
<th>Pre</th>
<th>Post</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HONOS</strong> <em>(Health of the Nation Outcome Scales)</em> <em>(clinician report)</em></td>
<td>Measures consumer outcomes in four domains: behaviour, impairment, symptoms and social.</td>
<td>9.9</td>
<td>3</td>
<td>70%</td>
</tr>
<tr>
<td><strong>K10</strong> Kessler Psychological Distress Scale <em>(consumer report)</em></td>
<td>Measures anxiety and depressive symptoms</td>
<td>35</td>
<td>26</td>
<td>26%</td>
</tr>
<tr>
<td><strong>Demoralisation</strong> <em>(consumer report)</em></td>
<td>Measures loss of meaning, dysphoria, disheartenment, helplessness and sense of failure.</td>
<td>63.6</td>
<td>46</td>
<td>27%</td>
</tr>
<tr>
<td><strong>Basis 32</strong> Behaviour and Symptom identification Scale <em>(consumer report)</em></td>
<td>Measures major symptoms and functioning experienced by people with mental ill health</td>
<td>64</td>
<td>38</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Session rating scale</strong> <em>(consumer report)</em></td>
<td>Measures therapeutic alliance between therapist and consumer. Each session is rated by the consumer on relational bond, agreement on goals and tasks of therapy.</td>
<td>74%</td>
<td></td>
<td>average satisfaction score for all sessions</td>
</tr>
<tr>
<td>SYSTEMS Activity measures on our clients</td>
<td>Description</td>
<td>Pre APM clinic (average per consumer)</td>
<td>APM clinic (average per consumer)</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
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<tr>
<td>Service Clinical handovers</td>
<td>Transfer of care between clinicians (that occurs as a result of meeting service needs not consumer needs)</td>
<td>7</td>
<td>&gt; 1</td>
<td></td>
</tr>
<tr>
<td>Direct clinician contact with client</td>
<td>Phone contact or in person</td>
<td>60</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Number of staff involved</td>
<td>Each time a new clinician enters an activity on client’s medical record</td>
<td>19</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Updates to IT systems</td>
<td>Each time a system’s update recorded</td>
<td>23</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Paper records updates</td>
<td>Each time the client’s paper medical record updated</td>
<td>69</td>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>
ENGAGING STAFF
WHERE DOES INNOVATION COME FROM IN THE BRAIN?
WHERE DOES INNOVATION COME FROM IN THE BRAIN?
THE FRAMEWORK OF DESIGN, INNOVATION & CHANGE

- EMPATHIZE
- IDEATE
- DEFINE
- PROTOTYPE
- TEST

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 CHARLESWORTH, 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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