

“Optimising Acute MH Care through Leadership and Integration”

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Catchment

SYDNEY



The Office



Out-reach



Demography

Inner city Sydney

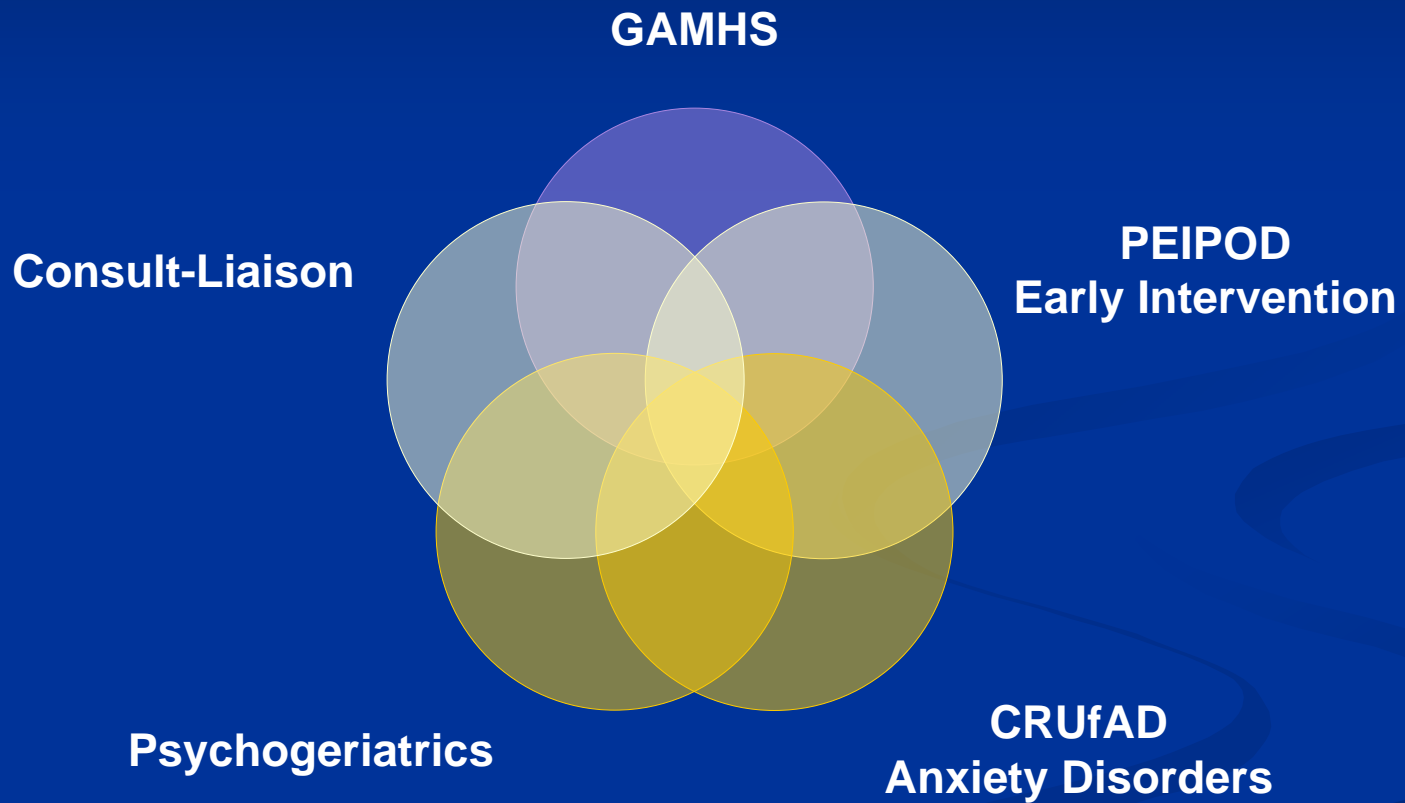
- Average population 120,000 with fluctuations up to 150,000+ ~ business, leisure and criminal activity
- Characterised by:
 - Wide variations between the “haves and have nots”
 - Daily and weekend tides of population change
 - High levels of homelessness
 - High levels of drug supply and use especially Methamphetamine ~ 600 ED presentations/year
 - Prostitution
 - Criminality

SVMH Levels of Leadership & Integration

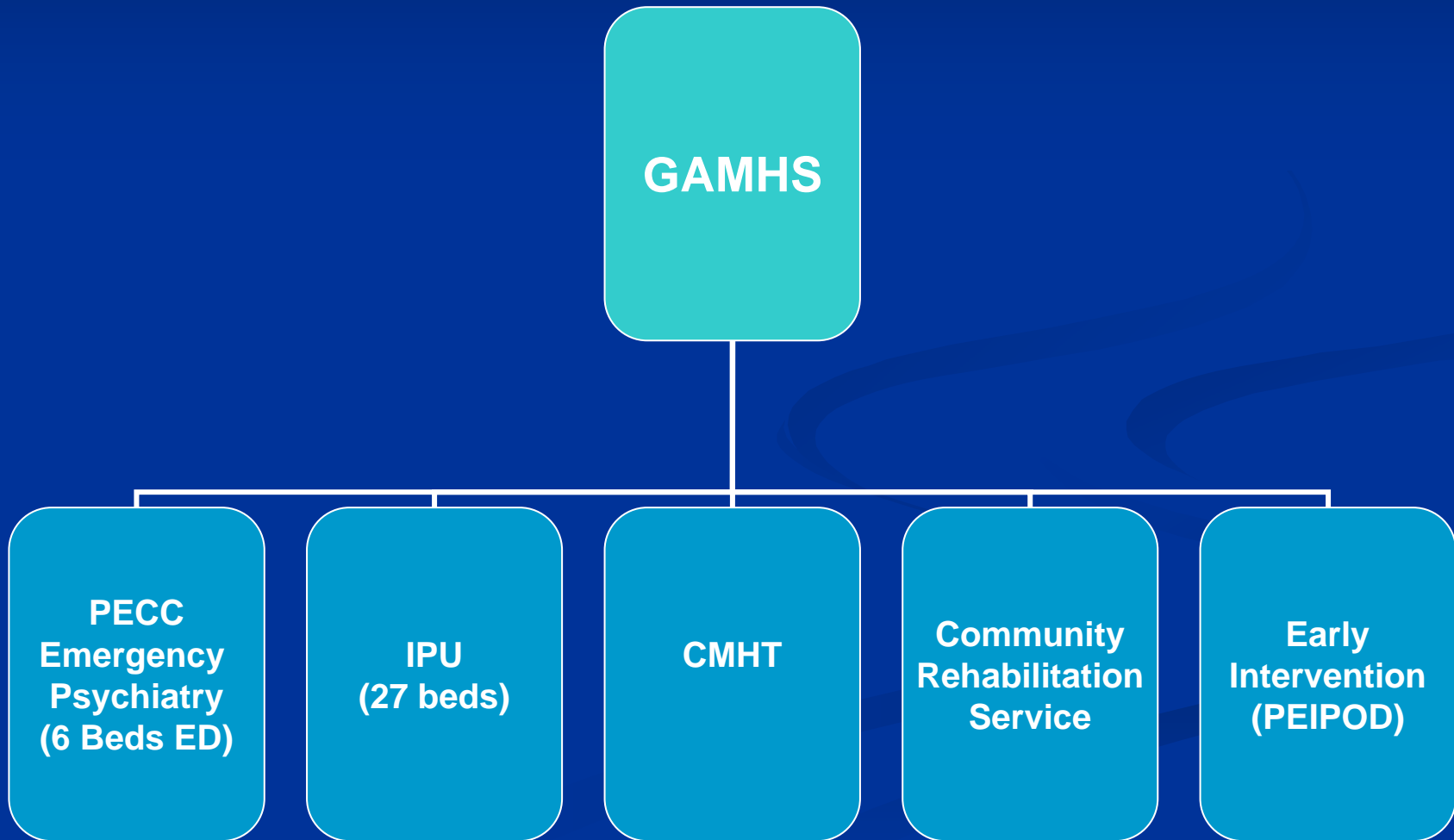


* Being established

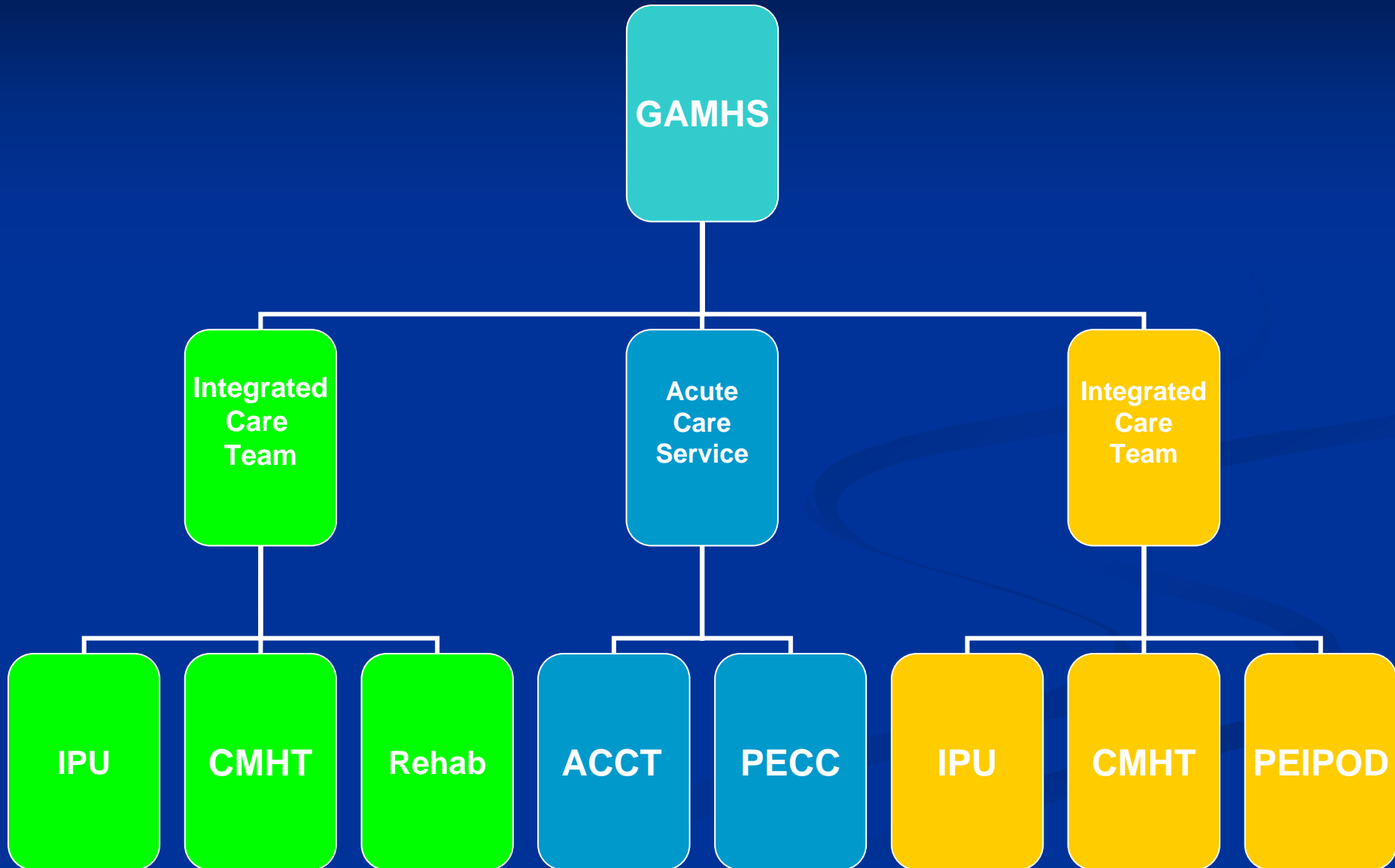
SVMH Integrated Care



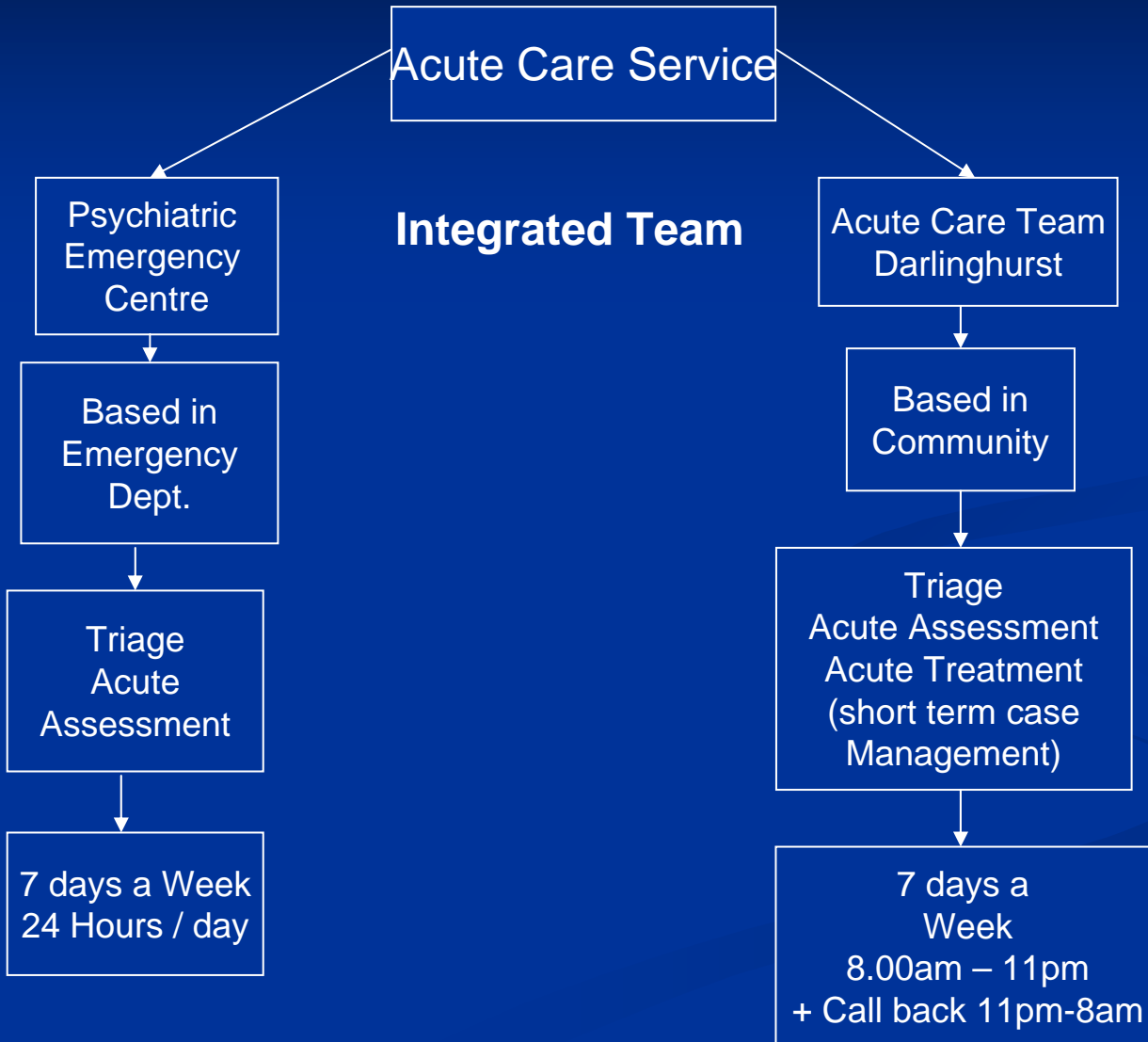
General Adult Services (GAMHS)



GAMHS Clinical Matrix



Acute Care Service



St Vincent's Integrated ED/PECC

- Patients triaged as MH by ED Intake
- First assessed and processed by the ED staff
 - RAPID psychiatric assessment
 - Physical assessment and investigations
 - Disposition
 - Treated and discharged
 - Referred to PECC staff in ED
 - Referred to Consult/Liaison if OD or psychiatric symptoms in association with physical health problem
- Assessment and disposition by PECC
 - Admission to PECC (ALOS 48hrs) or MH IPU
 - Or referral to ACCT, GP, Private MH professional, NGO
 - Or discharged
- S22s PECC 8 am-12 mn, ED 12 mn-8 am
- Weekly Clinical and Operational review meetings
 - Activity
 - Critical incidents
 - Management plans required
 - Operational issues

Leadership components

- **Vision – what should our services be like?**
- **Involvement – leading from within**
- **Facilitating partnerships**
 - Inter-professional
 - Consumers and carers
- **Support and encouragement – the caring context**
 - **First – “hearts and minds” ~ building the “can do” culture**
 - **Then – “formality” – rigour ~ guidelines and score-cards**
- **Sharing responsibility**
 - We’re in this together
 - Delegation and training
- **Recruitment and retention – replenishing and growing quality work-force**

Integration components

- **Systems**
 - Policies, procedures and guidelines
 - Targets and expectations
 - PECC ALOS ~ 48hours, ED clearance rates 80%<6 hours, adms <25%
 - IPU <100% occup, ALOS 14days ,25%> 35days
 - Rigorous bed management ~ making the hard decisions
- **Encouraging joint responsibility and pride**
 - Sharing the tension
 - We're in this together
 - Consultant roster
 - Joint stakeholder meetings
 - Activity reporting
 - Operational issues
 - Management plans
 - Critical incident review
 - Celebrating successes