

Surfing the Tsunami

Ensuring improved health outcomes in our communities

Background

Overloaded Adult MH Sector Team

- high clinical caseloads
- unclear expectations of caseload capacity
- high level of staff resignation
- continued receipt of referrals (601 open referrals)
- unclear expectation of purpose of clinical meetings

Managing Risk

- **Workstreams** – collaborative input for a collective responsive and communication approach
- **care coordination** – interim waitlist, wellbeing checks and managing risk
- **prioritisation matrix** – management of referrals, review of caseloads, waitlist review
- **caseload flow** – clinician and doctor caseload reviews against the prioritisation matrix to identify acuity of caseload, transition planning and workload capacity

Managing Risk cont/...

- **team capacity** – staff recruitment
- **team wellbeing** – staff retention (communication)
- **waitlist allocation** – prioritisation matrix for managing caseload acuity
- **referral clean up** – audit of all referrals iPM vs CWS (50 required closing in iPM; and, referral allocation)
- **data informed operations** – waitlist management and information tools

Priority	Definition of priority		Service response	
	Patient under MHA	Informal Patient	Doctor	Service response – Additional Clinician(s) allocation etc.
1	<ul style="list-style-type: none"> Under MHA + severe severity* Due in MHA court within 2 weeks Recent/planned discharge from HRBC 	<ul style="list-style-type: none"> Major Mental Illness + severely* unwell Unknown to service + severely* unwell Recent TOC into area + severely* unwell Recent discharge from HRBC (7-day[£] f/u) 	<ul style="list-style-type: none"> Immediate allocation of RC If due in MHA court <14 days post discharge, negotiate with Inpt Team & RC to manage Prioritise initial RC appointment < 2 weeks* 	<ul style="list-style-type: none"> Immediate allocation of allocation of Clinician Post 7 day[£] follow up prioritised Reviews based on acuity and clinical needs (at least weekly)
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* Supports include: NGO, GP, on-line therapy.

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£ 7-day f/u, with subsequent MDT discussion, will help determine severity of illness and subsequent frequencies of follow-up

* Determination of "Severity evaluation" should include the combination of symptoms severity and distress, risk of harm, functioning, impact of co-existing illness (e.g. physical illness / substance use), social stressors, supports, engagement & motivation and past treatment history. The use of Scales to support severity-ratings (e.g. EPDRS, PHQ9, GAD7, YMRS, **MH-IAR triage screening tool** etc.) is encouraged

∞ Risk includes self-harm, harm of others and inability to care for self.

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“Severity evaluation” should include the combination of 8 Domains*

PRIMARY DOMAINS*

1. Symptom Severity and Distress
2. Risk of Harm
3. Functioning
4. Impact of Co-Existing Conditions

Decision Support Tool to rate:

0 = No problem

1 = Mild problem

2 = Moderate problem

3 = Severe problem

4 = Very severe problem

* NATIONAL PHN GUIDANCE – Initial assessment and referral for mental healthcare

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CONTEXTUAL DOMAINS*

5. Treatment and Recovery History
6. Social, Cultural and Environmental Stressors
7. Family and Other Supports
8. Engagement and Motivation

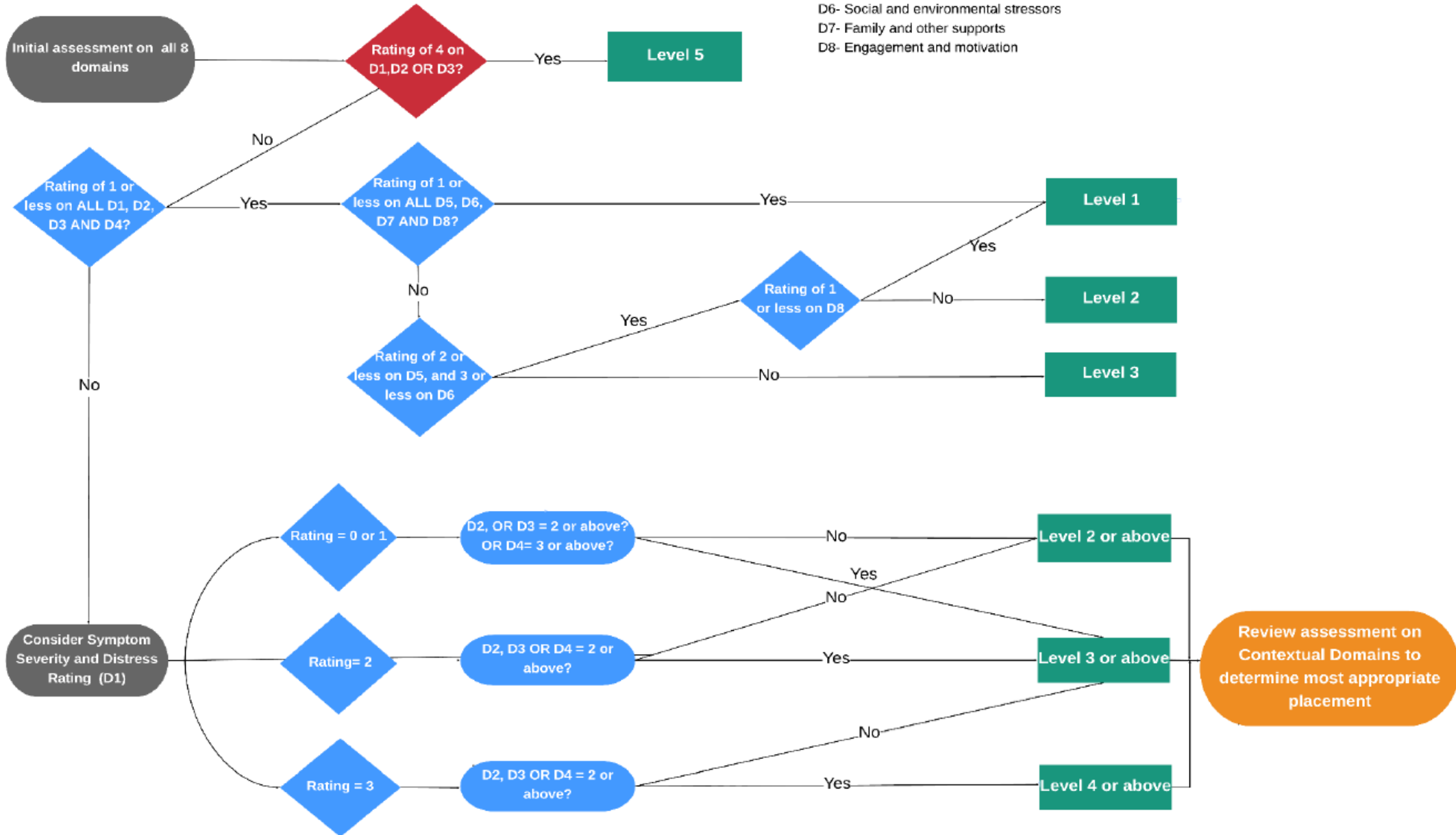
* NATIONAL PHN GUIDANCE – Initial assessment and referral for mental healthcare

Decision Support Logic Tool

LEGEND

- D1- Symptom severity and distress
- D2- Risk of harm
- D3- Functioning
- D4- Impact of co-existing conditions
- D5- Treatment and recovery history
- D6- Social and environmental stressors
- D7- Family and other supports
- D8- Engagement and motivation

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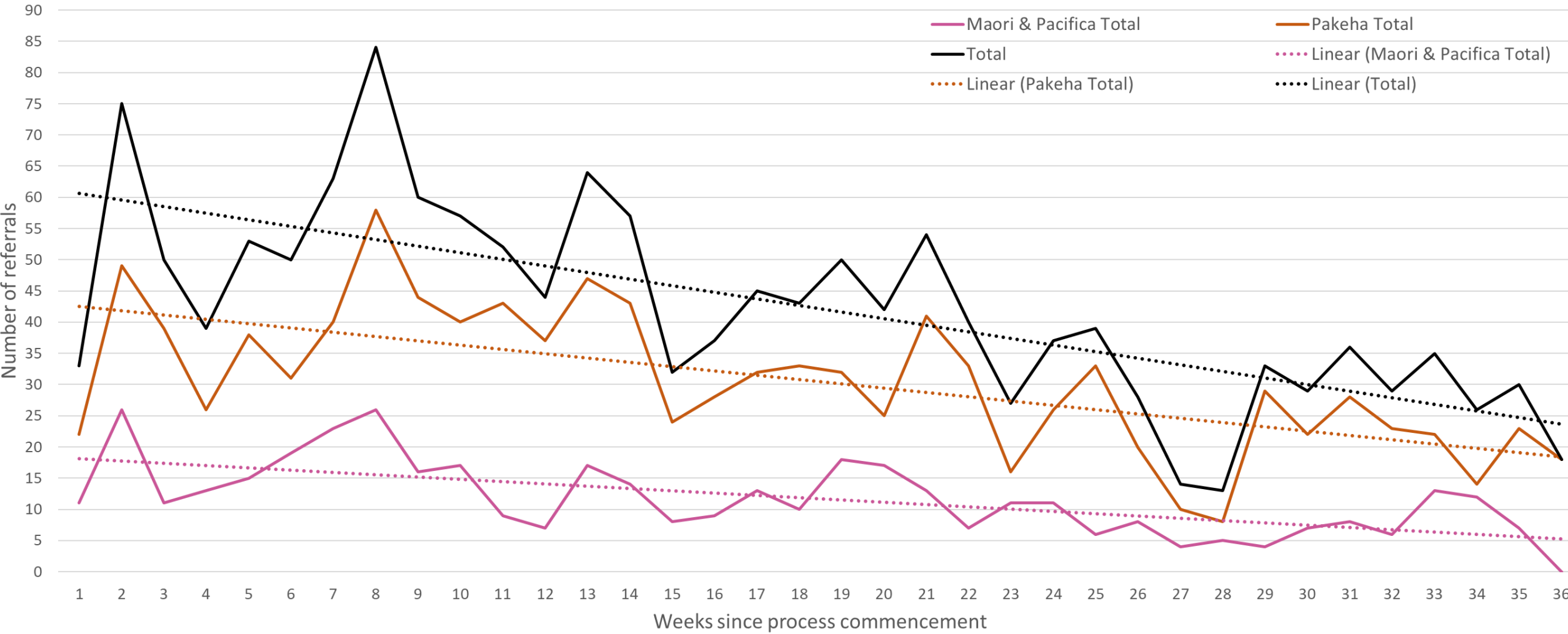


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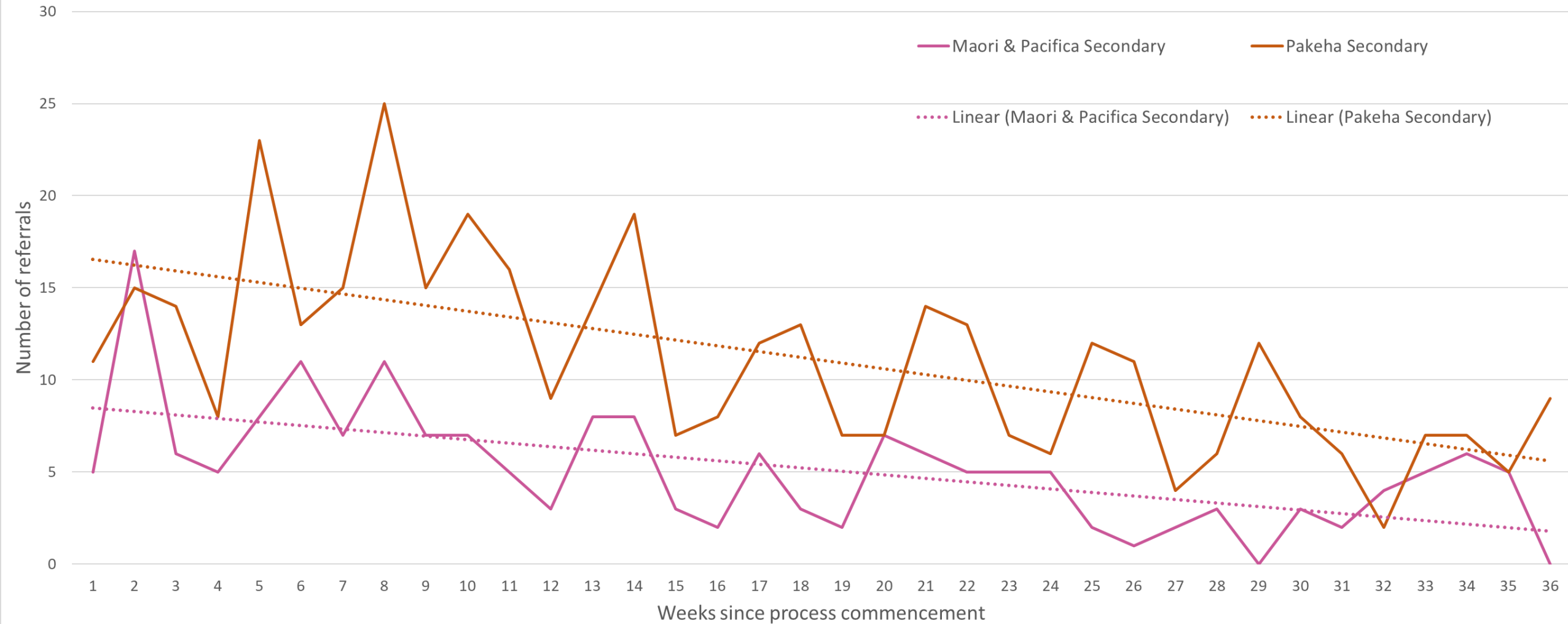
What happened?

Total Referrals to Triage



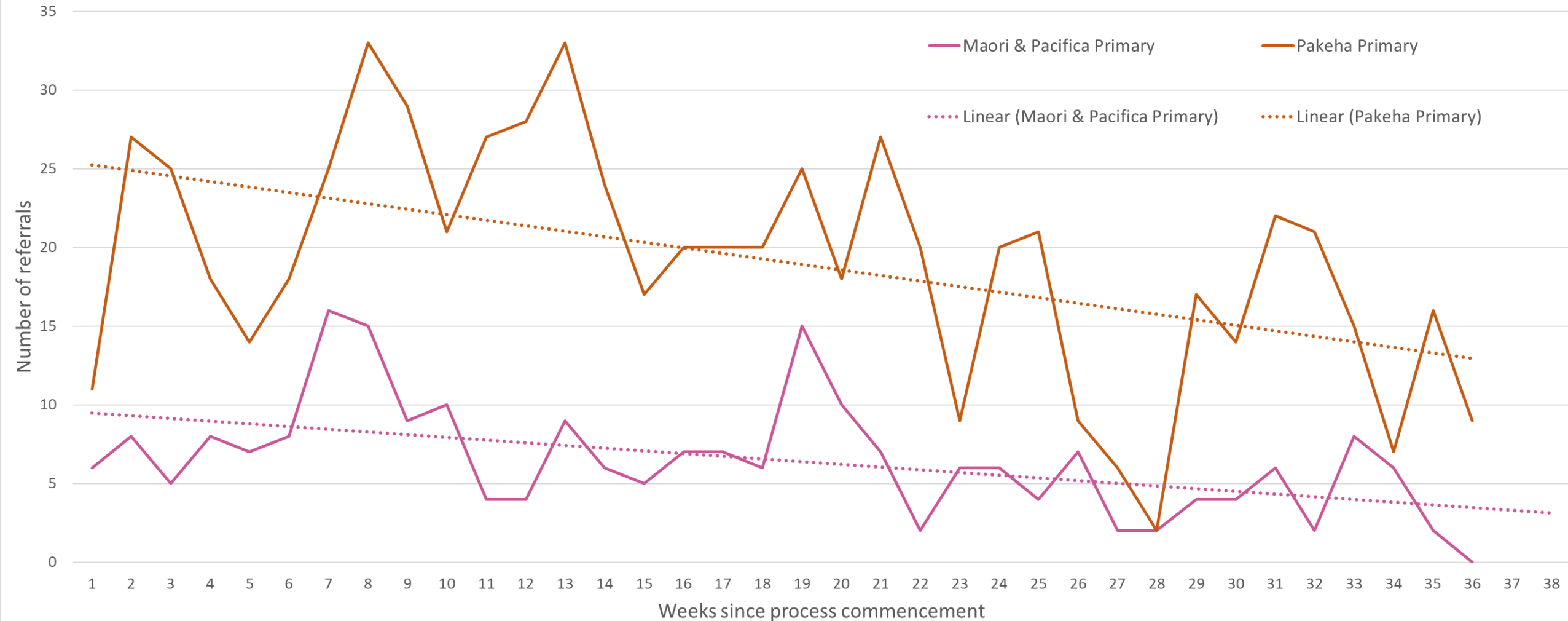
Accepted to Secondary

Referrals Accepted to Secondary AMHS



Not accepted into Secondary

Referrals Not Accepted to Secondary



PowerBI - Waitlist

Current Waitlist Count

148

Central North

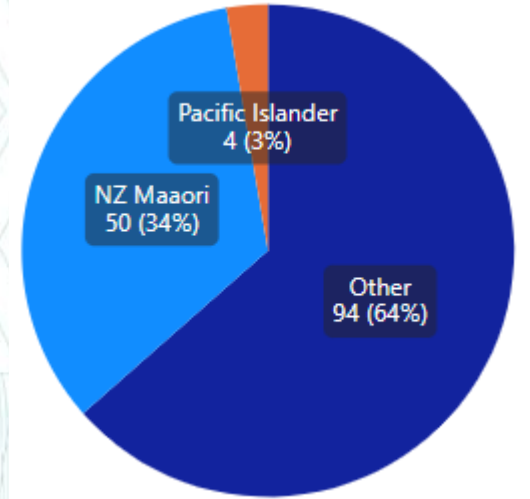
23

Central South

73

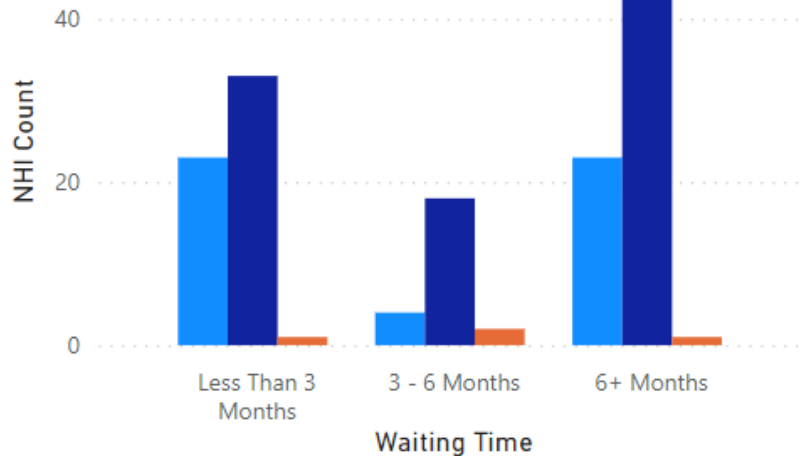
Central South - Keyworker

52



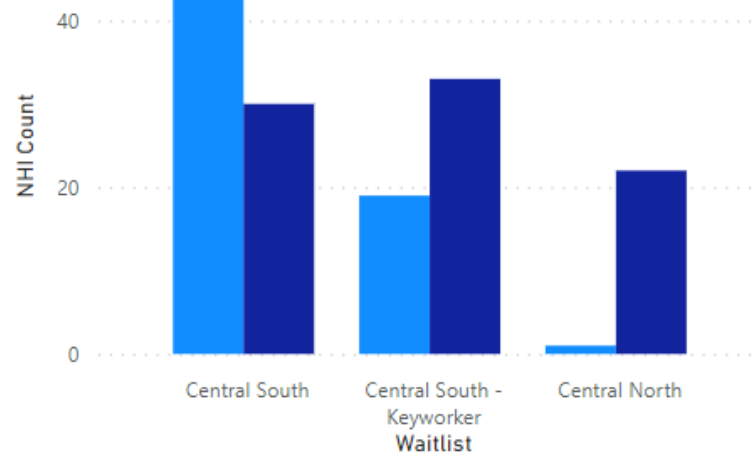
NHI Count by Waiting Time & Ethnicity

Ethnicity ● NZ Maori ● Other ● Pacific Islander



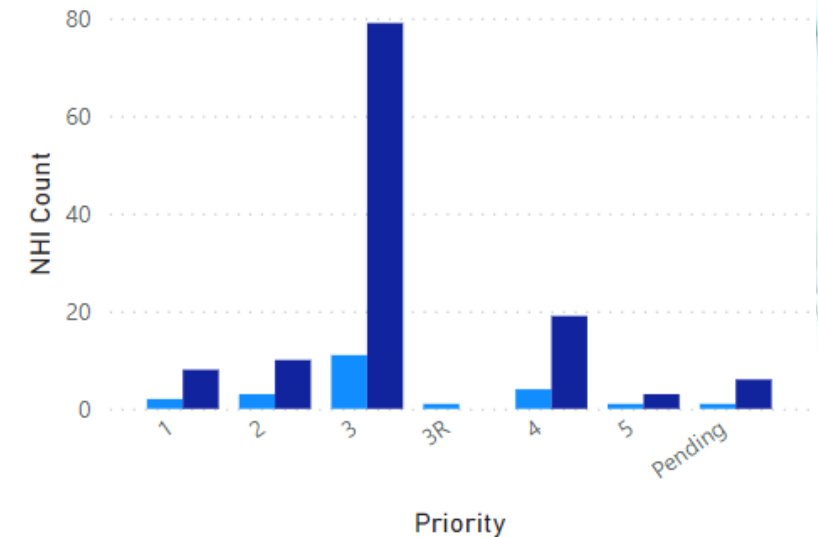
NHI Count by Waitlist & Contact Flag

Contact Flag ● No ● Yes



NHI Count by Priority & Team

Team ● Central North ● Central South



Central Adult Sectors' Current Waitlist

Clear Selections

Current Waitlist Count

148

Central North

23

Central South

73

Central South - Keyworker

52

NHI

Search

- ZZZ0123
- ZZZ1234
- ZZZ2345
- ZZZ3456
- ZZZ4567
- ZZZ5678

Team

- Central North
- Central South

Ethnicity

- NZ Maori
- Other
- Pacific Islander

Waiting Time

- Less Than 3 Months
- 3 - 6 Months
- 6+ Months

30 Day Contact

- Contact
- No Contact

Any ED Presentation*

- No

Waitlist Priority

- 1
- 2
- 3

Supported Accom

- Other
- Supported Accommodation

ED Presentation Type*

**ED presentations in the last 30 days*

NHI	Ethnicity	Team	Waitlist	Waiting Time	30 Day Contact	Date of Last Contact	30 Day Contact Count	Priority	MH ED Presentation*	Med ED Presentations*	Psychology Waitlist	Recent Discharge	SupportedAccom
ZZZ0123	Other	Central North	Central North	Less Than 3 Months	Contact	2/2/2024	2	1					Other
ZZZ1234	Other	Central North	Central North	Less Than 3 Months	Contact	1/18/2024	1	1				2/9/2024 2:59:00 PM	Other
ZZZ2345	NZ Maori	Central South	Central South	Less Than 3 Months	Contact	2/1/2024	3	1	1				Other
ZZZ3456	NZ Maori	Central South	Central South	Less Than 3 Months	Contact	1/18/2024	1	1				2/8/2024 2:00:00 PM	Other
ZZZ4567	NZ Maori	Central South	Central South	Less Than 3 Months	Contact	2/8/2024	3	1	2			2/1/2024 12:00:00 PM	Other
ZZZ5678	NZ Maori	Central South	Central South	Less Than 3 Months	No Contact		0	1					Other
ZZZ6789	Other	Central South	Central South	Less Than 3 Months	Contact	1/28/2024	1	1					Other
ZZZ7890	Other	Central South	Central South	6+ Months	Contact	1/25/2024	4	1		1			Other

Next Steps

- **Communication**
- **Multidisciplinary meetings** – daily meetings, MDT and complex case review
- **Roles and responsibilities expectations**
 - caseload capacity
- **Monitoring** – using data to inform operational decision making
 - phase out wellbeing checks
 - demand exceed capacity threshold
 - caseload review
 - transition planning – date of estimated discharge