

Connecting Care National Collaborative Nelson Marlborough District Health Board



Aim

Formal and aligned discharge checklists are completed on time (day of discharge) and in full to reduce readmission within 28 days of discharge by 75% by December 2019



Checklist

Project team

David Greer — *Project Manager*

Emily McDougall — *Clinical Coordinator Older Persons Mental Health*

Nicola McKay — *Clinical Coordinator Community Assessment Team, Nelson and Tasman*

Katrina Flynn — *Clinical Coordinator Adult Mental Health, Wairau*

Leoncine Elkington — *Clinical Coordinator Wahi Oranga, Inpatient Service*

Teresa Foster — *Family Whanau Advisor*

Fran Mitchell — *Improvement Advisor*

Engage

WebHocTiengAnh.Com



Headache, scattered,
fragmented

- 3 districts
- 2 inpatient units
- 12 community teams
- ½ acute and ½ rehab inpatient

Capture

Complaints

Safety 1st

Consumer and family/ whānau feedback



Understand

What is the pathway for tāngata whaiora and families/whānau to access and share information?

family were rung requesting they attend a family meeting and were only given 30mins notice, they were at work at the time didn't have time to organise support at the meeting.

no information about the process or about the MH Act was given to the family

Co-design themes

- Lack of information provided
- Not included in the key aspects of the patient journey (admission and d/c planning)
 - No checks and balances
 - No consistency
- Lacking connections (with families/whānau of tāngata whaiora and within inpatient teams and other services)



Ideas generation



Buy in for collective ownership

Agree on robust process

Team decision on discharge

Whānau centric at all times

It's not a discharge it's a transition



Measures

Readmission to the inpatient units within 28 days of discharge for the same or related issue.

Number of all readmissions per week from January 2016 to October 2018 (all = 1-3 days, 4-7 days and within 28 days)

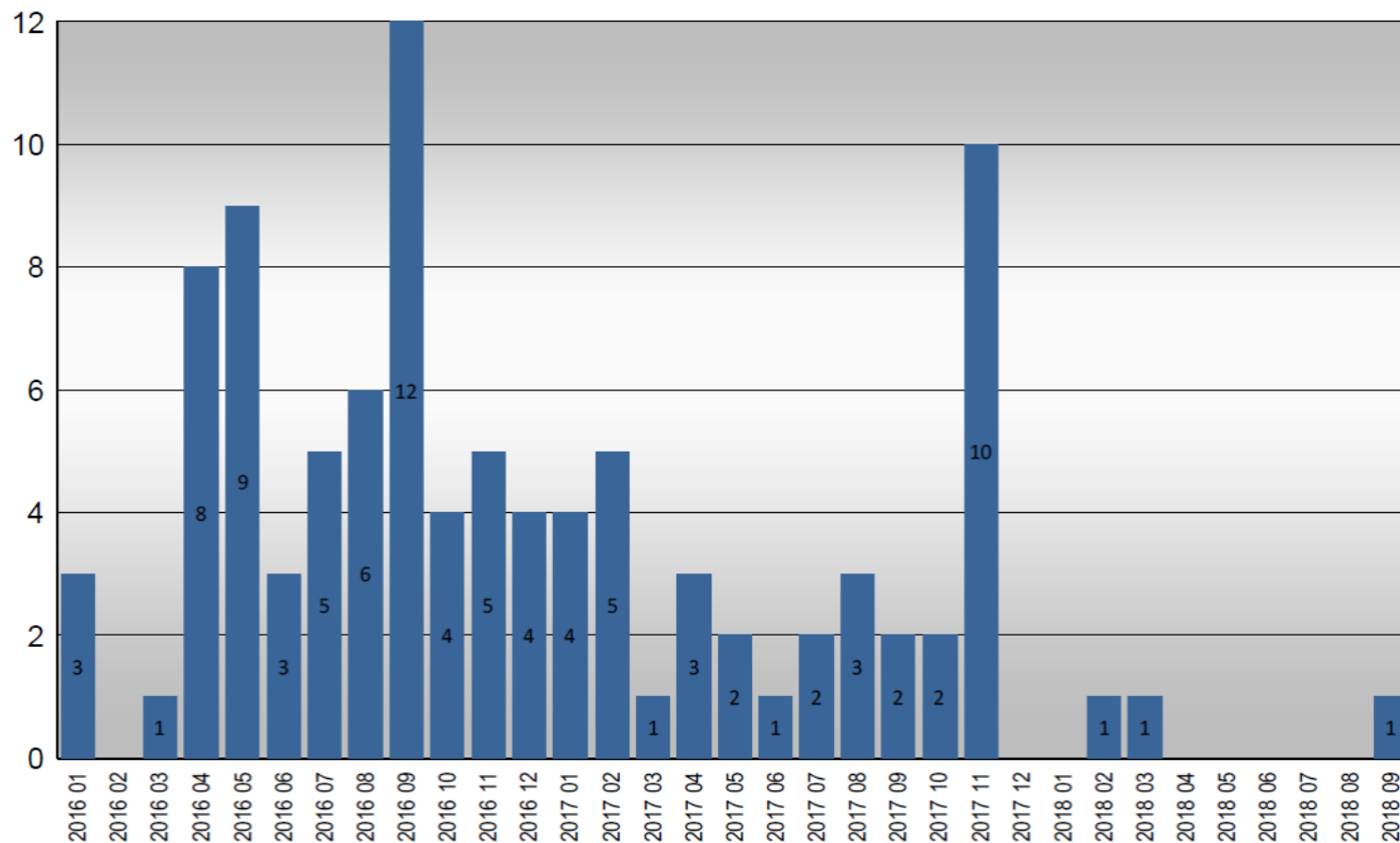
9521 Data for Connecting Care Project MH

Where Facility Description = Alexandra Home

Report Date: 9-Nov-18

*Data based on the 1st discharge date. 28 day Re-Admit where an admission occurs post discharge within 28 days (midnights).
Re-Admits under the same Referral are EXCLUDED. Data based on original Discharge Date Calendar Month.*

Total 28 day Re-Admits - per calendar month



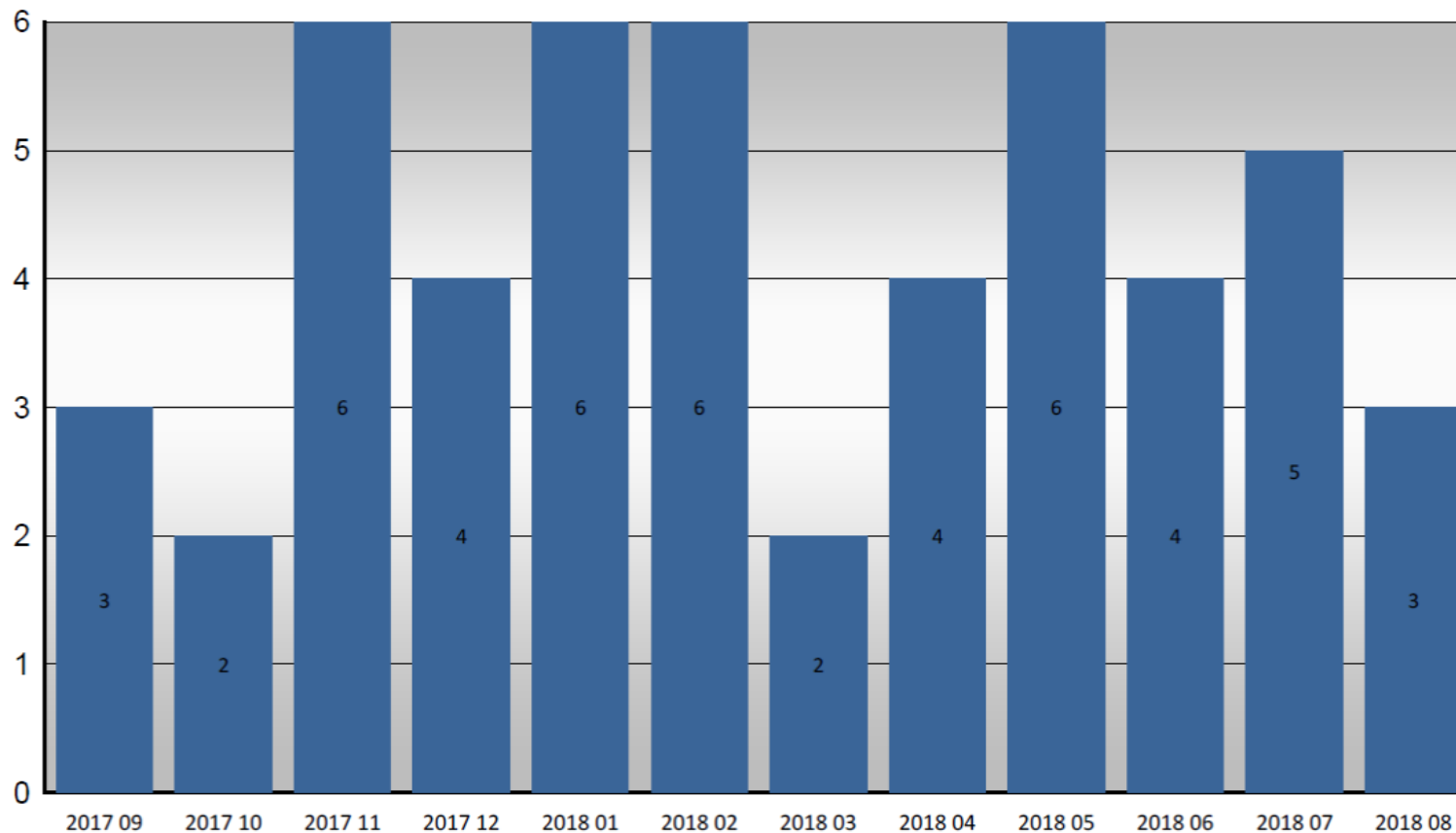
28 day Re-Admits for MHAU

Where Facility Description = Nelson Marlborough Mental Health Services

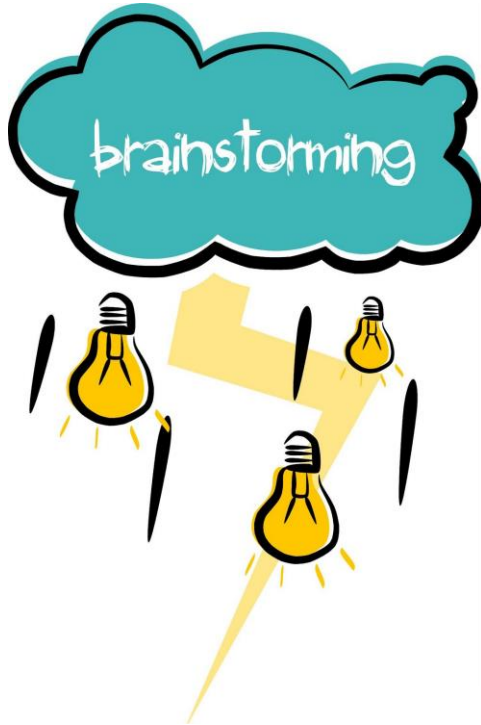
Report Date:
10-Oct-18

Data based on the 1st discharge date. 28 day Re-Admit where an admission occurs post discharge within 28 days (midnights).
ReAdmits under the same Referral are EXCLUDED. Data based on original Discharge Date.

Total 28 day Re-Admits - per calendar month



Shared learning



- Reverse Brainstorm
- Localised expertise
- Having a common language (coordinator level)
- No defensiveness amongst the project team



Elevator Pitch

“We are going to formalise and align our Discharge Checklists in a way that everyone is clear about the process leading to discharge, and so that Tangata whaiora and their families/whānau are fully informed and involved during this process and safely transition back into their community”.