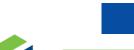


# **Connecting Care National Collaborative**



### Southern District Health Board



Kind Manaakitanga Op Por

Positive Whaiwhakaa Community Whanaungatanga



Aim



Our aim is improving our transitions process for youth consumers (18-25 year-olds)

We are aiming for consistent and seamless processes for all transition stakeholders, with current documentation, clear communication & no surprises, within an agreed timeframe.



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### **Project team**

Adrienne Lee - Service Manager Adell Cox - Allied Health Director Jenny Sawyer - Quality Facilitator Miranda Lovis - Youth Advisor Maryse Stanton - Family Advisor Karla Butler - NGO PACT Toni McKillop - Cultural Rep Mel Green - Charge Nurse Manager

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### Engage

- Not yet engaged directly with consumers/ family/whanau
- SDHB MHS currently engaged in 3 co-design projects
- Timing and input important
- Tracking and shadowing early in new year
- Focus groups in two inpatient cohorts
- Newsletters to SDHB staff & NGO partners





### Capture

### Existing background information gathered from:

- HDC
- Previous complaints
- KPI 19 figures
- KPI 28 readmission rate
- Rate of DNA following transition
- Feedback from Listening Forums
- Still need to capture qualitative data from stakeholders
- Aiming to track consumer journey
- Engage consumer group through Youth Advisor text feedback

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- Listening forums

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- Short questionnaires for staff, families/whanau



### Understand

#### **Preliminary feedback from SDHB staff & NGO partners:**

- Differences in process across the district
- Communication is an important theme transition planning works better when there is early co-ordination and planning with health providers and consumers in the room
- Key worker role
  - some services allocate KW prior to discharge, some after discharge
  - others allocate KW as part of discharge process
  - some places use KW to co-ordinate discharge
- Everyone is keen to embrace and change the process so that it works effectively
- Topic brings out emotions and frustrations
- We are all in this together interdependence between stakeholders

### COMMUNICATION!

## They are our patients until they are handed over – they must be in someone else's care before we let go!

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Manaakitanga	Pono	Whaiwhakaaro	Whanaungatanga



### Measures

**Our outcome measure:** 

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Completed Shared Transition Wellness Plans uploaded onto Health Connect South.

This would be a new measure for the service but will be backed up by a plan that meets the required standard for uploading.

We have also been talking with University of Otago about Integrated Health Measures. As we go on we can look at working collaboratively to measure outcomes.



## **Co-design themes:**

- Feedback about our transition plan
- Methods of capturing information
- People are keen for & supportive of change
- Communication & information issues
- Staff workload pressures create dissatisfaction
- Barrier who owns leadership

#### **Unsolicited feedback about Wellness Transition Plans** – in abundance:

- 1. Form not fully completed –time constraints? client response to forms?
- 2. Repetition of information collected elsewhere
- 3. Resistance to change people continue to use old forms
- 4. New form doesn't recognise early warning signs or give examples
- 5. Medication section of form is too small

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6. More than one intervention documented – i.e. lack of co-coordination

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### **Shared learning**

Need for face to face meetings.

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- Getting the right people around the table, as soon as possible
- Consider context of the whole service; timing with other projects
- District-wide inconsistency different processes in different areas
- Active preparation for discharge needs an education component
  - for staff
  - for consumers/families/whanau about journey
- Passionate topic for people

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 Looking wider than Mental Health Service – involving NGOs, GPs, education providers etc

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- Physical Health medications, lifestyle
- Better outcomes for first presentation; avoiding institutional readmission



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### **Ideas generation**

At this point in our journey our hypotheses are:

- Our 'Shared Transition Wellness Plan' needs changing
- A transition keyworker role could be valuable how we align services
- Opportunity to link with University of Otago work re integration
- We could benefit from better use of technology with youth consumers

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