

TRANSITIONS

Te Kuwatawata to Te Whare o te Rito



DEFINITIONS

- Te Kuwatawata - single point of entry service into secondary mental health services in Tairāwhiti.
- Te Whare o te Rito (Te Rito) – Infant, Child and Adolescent Mental Health service (ICAMHS). Secondary mental health service for 0-18 years and whānau.
- Whānau – referrals received into Te Kuwatawata or Te Rito.
- CS – Clinical Specialist who works in Te Whare o Te Rito. Psychologist, Registered Nurse or Social Worker.
- Pakeke – Kaumatua based in Te Whare o Te Rito.

INTRODUCTION

Project Facilitator

Kim Dougall, Team Leader, Te Whare o te Rito (ICAMHS)

Project Sponsor

Debbie Barrow, Clinical Care Manager
Medical and Mental Health Services

Project Team Members

- Tania Walker (admin/quality, Te Rito)
- Lisa Baty (whanau advisor, Turanga Health)
- Eru Wharehinga (Pakeke, Te Rito)
- Mere Wawatai (Pakeke, Te Rito)
- Guy Baker (Consumer Lead, Te Kupenga Net Trust)
- Herewini Rangi (Youth peer support, Te Kupenga Net Trust)
- Kath Shanahan (Clinical Specialist, Te Rito)
- Anne Prince (Team Leader, Te Kuwatawata)
- Kayla Tureia (Transition worker, Te Rito)
- Maraea Craft (Quality Improvement Lead, Hauora Tairāwhiti)



WHAT IS THE PROBLEM?

Te Kuwatawata is a joint initiative that provides the gateway into secondary mental health services in Tairāwhiti. This innovative pathway has been implemented to incorporate new ways of triaging and responding to mental distress, as well as reduce the number of referrals moving into secondary mental health services by providing short term interventions.

Maori represent 48% of the Tairāwhiti population and a key aim for Te Kuwatawata and Hauora Tairāwhiti is to address the inequalities for Maori accessing mental health services. Te Kuwatawata has been successful in reducing wait times for new whanau (referrals) to be seen and access has increased.

Prior to this pathway, Te Rito operated under the CAPA model that provided the service with a structure and guidance to clinicians working with whanau who are referred into Te Rito. The model did not address the wait times for whanau to start treatment following the CHOICE appointment and as a result there was a significant wait list for Te Rito.

With the introduction of Te Kuwatawata referral numbers reduced significantly, but this had little impact on wait times or wait lists as the CAPA model was abandoned and no alternative put in place to manage flow of referrals in and out of Te Rito.

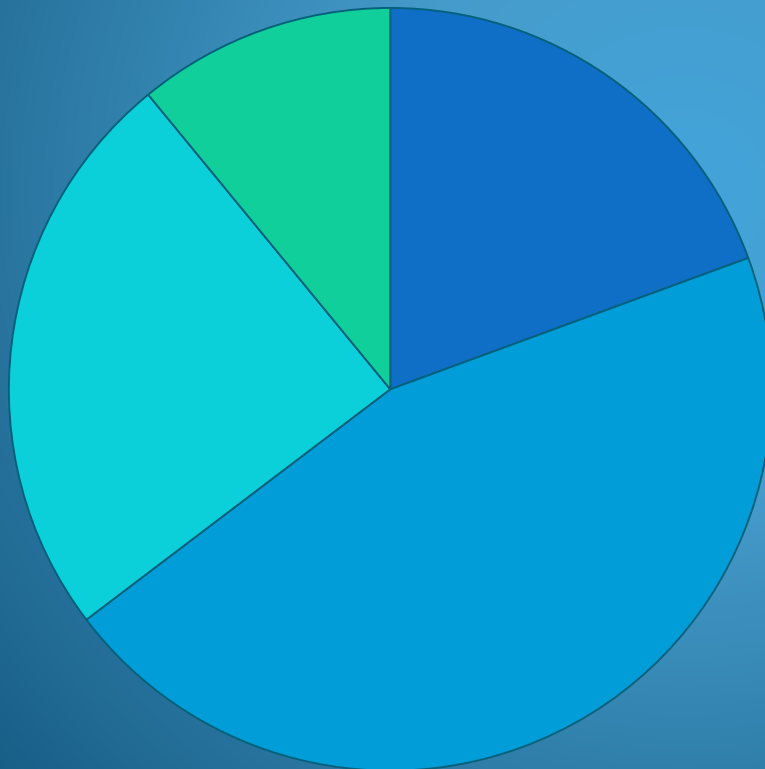
Caseloads were then managed by individuals within Te Rito team and allocation of new referrals became dependant on those individuals working within the team without any model to support flow in and out of the service.

As a result the transition into Te Rito has been unclear and inconsistent as the changes that have been made at the beginning point of entry into the service have impacted on the pathway into Te Rito with no real consideration to the changes that need to be made at the transition point to support this part of the pathway.

This transition point poses increased risks as the potential for whanau to “fall through the gaps” is greater due to unclear communication between services, long waiting times and poor engagement rates at the first point of contact by Te Rito.

DIAGNOSIS OF THE PROBLEM

Length of time taken to see new referrals by Te Rito, year ending May 2018



- no waiting time 19.5%
- seen within 21 days 45.5%
- between 22-56 days 25%
- waited more than 57 days 11%

VOICE OF THE CUSTOMER

Feedback from whanau on waiting times to see Te whare o te Rito (ICAMHS)

Kia ora,

Te whare o te Rito want to get some feedback from you and your whanau about your experience of waiting to be seen by us so that we can find out what we are doing well and what we need to do better to be more available to you when you need us. We especially want to shorten the waiting times so that we are able to see you quicker.

So, we would really appreciate it if you could answer the following questions to help us understand your views and know what we can do better;

1. Your age
2. Your ethnicity
3. Are you a whanau member or the person being referred?
4. In a few words, can you give us your understanding of why a referral was made to us?
5. How long did you have to wait for this appointment?
6. Was this wait time acceptable to you or not?
7. Do you know why you had to wait as long as you did?
8. What could we have changed or done that would have made your wait easier?



FEEDBACK RECEIVED ABOUT WAIT TIMES

"I was told I was going onto a wait list and then never heard anything for a few months, I thought we had fallen into a black hole"

"I had to phone and ask what was happening to the referral for my daughter?"

"I waited to long to be seen that by the time they phoned me, I told them we didn't need them anymore"

"It would have helped to have known what to expect at the appt and to have met the right person at that appt"

"It would help to have resources available to read while waiting"

"We were told there was a waitlist, but no timeframe was given. I did not expect it to be so long despite this"

"It would help to know how long we have to wait and who to contact if we need to"

"ICAMHS could have made the wait easier by being quicker to see me"



AIMS

The aim of the project is to reduce the waiting time of whanau transitioning from Te Kuwatawata to Te Rito so that 80% of referrals will be seen within 21 days from date of referral using a consistent process of allocation. This will be achieved by March 2019.

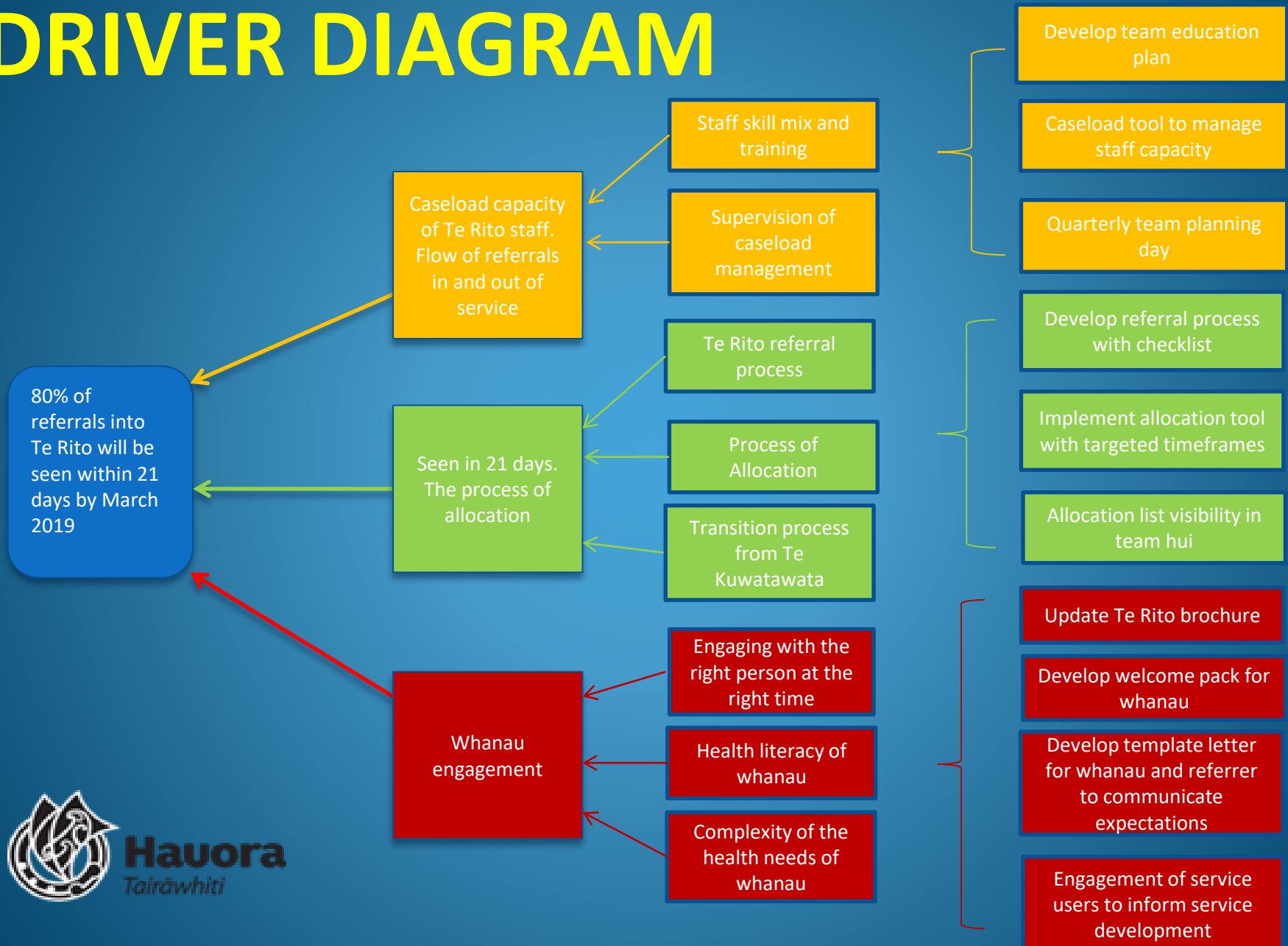
Additional Potential Benefits

The project will also attempt to address the flow out of the service to create the capacity needed to support allocation and reduce wait times.

Equity of access to the service could be seen as a potential benefit for the whanau referred and allocated appropriately. As would improved engagement in the first contact and a reduction in the level of distress experienced by whanau who are waiting to engage in treatment.

The potential benefit for the referrer is they will have a clearer understanding of the Te Rito transition process and can assist whanau with the process of transition by preparing them with information about what to expect. As well as a greater confidence in Te Rito in terms of responding to referrals.

DRIVER DIAGRAM



FAMILY OF MEASURES

| | Description | Measure | Date and current actual | Date and target | Expected impact |
|------------------------|---|--|--|------------------------|---|
| Outcome measure | 80% of referrals will be seen by Te Rito within 21 days | % of referrals seen by Te Rito within 21 days | September rate 65% | 80% by March 2019 | Whanau will be seen in Te Rito in a timely way |
| Process measure | 100% of referrals will be allocated within 14 days | % of referrals allocated within 14 days | September rate 65% | 100% by March 2019 | All referrals are consistently allocated and the process is clear |
| Balance measure | Increase in readmission rates resulting from whanau being discharged from service too early | Readmission rates of whanau back into Te Rito within 1 year of discharge | Current rates not accurately recorded. | Reviewed in March 2019 | Reduction in readmission rates back into Te Rito within a year |

KEY BARRIERS

The key risks identified as potential barriers to success of the project are:

- Poor engagement of Te Rito clinical specialists adhering to the process changes required and allocation.
- Data collected is not recorded accurately by staff.
- Communication between Te Rito and Te Kuwatawata is not addressed as a significant issue and does not improve at the transition point.
- Whanau and service user feedback is not adequately captured to inform changes required or whether improvements are successful.
- Resistance from clinical specialists within Te Rito to review current caseloads and make required changes.

IMPLEMENTATION PLAN

AUGUST

1. Establish Project team. Set terms of reference of project team.

SEPTEMBER

1. Meet with project team to develop process map of referral process from Te Kuatawata to Te Rito with project team to establish a goal for this project.
2. Define the problem and the scope of the project.

OCTOBER

1. Te Rito team attend Feedback Informed Treatment training and begin development of culture of feedback.
2. Meet with Te Rito staff about updated project plan, aims, goals, measures.
3. Meet with project team to update aim, goals of project and reset membership and frequency of meetings to fortnightly.
4. Collect more data around DNA rates and average length of stay of clients in the Te Rito service.
5. PDSA: Review of allocation list in team meetings
6. Discuss with project team ways to get good service user feedback to inform changes to make to improve DNA rates and engagement at first contact.
7. Feedback from service users – questionnaire. Experience of waiting times and DNAs.
8. Education from information officer around accurately recording DNA rates and data.

NOVEMBER

1. Team planning half day to discuss gaps in current service provision and training plan.
2. PDSA: Implement triage tool to manage new referrals coming into Te Rito for allocation.
3. PDSA: Use a case management tool and meet with clinical specialists individually to discuss current caseload management and any barriers to transition out of service.
4. Set up a sub-project team to develop welcome package for whanau when referred into Te Rito.
5. PDSA: update Te Rito brochure.

DECEMBER/JANUARY

1. PDSA: trial of welcome package for whanau.
2. PDSA: trial of communication tool /checklist for referrals as they are presented into Te Rito. Between Te Kuatawata and Te Rito.
3. Further development of welcome pack for whanau, using PDSA to trial and make required changes.
4. Further feedback from whanau around transition point between Te Kuatawata and Te Rito.

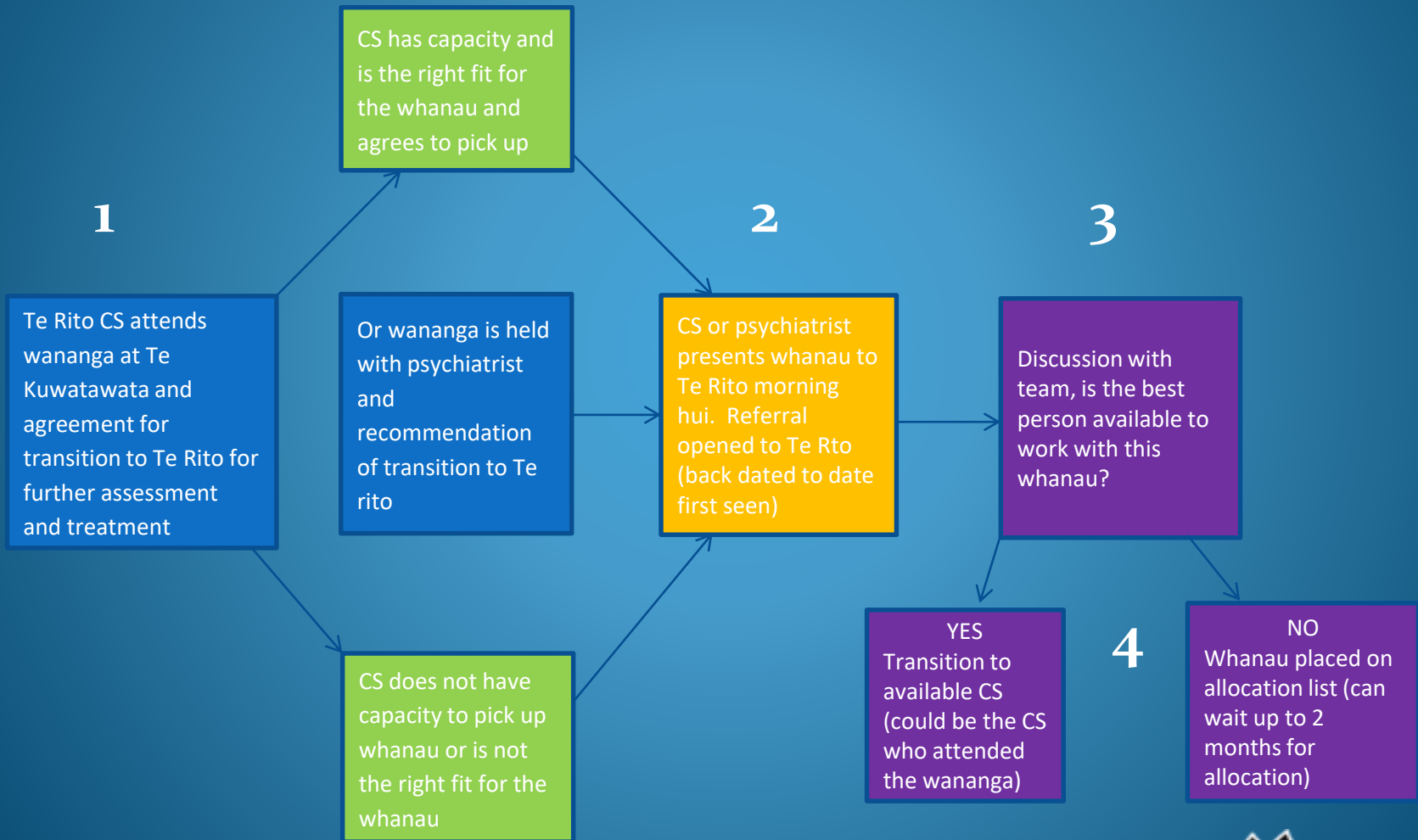
FEBRUARY 2019

1. Implementation of triage and allocation processes into Te Rito as standard practice.
2. Implementation of case management tool into Te Rito as standard practice.
3. Evaluation of welcome package into Te Rito following feedback from whanau for further development and implementation.

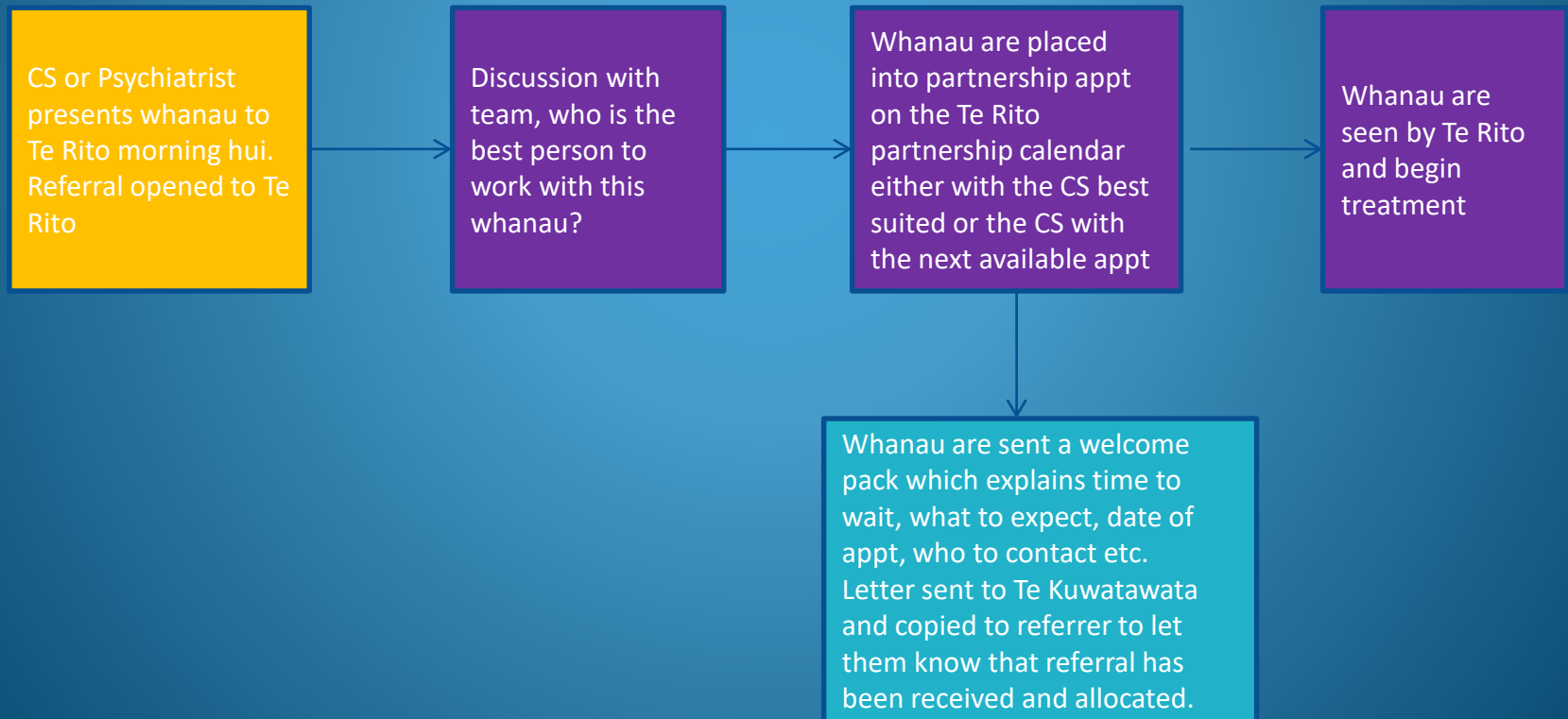
MARCH 2019

1. Project is evaluated

PROCESS MAP



THE PARTNERSHIP MODEL



PDSA TREE

1. Review of the allocation list (waitlist) in team meetings.
2. Getting feedback from whanau about their experience.
3. Case management review tool.
4. Update of Te Rito brochure for whanau and services.
5. Development of welcome pack with template letter to whanau and referrer.
6. Implementation of partnership appt model to eliminate waitlist.
7. Development of checklist at transition point.

ACKNOWLEDGMENTS

This project would not have been successful without the support of the project team who have been committed to achieving the improvements required in the best interest of whanau who are accessing Te Rito services.