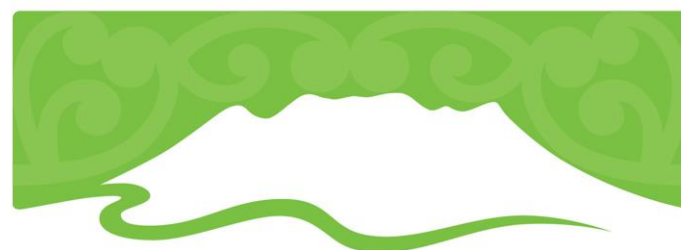


# Connecting Care national collaborative



WHANGANUI  
DISTRICT HEALTH BOARD  
*Te Poari Hauora o Whanganui*

Whanganui DHB

# Aim

To review and improve the pathway for Transition from Te Awhina (Inpatient Ward) to the Community Mental Health & Addictions Service for 90% of high users of Inpatient services, and to ensure they have an individualised Transition/Discharge Plan by September 2019.

# Project team

## **CORE GROUP:**

Kathy Haskell, Improvement & Change Manager – **Project Lead**

Heather Coffey, Clinical Nurse Leader – **Clinical Lead**

Jolene Willis, IP Clinical Coordinator

Kathryn Harding, Senior Nurse, OCC

Tom Sykes, CMH Clinical Coordinator / Triage Clinician

CMH&AS, Assertive Outreach Team

Nicole Hampton, Peer Support

Ren Tapa, Haumoana Navigator

Sharon Crombie, Service Manager, Te Oranganui

IP NESP

Mihi Backhouse, Service Coordinator

## **ADVISORY MEMBERS:**

Perryne Brasko, Quality & Risk Coordinator

Pauline Humm-Johnson, Clinical Nurse Educator & NESP Coordinator

Frank Bristol, Consumer Advisor

Barbara Branford, Senior Family Advisor, Mental Health & Wellbeing Support

Dr Jo Stephen, Medical Director, MH&AS

# Engage

1. Develop survey for D/C clients and interview
2. Staff – interview CMs, Doctors, NGOs, etc
3. Consumer to join Project Group

# SMART AIM

Treating transitory  
effectiveness deficiency  
syndrome in providers

# Measures

- No. tangata whaiora not returned to TA by .....
- Readmission rates to TA by .....
- No tangata whaiora with Crisis contact within 1<sup>st</sup> 4 weeks of discharge
- No. Maori clients
- No. Maori clients who had Haumoana input/support
- DNAs for first OP appointment
- No. followed up with 14 days of discharge
- No. followed up later than 14 days of discharge – is there a difference in transition experience?

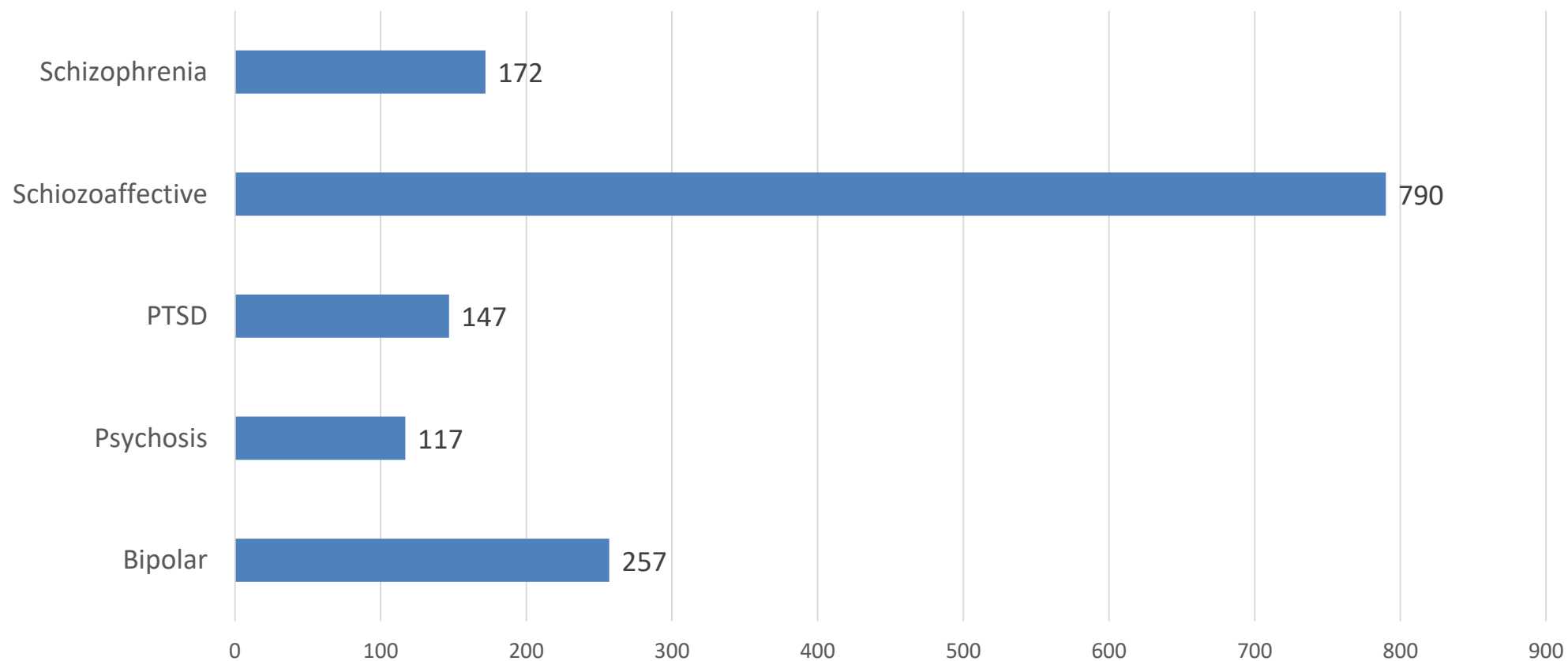
# Capture

## Gather information / data from:

1. Define High User Consumers: 30+ days in Inpatient Ward
2. Experiences from client surveys – emotions
3. Experiences from staff – both IP staff & CMH
4. Survey NGOs and Iwi providers
5. Complaints – review of complaints
6. Riskman – review incidents
7. File review – start with 8 files of High User
8. Consider physical health outcomes: HoNOS and Supplementary Consumer Record

# Co-design themes

Sum of LOS\_DAYS by Diagnosis  
1.3.18 to 31.10.18 (8 months)





# Ideas generation

## Brain Storm: Consumers have Rights / Services have Responsibilities

- Equity
- Integrated care
- Navigation of recovery
- Whanau support
- Improved outcomes
- Stay well
- Wellbeing, support wellbeing, wellness
- Networks
- Shared care
- Ensure transition / engagement

# Average LOS by Diagnoses 1.3.2018 to 31.10.2018

<b>Diagnosis</b>	<b>Sum of LOS_DAYS</b>	<b>No. Patients</b>	<b>Average Length of Stay</b>
Bipolar	257	6	85
Psychosis	117	3	39
PTSD	147	1	147
Schizozaffective	790	10	79
Schizophrenia	172	3	58
23 patients			

# Driver Diagram

