

Realigning Services to Create Capacity in the Mental Health System

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- ✦ Trillium Health Centre is one of three hospital providers in the MH LHIN
- ✦ MH LHIN has relatively small geography for being the 4th largest LHIN in Ontario based on population
- ✦ 1.1 M people in Peel which represents 8.5% of Ontario's total population with nearly 11% growth projected from 2008 to 2013
- ✦ Peel has higher percentage of persons aged 25 to 44 and children 0 to 14 years explained by high number of new immigrants & younger families
- ✦ 49% of Peel's population are immigrants compared to 28% in Ontario & 20% in Canada
 - ✦ roughly half born in Asia (including Eastern Asia, Southeast Asia, Southern Asia) and the Middle East
 - ✦ roughly a quarter born in Europe

Mississauga Halton LHIN Integrated Health Services Plan (2008)

A Picture of Health: A Comprehensive Report on Health in Peel Region, Peel Public Health (2008)

THC Mental Health System Overview



- ✦ Annual Budget of \$18.3M for 2008/09 – global and other vote funding
- ✦ Nearly 58,000 ambulatory visits in 2008/09
- ✦ 50 inpatient beds staffed and in operation
- ✦ Comprehensive services including community, ambulatory & inpatient services located at four sites – two hospital based & two community
- ✦ Services for children & adolescents, adults & seniors
- ✦ Part of a regional child & adolescent program with community programs at THC and in-patient services at Halton Health Care
- ✦ Services provided to people suffering from severe & persistent major mental illness

Starting Point: THC In-patient Mental Health Services



- ✦ 8-bed Seniors Mental Health Unit (SMHU)
 - ✦ Locked unit for persons over 65 years of age suffering from major mental illness & a significant number with dementia as a co-morbid condition
 - ✦ Complex medical co-morbidities
- ✦ 42-bed Adult Mental Health Unit including 4 Special Care beds
 - ✦ Locked unit for adults suffering from severe & persistent major mental illness
 - ✦ Approximately 50% of patients are involuntary as they present a risk to themselves or others or are unable to care for themselves
- ✦ Each unit independently staffed & operated sharing one floor

THC Community & Ambulatory Services



- ✦ Crisis Intervention Team
 - ✦ 24/7 allied health service dedicated to assessment & disposition recommendations for mental health patients who present to ED
- ✦ Adult clinics
 - ✦ Inter-professional team dedicated to care & treatment of mental health outpatients suffering from severe & persistent major mental illness
- ✦ Assertive Community Treatment Teams
- ✦ Case Management Services
- ✦ Seniors Mental Health Clinics
- ✦ And much, much more...

Access is a Complex Issue



- ✦ Average Length of Stay
- ✦ Occupancy & Alternate Level of Care (ALC)
- ✦ Capacity of Community & Ambulatory Services
 - ✦ Clinics
 - ✦ Housing
 - ✦ Follow up resources
- ✦ ED processes
 - ✦ Wait times
 - ✦ Space & human resources

THC Mental Health Access & Flow Goals



1. Divert walk ins through ED & improve recidivism rate
2. Improve ED wait times
3. Avert admissions to inpatient mental health beds
4. Decrease inpatient adult & senior length of stay
 - 4.1 Enhance inpatient programming
 - 4.2 Improve performance indicators
5. Decrease occupancy
6. Provide timely outpatient treatment for patients suffering from severe & persistent major mental illness who are safe enough to sleep at home






1. Divert walk ins through ED & improve ED recidivism

Strategies:

-  Improved follow up post discharge
-  Timely access to community & ambulatory services





Results:

-  Total MH ED walk ins grew slightly from 3,745 in 2007/08 to 3,776 in 2008/09 but not at the rate of population growth which indicates some success in diverting walk ins
-  Additional case management services & strengthened housing partnership agreements
-  No ED recidivism data available







2. Improve ED wait times

Strategies:

-  Mental Health System Nurse Practitioner in ED
-  Medical Directives
-  Consider renovations in ED to ensure safe, secure assessment & treatment area for mental health patients
-  Consider an ED Clinical Decision Unit for mental health patients

Results:

-  Reallocated funding for NP in ED with medical directives pending
-  Wait time from decision to admit to leaving ED increased 4% from 4.9 hours in 2007/08 to 5.1 hours in 2008/09
-  ED renovations in planning stage - no funding yet secured
-  Promising CDU proposal - capital & operational funding impact



3. Avert admissions to inpatient mental health beds

✦ Strategies:

- ✦ Innovative process redesign
- ✦ ED/MH Rapid Response Services – space & human resources

✦ Results:

- ✦ MH admissions via ED decreased 7% from 900 in 2007/08 to 836 in 2008/09 attributed to improved access to community & ambulatory services
- ✦ Established ED/MH Rapid Response Service in April 2009 with anticipated further reduction in admissions via ED in 2009/10



4. Decrease inpatient adult & senior average length of stay (ALOS)

✦ Strategies:

✦ Enhance inpatient programming:

✦ Adult Inpatient Mental Health Steering Committee

✦ Competency-based nursing standards & education

✦ More rigorous care & treatment routines

✦ Enhanced inter-professional collaboration

✦ Improve performance indicators:

✦ Symptom reduction

✦ Medication utilization

✦ Emergency Codes, i.e. Code White



4. Decrease inpatient adult & senior average length of stay (ALOS)

Results:

- ✦ 82% FT & 69% PT participation competency-based nursing program
- ✦ 100% initial training in suicide & crisis prevention with expectation of biannual recertification (data on recertification not available)
- ✦ Significant reduction in ALOS from 2007/08 to 2008/09
 - ✦ SMHU decreased from 37.4 to 33.8 days
 - ✦ Adult In-patients decreased from 18.4 to 17.4 days
- ✦ Significant reduction in incidence of Code Whites
 - ✦ 9 month period January to September 2008 recorded 28 incidents compared to YTD 2009 recorded 20 incidents
 - ✦ calendar year 2008 recorded 35 incidents with pro-rated calendar year 2009 estimated at 27 representing an annual pro-rated decrease of 23%



5. Decrease occupancy

✦ Strategies:

- ✦ Build a new 6-bed Psychiatric Intensive Care Unit
- ✦ Transfer 2 existing adult beds to the seniors unit

✦ Results:

- ✦ 6 new beds under construction – tentative opening in winter 2010
- ✦ SMHU increased from 8 to 10 beds
- ✦ Discharges increased from year end 2007/08 to 2008/09
 - ✦ adult unit from 823 to 864
 - ✦ SMHU from 68 to 90
- ✦ Occupancy decreased from year end 2007/08 to 2008/09
 - ✦ adult unit from 98% to 97% & related decrease in patient days
 - ✦ SMHU from 99% to 98% & related decrease in patient days



6. Provide timely outpatient treatment for patients suffering from severe & persistent major mental illness who are safe enough to sleep at home

✦ Strategies:

- ✦ Realign community & ambulatory services with focused attention on people suffering from severe & persistent major mental illness
- ✦ Construct new ED MH Rapid Response Services clinic space
- ✦ Inter-professional team to provide time-limited follow up to those in crisis but safe enough to sleep at home provided access to rapid response services

✦ Results:

- ✦ Construction to be complete fall 2009
- ✦ New operating dollars tentative flow in winter 2010
- ✦ Partial implementation by two psychiatrists and NP April 2009

2009/10 Goals & Strategies



- ✦ Split MH inpatients over two floors with 4 independently staffed & operated units
- ✦ Reduce ED wait time from decision to admit to leaving ED by 50%
- ✦ Continued reduction in ALOS
- ✦ Inter-professional Care Plans
- ✦ Continued competency-based professional development
- ✦ Improved data sources – ED recidivism, symptom reduction, medication utilization
- ✦ Enhanced group programming for adult inpatients
- ✦ Reduced use of mechanical restraint and seclusion
- ✦ Further reduction in Code White incidents

2009/10 Challenges



- ✦ Physician & nursing retention & recruitment
- ✦ Construction disruption – impact on symptom reduction & ALOS
- ✦ Seclusion rooms part of census
- ✦ Limitations of automated data sources
- ✦ Competing corporate initiatives – e.g. electronic health record
- ✦ Capital & operating funding pressures & competing priorities
- ✦ Team cohesion – new physicians, new managers, new directors, new roles

Summary



- ✦ Access & flow are complex issues with remedial strategies impacting entire continuum of care – community, crisis, ED, inpatients, ambulatory
- ✦ Data & performance measurement is essential beyond ED wait time data
- ✦ Inter-professional collaborative practice involving physicians
- ✦ Capital investment
- ✦ Operating increases to support population growth and unmet community needs
- ✦ Realignment of operating resources

Thank You



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