Responding collaboratively to the rising tide…

DEVELOPING AN ED-BASED MODEL OF MENTAL HEALTH NURSING CARE

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Australian National MH Policy

- EDs are frequently the first point of contact with the mental health system.

- 'Services must work in more collaborative ways to support flexible, integrated and responsive models of care rather than operating in rigid silos'.

- General hospital staff need prompt access expertise to enhance care for people with physical illness complicated by psychological and behavioural problems (Commonwealth of Australia 2009).

Nurse-led ED-based mental health care

Evaluation of a nurse practitioner-led extended hours mental health liaison nurse service based in the emergency department

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Abstract

Objective. To evaluate a nurse practitioner (NP)-led extended hours mental health liaison nurse (MHLN) service based in the emergency department (ED) of an inner city teaching hospital in Sydney and to explicate a model of care that is transferable across a broad range of ED settings, both in metropolitan and rural contexts.

Methods. This mixed-methods evaluation encompassed descriptive data on ED mental health presentations, quantifying waiting times for MHLN involvement and interviews with MHLN team members at the commencement of the evaluation and 12 months later. Interviews were also conducted with a snapshot of ED patients, and a sample of ED and psychiatry staff.

Evaluating a new model of nurse-led emergency department mental health care in Australia; perspectives of key informants

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ABSTRACT

Background: Mental health nurse services have existed in Emergency Departments (ED) for many years. However, there is considerable variation in the way these services operate, and no standardised model of care has been articulated.
Aim: To evaluate an extended hours nurse practitioner-led mental health liaison nurse (MHLN) service based in an ED in Sydney Australia.

The ED-based NP-led MHLN team

- NP as clinical lead to a team of MHLNs based in the ED, 16 hours a day 7 days a week.

- Integrated within the ED structure.

- Working alongside ED nursing and medical staff.

- Visible, available and accessible 'from the point of triage'.

- Low threshold for referral. Not diagnostically focus.

- Emphasis on the therapeutic role of mental health nursing.

- Care coordination and referral early in patient journey.

- Complementary relationship with the CL psychiatry team.

- System of follow-up (telephone and outpatients)

Overview of key findings

- Majority of patients reviewed by specialist MHLN within one hour of triage, thereby expediting care and the co-ordination of referrals.

- ED medical and nursing staff reported enhanced response by MHLNs for people in states of agitation and distress.

- Minimal 'did not waits'.

- Patients expressed high levels of satisfaction with the MHLN service (timely therapeutic response)

- Emergency and psychiatry staff identified improved care of this patient group and high levels of confidence in referring to the MHLN team

- Consensus among ED patients and staff that the model of care would be beneficial to other ED settings

'The new normal'

- The rate of increase for mental health presentations to EDs across NSW is twice that of non-mental health presentations (Tankel *et al.*, 2011).

- Up to 13.8% of ED presentations in Australia are alcohol related, and account for one in three presentations at some EDs (Egerton-Warburton *et al.*, 2014).

- Between 2009 and 2014, presentations to EDs where methamphetamine use was recorded increased seven-fold (NSW Health 2015).

- A marked rise in ED mental health presentations with suicidal behaviour or ideation, self-harm and intentional poisoning. The greatest increase was in the 10-19 age group (Perera *et al.*, 2018)

Multi-site study

▶ A multi-site study testing the RPAH model of ED-based mental health nursing care in three divergent contexts.

▶ Project sponsored by the System Purchasing Branch NSW Ministry of Health

▶ Funded through the Translational Research Grants Scheme (TRGS) from the NSW Office of Health and Medical Research.

▶ A major metropolitan hospital (75,000 per year), a rural hospital (50,000 per year) and a regional base hospital (35,000 per year).

Pre-implementation phase 2016-2018

- Provided an opportunity to engage with each site, assess willingness for change, identify resources required and flag potential barriers.

- Focus groups (Site A n=12, Site B n=8, Site C n=6) interviews (n=15) planning day, multiple site visits from December 2016 to March 2018..

Pre-implementation themes

▶ Timeliness- of assessments, documentation decisions on discharge.

▶ Unnecessary duplication of assessment process.

▶ 'Medical clearance'.

▶ The need for 'designated' MH staff based in the ED.

▶ Governance of the model 'resistance to change'. **One site elected to leave……

▶ Segregated cultures and a 'silo mentality'.

▶ Limited resources outside Sydney

▶ The need for greater ED ownership of MH patients

Documenting the pre-implementation phase for a multi-site translational research project to test a new model Emergency Department-based mental health nursing care

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ARTICLE INFO

ABSTRACT

Background: Presentation rates to Emergency Departments (ED) for people with mental health, drug health and behavioural problems are increasing. This necessitates a reorientation of health services and resources to meet this change in demand.

Aims: This multi-site translation research project aims to implement and evaluate an innovative model of mental health nursing care in three EDs across New South Wales (NSW) Australia.

Methods: Three EDs (one city, regional, and rural site) were selected to participate in the project. A qualitative mixed methods approach was used in the pre-implementation phase comprising clinician focus groups (n = 3) and face-to-face interviews with senior staff (n = 15). A planning day and site visits were conducted involving consultation with key clinical, management and executive staff.

Findings: Timeliness of consultations, lengthy assessment and documentation processes and delays in decisions regarding patient disposition were the main frustrations expressed by ED staff and hospital executives. A designated team of mental health nurses based in the ED to see patients from the point of triage was viewed favourably for supporting the therapeutic care of people with mental health, drug health and behavioural problems. However, several psychiatrists raised objections over the clinical governance of the team culminating in one site leaving the project.

Conclusion: Implementing new models of care that require a change in thinking and practice can challenge power relations which subsequently impact on individual willingness to support proposed change. Therefore, even with demonstrated effectiveness, extensive consultation and high level support the cooperation of key local stakeholders is not always assured.

Implementation and evaluation

- Appointment of transitional NP at Site B
- RPAH site visits for MHLNs.
- Re-evaluation of the RPAH model using 5 years of ED data
- 12 month evaluation period from October 2018-2019
- Descriptive data on ED patients
  - Waiting time data
  - Did not waits
  - Adverse events
  - Discharge and follow-up arrangements
  - Survey/interviews with patients and staff

Evaluation to date

- Fifty eight patient telephone surveys

- Fifty two staff surveyed (20 ED consultants, 24 RNs, 8 psychiatrists)

- High levels of confidence in the MHLNs, highly beneficial, should be available in similar ED settings

- Analysis of 12 months of ED data for each site come October (plus 5 years of RPAH data).

- Interviews with MHLNs at each site (still to be done).

- Report to the NSW Ministry of Health in 2020.

Transferable lessons (Pawson and Tilley 1997)

- ▶ The need for local champions and local leadership.
- ▶ ED ownership of the MHLN team and MH patients.
- ▶ Designated MHLN team based in the ED.
- ▶ Under ED governance?
- ▶ Therapeutic role, not simply assessment.
- ▶ Capacity building for EDs.
- ▶ Respect for the clinical autonomy of nursing roles.
- ▶ The added value of the mental health NP role in EDs.

Thanks

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