

From: [Helena Maher](#)
To: [Shelley Cogger](#)
Subject: FW: comments on draft guidelines for mental health hubs
Date: Tuesday, 31 July 2018 12:19:29 PM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[ED crisis hubs DHHS Draft guidelines 13 July 2018.docx](#)

Thanks Shelley, re your email this is the submission (below) in response to draft guidelines (attached) thanks

Hi Belinda

Apologies for the delay getting these comments to you; we have reviewed the guidelines and offer the following thoughts on this exciting development.

Any questions, please don't hesitate to call me. Otherwise, we look forward to meeting with you next Monday at 10.00am.

ACEM understand that the priority for the ED MH hubs is to improve the timeliness and responsiveness of mental health care to those people who otherwise experience long waits in the ED, in excess of the four hour target but especially those who wait longer than 24 hours.

For this reason, we make the following comments re the guidelines for the entry criteria (see 5.2).

- From our experience, it is the patients at high and imminent risk of harms to themselves or others including at high risk of absconding, who account for the cohort most likely to wait greater than 24 hours and who would benefit from the timely access to intensive, expert and coordinated mental health drug and alcohol interventions and follow up care offered in the ED MH hub.
- The cohort experiencing long lengths of stay in the ED includes those who need an inpatient admission; our analysis of the 2014-15 AIHW data for mental health presentations shows that 31 % of mental health presentations to EDs in Victoria result in a hospital admissions.
- Admission requirements should include a clear, documented management and disposition plan endorsed by a senior clinical decision maker, which includes planned patient reviews and reassessment.
- We believe that this cohort would be better cared for over 24 hours in the therapeutic environment of the ED MH hub, rather than a BAR.
- We recommend further consideration of the entry and not suitable criteria and more flexibility to respond to site specific resourcing, pathways and patterns in presentation.

It is important to the success of these hubs in reducing mental health access block that they not be used to reduce ED overcrowding or access block. Specifically, they should not be used for admitted patients who are waiting for an inpatient bed, or those who are waiting for treatment in the ED prior to medical assessment. Through the roll out and pilot of these hubs, we recommend close monitoring of compliance with the admission and discharge criteria including length of stay and time based targets (four hours from arrival at the Ed to transfer to the hub).

In particular (see 11) we recommend that the governance committee collect, monitor and report on incidents of 12 hour LOS in the ED.

Regarding staffing (see 7) and in the context of a 24 hour service, ACEM recommends that the medical staffing model incorporates the following principles:

- Clinical governance is determined by agreement of the Director of Mental Health and the Director of the Emergency Department at each site
- Sufficient medical staffing in number and seniority to provide timely, quality care
- Admission of patients under the care of a designated medical officer with delegated admission and

discharge authority, i.e. at least at registrar level, and at consultant level in larger EDs

- Review and handover of patients at least once every clinical shift
- Supervision of practice for junior medical staff who are rostered to the ED MH Hub at the same level as other clinical areas of the ED
- A clearly identified primary contact doctor for each patient, who is accessible to ED MH Hub staff.

Helena Maher

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From: Belinda.Bravo@dhhs.vic.gov.au [<mailto:Belinda.Bravo@dhhs.vic.gov.au>]

Sent: Thursday, 19 July 2018 4:12 PM

To: Helena Maher <Helena.Maher@acem.org.au>

Subject: RE: For comment: draft guidelines for mental health hubs

Hi Helena,

Apologies I missed your call.

We are working on another draft but very happy to receive your comments when you can get them through to us. Simon had alerted me to your sending something through this week, which is terrific.

Kind regards

Belinda

Dr Belinda Bravo

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"I acknowledge the traditional custodians of the land, and pay my respect to their Elders past and present. I also acknowledge my gratitude that we share this land today, my sorrow for some of the costs of that sharing, and my hope and belief that we can move to place of equity, justice and partnership together."



From:	"JUDKINS, Simon" < Simon.JUDKINS@austin.org.au >
To:	Belinda.Bravo@dhhs.vic.gov.au < Belinda.Bravo@dhhs.vic.gov.au >

Date:	18/07/2018 12:06 PM
Subject:	RE: For comment: draft guidelines for mental health hubs

I'll be having a look through with ACEM staff (Helena, who attended the meeting) and we may have one or two more suggestions,
Simon

From: Belinda.Bravo@dhhs.vic.gov.au [Belinda.Bravo@dhhs.vic.gov.au]
Sent: Tuesday, July 17, 2018 3:08 PM
To: JUDKINS, Simon
Subject: RE: For comment: draft guidelines for mental health hubs

Hi Simon,

Thank you so much for your response.

Your point is well made. We want to gesture to the need for further work on the evaluation, including work to identify the right indicators. However, we don't want to alarm health services by suggesting that we are going to use unrealistic measures.

We will amend accordingly.

Let us know if you have any further thoughts. We are working through other feedback on the draft from other colleagues.

Kind regards
Belinda

Dr Belinda Bravo

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From: "JUDKINS, Simon" <Simon.JUDKINS@austin.org.au>
To: "Belinda.Bravo@dhhs.vic.gov.au" <Belinda.Bravo@dhhs.vic.gov.au>,
Date: 17/07/2018 09:08 AM
Subject: RE: For comment: draft guidelines for mental health hubs

Hi Belinda,
Its a good document which spells out what the hubs are trying to achieve. The only issue I have is in the evaluation. One of the outcomes is reduced admissions to inpatient units.
I think that this is unrealistic as there is an ever increasing demand for mental health care and a seemingly increased need for inpatient facilities which the Hubs won't solve. I think we would be better to aim for " more appropriate use of inpatient facilities, allowing those who need prolonged inpatient care the ability to access these beds"..
Simon

From: Belinda.Bravo@dhhs.vic.gov.au [Belinda.Bravo@dhhs.vic.gov.au]
Sent: Friday, July 13, 2018 3:35 PM
To: JUDKINS, Simon
Subject: For comment: draft guidelines for mental health hubs

Dear Simon,

We haven't had the opportunity to meet just yet, but my name is Belinda Bravo and I am leading the work with Andrew Dare in the Mental Health Branch to implement the mental health hubs initiative.

As you know, we are developing draft guidelines for the hubs following the early workshop with you and other critical friends. This is a core document that will form the foundation for the rollout of the hubs, and will support health services to commence their planning and model of care development.

We now have the first draft which we would like to share with you for comment.

We would very much appreciate any feedback or reflections you have on the document at this early stage. If possible, would you be able to get back to us with any thoughts by the end of Wednesday 18 July? We would be happy to receive an email or a phone call - whichever is your preference.

Please bear in mind that we are not sharing the document widely at this stage, although we intend to do so in the coming week or so once we commence engagement with the health services hosting hubs.

Looking forward to hearing from you.
Regards
Belinda

Dr Belinda Bravo

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