



Inpatient Therapeutic Program

Dr Richard Seamark & Michelle Kohleis

**HRT 1712 Mental Health Improvement Group
8-9 June, Melbourne**

Exceptional future. Exceptional change. Exceptional care.



The Necessity for Change

- New Sunshine Coast University Hospital opened March 2017
- Opportunity to review clinical programs in the inpatient setting
- Hierarchical medical and nursing model
- Dated ethos in nursing care delivery –
 - medicalised
- Limited awareness of recovery principles

Exceptional future. Exceptional change. Exceptional care.



The Necessity for Change

- Dedicated experts were recruited to support the development of an inpatient therapeutic program.
- Time period- 6 months
- Workforce:
 - ✓ SMO
 - ✓ Allied Health Clinical Lead
 - ✓ Nursing Clinical Lead

Exceptional future. Exceptional change. Exceptional care.



Informed Modelling Process

Evidence Gathering

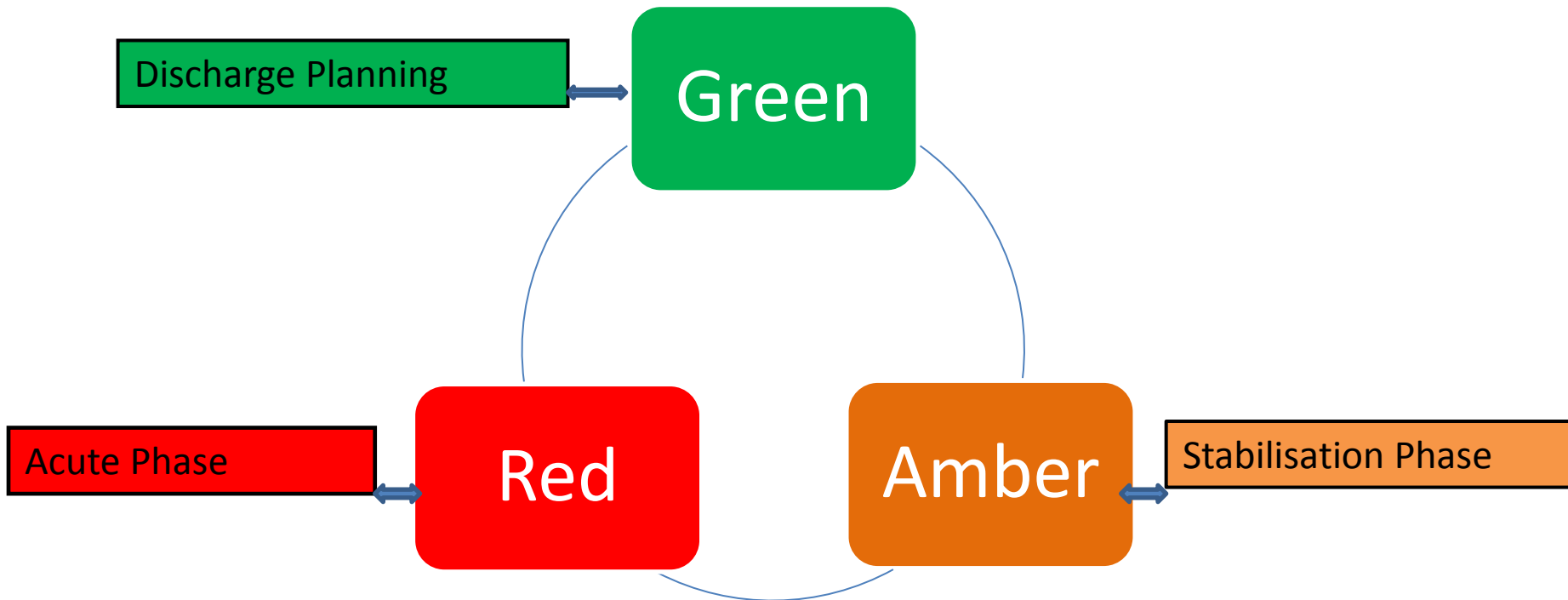
- QLD Site visits (LCCH, Logan, Brisbane South Day Program, Brisbane North Day Program, RBWH, Toowoomba)
- State-wide, National & International (UK) quality guidelines, frameworks & Model of Care reviews
- National Mental Health Commission reviews
- Literature reviews
- SCHHS MHAS statistics incl. population & disorder stratification

Potential Benefits of Group Program

- ↓ length of stay
- ↓ in symptomatology (HoNOS).
- ↓ use of PRN medication.
- ↓ seclusion rates
- ↓ in aggression.
- ↓ in readmission rates.
- ↑ patient satisfaction
- ↑ staff satisfaction

Therapeutic Model for Group Program

- These were stratified so that a range of interventions could be offered within a sequential manner.



Phases of Group Program – Translating Theory into Practice.

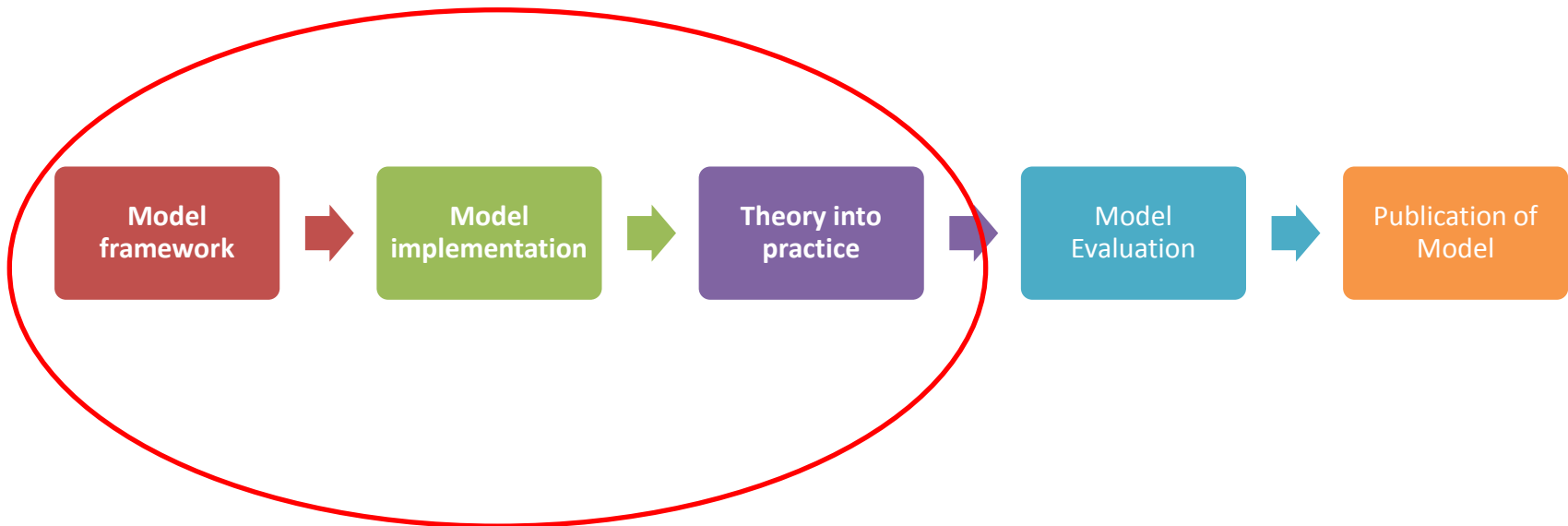
- **Green Groups** - Mild emotional/behavioural dysregulation, mild mood disturbance, brain area - prefrontal cortex (ACT Groups, Social phobia groups, social skills groups, stress management, CBT groups).
- **Amber Groups** - Moderate emotional/behavioural dysregulation, moderate mood disturbance, brain area – limbic (DBT groups, managing emotions, psycho-education groups, art therapy, coping through the senses groups, sensory groups, relaxation groups).
- **Red Groups** – Severe emotional/behavioural dysregulation, severe distress intolerance, severe mood disturbance, brain area – brainstem, diencephalon. (mind body groups – tai chi, yoga, music therapy – drumming)

Example of a Program

Adult Inpatient Unit Group Program Template

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat	Sunday
Morning	RED GROUP Walking group Morning meeting	RED GROUP Walking group Morning meeting ALL	RED GROUP Walking group Morning meeting ALL	RED GROUP Walking group Morning meeting ALL	RED GROUP Walking group Morning meeting ALL	RED GROUP Walking group 20mins	RED GROUP Walking group 20mins
Mid Morning	RED GROUP Court yard activity	RED/ Amber Peer support	AMBER / Exercise physiologist	AMBER GROUP Cooking Group	AMBER / Exercise physiologist Communal BBQ in Adult courtyard	GREEN GROUP Family Psycho - education (alt fortnight)	
Afternoon 2.00	AMBER Personal Skills-emotional mgt/distress tolerance	RED GROUP Craft/ project work	AMBER GROUP Relaxation	AMBER Personal Skills-emotional mgt/distress tolerance	AMBER GROUP Relaxation		
Afternoon 3.00	RED GROUP Walking group	RED GROUP Walking group	RED GROUP Walking group	RED GROUP Walking group Trivia Night	RED GROUP Walking group Movie Night		

Stages of development



Implementation of Program

- **Education**- targeted education sessions to 204 individuals through an induction/ orientation program.
 - Pre-reading
 - 3 hour workshop- simulation
- **Co- facilitation/ supervision**- trainer co -facilitated sessions with new allied health employees to ensure consistency of model & clinical supervision. Achieve ongoing increased competency from novice practitioners.
- **Measurement strategy**- identified key performance indicators to measure the efficacy of the program
 - Consumer Outcomes – which intervention provides the most positive change
 - Number of groups run/ consumer attended
 - Group by intervention code- duration of intervention/Face to face intervention- type of intervention- outcome v's efficacy.
- **Sustainability model** short-long-term strategy to ensure fidelity of the model and ongoing competency development

Workforce Allocation

- Adult and Older Person Services – 36 beds SCUH
 - 2 FTE Allied health- Psychologist/ Occupational therapist .
- Adolescent Services = 6 bed
 - 2 FTE Allied health- Psychologist/ Occupational therapist
- Nambour Services – 24 beds
 - 2 FTE Allied health- Psychologist/ Occupational therapist
- Joint Services
 - 0.5 Exercise physiologist.
 - 0.5 Dietician
- 5 FTE Peer workforce
- Monday –Friday shifts
- Dual campus- Sunshine Coast University Hospital and Nambour

Workforce Challenges

- Structuring ward time to run the daily programs in the red/amber/ green group
- Dealing with a wide range of confidence and competence to run groups in nursing staff
- Ensuring adequate clinical supervision
- Ensuring appropriate and timely measurement of defined key performance indicators.



Initial Assessment - March to May 2017

- Embedding of allied health and peer support workers
- Buy-in from nursing staff
 - overlay with previous culture
 - adequate articulation of vision
 - lead-in preparation time
- Leadership on the ground



Where to from here?

- Refocus on smaller scale
- MHICU
 - Discrete staff group
 - Focus on vision
 - Focus on systems of accountability
 - Useful data – what would that look like



More information

Please contact Richard Seamark or Michelle Kohleis via
SC-MHET@health.qld.gov.au

Alternatively please call (07) 5452 4450



Exceptional future. Exceptional change. Exceptional care.