



MENTAL HEALTH ACUTE ASSESSMENT TEAM (MHAAT)



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HRT 1712 Mental Health Improvement Group
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Melbourne VIC



KEY PROBLEM

- Patients with mental health issues often access care by calling Triple Zero (000) and are usually transported to ED
- Paramedics have limited Mental Health training
- Community Mental Health Crisis Teams do not have the capability to be deployed rapidly
- Police presence may cause patients to become anxious, uncooperative or combative → they then need to be restrained, sedated and presented to ED for observation
- Mental health patients are often inappropriately transported to ED

MOTIVATION

- To improve existing services for mental health patients
- To reduce excessive lengths of stay for mental health patients within the ED
- To work in partnership with NSW Paramedics in providing least restrictive care for mental health patients

AIMS OF THIS INNOVATION

- Implement a service delivery model that provides mental health patients with alternative pathways to ***access the most appropriate level of care in the quickest time possible***
- Increase medical and mental health assessment capabilities in the out-of-hospital setting by forming a MHAAT team consisting of a mental health CNC and a specialist paramedic who are dispatched to specific mental health-related Triple Zero (000) calls
- Reduce unnecessary ED presentations and multiple transfers of care by facilitating direct access to Mental Health facilities

AIMS OF THIS INNOVATION

- Provide the least restrictive methods of care to mental health patients
- Allow regular ambulance services and police to be deployed to more life-threatening emergency calls
- Educate other services, including ambulance and police, to better equip them to provide optimal care for patients experiencing acute mental health problems
- Minimise the workload of Community Mental Health services

STATS
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**EMERGENCY INCIDENTS,
CHIEF COMPLAINTS**

 * % variation on November/
December 2014

JANUARY 2016

Chief Complaint	NSW	% variation on January 2015
Falls	7,680	1.8
Chest Pain (Non-Traumatic)	6,808	4.2
Sick Person (Specific Diagnosis)	6,437	3.3
Breathing Problems	5,919	3.1
Unconscious / Fainting (Near)	4,369	-8.8
Psychiatric / Abnormal Behaviour / Suicide Attempt	4,122	6.4
Abdominal Pain / Problems	3,498	-2.4
Overdose / Poisoning (ingestion)	2,496	6.3
Traffic / Transportation Incidents	2,068	0.7
Traumatic Injuries (Specific)	1,840	-5.7
Assault / Sexual Assault	1,538	-8.0
Stroke (CVA)	1,439	-7.2
Convulsions / Seizures	1,348	-32.5
Hemorrhage / Lacerations	1,343	-33.8
Back Pain (Non-Traumatic or Non-Recent Trauma)	1,135	0.0
Heart Problems / AICD	1,120	2.1
Unknown Problem (Man Down)	1,071	-6.0
Allergies (Reactions) / Envenomations (Stings, Bites)	735	-27.6
Others and Unknown	8,367	
Chief Complaints Total	63,333	1.6

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STATS
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**EMERGENCY INCIDENTS,
CHIEF COMPLAINTS**


* % variation on January 2016

JANUARY 2017

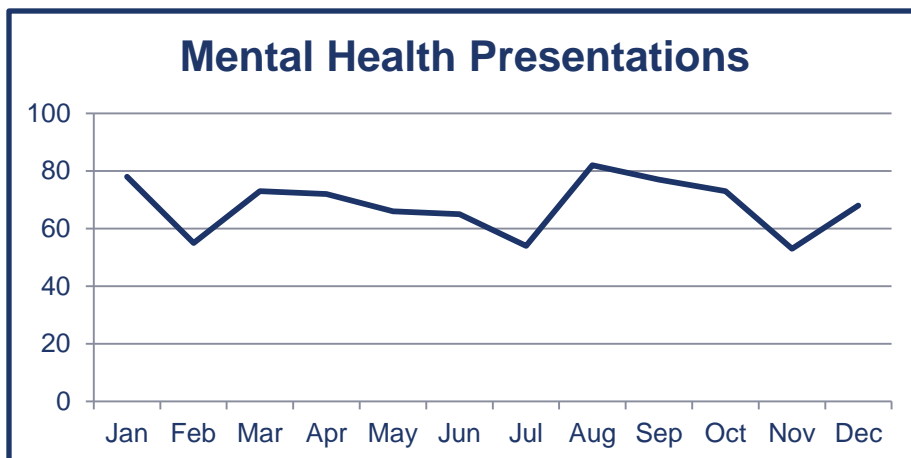
Chief Complaint	NSW	%
Falls	8,405	7.2
Chest Pain (Non-Traumatic)	6,773	-0.6
Breathing Problems	6,660	12.4
Sick Person (Specific Diagnosis)	6,419	-0.3
Unconscious / Fainting (Near)	4,916	-0.5
Psychiatric / Abnormal Behaviour / Suicide Attempt	4,752	13.3
Abdominal Pain / Problems	3,473	-0.7
Overdose / Poisoning (Ingestion)	2,669	6.7
Traumatic Injuries (Specific)	2,473	1.3
Haemorrhage / Lacerations	2,085	-1.1
Convulsions / Seizures	1,944	3.5
Traffic / Transportation Incidents	1,904	-9.2
Assault / Sexual Assault	1,678	9.0
Stroke (CVA)	1,667	15.8
Back Pain (Non-Traumatic or Non-Recent Trauma)	1,243	9.5
Heart Problems / AICD	1,194	6.6
Allergies (Reactions) / Envenomations (Stings, Bites)	1,145	21.9
Unknown Problem (Man Down)	1,102	2.7
Others and Unknown	2,799	N/A
Chief Complaints Total	63,301	4.40

 Staff movements are updated weekly on the NSW Ambulance intranet. To view the Staff Movements for the month please refer to the Appointment Schedule section on the intranet via this link: <http://intranet/asintranet/jobs/Vacant+Positions/Appointment+Schedule>

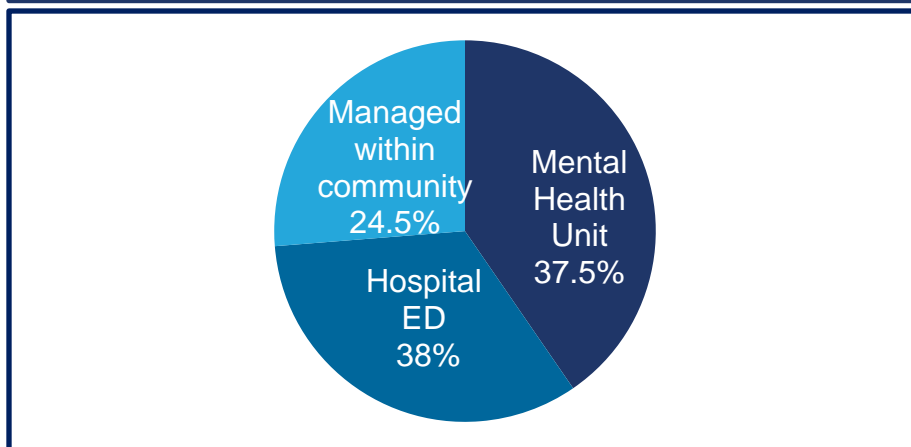
24 NSW AMBULANCE

MHAAT assessments in 2016

TOTAL Triple Zero calls attended by MHAAT in 2016 = 816 patients

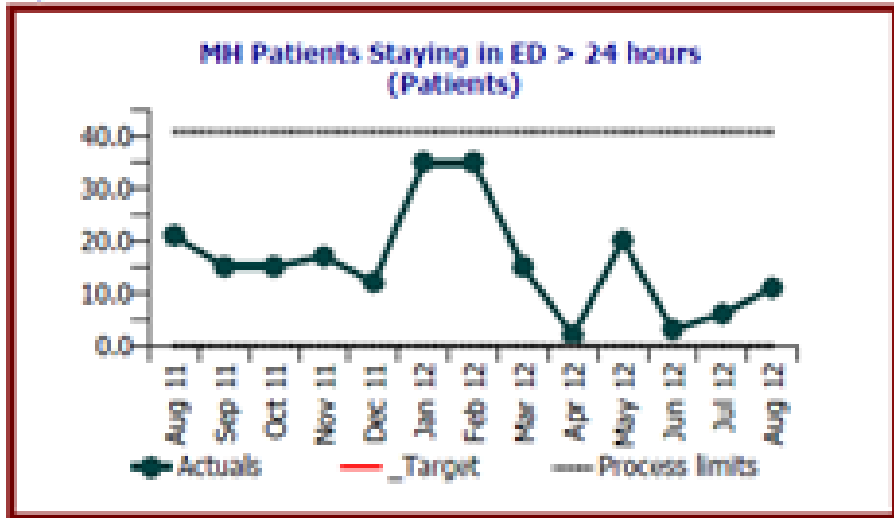


Month	MH Unit	Hospital ED	Community	Total
Jan	42	18	18	78
Feb	18	22	15	55
Mar	24	23	26	73
Apr	27	31	14	72
May	24	26	16	66
Jun	28	23	14	65
Jul	22	16	16	54
Aug	27	34	21	82
Sep	24	30	23	77
Oct	35	31	7	73
Nov	22	24	7	53
Dec	13	32	23	68
Total	306	310	200	816
%	37.5%	38%	24.5%	

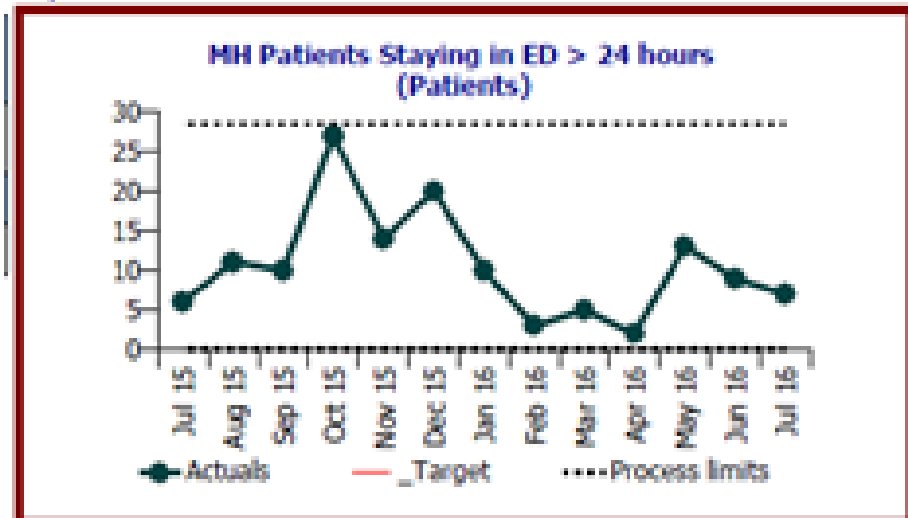


OUTCOMES

2012



2016



- Western Sydney LHD Hospital ED statistics for 2012 and 2016 show a significant decrease in the number of Mental Health patients staying in ED over 24hrs

OUTCOMES

- Patients have improved pathways to appropriate care
- Overall patient management is improved with:
 - Reduced unnecessary ED presentations and multiple transfers of care by facilitating direct access to Mental Health facilities
 - Improved patient rapport
 - Comprehensive mental health assessment and handover
 - Increased collaboration and direct referrals to appropriate support services within the community to negate the requirement for an inpatient admission.

LESSONS LEARNT

- The MHAAT services could be duplicated across other geographical regions
- The MHAAT model will significantly improve the quality of care for mental health patients, while also saving costs and maximising the use of other mental health related resources
- MHAAT has received positive feedback from patients, families, carers, police, ambulance services, hospitals and community services
- ABS considerations should be made to ensure the financial future of this program

