

POSTER ABSTRACT

Improving specialist accessibility and involvement in treatment management planning for rural and remote mental health services using Lean practices

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Aim: To improve specialist accessibility and involvement in treatment management planning for rural and remote mental health consumers.

Background: Central Queensland rural and remote mental health services exhibits similar challenges faced by contemporary healthcare as a whole. These include process and flow problems due to lack of standardisation, fragmentation and poor coordination between process steps. Moreover, there are inherent constraints; such as a tyrant of geographical distances between regional and rural centres, limited resources and workforce retention and recruitment issues.

Furthermore, due to the absence of resident consultant psychiatrists, the reliance on regional consultant psychiatrists who provide outreach services to rural areas resulted in their reduced involvement in the formulation of treatment plans for consumers.

There was, also, an increased, mental health referral activity between primary and secondary healthcare services due to the increasing demand of mental health needs emanating from the downturn in the mining sector; some of which were unnecessary. Therefore, the impetus of the project was to apply Lean philosophy to improve mental health accessibility for consumers, clinicians' involvement and information flow between the rural and remote primary and secondary mental health care services. In addition lean was applied to improve the internal secondary mental health services involvement of specialists in formulating treatment management plans for the consumers

Methods: A chart audit tool, based on Gearing et al 2006 Chart audit review framework, was developed. It had 11 items which included the allocation of a consultant psychiatrist as an internal contact for the consumers on their electronic charts. It was used to review consumer records pre and post-Lean to ensure that all consumers with open episodes or admitted into case management had a recorded allocated consultant psychiatrist on their electronic chart, CIMHA (Consumer Integrated Mental Health Application).

Lean intervention included Kaizen (rapid improvement) three-day workshops which were conducted with operational staff to develop standard work instructions, flow charts, service entry criteria and available services directory. Visual management and huddles were used to

monitor clinicians' compliance and adherence rate to the recording of specialists' involvement in the treatment management planning on CIMHA. Clear communication plan was developed to ensure dissemination of information and application of standard processes.

Key results: Clear secondary care service entry criteria assisted in accomplishing stepped care model; Clear referral flow charts to the secondary care mental health services ; A list of services available ensured that consumers were appropriately referred; Reduction in unnecessary referrals to the secondary care mental health services; Reduced waiting list to see a specialist in the secondary public health services; Increased involvement of specialist in treatment management planning for the consumers who were open to the services

Conclusion: The findings are indicative that Lean philosophy can be applied in rural and remote mental health services to improve the specialists' accessibility and involvement in consumer treatment management planning, subsequently improving consumer safety, and improved outcomes for the rural mental health consumers.

Keywords: lean; rural and remote; mental health; healthcare accessibility; specialist
