

Restructure – Consultation Document (Procedure reference PR2014_016)

Document control sheet

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Stage 1 – Scope, Plan and Approval

1.1 The Need for Change

1.1.1 Description of Service

The Acute Care Team (ACT) comprises of varying clinical roles and classifications. It is responsible for community crisis and care coordination services to the Hornsby Ku-ring-gai (HK) population.

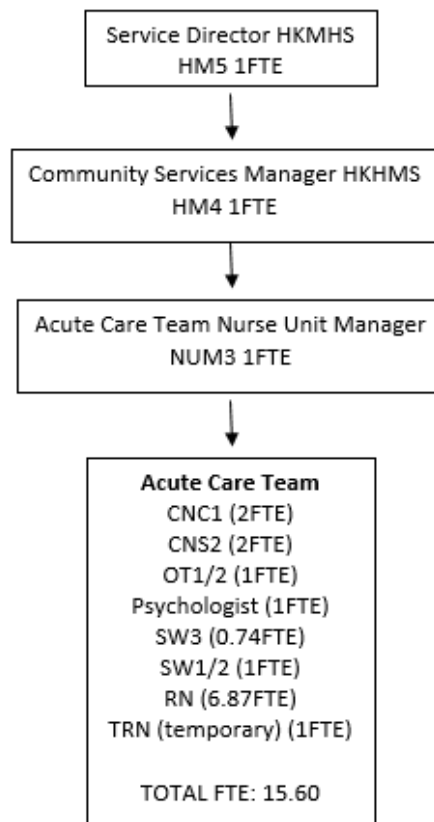
1.1.2 Background

The Acute Care Team model was set up approximately 20 years ago as a blended model of care, providing triage, case management and crisis intervention.

Increasing demand for services has occurred due to the increasing complexity of consumers in mental health service and increasing need for access to community services following transfer of care. Adverse event data displays consumers can see multiple clinicians (on average 5) which highlights the effects of fragmented health care. Critical incident data from 2017 has been reviewed and integrated care has been highlighted as an issue in three investigations. This presents operational risks and reduced quality of consumer outcomes as there is a loss of a seamless pathway for consumers.

1.1.3 Current Structure

The current structure comprises of a blended team. The majority of staff provide crisis interventions and short term care coordination.



1.2 Restructure Plan

1.2.1 Reason and Purpose of the Restructure

Mental Health consumers are becoming more complex to manage and there has been an increase in the need for access to community services following transfer of care. Adverse event data has shown consumers can see multiple clinicians (on average 5) which highlighted the effects of a fragmented patient journey. Critical incident data from 2017 has been reviewed and the lack of integrated care has been highlighted as an issue in three investigations. This presents operational risks and reduced quality of consumer outcomes as there is increased care requirements.

Consumer, carer and stakeholder surveys have indicated there is an opportunity for the ACT to become a more welcoming, available and customer service oriented team. Consumer and carer's have identified care co-ordination, lack of post discharge support and improvements are required in customer service and recovery oriented practice.

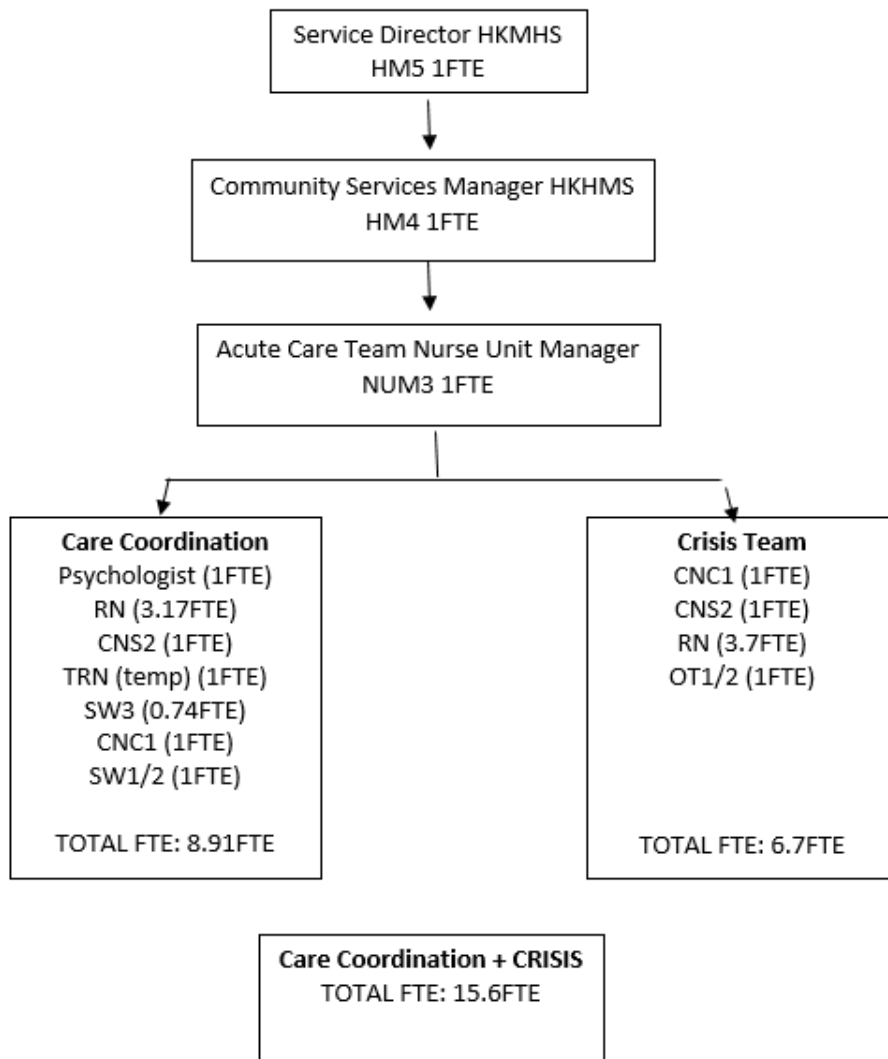
As a result of this proposed restructure consumers will have a clear pathway of care which is well communicated and promoting a better experience. It is anticipated staff will have increased job satisfaction with clear roles in the delivery of care and how best to care for them.

1.2.2 Proposed New Structure

After careful review and consideration, the proposed model will see staff allocated to Care Coordination (care coordinators team to operate business hours Monday – Friday) and Crisis Intervention (Crisis team to operate Monday – Sunday covering the hours from 08:00 – 22:00).

The purpose of the proposed Crisis Intervention Team is to manage acute mental health community based presentations in the service by providing short term interventions to support consumers to manage the crisis or exacerbation of their illnesses. It is proposed this team would provide after-hours services to the Hornsby Child Youth and Family Teams as well as the Older Persons Mental Health team.

The aim of the proposed Care Coordination team is to foster and develop positive connection and engagement within the context of a therapeutic relationship for the purpose of supporting mental health wellbeing and recovery. Care coordination requires working collaboratively with other key health providers such as GPs, primary health networks and community managed organisations in providing quality mental and physical health care for mental health consumers. Care co-ordination includes both a structure and therapeutic process for the provision of community mental health services. Care co-ordination is underpinned by a recovery oriented, trauma informed approach.



1.2.3 Proposed New Position Descriptions

Please find attached

- Updated Position Descriptions in accordance with responsibilities and duties within each team; Crisis and Care Coordination. The Position Descriptions have also been updated to reflect the current state-wide template.

1.2.4 Impact on services and functions

The revised model will aim to reduce fragmentation, provide clearer care pathways including transfer of care, provide reduced points of contact for consumers, clearer staff roles, improve customer service and clarify referral criteria for services.

POSITIVES

Consumers and carers:

- Defined pathways and guidelines for consumers
- One point of contact for the consumer to provide consistency of care

Acute Care team staff:

- Defined care and escalation pathways for consumers
- One point of contact for the consumer to provide consistency of care
- Improved skills in customer service
- Clarity of role for staff

Community and Inpatient Teams:

- Improved access to refer consumers to the Acute Care Team
- Improved customer service
- One point of contact for the referring clinician

POTENTIAL NEGATIVES (from staff perspective)

- Change of working hours for small number of staff
- There will be an increase in consumers allocated to each staff member for care coordination. This will be a change from previous practice so will require adjustment time
- Change from working in a crisis team to a care coordination team
- Change from working with long term care coordination role to shorter term care coordination role.

1.2.6 Likely impact on employees

With this proposed change, there will be:

- No decrease in FTE across all positions;
- No affected employees, all 'splits' of employee groupings (for example CNC and CNS) are already working in line with the responsibilities of the relevant teams;
- A change of working hours for one staff member, from 'shift' to 'non-shift';
- An increase in the allocation of consumers to be care coordinated to each staff member of the care coordination team of up to 35 consumers with established review processes. This will be a change from previous practice where caseloads vary between clinicians – will require adjustment time for the team;
- A change from working in a blended team to a care coordinators team for 6.2 FTE staff, and;
- A change from working with long term care coordinator role to short and medium term care coordinator role.

Stage 2 – Consultation

2.1 Notification to employees

This document will be provided to the ACT staff following preliminary conversations regarding proposed change. The ACT will be provided with a period of 2 weeks to provide feedback and liaise with relevant Unions and Associations as required.

2.2 Notification to Union/Industrial Bodies and other relevant parties

The proposed changes to the Hornsby ACT will be approached with NSLHD's commitment to staff and union consultation obligation and relevant industrial instruments. The date this consultation document is sent begins the 2 week consultation period of Unions and Association. In this time period, NSLHD invites active feedback from the Union and Association.

Stage 3 – Implementation

The service is working toward an ideal proposed implementation date of 23 February 2021. However, the proposed implementation timeframe is dependent on endorsement and consultation of the restructure on relevant parties.