Te Whatu Ora
Health New Zealand

Te-Upoko-me-Te-Karu-o-Te-Ika
Mental Health, Addiction and Intellectual Disability Service

Acute adult inpatient model of care

Workshop 3 Consumer journey mapping transcribed

14 September 2022

How will we practise in the future model?

Objective

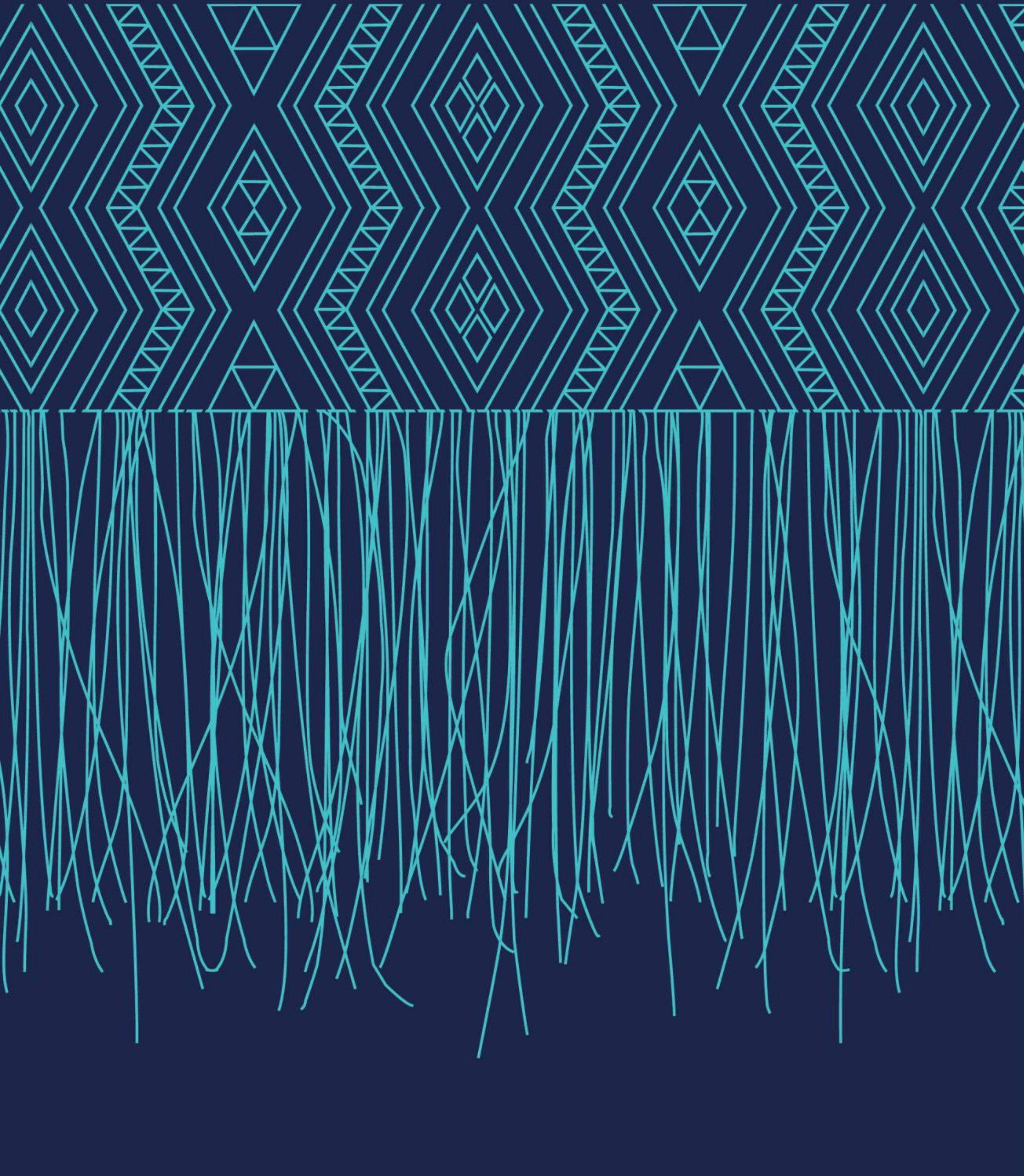
To use several ‘real life’ scenarios to map out, at a detailed level, what will happen on the ground as a person moves through an inpatient pathway (access, admission, inpatient stay, discharge).

Consumer journey workshops provide an opportunity for health professionals, consumers and other staff and stakeholders to identify areas of improvement in the care chain from a consumer perspective, rather than an organisational perspective.

The consumer journeys are hypothetical but realistic scenarios.

The objectives of the consumer journey workshop are:

- To map out the future state consumer journey by identifying key processes or activities.
- For each participant to have an opportunity to provide input into the consumer journey.
- To gain more awareness of how clinical and non-clinical staff impact on the consumer journey.
- To make suggestions about a transformational change to service directions.



David/Rawiri

David/Rawiri

David is 30-year-old Māori man of Ngāti Porou and Pakeha descent. Born and raised in Gisborne, he is studying at Victoria University and is in his final year of his Master of Political Science. He works part time at a bar in the city.

David experienced a brief episode of psychosis in his early 20’s in the context of cannabis use and moving away from his family to Wellington to study.

David is estranged from his parents but has a close relationship with his sister who he speaks to everyday.

David’s girlfriend has contacted the crisis team today after David has not slept for the past two nights. She is worried as David has begun to go missing for periods of time, has been having issues at work and his boss had contacted her to say that David hasn’t been at work for the last two days (which is unusual) and they were worried about him.

David has begun to say things out of character and has been accusing her and others of trying to “do things” to him. She is very concerned today because when she was making the bed she found a knife under his pillow. She is fearful that he might do “something” to himself. David is unable to articulate why it is there and seems confused and tearful.

David appears to be responding to voices, when questioned he says they are of his deceased grandparents and he is currently expressing a belief that there are agents of the government who wish to destroy him as he has the cure for COVID-19.

David/Rawiri’s consumer journey

Access

Te Haika

Face-to-face initial

Choices

Online, Zoom, face-to-face, text

GP

CRS

University services

Choice of location

Alternative to ED

Day hospital

Location admitted to unit close to home

Pre-admission planning, broader range of services

Entry/inpatient

Welcome

Safety – create safety connection

Tikanga orientation

48-hour short stay

Whānau ora

HBT

Bright environment, welcome packs

Lived experience involvement and links lived experience and NGO throughout journey

Community and cultural support embedded

Admission planning with clear goals

More inclusive when admitting

Admission suite, short stay admission unit

Quiet spaces, safe, think

Alcohol and drug support

Entry/inpatient

Whānau led, we advise and guide

Kaumatua at all stages

Recording studio, musical instruments available

University involved early

Gender privacy, safety

Gaming consoles, screen room

Activity based (e.g. outside, specific person)

MDT, SW, OT, nurse, Whānau, other CMHT, NGO within 3 days

Medicine

Physical health

Talking therapies

Therapeutic community

Tuakana teina roles

Barriers to discharge planning Access to computers, chargers etc.

David/Rawiri's consumer journey

Transition

Discharge meeting

Transition liaison

Review meeting

NGO, CMHT

Leaves

? Here

MHA court

Privacy, respectful, safe space and process

Discharge

Farewell process

Transition environment

Work, school, community treatment

Technology to enhance connection

Follow up 7 days, ongoing until 28 days

Mārama feedback

Opportunity to debrief about experience in unit

Case manager already connected and identified, and appointment booked

Crisis respite

Consistent relationship – team follow whānau

HBT support discharge

Post-discharge

Advanced care planning

Hours of business must suit whaiora and whānau

Follow up locally to tangata whaiora

Relapse prevention planning

Radical changes

Feel safe/comfortable

Therapeutic, safe

Looks and feels like home

Community, less staff delineation – activities, cultural, buddies

Make TWA a therapeutic community

Relational approach rather than current functional one

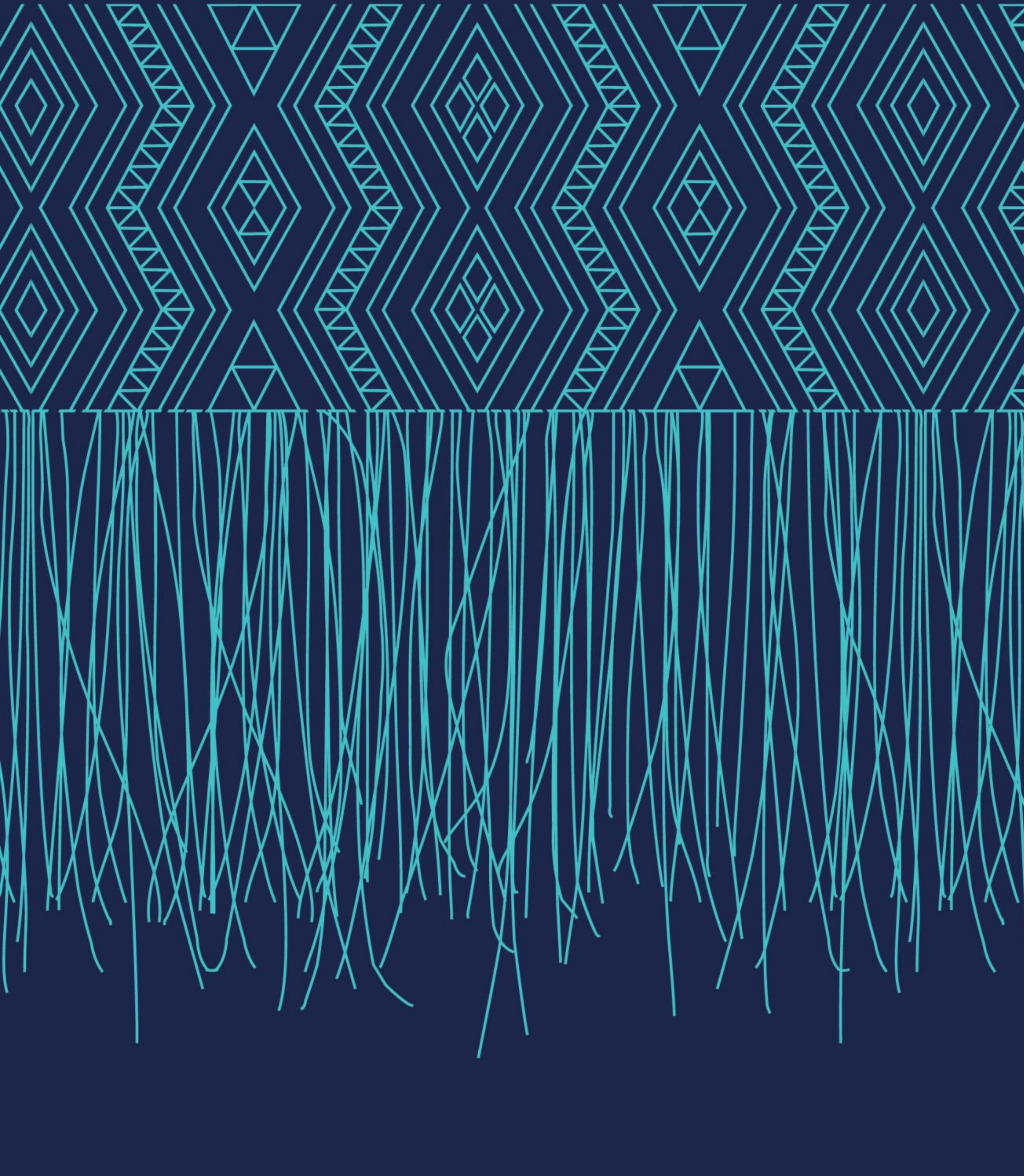
Collective focus not individual one

No seclusion rooms

Better HBT

Short stay admission unit

Culturally safe



Peter

Peter

Peter is a 42-year-old man who lives in rural Wairarapa with his elderly parents. He has an estranged wife and two children who he has shared custody of. His ex lives in Masterton with her new partner and is pregnant with her third child to her new partner.

Peter was picked up by the Police after being located near his ex's house. She had called the Police as he was there earlier shouting abuse and threatening to kill everyone in the house.

When he was picked up, he appeared under the influence, he was incoherent, agitated, aggressive and threatening. He was also talking about forces telling him to act now. He required restraint and handcuffing by the local police.

Peter is known to the CMHT and is being treated for depression and anxiety and has a long history of substance misuse including methamphetamines.

Peter is threatening to kill himself and is talking about the forces that are making him act. He won't elaborate as to what this is and when questioned by the afterhours team he became more threatening and agitated.

He has been transported over the Remutaka Hill by the Police and the DAO and has arrived at the unit in a higher aroused and agitated state.

Peter's consumer journey

Before event

Good relationship with Police then we can avoid admssion

Shared documentation between NGOs and unit

Establish strong local NGO network and processes

Already well established relationship withPlice and CMHT

Pre-admission

SWOT analysis (strengths, weaknesses, opportunities, threats)

Peer support

Whānau input

MAPU type community assets

Cultural aspects of admission process

Clinical supervision to ensure safety

Has wellness plan that is actioned

Whānau suite

Pre-admission unit, familiarisation unit

Pre-admission safe facility for people who may/may not be admitted; as long as it takes to sober up and be seen and have your immediate physical needs met

When does Peter have an opportunity to sober up? What has he taken? Meth pathway

Pre-admission

Enhanced SPEC training

Strong HBT options including peer support workers

Safely transported with right support

Method of transport police van?

Asked Peter who he would want to support him

Support person to accompany Peter over the hill

De-escalation – explain what is happening

Communication with 24-hour acute management

Contact with parents before admission

What are the CMHT doing? Co-response team in the Wairarapa?

Pre-admission facility in the Wairarapa?

What time of day did this occur? Affects outcome

Preparing staff to work in a more ideal way

Peter’s consumer journey

Admission

Signage and name badges

EDD

Clear expectation of everyones goals of admission EDD and document

Peer support to welcome/explain/reassure

Look at video? Entry to service

Formalised welcome procedure

Powhiri process to Poroporoake process

Offering hospitality

Offering support for whānau

Dedicated entry point; Where are they arriving – front door? Garage entrance?

Has he eaten?

Inpatient

Admission goal meeting

Low stimulus zones when deescalating

Sensory modulatio room outside of deesculation

Carving workshop activity

‘Always be discharging’

Environment warm and welcoming

SPEC trained staff on unit

Limited choices – give person limited choices e.g. bedroom

Giving options sensory room

Working with Peter’s tamariki and ex to heal harm

Strong links (not referrals) with community orgs/support

Ask Peter what will help him stay safe and succeed

Safety planning

Colour coded areas

Inpatient

Transition to general adult unit from high observation area, needs to be connection between high observation and general areas

Physio for the unit, fitness activities

Trauma informed, respectful, staff work values

We learn together, power balance

Space for spending time with children, parents, friends

Why am I still here?

Music, art therapy, Rongoa Māori, weaving

Dietician involvement (need own)

OT, Social work assessment

Access to psychology intervention

Cultural assessment (all the way through)

Spiritual intervention

Kaumatua on unit

Peter’s consumer journey

Inpatient

Community team engaging as part of inpatient team, whānau involvement in discharge planning from the outset

Buddies, peer support in unit, on admission

Functional assessment ability to access food and drinks

Active process to wellbeing

Activity, gym space, outside activity areas

Group space for meetings

Meth use – high observation unit with increased meds for rapid stabilisation for drug related

Therapeutic milieu – everywhere that varies with space, staff interaction with patient

Sense of collective purpose

Group activities

Self soothing ideal appropriate to reason for dysregulation

Wellness plan, advance directives

Inpatient/transition

Poroporoaki, discharge farewell process as leaving the unit

Transition back to community activities

Peer support, NGOs

Ongoing connection with NGOs

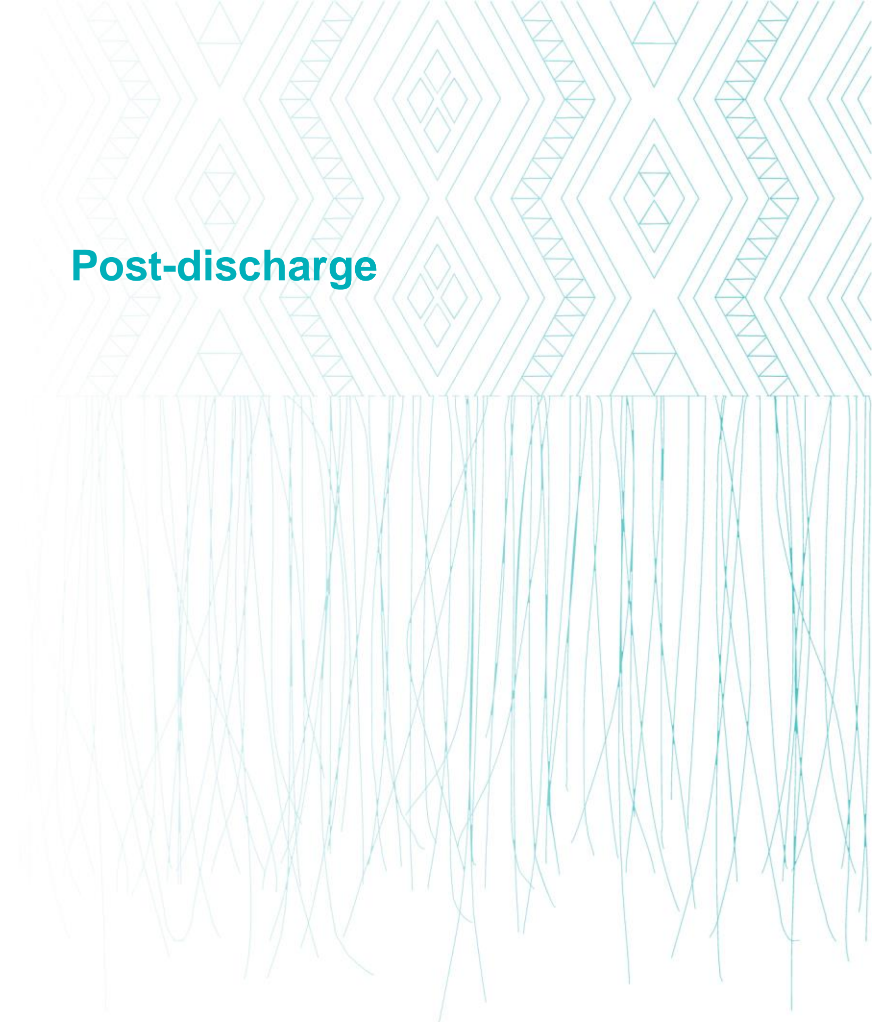
Restorative justice, mana restoring process, addressing whakama

Setting Peter up with therapy around his trauma

Relapse prevention action plan done with Peter

Housing assessment so discharged to a known situation

Post-discharge



Radical changes

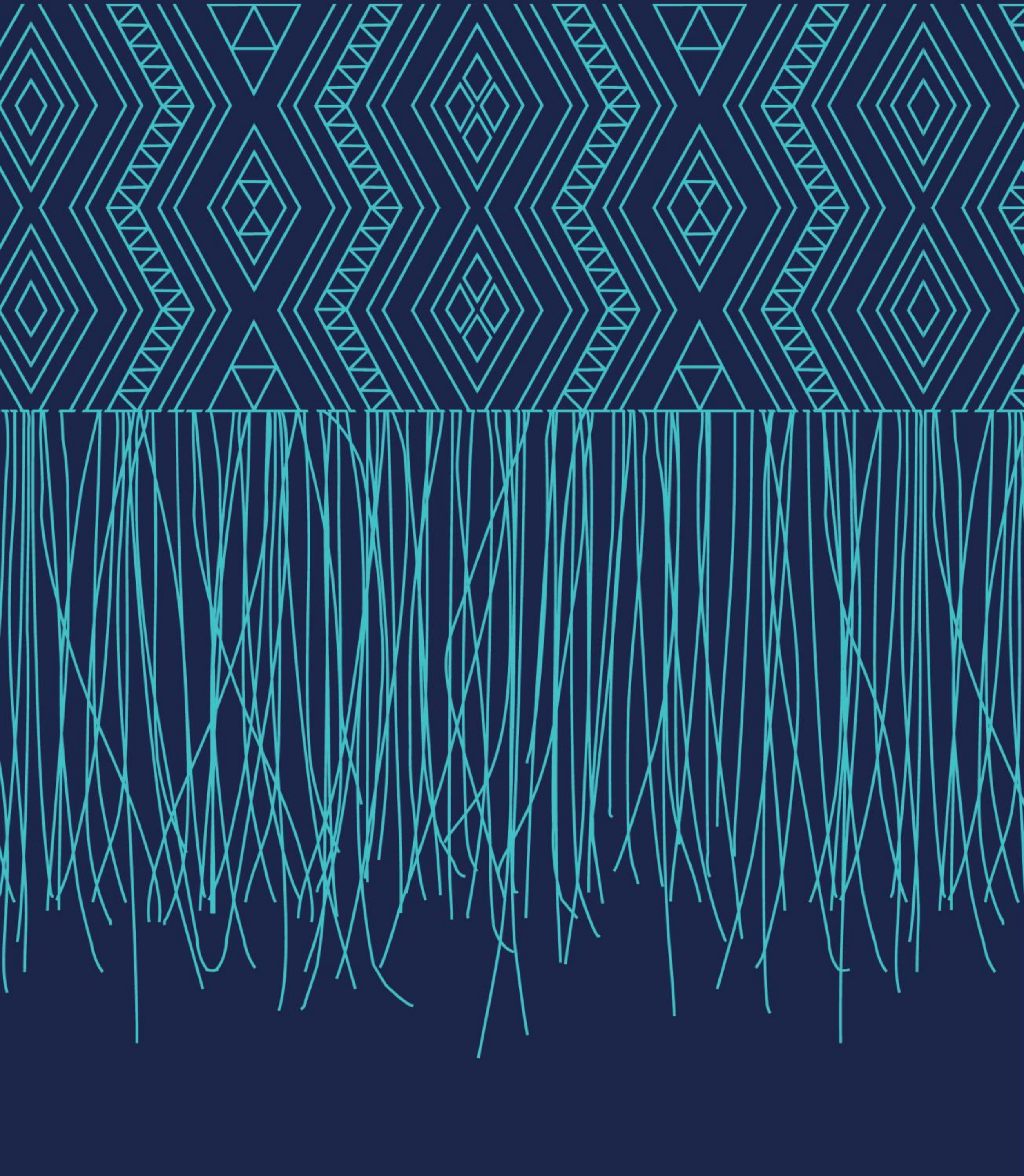
Short stay admission unit

Pre-admission facility for de-escalation and assessment

Peer support throughout process

Whānau involvement in journey

Restorative justice, mana restoring process at end of inpatient journey



Jessie

Jessie

Jessie is an 18-year-old young woman who is has presented to ED with no previous history of psychiatric history. She is elevated, talking rapidly, struggling to sit still, unable to follow direction. While in ED she has attempted to remove her clothing on a number of occasions and has been asking members of the staff and other people in ED for sex.

Jessie's parents have described a three-week deterioration, with reduced sleep, changes in her mood and behaviour. They have brought Jessie into ED today because they feel like they can't cope any longer and are concerned for Jessie's safety and have been unable to leave her alone for the past week due to these concerns.

Jessie has a low IQ but not a formal diagnosis of an intellectual disability. She stayed at school until Year 13 but did not achieve NCEA. She lives at home with her parents and three siblings and works in a volunteer capacity at the SPCA.

Jessie's parents are concerned about her safely and anxious at the thought of her being admitted to the ward under the Mental Health Act. Jessie has never lived away from home.

Jessie's consumer journey

Pre-admission

ED – upgrade ED observation unit, safe and comfortable space

Health screen to rule out any physical health drivers

Neutral space not ED not mental health as Jessie is yet to be assessed

Transport – options: escorted, wheelchair, driven/taken by family, ambulance, walk

Support for whānau – assurance, reassurance

Staffing to support whānau during ED wait

Loss of physical health assessment options

Staffing – perception of admission, fear of admission

Admission

Assessment spaces – can be changed to suit need, minimise movement, attached to recovery space

After assessment (couple of hours) move to a safe, secure rom in women's wing to rest and settle

Peer support for assessment process

Psychiatrist, registered nurse, peer support person, support person for whānau, prescriber

Staff on unit are welcoming, calm, reassuring

Support for parents to talk to problem, solution – throughout the process

Admission

What does whaiora want need from the outset?

Operationalise whaiora's goal of admission and treatment, a plan reinforces this

Client need driven versus service. Enough time in unit for clients

For first admission – they tell us what they want/need at the top of the file along with goal

Introduced to consistent staff, peer support rostered for continuity of care

Supervised access to phone, daily contact with supports/family

Jessie goes swiftly from ED to the welcoming/assessment area of the unit – welcoming area is a part of the new unit where people can be quietly supported and assessed

Jessie's consumer journey

Admission

Whānau peer support is available

Admission nurse to educate/provide information and process to parents

Education family informal of what to expect

Managed access to food and drink with table space

First 24 hours Jessie is orientated to unit and sensory mod room, allocated staff member/peer support to offer some therapeutic support

Whānau space for people to stay (including for mums and babies)

Sanctuary – small safe part of the unit, female only where Jessie will be safe from sexual assault

Assessment/whānau suite, multi service spaces which can change and shift

Inpatient

Building an inpatient unit without walls metaphorically speaking strong connections to disciplines and community

Person directed service and access or care

Person = identified person and whānau

Person centred and driven model versus service directed

Specialist ID engagement to assist to understand how she is in her world and integration with other community-based services

Care management model – continuum lead person

Care manager is peer worker and clinician are contributors to care

Model on Te Omanga Hospice shared facility spaces – connected

Therapy/support animals on unit

Day programme activities

Inpatient

Culturally appropriate services coming in

Therapeutic programmes, sensory room, games room, shared client spaces, animal friendly, room for friends to meet

Gender fluid clients require appropriate facilities, services, staff

Atmosphere is respectful and compassionate, staff display empathy

Daily reviews by treating team

Talking therapy on the unit required

Social workers to organise family meeting following MDT

Jessie at MDT, opportunity to meet, follow up carer/service at the meeting

Follow up care/services arranged/planned/met before discharge

Sensory modulation, weighted ?

Couches, kitchenettes, bathroom, capacity for more than one bed

Access to Zoom/video chat

Jessie's consumer journey

Discharge

Starts within 72 hours of admission

Discharge planning meeting with client, family, treating team, community team

Family meeting with MDT set up within 72 hours

Jessie meets community team and gets to know and trust while still in the unit

Sensory modulation equipment – games, puzzles, cards to aid connection with community clinician

Post-discharge

Step down facility for Jessie after admission

Across whole process

Transition team/worker who provides constant presence/support for Jessie and parents from first contact to after discharge – at point of strong engagement with community provider

Care manager is peer worker

Clinicians are contributors

Radical changes

Profoundly respectful

CMHTs having small case loads so they can have greater input with whaiora inpatients

Kaupapa model of care – whānau led, accommodates and led by Māori values and principles

Kuia, kaumatua, chaplain

Private suites with bathrooms, music, TV with safety built in

Working intensely with family, whānau – family systems approach with therapy for all, that would engage

Access to peer support workers on the unit each shift

Holistic

No patients (not an inpatient unit)

Prioritising staff recruitment and doubling personnel to manage this model

A properly funded mental health service

More transitional housing facilities. Regular movement

Move away from medical model to holistic health model

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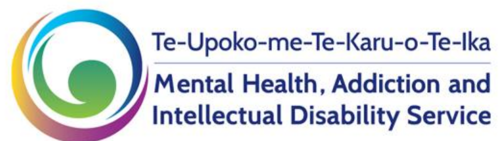

Ngā mihi nui