



Adelaide Health Service  
Central & Northern Mental Health

# Clinical Leadership and Referral Management

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**Government  
of South Australia**

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SA Health



# Presentation Outline

- > Prologue
- > Context, Origin and Benefits of a standard referral approach
- > The Product and Ongoing Evolution
- > Reports



# Prologue

# A cautionary tale ....

## How Not To Implement a System

### > Absence of clinical leadership

- Poor engagement
- Common system exposes business gaps
- Blaming the messenger
- Tale wagging the dog

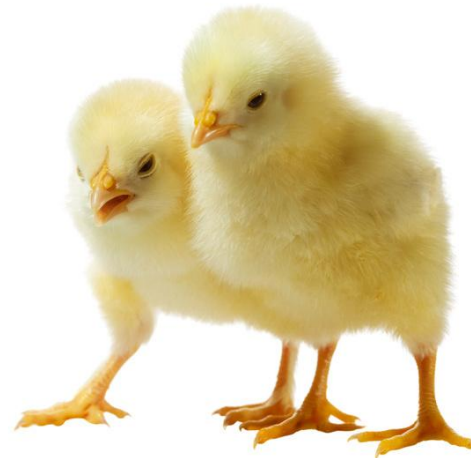




# The Context

- > Northern Mental Health, Adelaide, has two inpatient units with total 46 beds, one residential community rehabilitation facility, and several community teams over 4 sites
- > Very high social disadvantage
- > In 2009 there were 3800 new registrations for community teams
- > 1900 referred to the non crisis intervention functions of the community teams

# Origins of the Plan





# The Origin

- > Northern Mental Health hold a weekly meeting to review all referrals and allocate them to the appropriate team
- > Northern Mental Health Service averaged about 28 referrals per week to the intake meeting in 2008
- > Increased to 36 per week in 2009, an increase of 27%
- > Meeting had support of one admin officer and an aging standalone information system
- > In December 2008 the situation was reviewed

# Review of the Intake Process





# Issues Identified

- > Attendance/non attendance at intake meeting
- > Clinical governance of decision making at meeting
- > Collection of data relating to intake process
- > Record of decisions needed for individual referrals
- > Decisions made by the meeting were recorded in two information systems and hard copies also kept



## Issues Identified ...

- > Quality of referrals variable
- > Consideration was given to the use of email and faxing attachments
- > No process for using the existing common Information System
- > No ability to easily track any referral across the mental health service.
- > Various systems were in use within regions and across regions

# Our Solution

- > Create An Electronic Referral System Using Existing Information Technology





# The Benefits

- > Improved flow for consumers
- > Improved service responsiveness
- > Track referrals across the service
- > The system is not dependent on any one individual
- > Ability to look at solutions to blockages
- > The quality of information available to make a decision at the intake meeting has been enhanced
- > Improved transparency in the process and accountability of team function



## The Benefits ...

- > Improved data capture and KPI reporting
- > Attendance at the meeting is not necessary
- > Enables real time sharing of information, all clinical and admin staff can access decisions
- > The Northern region is the pilot site for this Referral Management Plan
- > Will be implemented across metropolitan Adelaide

# The Referral Management Plan





# Method

- > Clinical Leaders approached System Developers seeking a solution
- > The system developed had to be intuitive and simple to use, yet be able to accommodate a wide range of variability.
- > Screens were drafted and trialled. Modifications made to number of data elements, code lists and information flow.
- > Reports were developed to support meeting processes and data analysis
- > The E-Referral system was embedded into the existing clinical information system.

# What we had...

<b>CNAHS NORTHERN MENTAL HEALTH</b>		MH UR No.	<input type="text"/>
<b>Community Program Internal Referral</b>		Surname:	<input type="text"/>
Referral by	Date:	First Name:	<input type="text"/>
Worker:	<input type="text"/>	Sex:	<input type="text"/>
<input type="text"/>	Team:	DOB:	<input type="text"/>
<b>NOTE: if referring to ANY Community-based Programme, please attach a detailed Management Plan, clear intervention required and a current risk assessment.</b>		Address:	<input type="text"/>
		Suburb:	<input type="text"/>
		Phone/Mobile:	<input type="text"/>
		CASENOTES:	SALIS: <input checked="" type="checkbox"/> NE: <input type="checkbox"/>

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<b>NB: Recommended Program(s) - SEE REVERSE for Program Information</b>				
<b>1/ Psychiatric Medical Care (OPD)</b>				
<input type="checkbox"/> If Required Please Tick	OR	Dr Already Allocated:	Name and appt date:	<input type="text"/>
<b>2/ Key Worker Program</b>		<input type="checkbox"/> Depot Clinic Woodleigh		
<input type="checkbox"/> ATS Intensive Community	<input type="checkbox"/> MAC Assertive Care	<input type="checkbox"/> OCS Monitoring	<input type="checkbox"/> Medication Clinic Salisbury	
<b>3/ Psychology Services</b>				
<input type="checkbox"/> Therapy Assessment	<input type="checkbox"/> Cognitive Assessment	<input type="checkbox"/> Group - MBCT Recurrent Dep		
<input type="checkbox"/> Individual Therapy CBT	<input type="checkbox"/> Group - BPD	<input type="checkbox"/> Early Psychosis Programme		
<b>4/ Other Programs</b>				
<input type="checkbox"/> Day Programmes	<input type="checkbox"/> Transfer of Care			
<b>DIAGNOSIS:</b> <input type="text"/>				
<b>Clinical Summary:</b>				
<input type="text"/>				
<b>Goals of Intervention:</b>				
<input type="text"/>				
<b>Special Issues / Client Attitude to Referral</b>			<b>Safety / Legal / GSB Issues</b>	
<input type="text"/>			<input type="text"/>	
<b>Referrer Name:</b> <input type="text"/>		<b>Referrer Signature:</b> <input type="text"/>		
<b>INTAKE MEETING DECISION (for Intake Meeting use ONLY)</b>				
<input type="text"/>				

# Current Product

**Service Plan**

Client No.: **015142** CC No.:

Service Plan No.: **023982** Service Plan Type: **Referral Management Plan**

Options ? ↶

Request Date: 06/04/2010 ...

Internal referral team: 0534121 LMH North East Hospital at Home

Worker ID: 202449 Currie, Marc

External Referral Source: 1405 DASSA

External Referee Details: external referral details entered here if necessary e.g. phone number

Primary Team Referred to: 0534811 LMH MAC

Reason for Referral: General discussion re why client requires ongoing support

Services Required

(F3) Service Type		Accepted...	Comments
01	Clinical Support	N	<input checked="" type="checkbox"/> Memo
02	Assertive Care	N	<input type="checkbox"/> Memo

Go To: [ ]

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Save Delete Print... Close Help

# Current Product ...

Client No.: **015142** CC No.: [ ] Options ? [ ]

Service Plan No.: **023982** Service Plan Type: **Referral Management Plan**

**Internal Referral Check List**

Initial Assessment	<input checked="" type="radio"/> Yes <input type="radio"/> No	HoNOS	<input type="radio"/> Yes <input checked="" type="radio"/> No
Care Plan	<input checked="" type="radio"/> Yes <input type="radio"/> No	LSP	<input type="radio"/> Yes <input checked="" type="radio"/> No
Risk Assessment	<input type="radio"/> Yes <input checked="" type="radio"/> No	K10	<input type="radio"/> Yes <input checked="" type="radio"/> No

**Referral Deferred**  Yes  No Deferred Date:  [ ]

Reason for Deferral:  [ ] [ ]

**Referral Accepted**  Yes  No  Unknown

Referral Accepted Date:  [ ]

Accepting Primary Team:  **LMH MAC**

Accept / Not Accepted Comments:  [ ] [ ]

**Referral Allocated / Not Accepted**  [ ] Referee Advised  Yes  No

Save Delete Print... Close Help

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# Trial of Referral Management Plan

- > A deadline was set from May to June 1<sup>st</sup> for transfer of paper/FAX referral system to electronic based referrals for internal referrals
- > Reports developed to provide individual client information
- > Reports developed to support smooth meeting processes



# Client Summary Report

- > Client Summary
- > Referral Plan
- > Most Recent Assessment
- > History of inpatient and community episodes
- > Alerts & Orders
- > HoNOS, K10, Risk Assessment
- > Recent contacts

## CL12 Client Referral Summary

28/06/2010

MHUR 045674

James Bond

<b>D.O.B</b>	18/06/1966	<b>Estimate?</b>	No	<b>GP / Private Psych</b>		<b>Other Contact(s)</b>	
<b>Sex</b>	Male			Jamie Money Penny		Jenny Bond	
<b>Phone H / Mb</b>	(08) 8377 7777	/	0400 000000	<b>Phone (W):</b>	8264 5555	(Mother)	
<b>Address</b>	40 GREENS Road					<b>Phone</b>	(H) 8395 5555
	BANK PARK 5088						(M) 0417 777 777
							(W)
<b>Country of Birth</b>	Australia						
<b>Language</b>	English						
<b>Ethnicity</b>	Australian						
<b>Indigenous Status</b>	Not stated/inadequately described						
<b>Alias</b>	No alias or other names recorded						
<b>Comments</b>	*** Data Migrated from CMS ***						
	Date of First Episode: 30/08/2004						
	Team: 5040 ACIS NORTHERN						
	NACIS notes sent to NE OPD for filing in C/Notes 9/4/2010						

### Alerts (All)

Type	Start	Review	Close	Details (only first 5 lines shown for each alert)
Violent / Destructive	06/03/2008			Non compliant with Mx, according to mother. Physically violent to mother who had to flee her home where he is staying. Threw brother (36 yrs) across the room when he intervened to protect mother.
Adverse Drug Reaction	12/12/2008			Serotonin syndrome HDU hospitalisation. Olanzapine and mirtazapine ceased
Adverse Drug Reaction	31/02/2010			olanzapine, mirtazapine, haloperidol = neuroleptic malignant syndrome.



# Referral Meeting Report

## > Referral/Intake list

- Captures all referrals pending
  - New referrals
  - Deferred
  - Non allocated
- 
- Referrals come off report when accepted and allocated

# Referral Management Summary – AD 31

**AD31 Referral Management Summary**

3 / 23 100%

Preview

Not Deferred

- Alo man
- Bag
- Boa
- Chai
- Cool
- Cow
- Crilly
- Crist
- Croe
- Dad
- Dah
- Darl
- Den
- Don
- Dun
- Elliol
- Ellis
- Falle
- Fox
- Garc
- Han
- Hart
- Jero
- Jovii
- Mah
- Malc
- May
- Mull
- Pao
- Pick
- Rasc
- Ryar
- Thor

**057529 Bag** Request Date 25/10/2010

Street  
MODBURY 509

**Internal Referral Team** MPH Maintenance Medication Clinic **MH Worker**

**Reason for Referral** Mr Bag UR 191873 is a 40 year old male with Axis 1, diagnosis of paranoid schizophrenia. is well known to mental health services and attends . The issue of medication compliance has been an ongoing issue for . He was commence on clozaril on the 29/01/2004 due to significant residual negative symptoms. Despite the current level of support, he has been non compliant with Clozaril. In order for to remain on Clozaril within the established protocol guidelines from Drug and Therapeutics, compliance must occur.

attends the Clozaril Clinic with a regular psychiatry doctor review at OPD by Dr for this monitoring. On the 20/10/2010, left the Clozaril Clinic without his script. On followup, the Pharmacy reported he had only just picked up last months supply.

Following discussion with Dr , he request for  
ATS case management

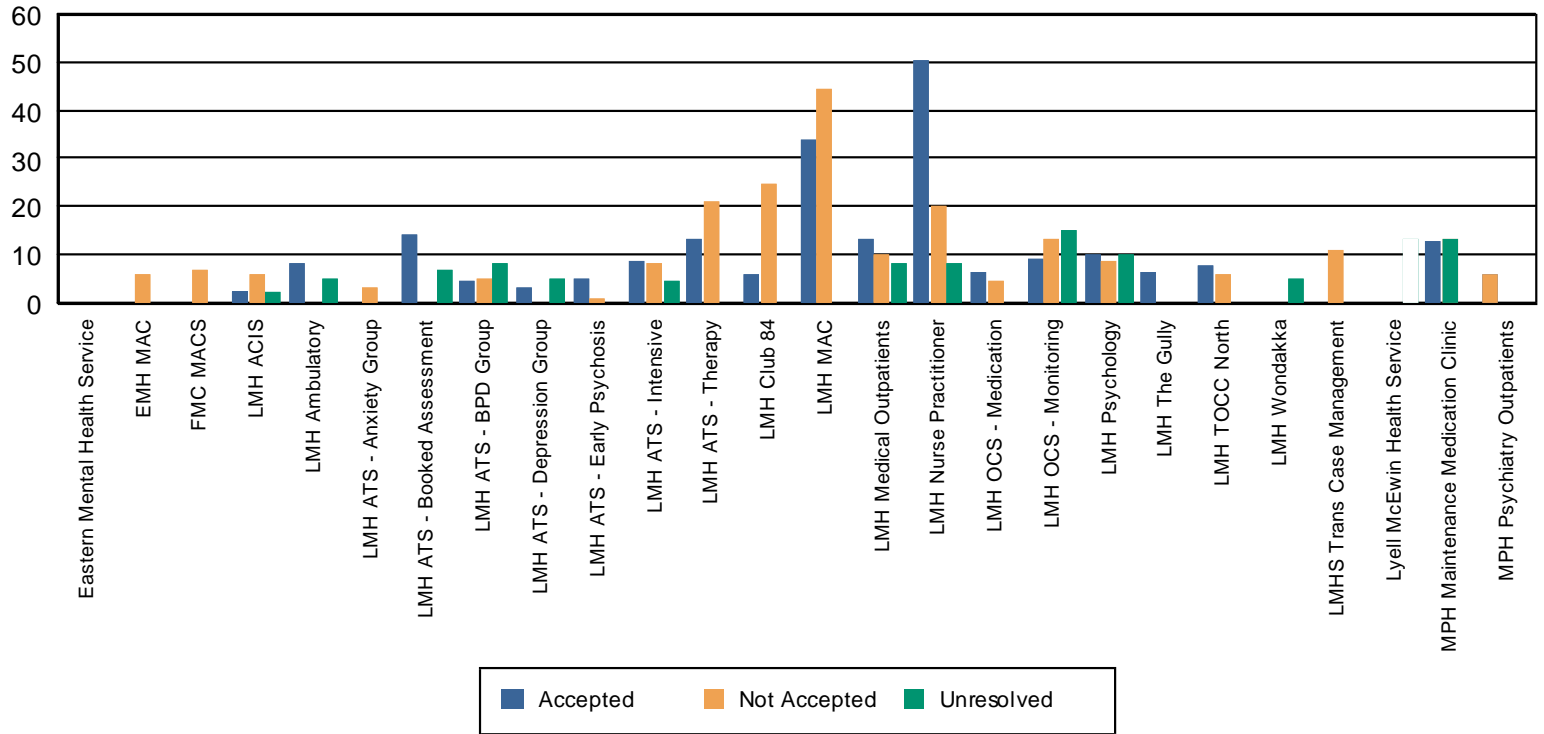
**Primary Team Referred to** LMH ATS - Intensive

Services Required	Accepted	Comments
Assertive Care	Yes	On waiting list

**030131 Boa** Request Date 22/10/2010

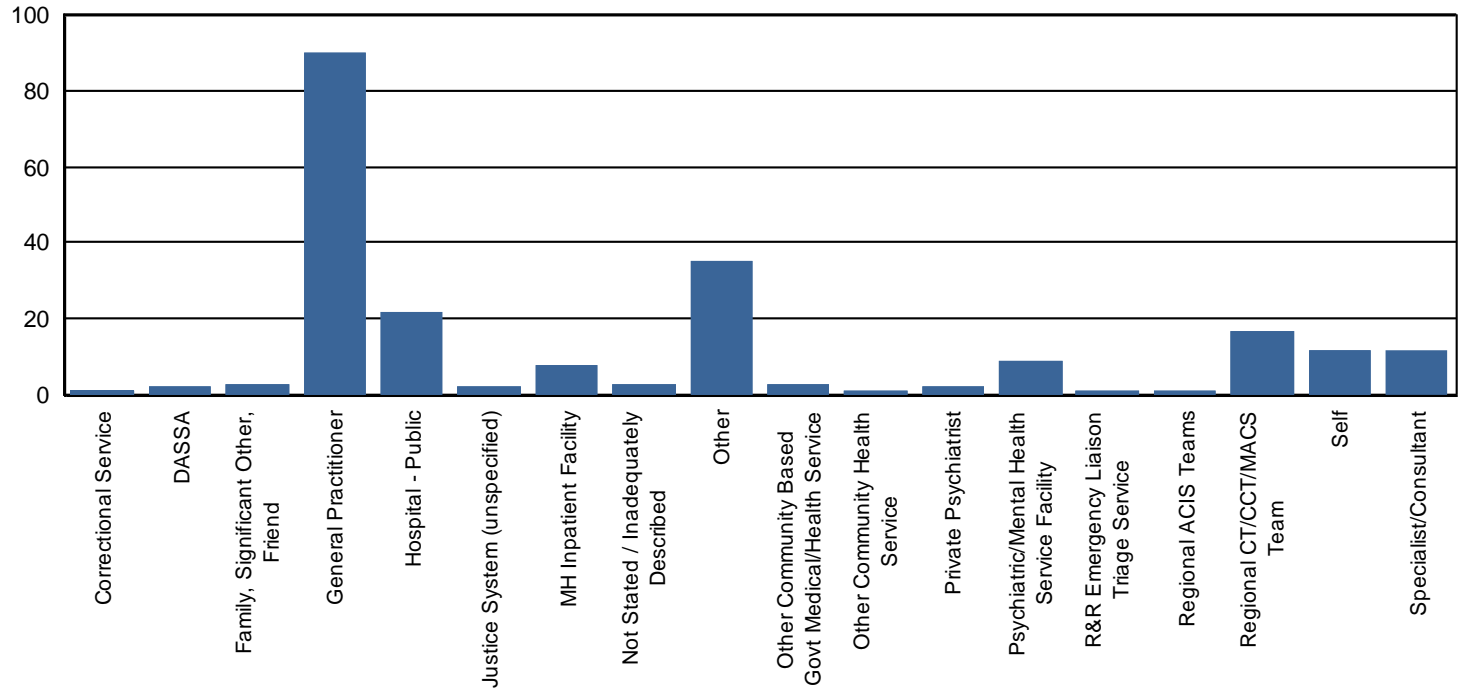
# Sample KPI Reports - Time

## Average Length (days) of Referral Process

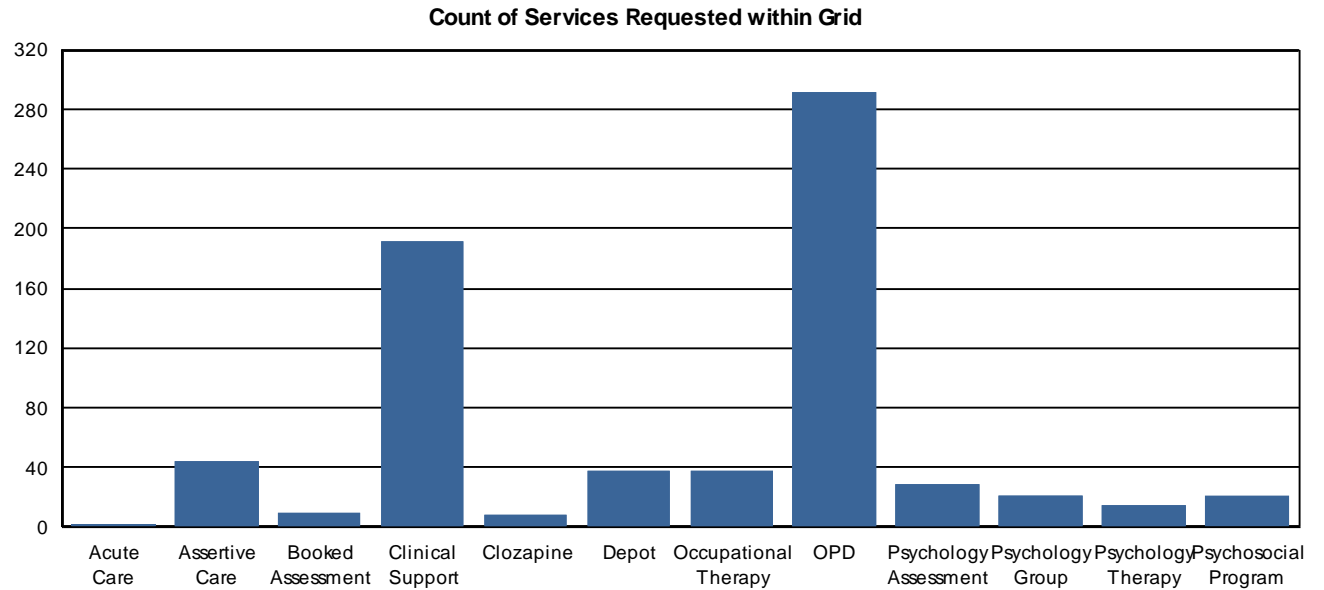


# Sample KPI Reports - Source

Count of Referrals by External Source



# Sample KPI Reports - Services





# Summary

## > Effective

- Referral progress can be tracked within metropolitan mental health services
- Consumers do not “drop off” the list
- High Acceptance

## > Efficient

- The system is not dependent on any one individual
- Meetings attendance is reduced, as decisions can be made and communicated outside of the meeting
- Decisions made outside of the meeting are still recorded on the system



## Summary ...

### > Service

- The service can now identify consumer flow issues, improving transparency and reallocate resources with evidence based decision making
- Accountability of teams and functions for service delivery has increased

### > Development

- Reporting on a range of data items including: Wait times; Referral Sources; Services Required; Referrals Accepted and Rejected; Profiling of Referral requests

### > The tail stopped wagging the dog and the system works



Questions?



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