

# Connecting Care National Collaborative

Te-Upoko-me-Te-Karu-o-Te-Ika  
Mental Health Addictions and Intellectual Disability Service  
3DHB

# Improving Service transitions: for people transferred from the Crisis Resolution Service to an Adult Community Service

**Aim:** To improve face to face contact by Adult Community Mental Health, following transfer of care from CRS, from 27 days to 14 days by 31 January 2018

# Project team

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# Engage

- Lack of clarity around who is responsible for the care after TOC
- Lack of clarity around what constitutes a “crisis”
- Different understandings around TOC timeframes and processes
- Approximately 50% of families felt involved in the TOC decision
- Over 60% felt their views and concerns were listened to
- Over 50% knew who to contact if needed

# Capture

## The methods we used were

- Processing mapping
- Surveys
- 1:1 Conversations

## What we captured:

- How other services impacted on the functioning between CRS / ACMH
- People have very difficult expectations of how processes operated between services
- Technology can be a barrier (e.g. faxing)
- Lack of knowledge about what other services offered (e.g. people would refer request a specific intervention which isn't available)
- Families experiences differed, and there didn't seem to be a standard consistent process
- What was working well, particularly related to effective communication

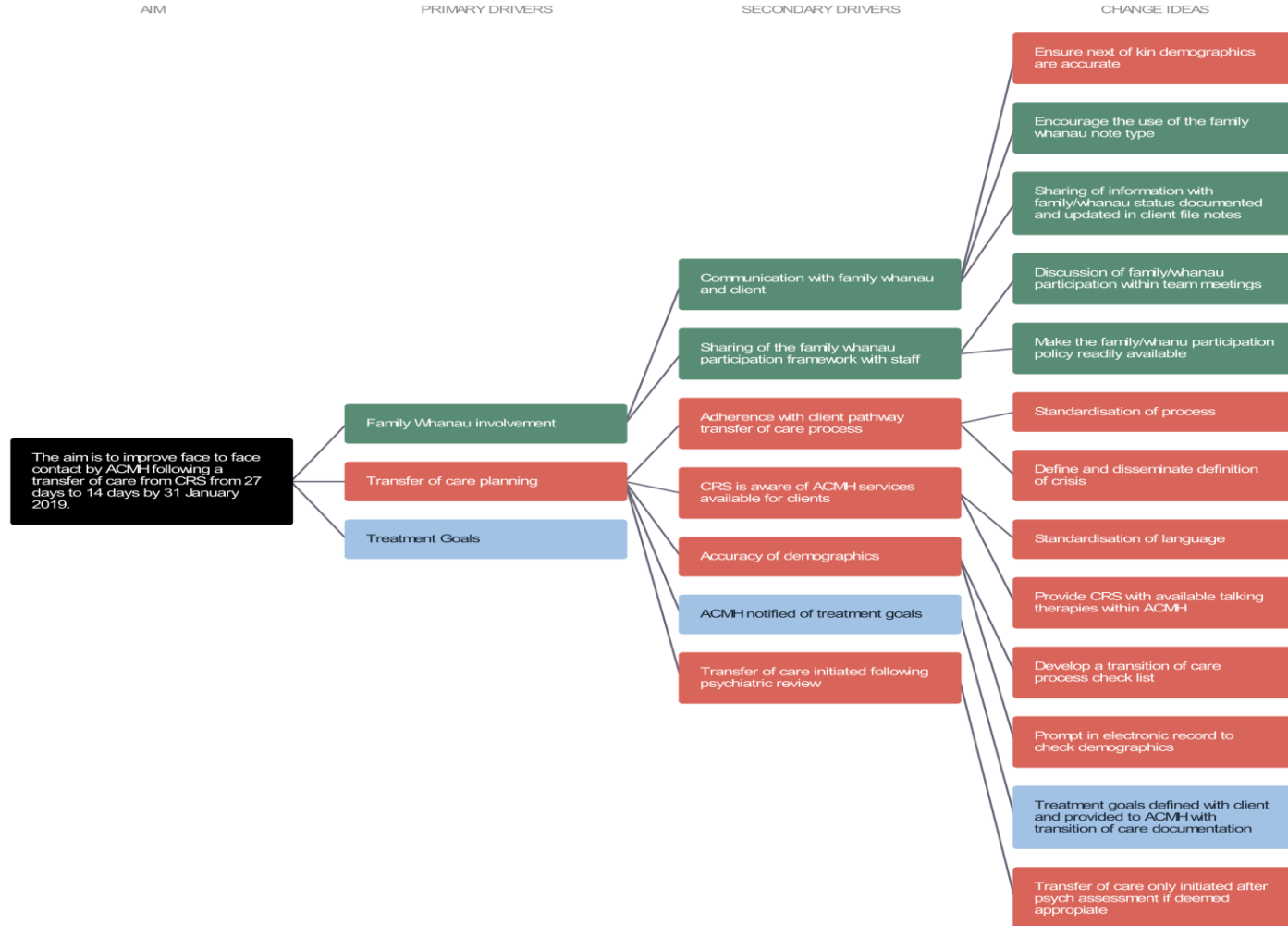
# Understand

- Frustration about the variation in processes and expectations of each other
- Anxiety about how the privacy legislation impacts on ability to share information
- Appreciation / anxiety about moving from a service where they know the clinicians into the 'unknown'
- Relief when the processes worked well and there were no barriers

# Co-design themes

- Need to clarify TOC processes
- What improved family involvement look like?
- Knowledge that allows trust / reassurance in processes
- On-going learning from experiences

# Ideas generation





# Measures

**Outcome:** Time for face to face follow-up following transfer of care from 27 days to 14 days.

# Shared learning

- Engagement is critical to the success of co-design
- Staff buy-in is fundamental
- Engage with stakeholders early
- Adopt a flexible approach and change as you learn
- PDSA cycles are imperative for progression

# ELEVATOR PITCH

## Transition of care from CRS to ACMH

We know that the transition process is complex and has increased risk for clients and their family/whanau.

In order to make the transition a positive smooth and cohesive experience for consumers we need to understand your experience and utilise your expertise to help us design and implement a well-organized and effectual process.