Central Adelaide Local Health Network
Mental Health Directorate

Capacity Audit

June 2015
CALHN Capacity Audit

- The Capacity Audit Tool (CAT) to provide a method to evaluate the delays and barriers to creating bed capacity [1], [2]
- Developed based on Haraden’s Wasted Capacity Audit Tool (2006)
- The tool has been used 5 times at RAH and various combinations
  - 2007 – RAH Trialled
  - 2008 – CNAHS - 4 hospitals
  - 2010 – AHS - 6 hospitals
  - 2011/12 – special purpose audits (RAH 1 day & TQEH w/e)
  - 2013 – CALHN 1124 beds audited, 54 wards
- Compliance between 95-100% due to simplicity
- Each audit the process has continually been refined and adapted to local requirements
- First time in Mental Health Setting

CALHN Capacity Audit

> Mental Health is often seen as a significant contributor to emergency department demand and subsequent access block
> We wanted to see if the Capacity Audit Tool
  • could be used in a mental health setting to improve our understanding of bed capacity
  • identifying key causes of delay for mental health inpatients across a stepped model of care and
  • quantify the most frequent causes of barriers to access bed capacity to underpin our improvement work
Mental Health Capacity Audit Tool (MHCAT)

- Reviewed CAT tool for appropriateness to capture mental health capacity issues
- The existing questions were modified to
  - Include a question to collect consumer’s current legal order status
  - Collect information on consumers absent without leave or on approved leave
  - A specific question was included to determine consumer waiting for access to other mental health facilities/services or accommodation
  - Updated discharge delays to reflect specific mental health issues, i.e. revoking orders, awaiting community team in-reach/allocation

- MHCAT was formatted on Survey Monkey™ to support easier data collection and retrieval
Mental Health Capacity Audit Tool (MHCAT)

- Q1 - Current Legal Order
- Q2 - This bed is occupied by a consumer
- Q3 - The bed is occupied and the consumer is awaiting transfer to:
- Q4 - The bed is occupied by a consumer who is ready for discharge but there are delays: (you can choose more than one)
- Q5 - The bed is empty
- Q6 - Other
- Are there any other comments / suggested improvements you wish to make associated with bed capacity / consumer flow?
Method

- Audit undertaken across all mental health bedded services in Central Adelaide in October 2014
- Included 9 ward areas covering a total of 153 mental health beds, including acute inpatient wards across 3 sites, 2 Psychiatric Intensive Care Units (PICU), 2 Intermediate Care Centres and a single Inpatient Rehabilitation unit and a Community Rehabilitation Centre (CRC)
- Audit was undertaken at a single point in time and for one day only. Due to patient flow availability a Tuesday was selected
- The survey link was distributed to leads of each participating ward on the morning of the audit
- Once completed the results were automatically available for collation
- At the same time of audit data was collected on mental health patients waiting in the relevant emergency departments.
Results

- The MHCAT achieved 100% (n=153) compliance with all 9 unit areas completing the survey capacity audit
- Overall 94% (n=144) of the beds were occupied with 84% (127 beds) occupied by consumers requiring treatment (positive)
- Of this cohort, 1 consumer was absent without leave
- In relation to Legal Orders 44% of beds (n=67) had a consumer where there were no legal orders in place, 53% had a Mental Health Act order and 3% were on a Criminal Consolidation Act order
Results - Delays

Of the bed stock 17% of the beds (n=25) were not being used positively for care. Key areas identified as barriers in use of the bed stock included:

> Bed occupied by consumers awaiting transfer to another type of mental health bed (step down), equated to 7% (10 beds)
  • 30% (3 consumers) were waiting for a Rehabilitation bed with 20% (2 consumer) waiting for a Forensic bed

> 4% (6 beds) were occupied by consumers who were ready for discharge but there were delays. Note: More than one reason for delay was able to be recorded against a consumer with a total of 8 reasons for delay recorded.
  • Of this 25% (2 consumers) were waiting for an ITO to be revoked
  • 25% (2 consumers) waiting for Community team in-reach/allocation
  • Others delays included 1 consumer with No Fixed Place of Abode (waiting for accommodation) and another in Rehabilitation waiting for an Older Persons service
Results - Delays

There were 6% beds (n=9) empty at the time of the audit
  • Of this 3 beds were awaiting a consumer to be allocated
  • 33% (3 beds) were out of commission due to remodelling works
  • 2 beds were allocated to a consumer waiting in ED
  • 1 bed allocated to a direct admission consumer
Results - ED

> Information was concurrently collected about consumers waiting in emergency departments
> There were 14 mental health consumers awaiting admission or a disposition plan across 2 emergency departments (10/4)
> The shortest waiting time was 1.12 hours with the longest waiting time of 124.33 hours
> 40% (4 consumers) were awaiting an open bed with 30% (3 consumers) awaiting PICU
Findings

> The CAT – MHCAT worked and can be applied in mental health inpatient services
> Requires some refinement for some areas
> The electronic version was fabulous
  > adjustments were able to be made immediately
  > results were readily available
  > we were able to prompt some areas to ensure timeliness of completion
  > follow-up was enabled immediately for any queries on data collected
> MHCAT results demonstrated a higher rate of beds being used positively for care, or conversely less inpatient delays to General Audit results, 84% compared to the almost 75% reported for general acute beds
Findings

> Over half of the inpatients in our care were subject to a legal order.
> The MHCAT highlighted transfer of care, waiting to transfer a consumer for sub-acute care, as the most common cause of delay. This is also consistent with CAT of general inpatient beds.
> As with previous audit results there are always empty beds.
Conclusion

> The MHCAT is a simple and an effective tool to increase a broader system wide understanding of how bed stock is being used
> Using Survey Monkey™ was a positive enhancement
> Linking of survey information with associated emergency departments also provided a valuable insight into linkages and potential system problems associated with patient flow
> Manuscript has been accepted for publication Australasian Health Review – being published soon