Western Cape Government

FOR YOU

A Collaborative Discharge Model for Revolving Door in Mental Health services in the Western Cape Province of South Africa

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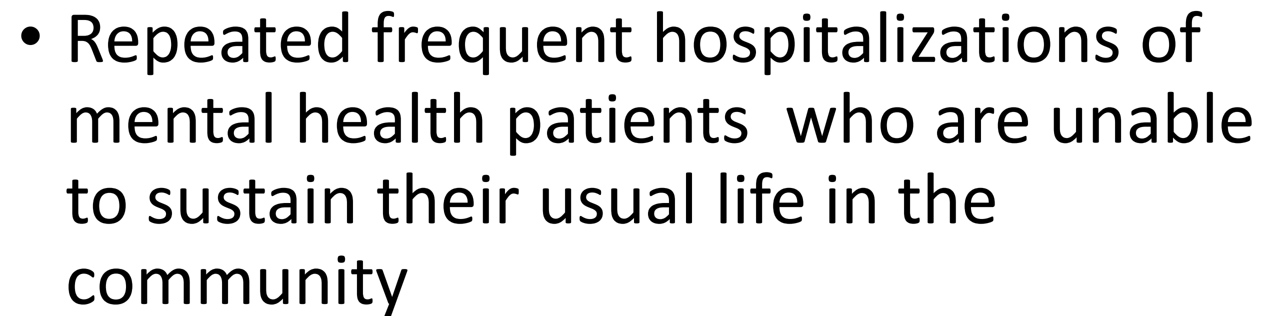
Acknowledgements

KESS Management
KESS Mental health team
National department of health

Conflict of interests

None

Revolving-door (RD)


Repeated frequent hospitalizations of mental health patients who are unable to sustain their usual life in the community

Revolving-door in mental health

Profile of RD MH patients

- Psychotic disorder
- Substance use disorders
- Depressive disorders
- Obsessive-compulsive disorder and alcohol dependence,
- Borderline personality disorder

Contributing factors for RD

- Crisis discharge
- Lack of therapeutic alliance
- Non-compliance to treatment
- Severe social disability
- Living in a residential facility
- Family dynamics
- Substance use

❖Occurs even in the presence of community –based MH services

Revolving-door mental health cont…

Impact

- RD increases the economic pressure for the service
- RD increases the bed pressure in inpatient units
- May result in burnout for service providers.
- Reduces the patient well-being
- Increases patient morbidity and mortality

Strategies to reduce RD in MH

- Focus on different aspects of the patient's journey and challenges
- Social issues
- Compliance with treatment
- Coordination of care between agencies
- Pre and Post discharge interventions
- Peer support

Reducing RD in the Western Cape

- The Western Cape Healthcare 2030 policy recommends
  - An effective referral process
  - a discharge process
  - advances in technology

❖ Lack of implementation

❑ The indicator : Number of MH readmissions within 30/60/90 day

A Comprehensive discharge Model at KESS

Concern: high pressure in inpatient psychiatric units

An election of a task team to design an "effective discharge plan"

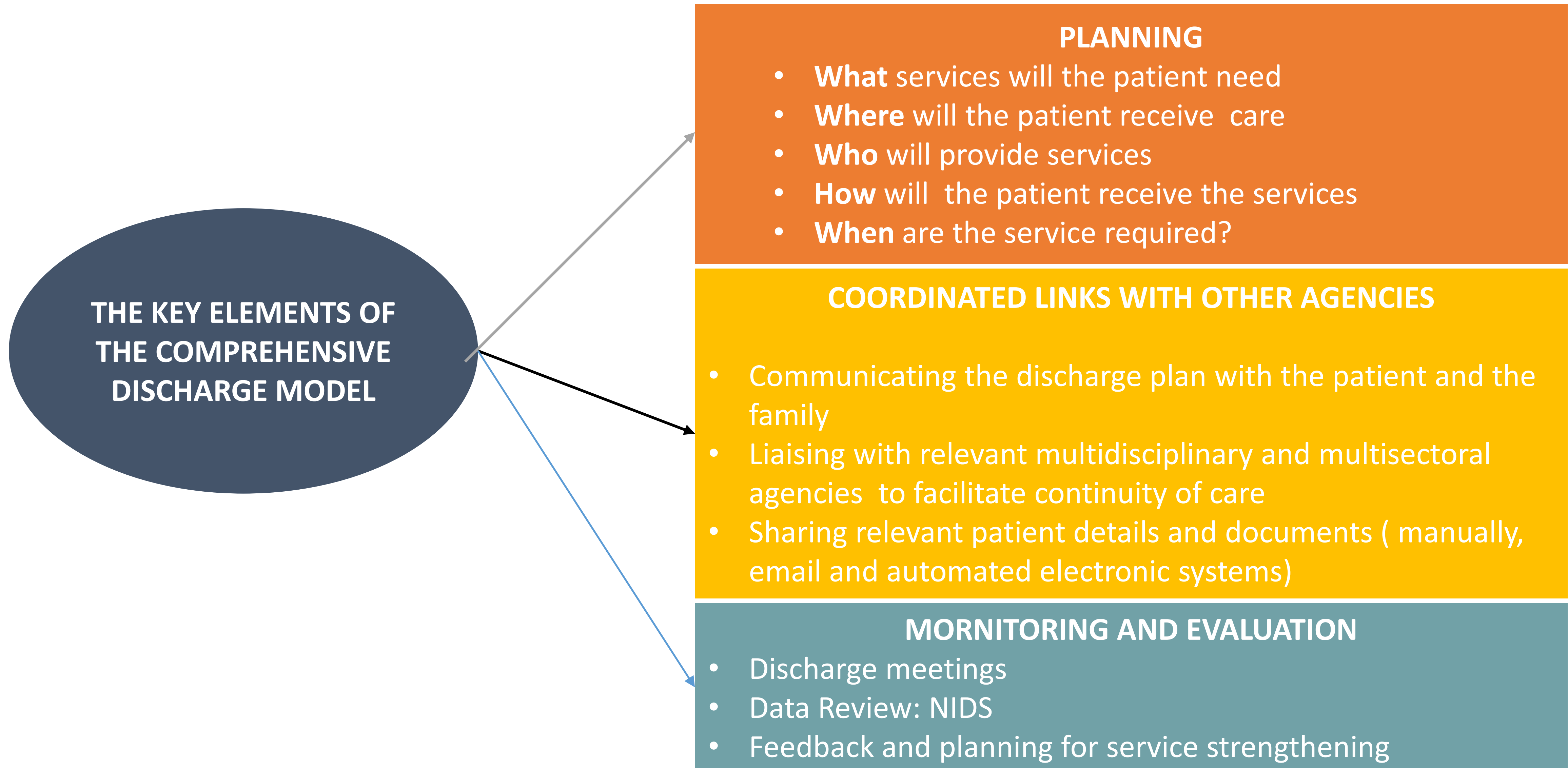
Implemented from November 2021

Evolved and inmproved overtime

The Key elements of the comprehensive discharge Model

Planning	Coordinated links with other Agencies	Monitoring and evaluation

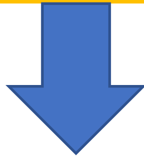
The Key elements of the comprehensive discharge Model



A comprehensive discharge process for MH patients

INPATIENT PSYCHIATRIC UNIT

- Discharge summary captured on Electroni Continuity of care record (ECCR) and populated into Single patient viewer (SPV) automated discharge list



KEY RESPONSIBILITIES OF INPATIENT UNIT STAFF

- Ensure accurate capturing of patient information
- schedule a follow up appointment according to community facilities' MH service structure
- Lias with all relevant providers for needed interventions
- Discharge summaries emailed to Community based services (CBS)

Folder Number	Firstnames	Surname	Sex	Age	Referral Date	Referring Facility	Primary Diagnosis Code	Primary Diagnosis	Appointment Date	Referred To Facility	Reference Notes	Attendance status	Encounter Closest to Appointment	Encounter Facility	Most Recent Encounter Date	Most Recent Encounter Facility	Contact Type	Contact Value	Last follow up date	Last follow up type	Last follow up status	Datasource

COMMUNITY MH SERVICE PLATFORM

THE ROLE OF THE COMMUNITY MH NURSE

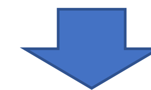
- Access the spv automated discharge list every Fridays
- Schedule an appointment on the daily attendance register

If Non-attendance:

- Reschedule an appointment on spv
- Make a referral to CBS coordinator at the facility
- Add comments on spv and document on patient's file
- Refer RDs to the ACT Team

THE ACT TEAM

- Administers treatment at home
- Links patient to community MH resources

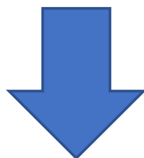


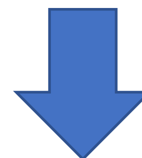
THE ROLE OF THE CBS TEAM

- Home visits to identify challenges
- Link patient to care at DoH facilities
- Feedback to the community MH nurse

A comprehensive discharge process for MH patients

COMMUNTY MH SERVICE PLATFORM





DISCHARGE MEETINGS ON FRIDAYS (MONTHLY)

- Get progress report
- Review “Lost to follow up”
- Discuss social determinates and strategies to resolve them

A WhatsApp group for one District hospital

A comprehensive discharge process for MH patients

MORNITORING AND EVALUATION

Done by a MH coordinator

Frequency: Done quarterly

Method: Retrieve data from Sinjani (Inpatient throughput form) and Single Patient Viewer (SPV)

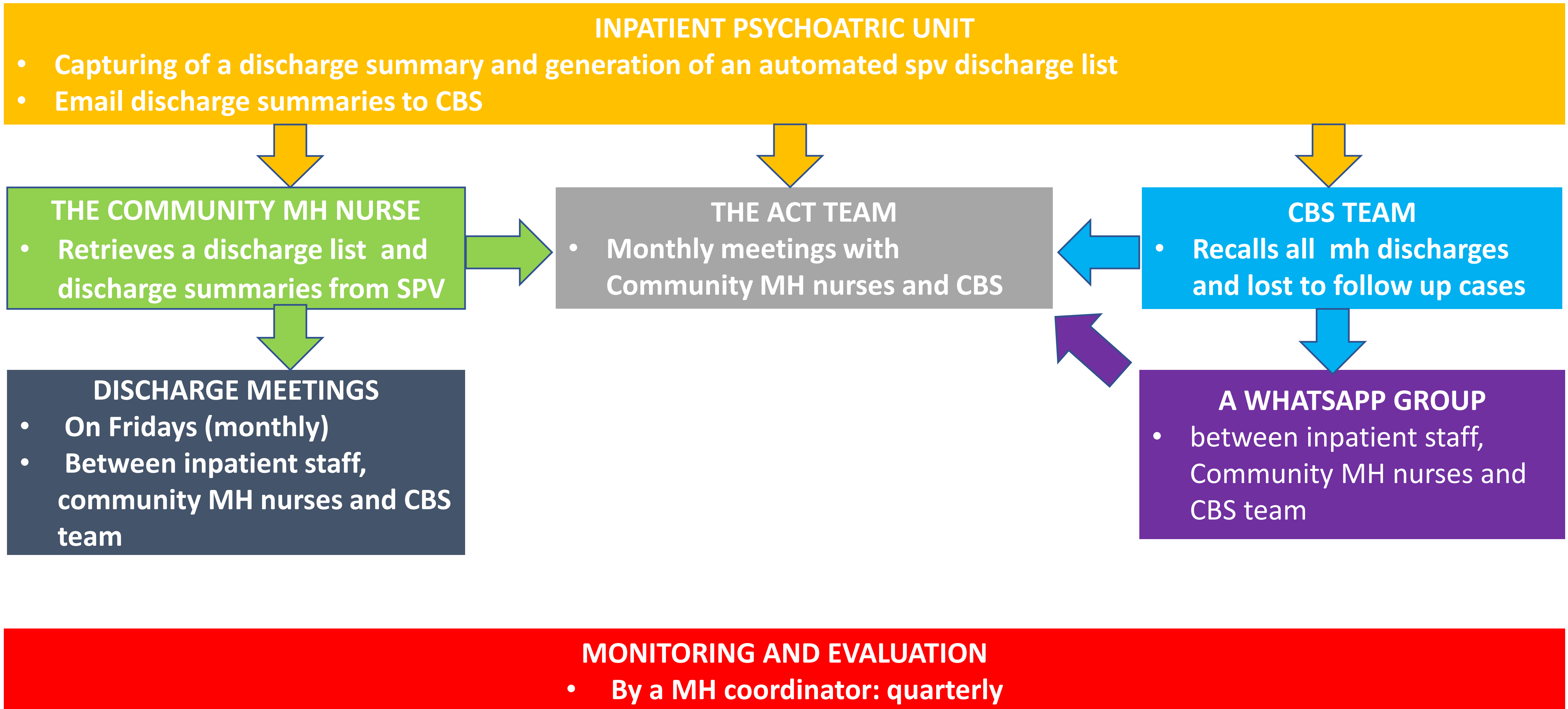
Indicators: NIDS

- Number of readmissions (Psychiatry)
- Number of Lost to follow-up (KESS indicator)

Feedback to managers and MH providers

Facilitate discussions about strategies to improve the rates

A comprehensive discharge model : Process



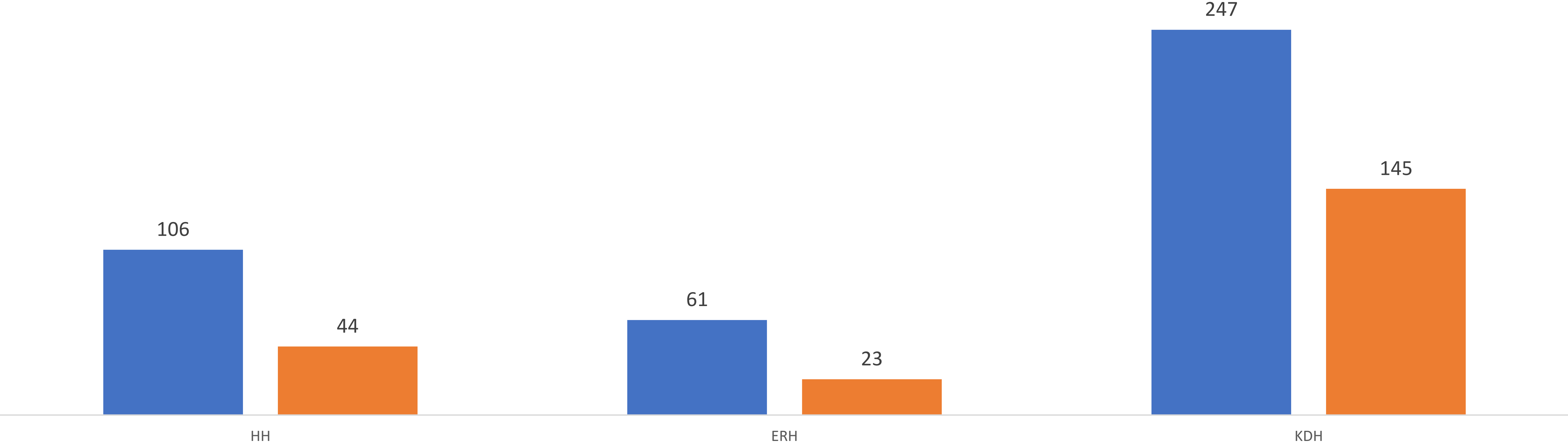
The outcome

The rates of readmissions were compared before (April-Dec 2021) and after the implementation (from to Jan-Dec-2022) of the collaborative discharge model

A report on “readmission rates within 90 days only” across the three District Hospitals

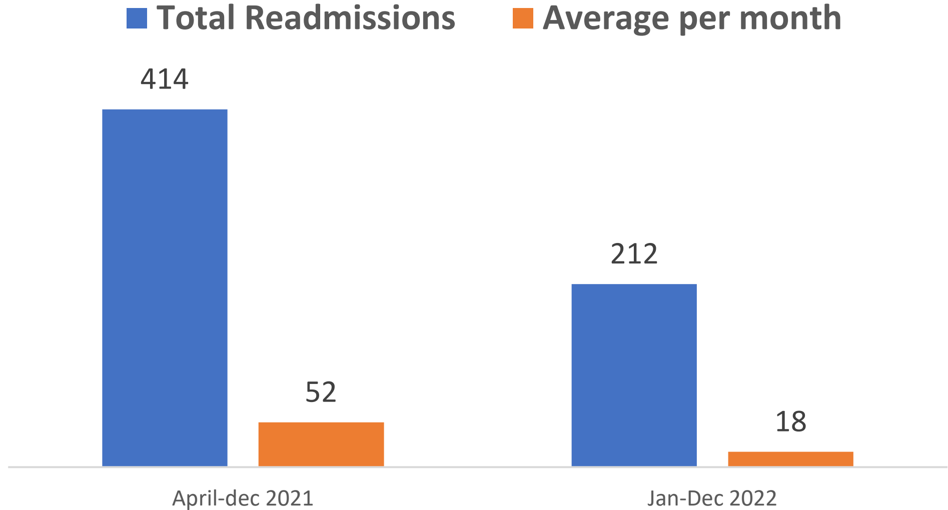
The Outcome. Rates of MH readmissions across District Hospitals

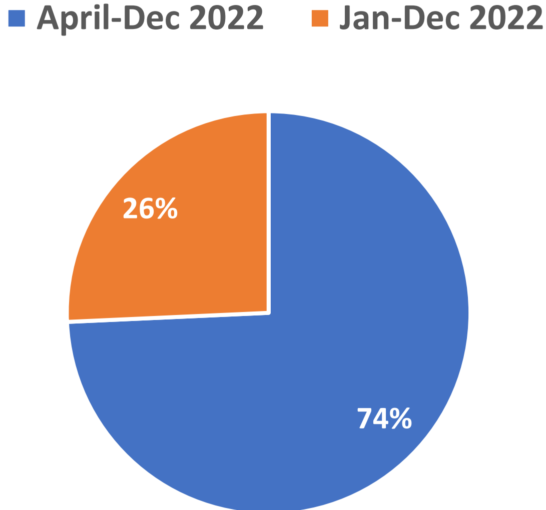
An overall reduction of Numbers of MH readmissions within 90 days



The outcome: Rates of MH readmissions across District Hospitals

- Total reduction of readmissions by 48%





Conclusions

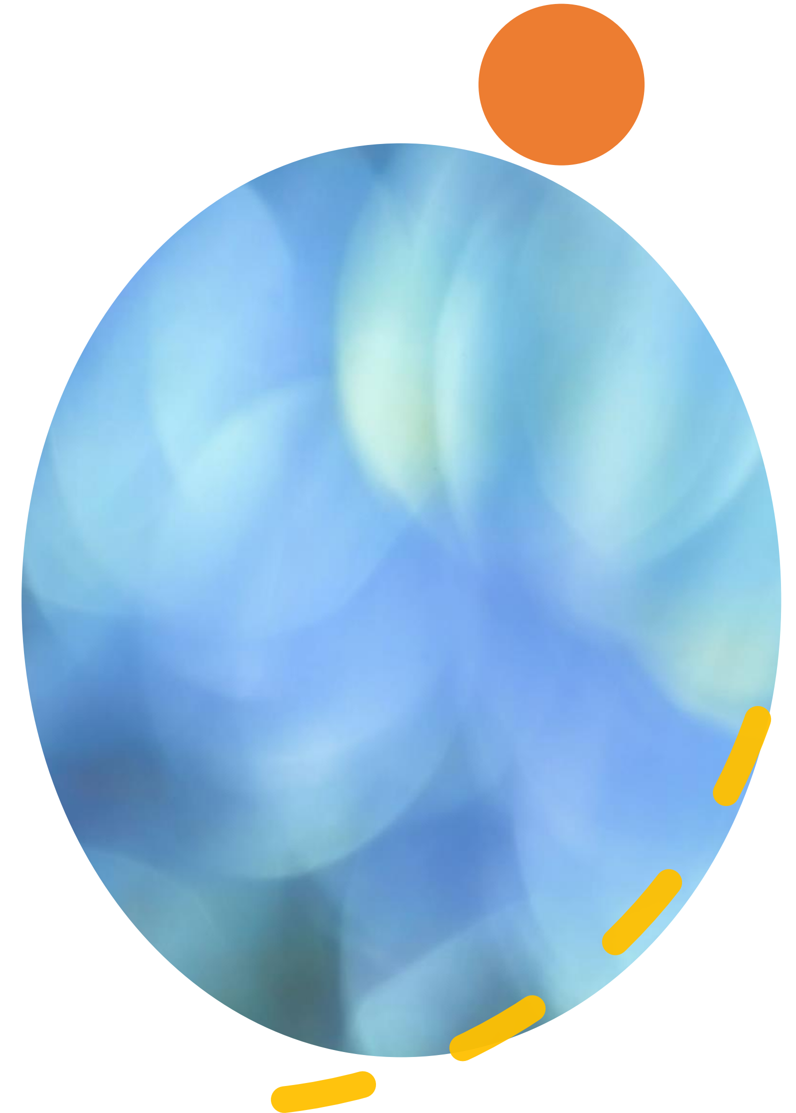
A comprehensive discharge model is effective in

- Reducing the RD,
- Reducing the pressure in inpatient units,
- Effective in ensuring linkage to care with community health services.

Research to explore the impact of the comprehensive discharge model, focusing on

- Profile of the RD patients in SA context.
- Evaluate the quality of life post discharge
- The social determinants of RD and strategies to address them

We propose that the model can be applicable to other communities



Thank you!!!!!!!!!!!