



EQUALLYWELL

2023 Symposium

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Western NSW Local Health District

“Beyond the Emergency Department”

Dubbo Emergency Department to Community
Initiative

27 July 2023 - Equally Well Symposium

**Selena Ly and
Belinda Lee**



Acknowledgement of Country

We acknowledge the Traditional Custodians of the Country(s) we meet on today and their connection to land, waters and community.

We pay our respects to their Elders both past and present and extend that respect to all Aboriginal people here today.



Western NSW: Our Region

40 geographical locations

38 hospitals

50 Primary and community health services

23 community mental health facilities

Aboriginal people represent 13 % of the Western NSW population

10 Aboriginal Nations

Western NSW Aboriginal Nations



Disclaimer: This map indicates only the general location of larger groupings of people, which may include smaller groups such as clans, dialects, or individual languages in a group. The boundaries are not intended to be exact. This map is not suitable for use in native title or other land claims.

Our Health and Wellbeing in WNSWLHD

Determinants and Risk factors compared to the rest of NSW

WNSWLHD residents have **lower levels of Education**

WNSWLHD has slightly **lower unemployment**

WNSWLHD reports a **higher proportion of early school leavers**

High level of **low income households**

WNSWLHD is expected to have **poorer health literacy levels**

Higher rates of **social exclusion**

WNSWLHD health compared to the rest of NSW

Cancer, Circulatory, and Respiratory are our three leading causes of death

Diabetes Death rate **36% higher**

COPD Death rate **78% higher**

Cardiovascular **45% higher**

Higher rates of smoking, risky Alcohol consumption and Obesity

Life expectancy is **2 years lower** than all NSW

Hospitalisation rates are **3% higher** than that of NSW annually

ED presentations for Mental Health are **54% higher** than NSW average

Suicide rates 37% higher

Aboriginal Population

Higher prevalence of chronic health conditions, **presenting much earlier** in life than the rest of our population

Higher rates of comorbidities and complications

Significantly **lower life expectancy** than the general population in **NSW men (70.5 years) and women (74.6 years)**

Hospitalisation rates for Aboriginal people are **double** to non Aboriginal

Smoking and obesity **rates are higher** among our Aboriginal population

Suicide rates for Aboriginal people is **double the rate** of non Aboriginal

31% do not have a usual GP

Health Service Overview: Dubbo

Population – 37 400

- 160 acute bed Base Hospital ,
Emergency Department and provides
nearly 200 000 specialist outpatient
appointments per year.

- Dubbo Primary and Community Health
Centre is currently located off site and also
provide services to the catchment
population.

- 10 GP practices, Dubbo AMS

- Allied Health

- Correctional Facility (Wellington)

Mental Health Service (Dubbo and Regions)

Community mental health services are divided into three age groups. Infant child youth and family mental health services (0 to 18 years), adult mental health (18 to 64 years) and older persons mental health (65 years+).

Dubbo Health Service referral network (usual referral and discharge relationships) is the largest in the LHD supporting the towns of:

- Dubbo
- Baradine
- Brewarrina
- Collarenebri
- Coolah
- Coonabarabran
- Coonamble
- Dunedoo
- Gilgandra
- Gulargambone
- Gulgong
- Lightning Ridge
- Mudgee
- Narromine
- Nyngan
- Peak Hill
- Tottenham
- Trangie
- Walgett
- Warren
- Wellington

What is Emergency Department to Community?



Treat individuals holistically outside of the hospital setting. Whole of person care is provided in the community, supporting the unique needs of the individual person



Care provided in an appropriate, safe and familiar setting and aims to improve the individual's health literacy

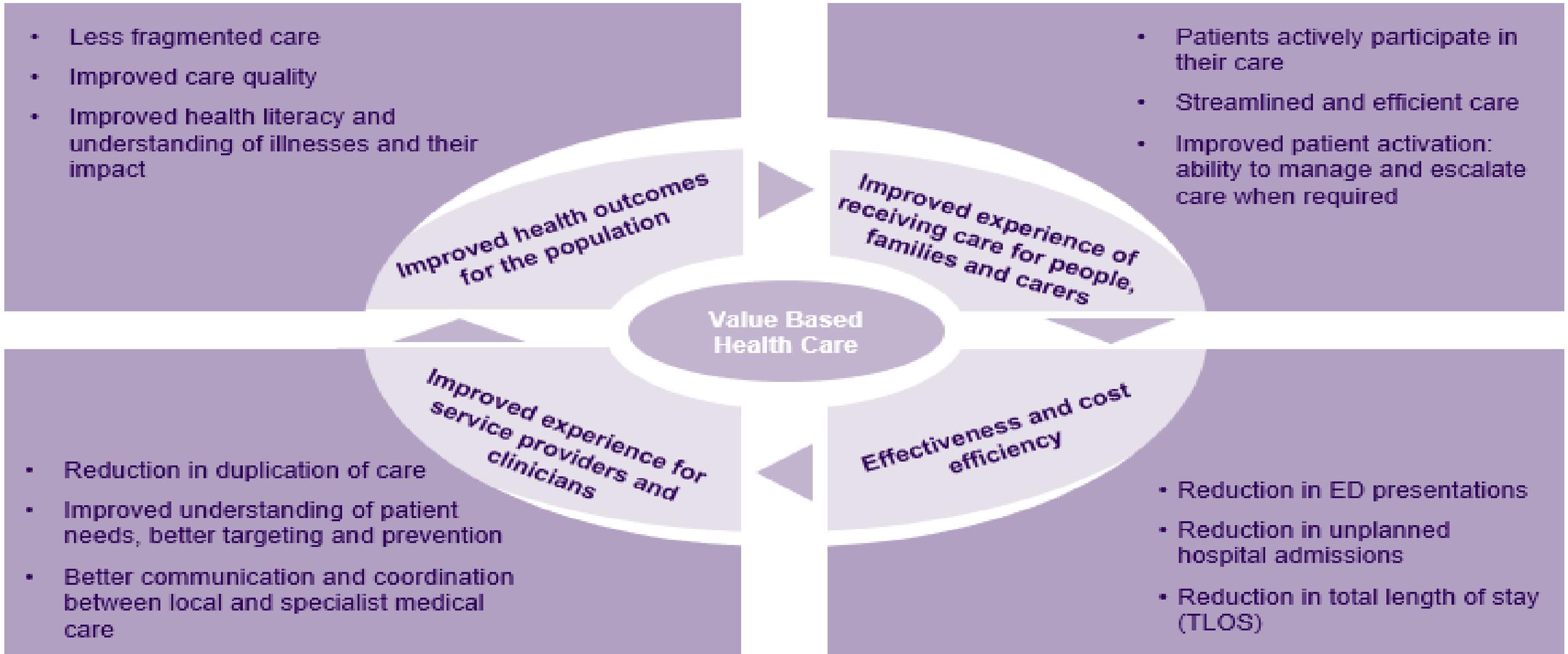


Developing Partnerships and professional networks across clinical areas, social supports



Individuals receive proactive and time limited support from a team of senior multidisciplinary clinicians and services

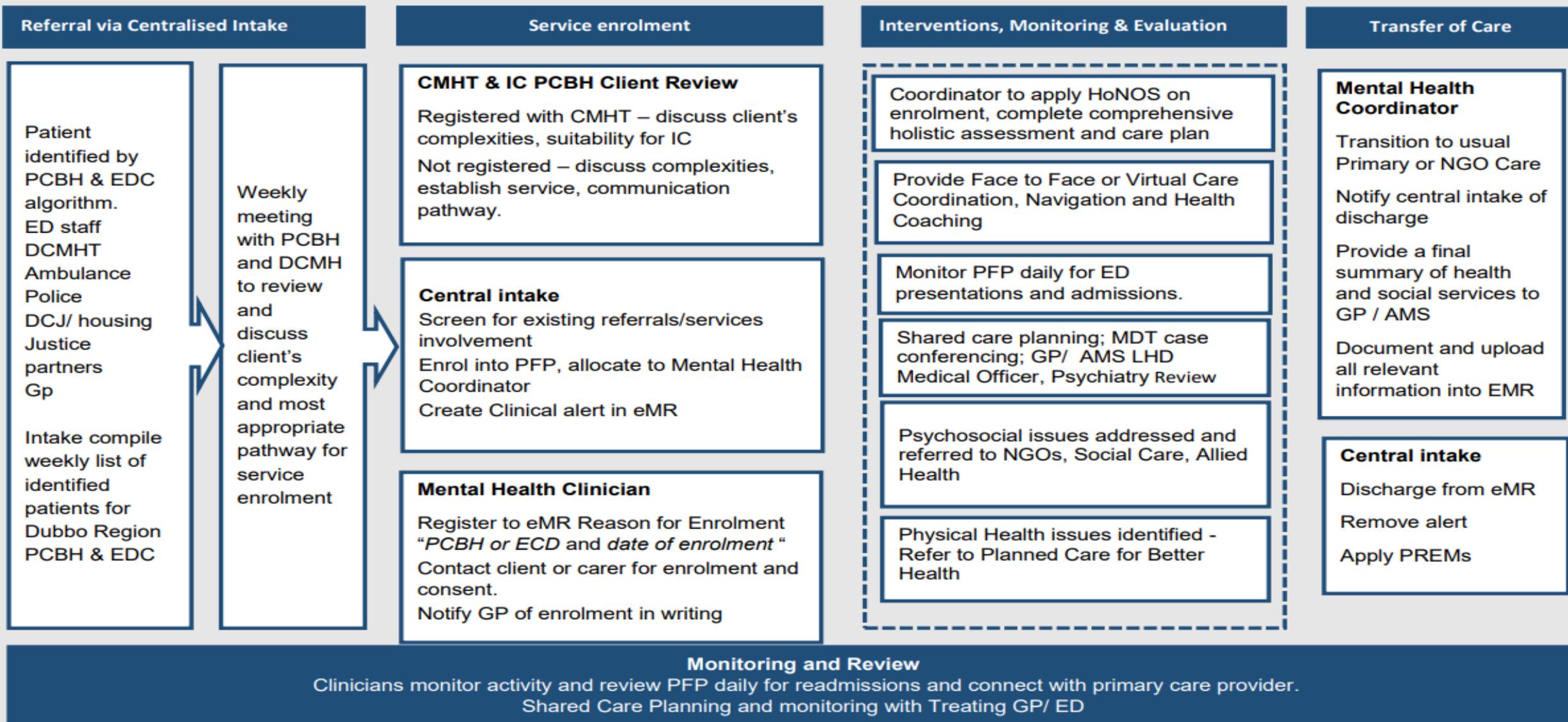
Anticipated Outcomes



WNSW Integrated Care Partnership – Physical / Mental Health Pathway

Delivering a shared care approach for People with Chronic and Complex Care Needs

This culturally responsive model is based on a 12 week journey for clients and carers who are supported to become empowered to better self-care, focussing on wellness, promoting health literacy and providing a collaborative continuum of shared care across Health and Social care services



Partnerships

- Local GP practices
- NSW Ambulance
- NSW Police
- DCJ and Justice Health
- NGO's
- Specialist Services



Initiative Insights : Feb – June 2023

Average of 10.3 individuals identified on PFP on EDC selection per day

- 35 Enrolments through program to date
- Age range: 20 – 67, Ave age 41.32 years
- Sex: Male 51%, Female 49%
- Aboriginal People enrolled: 33%
- No. Internal Case Conferences completed:14 (enrolment)
- No. with GP: 83%



43%

Managed by MH Care Coordinators



57%

Managed by PCBH Care Coordinators

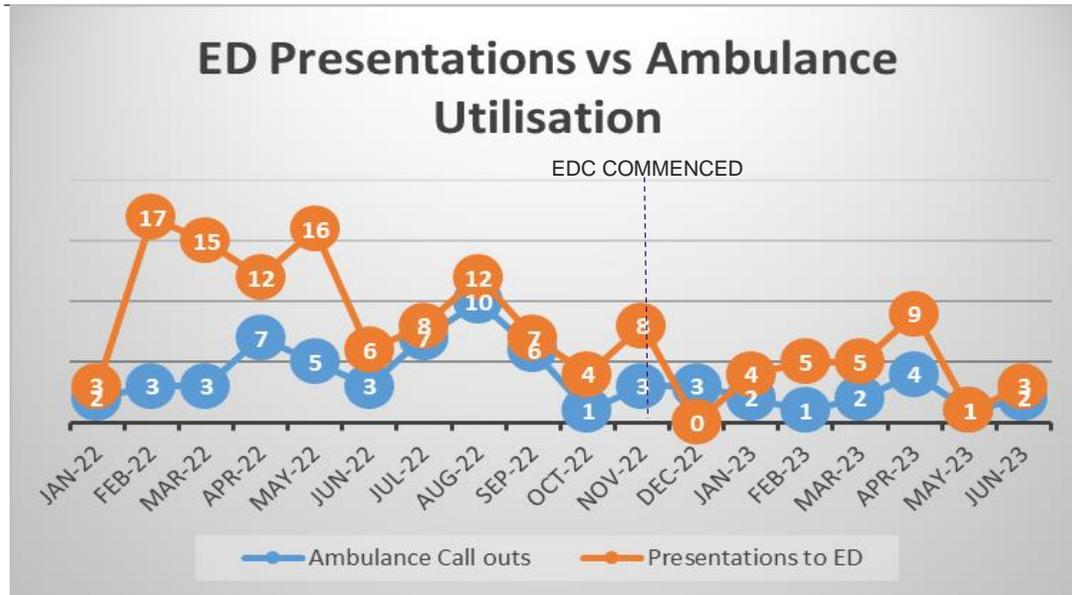
- Ave 63.3 Days enrolled
- 63 % with care plan
- 11 % NDIS
- 100% discussed at complex case review

Top three presentation diagnoses

- Pain: Chest, Abdominal
- Mental Health Problem
- Patient Care Review

MH- Hallucinations
MH- Suicidal Ideation
MH- Behavioural Disturbance

Consumer Journey



Medical and Social History

- Schizophrenia, Osteoarthritis, Insomnia
- Highest ED presentations in 2022 (140)
- Chest pain, auditory hallucinations and abdominal pain

Medication

- Zuclopenthixol (Cloxipol) 300 mg IMI depot fortnightly
- Olanzapine (Zyprexa) 10 mg PRN

Progression through program

- Depot provision has gone to ED, CMH to GP
- Regular Metabolic monitoring
- Regular engagement with Psychiatrist and Care coordinator
- Increased engagement with NDIS and HASI, support services

Moving Forward

Ownership over health management

Challenges

Complexity of Individuals

- Service requirements
- Co-ordination and communication
- Transience
- Priority of health need over another

Capturing Data

- Locally with MH and IC
- Coding of diagnosis
- Statewide (ICOD)

Resources

- Managing under current staffing profile and losing enhancements
- Access to GP and bulk billing
- Access to Allied Health
- Gaps in Service (NDIS)

Technology and Distance

- Poor infrastructure
- Utilisation of Ambulance as transport in some sites

Priority

- Increased load in ED and MH
- Acute vs Primary Care



Opportunities

Peer Workers

- Located in EDs across 3 major centres
- Are part of the EDC teams
- Can refer into EDC
- Reciprocal learning

Capacity Building

- Knowledge of complexity
- Improved Data collection

Central Intake and Assessment

- Streamlined process of enrolment and screening

External services and Partnerships

- Mental Health and Wellness Nurse
- External to Health Virtual Services

Virtual Care

- Improved Utilisation
- Increased resources



Next Steps

Evaluation

- Methodology
- Data
- PREMS and PROMS
- PROMS via HOPE Platform
- Cost Analysis

Education and Capacity Building

- Staff training and education
- Maintain Executive Leadership support
- Feedback to frontline clinicians

Further roll out across district

- Bathurst EDC has been active since 2020
- Utilise PCBH locations and resources
- Apply Physical Health and Mental Health model of care



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