

Innovative Clinical Liaison Inreach Service:

A partnership between a local Community Alcohol and Drug Service, Ramsay Health Care Joondalup Health Campus Hospital and the Community Adult Mental Health Services



Abstract

- Problematic alcohol and other drug (AOD) use contributes to significant physical health, mental health, family, social and community costs.
- Complex association with emotional difficulties, mental and physical illness comorbidity, self-harm and suicide is well established.
- High prevalence of AOD comorbidity in presentations to Emergency Departments, physical health inpatient admissions and in people with mental illness, often undetected and under treated.
- Comorbidity of AOD with mental illness and / or physical illness is associated with poorer prognosis and poorer outcomes including quality of life.

Introduction

- October 2015 Next Step Drug and Alcohol Services, North Metropolitan Community Alcohol and Drug Services (NMCADS), Ramsay Healthcare, Joondalup Health Campus (JHC) and Joondalup Catchment Area Community Mental Health Service (JCAMHS) commenced an innovative AOD Clinical Liaison Inreach Service (Clinical Nurse Specialist and Addiction Medicine Consultant) into the hospital and community mental health service.
- Consultation with senior clinicians and managers at JHC, JCAMHS and the NMCADS commenced in February 2015 to progress the development of this service.
- A Reference group was formed to include senior management and clinical leadership staff across all sites to oversee the implementation and optimise the clinical service operations.
- Terms of reference were agreed to inform the development of a Memorandum of Understanding (MOU) with the JHC and the Service Level Agreement (SLA) with the JCAMHS.

Rationale

The Clinical Liaison Inreach Service was established to provide:

- consultation and advice for medical and nursing staff on the management of patients with AOD problems including opioid and alcohol pharmacotherapies and the management of alcohol, amphetamine and other drug withdrawal
- screening, assessment and referral
- support for Emergency Department staff in managing patients with acute AOD problems
- professional education across the hospital and mental health service
- specialist addiction medicine consultancy and support
- clinical liaison and leadership to nursing and allied health in AOD speciality.

This model is aligned to the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (Mental Health Commission) to expand AOD services to meet the needs of the growing population.

Steps Taken

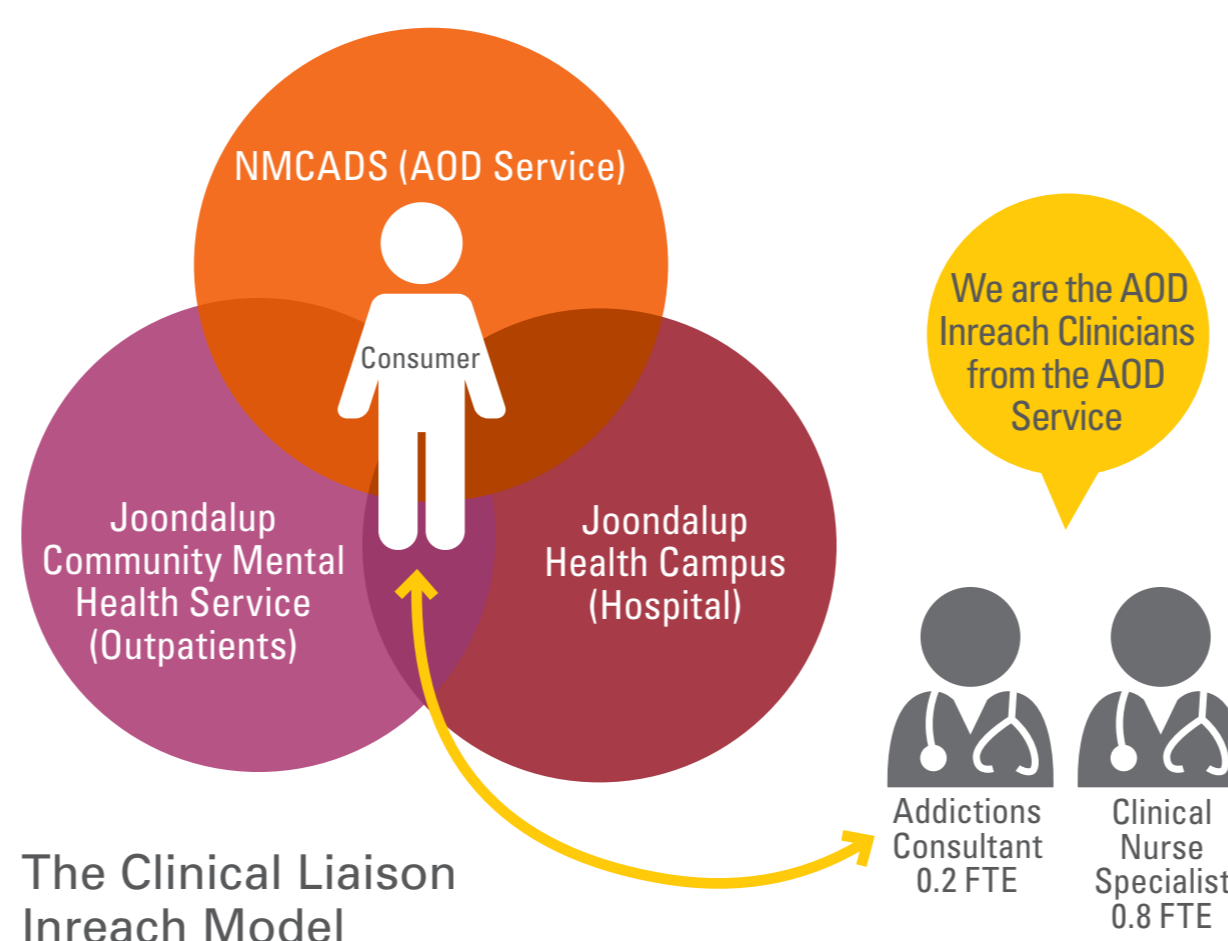
- Funding was made available to establish the Inreach Service from the NMCADS
- Consultation with senior clinicians and managers at JHC, JCAMHS and the NMCADS to progress the development of the service
- Establishing the Inreach Reference Group with senior management and clinical leadership from all services to oversee the implementation
- Development of an MOU with the JHC and adapting an existing SLA with the JCAMHS
- Recruitment of a Clinical Nurse Specialist and an Addiction Medicine Consultant
- Orientation of Inreach team to the hospital and mental health service
- Publicising the Clinical Liaison Inreach service throughout the hospital and mental health service
- Creating the referral pathways and single point of referral

The Clinical Liaison Inreach team aims to provide through care services for patients experiencing AOD and/or mental health problems. The service has facilitated referrals to the local AOD service and has potentially long-term benefits in reducing the burden on the public health system.

The Model

Traditional models of separate specialist services for physical, mental illness and AOD have resulted in significant barriers to help seeking.

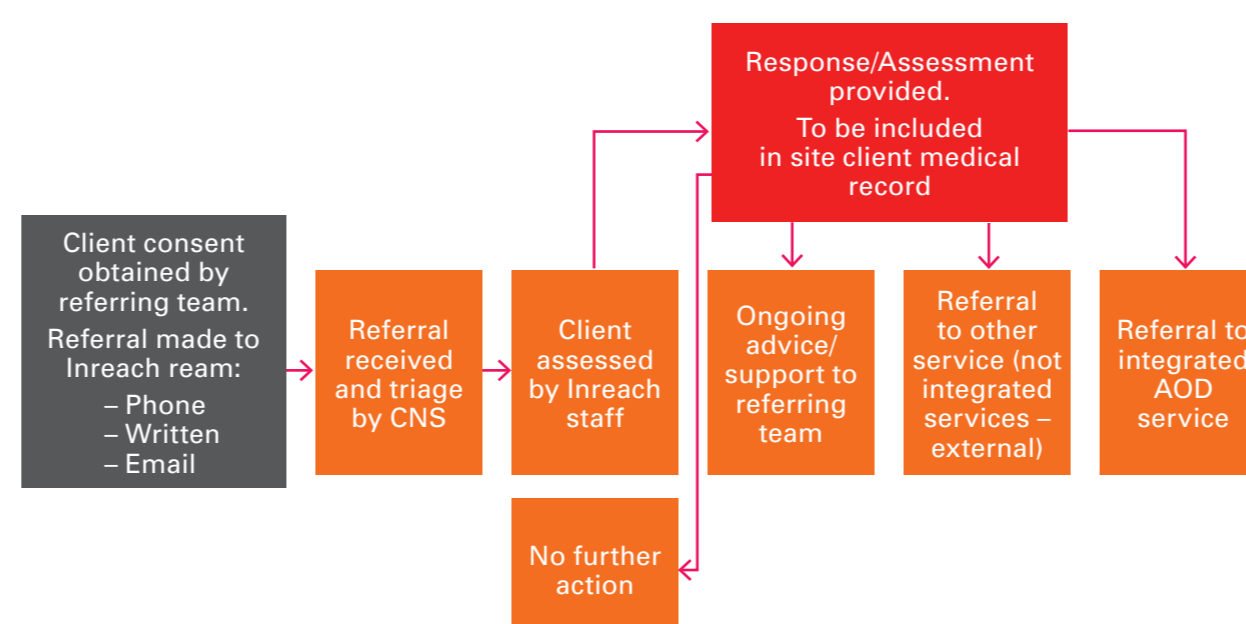
- Poor access to specialist interventions
- Poor communication, coordination and care planning between services
- This model integrates AOD clinicians from the local Community Alcohol and Drug Services into the hospital and mental health outpatient services
- Provides for a seamless transition of AOD clients between all three services.
- Patients can be offered immediate information, screening, brief intervention, assessment, counselling and clear referral pathways.



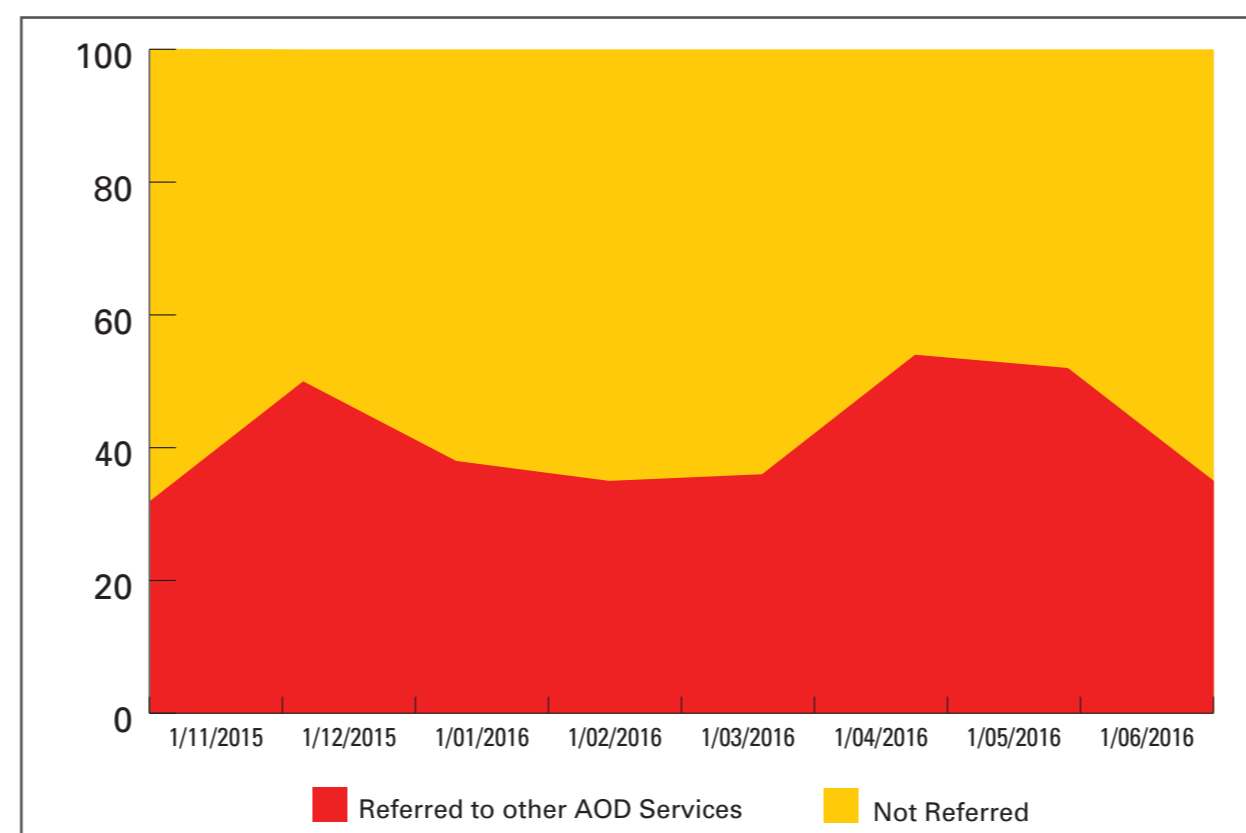
How does it work?

- The Clinical Liaison Inreach team provides a morning service in the hospital and Emergency Department responding to referrals (telephone referral, brief referral document with client consent) and an afternoon clinic at the mental health service.
- All clinical staff can refer to the AOD Clinical Liaison Inreach Service.
- Access to medical files with client consent.
- Inreach team provide detailed written assessments for medical files and referrals.

Pathway for AOD Clinical Liaison Inreach Service

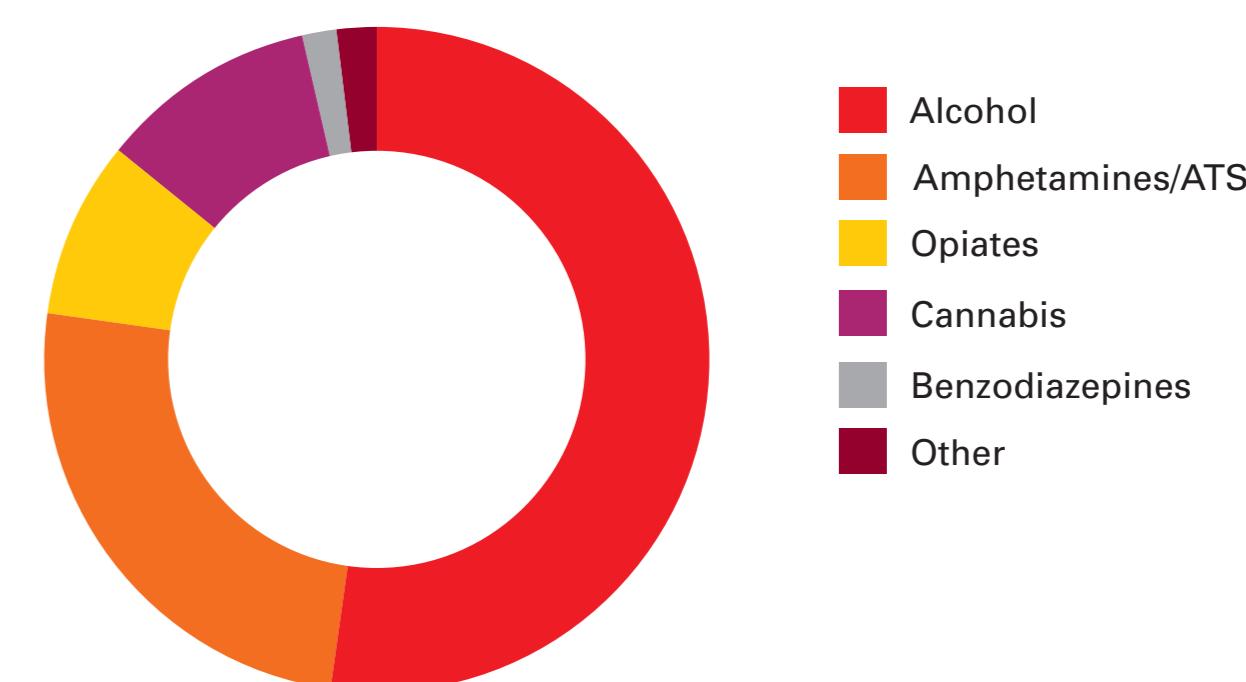


The Inreach Process



Referrals from the Inreach Team to the AOD sector

Results

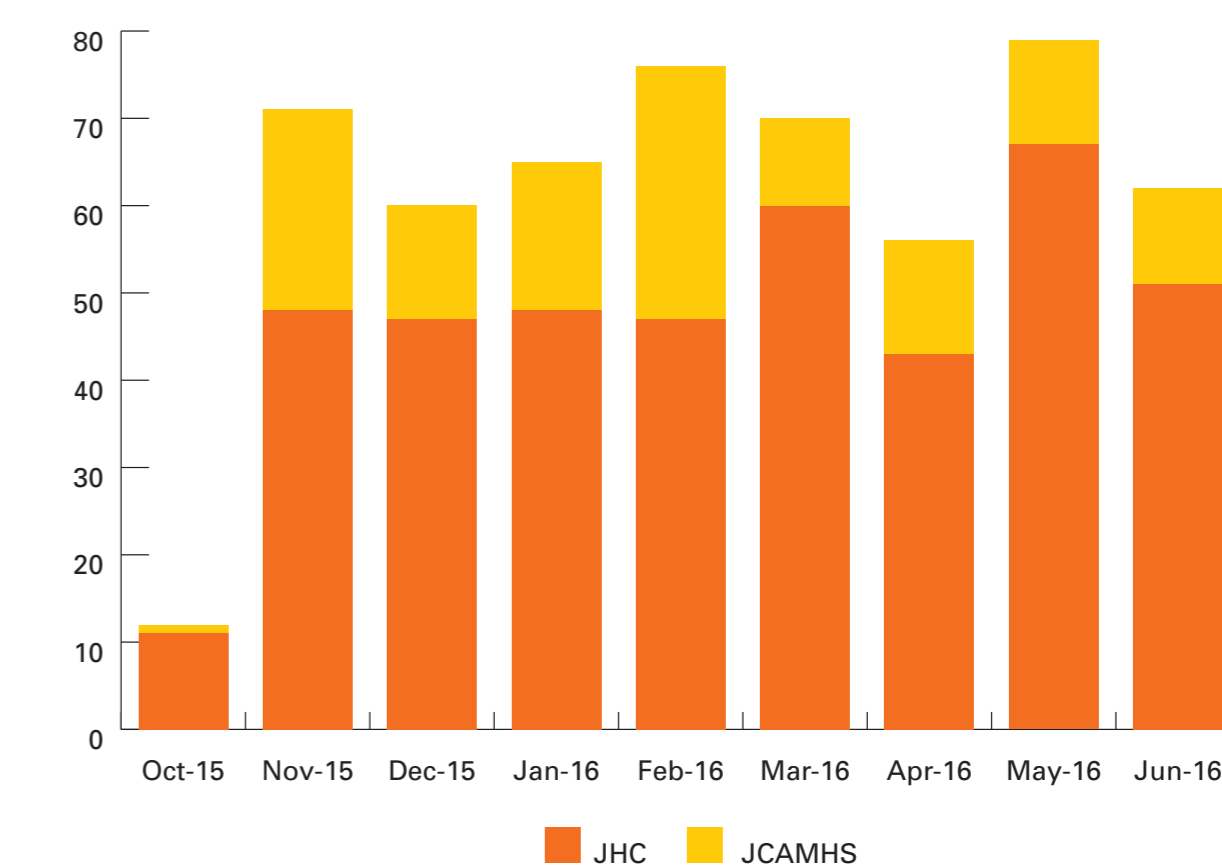


There were few impediments to developing and implementing this project. Challenges were related to pragmatic issues:

- credentialing the addiction medicine consultant at both the JHC and CMHS
- gaining access to electronic records to ensure that medical records were accessible to the AOD Clinical Liaison Inreach team
- ensuring appropriate confidentiality and written consent of patients to be referred to the AOD service.

From October 2015 to June 2016:

- The AOD Clinical Liaison Inreach Service received a total of 532 referrals – of these 418 were from the JHC hospital and 114 from the JCAMHS.
- 230 (43%) were referred to the NMCADS and other AOD services for ongoing specialist medical and / or counselling interventions.
- Education and training has been provided on a regular basis including presentations to MHU nursing staff and formal workshops on AOD issues.
- Consultancy has been provided regarding changes to withdrawal management treatments, policies, procedures and documentation.



Total referrals received

Lessons Learned

- All key stakeholders need to be identified and involved at the outset of the project.
- Importance of 'getting the right people around the table from the beginning'.
- The model provides an effective 'no wrong door' for patients presenting with either AOD, mental and physical health comorbidities.
- Culture change can happen relatively quickly with an effective Inreach model and processes.
- Simple and single point of referral works best.
- Being on-site increases competence and confidence among staff in responding to AOD presentations.
- The service validates the importance of integration of AOD, generalist health and mental health services.
- People will work together to make a service happen if they have a shared vision.
- Project management skills are essential for the successful development of a project plan.
- Communication and engagement of clinicians at regular intervals is essential, particularly identifying key supporters.

Future Directions

- Consider expansion to service – weekends and evenings
- Capacity building, creating 'champions' in every area

CONTACT

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