

# NASC Operations Meeting 12<sup>th</sup> November 2015

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Explore  
**Specialist Advice**<sup>NZ</sup>



**HHL Group**

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# Current situation



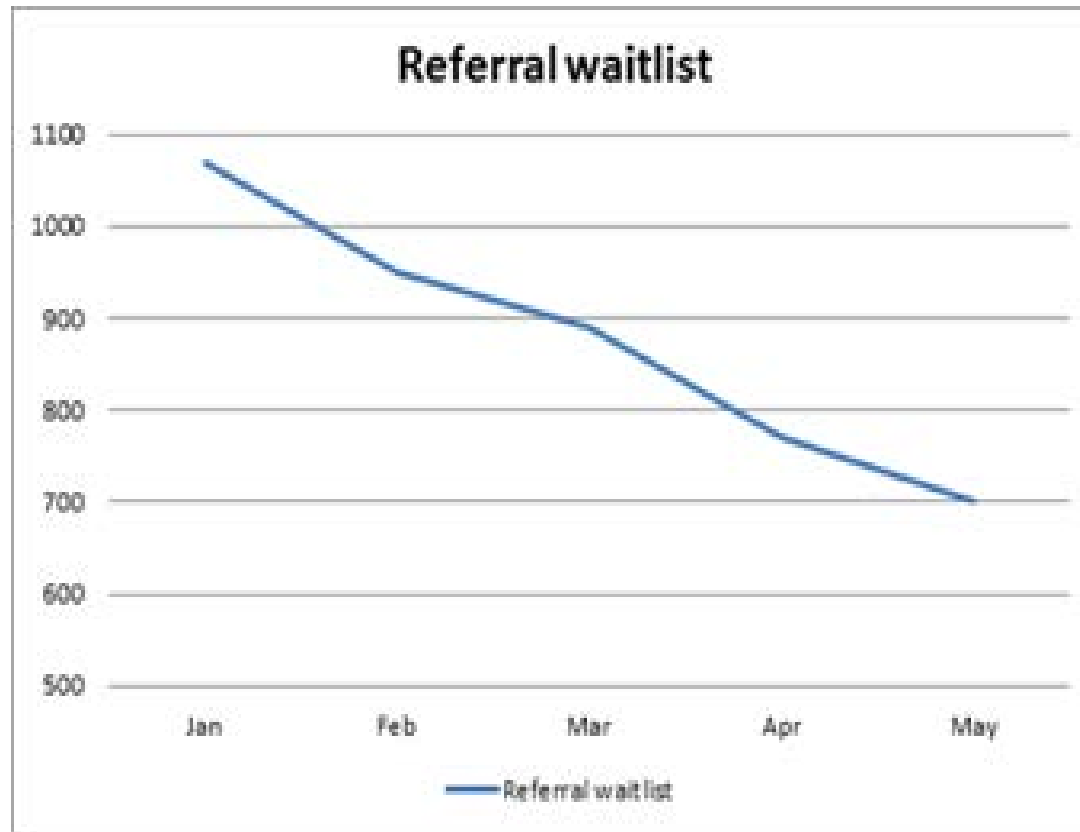
- **Recruitment numbers complete for a national team**
- **Clarity re 'roles and responsibilities' of specialists**
- **Waitlist reducing rapidly**
- **Referral demand; starting to become a more settled trend of around 130-150 per month**
- **National referral management**

# Referrals



- **Rapid reduction – nationally at 704, compared to over 1000 at the end of last year.**
- **Reducing numbers of ‘declined’ referrals 4%**
- **Large number of early terminations as we move through the old referrals**
- **No ID assessment waitlist**
- **Change in process (Referral, NA and SA) has lead to more streamlined system with less double handling**
- **Change of invoice point will mean less rejections**

# Referral waitlist



# Triaging



- **National Operations Manager, Clinical Psychologist and local Specialist Services Managers**
- **Weekly triage**
- **National picture and moderation**

## **This has resulted in:**

- **Timely referral response re eligibility**
- **Increased clinical robustness**
- **Acceptance letters**
- **Trend analysis**

# Key Projects



**We have been working on a number of key projects that will increase the efficiency on the work we do.**

**Key projects include:**

- **Early Intervention model – Stepping Stones**
- **Key Document review**
- **Referral pathway for concerning sexual behaviour**
- **Referral pathway for residential referrals**

# Early Intervention (EI)



**Early Intervention is a key component of the MoH contract:**

- **Reduction in waitlist has increased the capacity to respond to Early Intervention referrals**
- **Staff are being trained in “Stepping Stones” EI model**
- **Stepping Stones – Researched, evidence based model of EI**
- **Development of a screening tool to help NASC identify EI.**

# Transition



**Early Intervention also includes referrals for transition where there are concerns around behaviour.**

**Referrals for transition can include:**

- **Transition from one environment to another e.g. home to service provider etc.**
- **Transition requires a date of change**
- **Transition will be time limited into new situation/ environment**



# Rapid re-entry



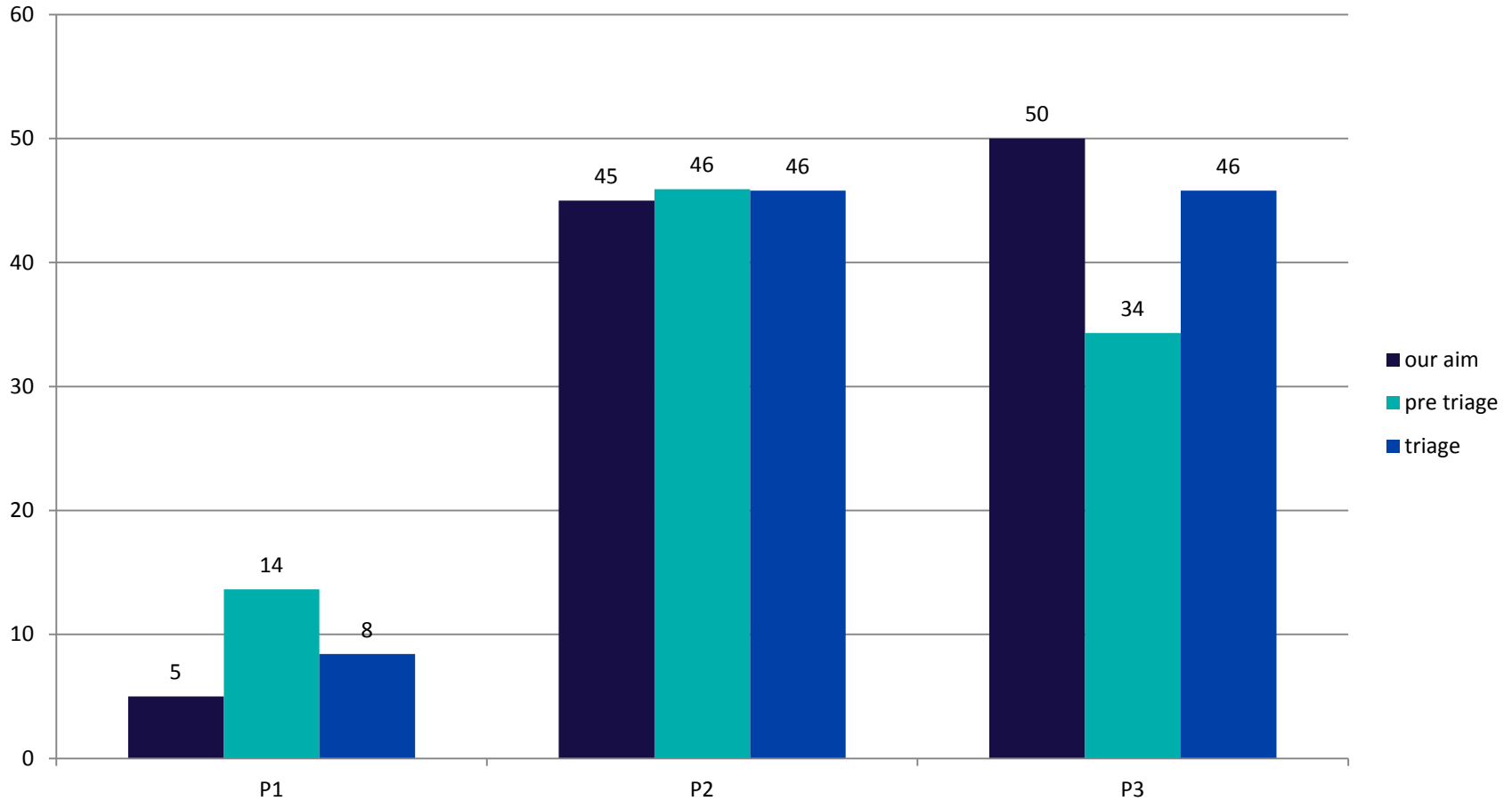
**Re-referrals for further behaviour support is to be expected, particularly at developmental milestones.**

**Where behaviour re-emerges within 1 year following discharge, there is an option for Rapid Re-entry (RRE).**

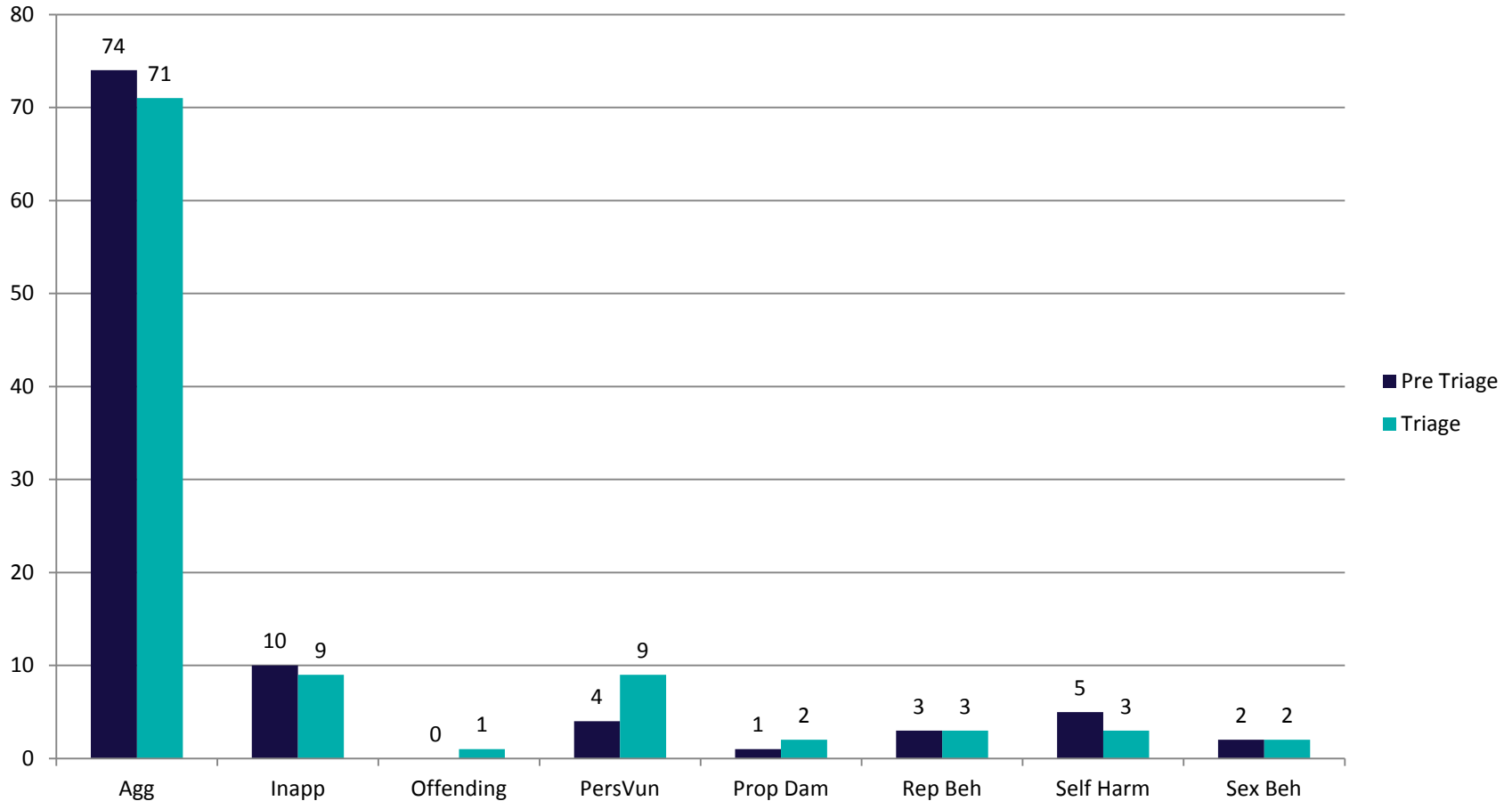
**RRE is short term (up to 12 hours) which allows for:**

- **Contact to determine what is contributing to re-emergence**
- **Ability to 'reset' plan if required, or**
- **Determine if there is a need to formally re-engage**

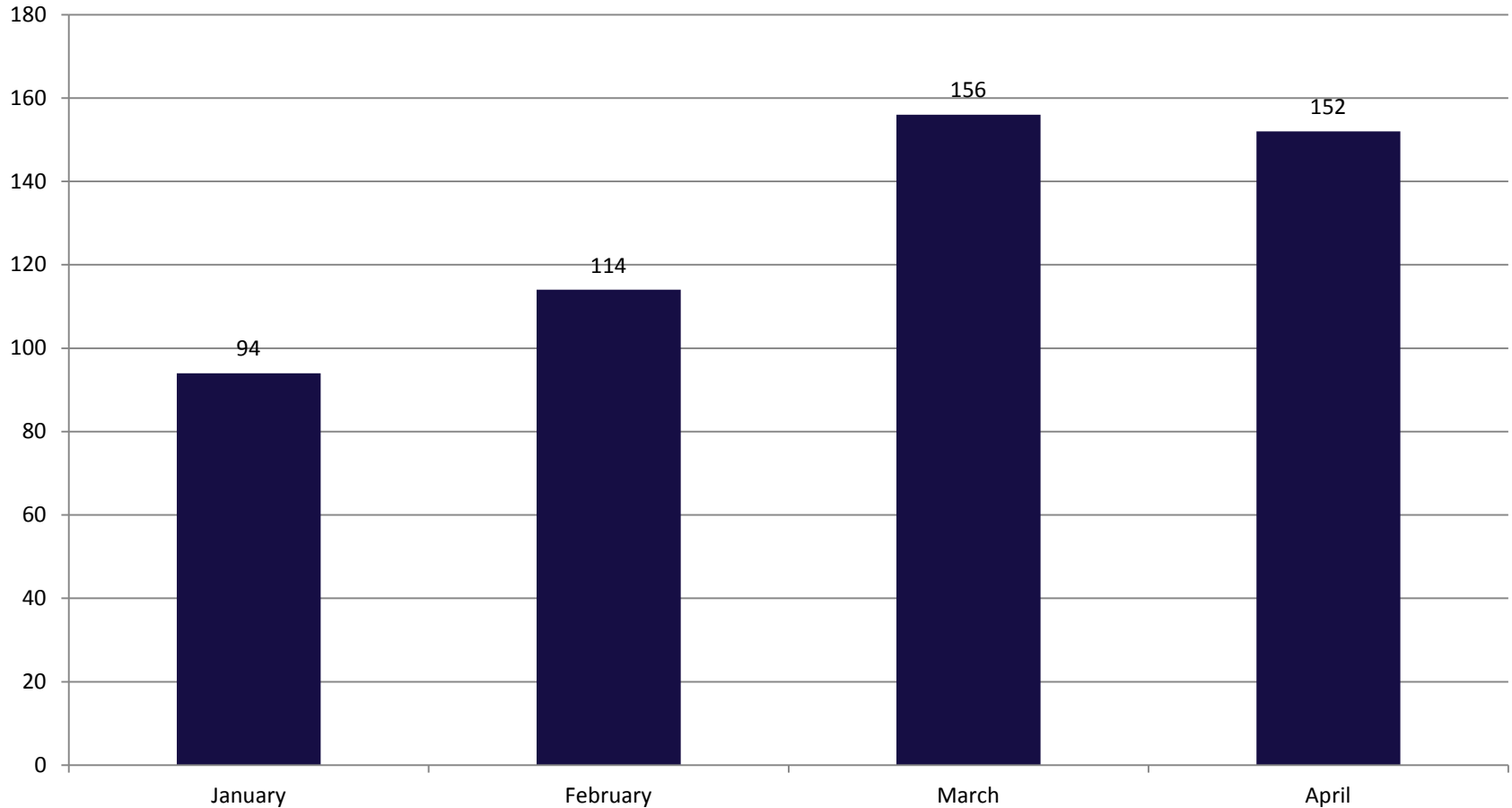
# Triaging – priority percentage



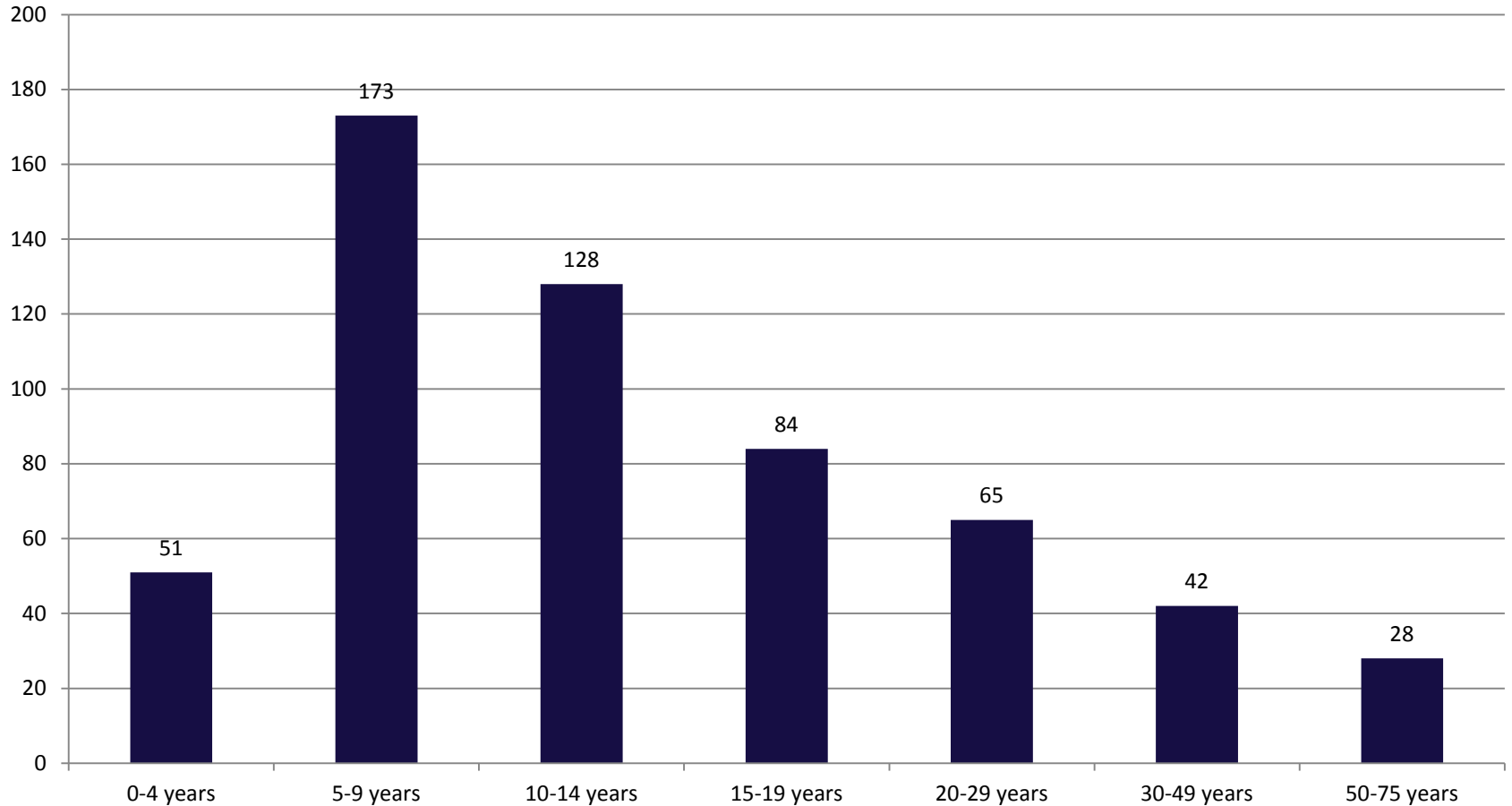
# Trends – referral reasons



# Trend – Referral Received 2016



# Trends 2016 – Population Profile



# Positives

## NASC – Explore relationships

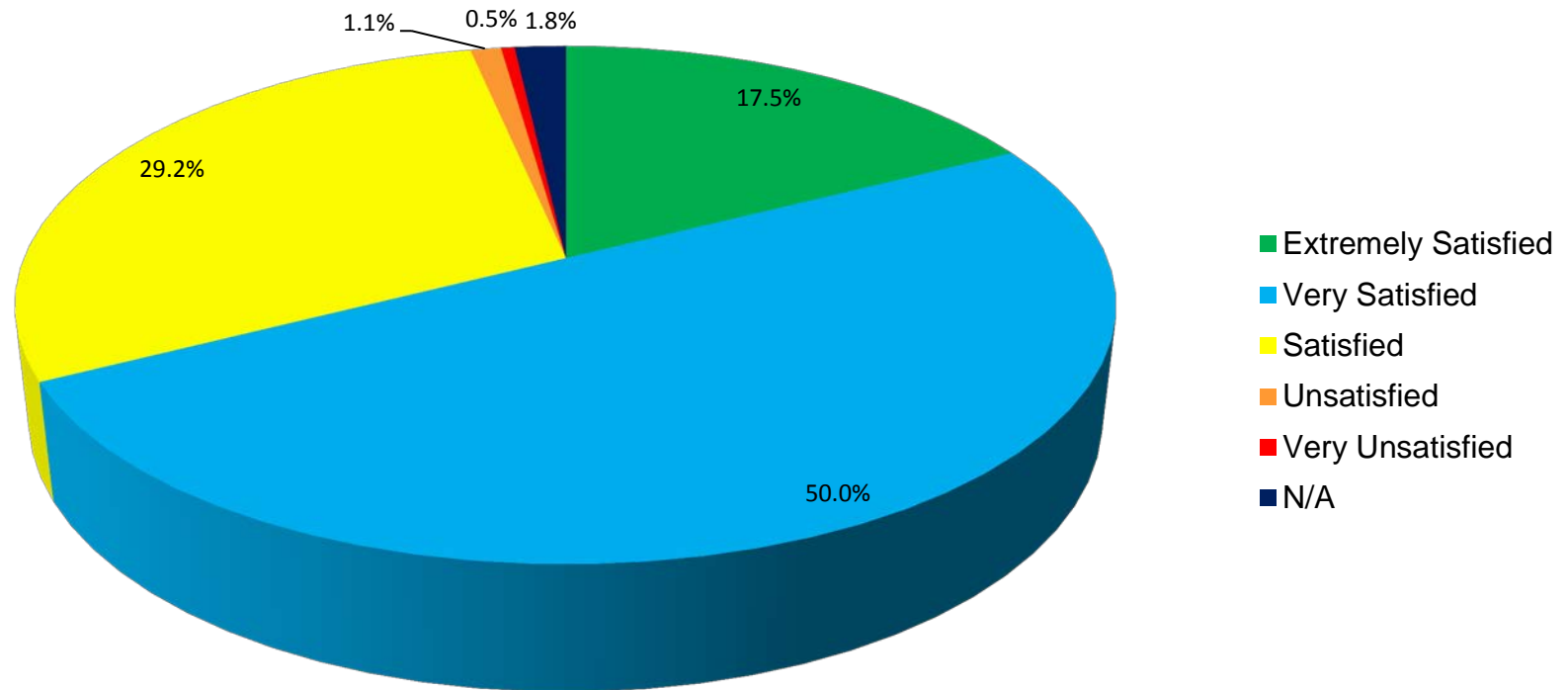


**A key success for Explore has been the NASC key contact people, this has resulted in:**

- **Open and transparent communication**
- **Regular catch ups**
- **Capacity and timing**
- **Genuine partnerships**
- **Ongoing work alongside the NASC's ensuring right people referred ~ right time (capacity and motivation)**

# Positives – Satisfaction Surveys 14 July 2015 – 31 March 2016

## Percentage of satisfaction



# Positive feedback



**“I would like to take this opportunity to personally thank one of your staff members, XX for providing our family with amazing support across the school, home and respite care settings.**

**XX assisted the family with effective interventions including behaviour support plans, liaison with many specialists, feedback, home visits, respite visits, staff training at Wilson respite, attendance of Individual Education Plan meetings. He also attended many multi-agency meetings and provided valuable input and insight to the team.**

**XX was professional, empathetic and calm. He effectively navigated his way through a myriad of service providers and had a firm grasp of the complex system we operate within. He worked in a collaborative manner to implement strategies across all environments.**

**XX provided us with useful alternatives to dealing with challenging behaviour and has successfully managed to reduce our daughter's anxiety around dealing with his aggression.**

**It was heartening to work alongside XX and to receive such a professional service. Thank you again for your strong work ethic and commitment to helping us deal with our High and Complex Needs son and all that goes along with managing his behaviours in a more effective manner”.**



# Positive feedback



**“XX has been helping my brother Y for over a year now. He made his final visit today. I just wanted to say how appreciative we are of his services. He is very patient, dedicated and provided incredibly helpful advice and tools for my brother.**

**We are very grateful for his help so far, especially for my mum who can not communicate in English. We hope that he will to help other families as he has helped ours.”**

**“I write to compliment XX on his work and ability to get along side a woman who has caused concern in the community. He has now developed a plan in which she has several strategies to assist her in her daily living as well as help keep her safe in the community. I spent some time with the family this morning and the father in particular complimented XX for his hard work to a) establish a relationship with their daughter & b) providing strategies that she is now utilising at home and in the community.**

**I love it when you see commitment and dedication and XX has that as well as a well documented plan with rationale for his practice. ”**

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***(mental Health service ID Nurse)***

# Next 4 months - Where to from here?



## Explore are focussed on

- **Ongoing reduction of the waitlist to no more than a 3 month wait-time for priority 3 referrals**
- **Establishing with the NASC steady sustainable referral trends**
- **Implementation and documentation of Early Intervention**
- **Implementation of Transition referrals**
- **Imbedding the Rapid re-entry process**
- **Implementation of the new key documents**



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# Thank-you Questions?

