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&

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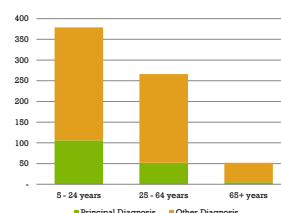
NSW Eating Disorder State-wide Forum, June 2017

Northern Sydney Local Health District

- ~ 853, 162 residents in 2011
- 900 km²
- 11 Local Government Areas
- 3 Health Services
 - North Shore Ryde
 - Northern Beaches
 - Hornsby Ku-ring-gai
- Number of presentations (July 2011 – Dec 2016)
 - 697 separations for people with eating disorders
- No public eating disorder services



Total eating disorder separations in all NSLHD hospitals from 2011 to December 2016



How did we start?

- Executive sponsor appointed by CE
 - Andrea Taylor – Director MHDA
- Clinical Services Plan
 - 2012-2016
 - 2015-2022
- Clinical Redesign Project
 - Business case
- Steering Committee -> Implementation committee
 - Clinicians, CYMHS, AMHT, MHDA executive, Planning unit, PHN, CEDD, Butterfly Foundation, Northside Clinic.
- Engaging LHD Executive
 - Clinical Council
 - RiskIT



Eating Disorder Governance



Using Fear to Drive Change

- Audit completed in 2013 by Steering Committee Members
- Coordinator met with all key stakeholders in 2016
- Identified Issues, Barriers to change and Unmet need
- Major Concerns:
 - Lack of Confidence and Fear treating these patients
 - Lack of Pathways and Management guidelines
 - Lack of resources and funding
 - Issues with the use of Individual Patient Specials (IPS)
 - Lack of Communication and Support
 - Food Service Issues



Using Fear to Drive Change

- "We can't manage these patients. We don't have the expertise. That is what RPA and CHW are for"
- "It's an eating problem so the dietitian needs to manage it"
- "I never know what to say to these patients"
- "It's a mental health issue – they should be in a mental health unit not on a medical ward."
- "They are here for a medical issues – they should be on a medical ward."

➔ **Education, Support, Service Change**



+ Education

- Eating Disorder and Body Image Awareness Week Event
- Roll out of NSW Workforce Training Packages
- In-services
- Conference Support – leave and financial
- Education during and post admissions
- Education of Service Plan and change in priorities for the district and state
- Tertiary hubs will not take these patients without local treatment first
- Reinforcing this is core business!!



Food
always
delivers!



+ Support

- Outreach
- Use of guidelines to support and guide treatment
- Coordinator
- Listening to clinicians
- Use of local clinician champions to drive change
- Evidence to show they are making a difference
- Positive feedback and reflection during and post admission



+ Service Change

- Designated ward and team for each health service where these patients will be admitted
 - Streamlines care
 - Up skills those clinicians
- Development of clinical guidelines/care pathways from presentation to ward
 - Clinician driven
 - Based on evidence
- MOU with private services
- Clearly documented pathways in and out of care
 - Emergency and ward clinicians are aware
 - Patients are aware and don't feel scare to present for treatment

let's talk

change



+ Key Messages and Lessons Learnt

- **You are not in this alone**
 - Clinicians – need to feel supported and heard
 - Coordinator - is not able to make this change alone. Need a great deal of input and support from surrounding infrastructure and specialists
 - Patients, Family and Carers – need to have confidence in treating teams and know that will be cared for.
- **Eating Disorders are Core Business**
 - We can treat these patients. You have the skills already.
 - Tertiary Hubs will not take these patients unless they have had local input



+ Key Messages and Lessons Learnt

- **Involve Consumers, Clinicians, Management and Executive**
 - Ask for advice and input. Make your plans clear
 - Put Eating Disorders on the agenda (everywhere!)
- **Talk about it**
 - Word of mouth spreads
- **Use current resources and expertise**
 - CHAMPIONS, CHAMPIONS, CHAMPIONS
 - Don't reinvent the wheel
- **Fear, resistance and stigma is often a lack of understanding and confidence**



**BE
ADVENTUROUS
EMBRACE
& DRIVE
CHANGE**



Thank you