NSW Eating Disorders Forum 2022

LHD/SHN Showcase Abstracts

Ideas and inspirations from LHD/SHN that have developed solutions in the 5 Key Focus Areas

INSIDE OUT
Institute for Eating Disorders

NSW GOVERNMENT

1. Workforce attraction, development, and retention

Chaired by Rachel Mason

Title

Building clinician skills, confidence and multidisciplinary collaboration, through locally run Monthly Eating Disorder Education sessions

Presenter

Angela Farrell, Murrumbidgee Local Health District

Brief Description of the Problem

No access to free ongoing eating disorder education for clinicians once they have completed InsideOut Online training modules and face to face training relevant to their setting (Inpatient Management, FBT, CBT-E and SSCM). Poor attendance at locally run Case Based Learning sessions.

Brief Description of the Solution

The ED Coordinator set up a 6 month pilot, running a 1 hour virtual Monthly Eating Disorder Education Session which promoted a multi-disciplinary approach to eating disorders and focused on the practical application of theory and skills. Dietetic and Mental Health Eating Disorder Champions for C&A and Adults were nominated. Topics were presented by the ED Coordinator, ED Champions and Guest Speakers.

Outcomes, Improvements Achieved and Lessons Learnt

- Attendance at Local Case Based Learning sessions held prior to piloting the Monthly ED Education Sessions was poor, with an average attendance of 1.6 people. CBT-E Case Based Learning sessions following training averaged 8 attendees per session over the 12 month period, with FBT sessions averaging 4.1.
- During the 6 month Pilot Period of the Monthly ED Education Sessions, average attendance was 20 for Adult focused sessions and 22.7 for C&A focussed sessions.
- With the success of the Pilot, Monthly ED Education sessions continued, with an annual calendar with set topics and presenters distributed at the start of each year. Average attendance in 2021 was 23.3 and in 2022 was 24.6 (up to and including August)
- Annual survey evaluations are undertaken. Respondents describe finding topics informative, interesting, practical, clear, helpful and relevant and they liked the format of 30 minute presentation, followed by 25 minute questions/discussion/case discussion.

Lessons learnt

- set topics and structure result in greater attendance than informal case presentations
- interactive sessions with a practical focus build skills and knowledge
- regular local education enhances multidisciplinary collaboration across the district

Title

Enhancing workforce capability by establishing a specialist C&A team

Presenters

Natalie Crino, Western Sydney Local Health District

Brief Description of the Problem

Wicked Problem: Barriers associated with growing the eating disorders treatment workforce

One of the Strategic Priorities outlined in the NSW Service Plan for Eating Disorders (2021-2025) is to build workforce capacity and capability in the field. Some of the barriers to enhancing workforce capability at the local level includes a lack of access to timely specialist consultancy and support to manage complex presentations, the time delay between engaging in training and applying skills in practice, and staff turnover.

Brief Description of the Solution

With these barriers in mind, the COVID Mental Health Recovery Funding for eating disorders was used to establish a child and adolescent eating disorders team in the community. The addition of a specialist team was thought to contribute to workforce development and capability by providing a support structure for community and youth mental health (CYMHS) staff to access peer consultation and mentoring; providing an escalation pathway for complex presentations; and making available clinical placement opportunities for CYMHS clinicians and post-graduate students wishing to develop their skills and expertise in the field.

Outcomes, Improvements Achieved and Lessons Learnt

The effect of adding a specialist child and adolescent eating disorder team on workforce capacity will be measured by the number of clinical placements provided; clinician confidence delivering evidence-based care for eating disorders across MH teams; engagement in peer consultancy and mentoring; consultation activities between the specialist and generalist MH teams; service contacts for eating disorders; and evaluation of consumer outcomes. This evaluation is in progress.

Title

Addressing the Changing Eating Disorders Workforce Development Needs in a Diverse Health Service: an Innovative Clinical Support Team

Presenters

Dr Melissa Hart, Dr Matthew Elton, Hunter New England Local Health District

Brief description of the problem

There has been significant change in eating disorders service provision across NSW with the roll out of the NSW Eating Disorders Service Plan alongside changing socio-economic factors. A key change in HNELHD has been the uptake of eating disorders as core business by mainstream inpatient and community-based health services. Workforce needs have changed, including increased eating disorders service activity, increase in acuity and complexity of client presentation and increased workforce development and support needs.

Brief description of the solution

In response to changing needs, HNELHD has created a District-wide Eating Disorders Clinical Support Team, which is a multidisciplinary clinical team providing advice, consultation and training to HNELHD clinicians in inpatient and community-based settings (across the age span).

Outcomes, Improvements Achieved and Lessons Learnt

The Clinical Support Team provides a centralised and responsive system of multi-disciplinary support for clinicians working in inpatient and community-based settings. Clinician and service engagement, clear, streamlined and responsive processes and skilled staffing appear to be key factors in implementing the Clinical Support Team.

2. Alternatives to Emergency Department and high-quality care in emergency

Chaired by Joelle Fa

Title

Establishing a Planned Admission Process for Patients with an Eating Disorder Requiring Admission to a Medical Ward in a Regional Hospital: An Alternative Pathway to Emergency Department Admissions

Presenters

Dr Jennifer , Julie Mavay and Dr Melissa Hart, Hunter New England Local Health District

Brief Description of the Problem

Admission to inpatient settings for people with an eating disorder in many LHD hospitals most frequently occur via the Emergency Department, regardless of whether emergency admission is required. Where indicated, alternatives to admission via the Emergency Department are preferred for patient outcomes.

Brief Description of the Solution

As an alternative to inpatient admissions via the Emergency Department for people with an eating disorder who do not require emergency admission, a planned admission process has been developed in consultation with key stakeholders for piloting in a regional hospital.

Outcomes, Improvements Achieved and Lessons Learnt

Outcomes achieved include a documented planned admission process for implementation in a regional hospital. Important factors in facilitating planned admission processes appear to include medical leadership, staff engagement and clearly documented admission processes.

Title

The Development and Implementation of the SVHNS Eating Disorder (ED) Pop up Team

Presenter

Susan Hart, St Vincent's Health Network

Brief description of the problem

From 2017 to 2019 the ED Coordinator observed and scoped out the needs of patients and clinicians in regards to inpatient management of ED in general medical wards at St Vincent's Hospital. Barriers identified under the original model of care included:

- ED patients admitted under diverse medical teams depending on the presenting problem, numerous clinicians coming into contact with patients resulting in challenges to improving workforce capacity beyond a basic level. An audit of cases admitted to SVH in 2018 and 2019 demonstrated that ED patients were admitted under more than 20 different teams with the presenting problem rarely an ED.
- A mobile workforce of junior medical officers and nursing staff
- Application of coercive treatment orders to ED cases proved challenging due to decision making under diverse medical teams for clinicians inexperienced with ED patients.
- Delays initiating nutrition support resulting in patients often being under-fed or not fed, increasing risk for further malnutrition, and longer length of stay.
- Difficulties identifying key decision makers in teams resulting in communication challenges.

Brief description of the solution

1. Procedure defining admission criteria

In August 2019, a local procedure "Clinical Management of Patients with an Eating Disorder" was ratified by the governance committee following agreement with all key internal stakeholders including Heads of Gastroenterology and Endocrinology, Psychiatry, Allied Health and the Emergency Department. The Procedure defines admission criteria, the lead medical team and recommends initiation of nutrition support within 24 hours of presentation.

2. Establishing the lead medical team

The procedure defined which team the ED patient should be admitted under. Feedback from the emergency department has been that this has been effective in moving people out of emergency, and made a difference to work practices.

3. Implementation of the 'pop up' team

From August 2020, a POP-UP Model of Care for ED admissions commenced with dedicated team members from Dietetics, Social Work and Consultation Liaison Psychiatry along with the ED Coordinator. The "pop up team" is a 'core' interdisciplinary team focused on assessment, short-term proactive planning, intervention and discharge planning. The team has a pivotal role in facilitating and coordinating the delivery of care for ED patients. It is a flexible model of care that operates when there is demand and using clinical resources only when required, which can be flexed up and down depending on the complexity of the patient.

Outcomes, improvements and lessons learnt

Acute hospitals have a vital role in facilitating access to specialist ED treatment, as clinicians are early identifiers and first responders, often at the first stage of the diagnostic sequence to prompt further assessment and

evaluation. Research has demonstrated that a medical admission may be the first time sufferers and their families are confronted with the seriousness of their clinical situation, and a realisation that ED treatment is even necessary. It is necessary to understand the priorities of acute care physicians and to support them in their treatment of people with EDs.

Improvements in practice as a result of the 'Pop Up team' include:

1. *Improved flow of medically unstable patients from emergency to an inpatient ward by identification of the lead medical team, and home ward following an evidence based procedure.*

2. *Improved coordination over the continuum of care*

- Timely response to referrals (multiple clinicians form the 'Pop up team" can respond).
- A coordinated approach from the earliest stage of the admission
- Early MDT assessment with efficient allocation of tasks to MDT clinicians, and reducing duplication of tasks
- A cohesive patient journey i.e. admission, care planning, and discharge planning processes with knowledge of local service delivery models and referral pathways including access to the Medicare ED items.
- Weekly MDT meeting and regular review to advise the medical team on progress to the next point of care.

3. *Capacity to deliver evidence based care and reduce clinical variation*

- A skilled team to support clinical decisions, recommend appropriate management strategies, and confirm diagnoses when necessary.
- Use of clinical guidelines (procedure) to enhance decision-making.
- Enhanced expertise to assess patient presentations, and the distinction between "sick and not sick". This is challenging in ED patients due to their denial of illness, undifferentiated presentations, and nonspecific symptoms.

4. *Improved clinician experiences*

- Defined membership with clearly defined roles and responsibilities.
- Clear service delivery goals, governance and relationships with patients, family and the lead medical team.
- Targeted training and guidelines to members of the team to improve confidence, knowledge and experience to practise in EDs.
- Reduced fragmentation of service delivery that occurs with EDs (fragmentation refers to multiple involved clinicians involved in care without leadership or a plan).
- Increased capacity of acute care clinicians to manage ED patients (and develop expertise in medical management).

5. *Improved delivery of patient centred care that is evidence based*

Title

Orange Health Service HITH new model of care for Adults with eating disorders (during the pandemic)

Presenter

Kim Hansen and Meg Vickery, Western NSW Local Health District

Brief Description of the Problem

Assessment and treatment of people with eating disorders is *core business* for Western NSWLHD. WNSWLHD. This includes inpatient admissions and community treatment with mental health teams which involves working with general practitioners and at times working in partnership with private clinician.

Problems encountered:

- There is a major gap in adults *accessing an intensive eating disorder service* whilst in the community. WNSWLHD does not have funding for intensive eating disorder services and day programs, and access to statewide adult specialist intensive programs has barriers for rural adults. A major gap includes access to meal support.
- *Frequent representation to emergency department and lengthy length of stays* for adults with a primary or secondary comorbidity of borderline personality disorder. Lengthy LOS is not evidence based for this consumer cohort.
- In addition to the lack of intensive service, the *COVID* pandemic had a major impact on people with eating disorder and the health system. Support to keep consumers with eating disorders in the community where possible was a priority during COVID.

Brief Description of the Solution

One strategy used to decrease readmission rates to hospital and provide an option to step down from hospital and return to the community was the use of Orange Health Service Ambulatory Care Supplemental feeding for Adults with eating disorders. The use of OHS Ambulatory Care for supplemental feeding required eating disorder education to Ambulatory care clinicians, consultation between emergency department, dietetics, ambulatory care, CL psychiatry and the subsequent development and implementation of the “Orange Health Service Supplemental Feeding” pathway. Please see pathway attached which indicates that the decision regarding the use of Ambulatory Care for nutritional refeeding was determined by the consumers community treating team &/or inpatient treating, Ambulatory care NUM and Doctor through the use of a Case Conference meeting.

Outcomes, Improvements Achieved and Lessons Learnt

Provision of short term supplementary feeding in OHS Ambulatory Care for 6 consumers during 2020/2021 with frequent re-presentation to hospital and lengthy length of stays resulted in:

- Significant decrease in LOS in hospital Decrease in re-presentation to emergency department
- Improved stigma from Emergency Department clinicians
- Consumer rounding indicated positive outcome for consumers using Ambulatory Care

Lessons learnt and other key learnings

- There are other factors that may have resulted in decreased re-admission rates. This includes the training of Community Adult Mental Health Workers in eating disorder community treatment.

3a. High quality care in general wards (medical and mental health)

Chaired by Dr. Joanne Morris

Title

Development of an Eating Disorder Management Plan template for medical wards

Presenter

Monique Perkins, Southern NSW Local Health District

Brief Description of the Problem

Feedback reported as: siloed treatment approach on medical wards, confusion amongst team members as to whose role was what, splitting of the team from patient, unclear management principles, unclear admission goals, inconsistent care and frustrations from patient and carers from all the above.

Brief Description of the Solution

- Development of an Eating Disorder Management Plan template.
- Incorporating into our Inpatient Model of Care that this form be used in conjunction with twice weekly multi-disciplinary meetings for all Eating Disorder inpatients.
- The management plan has been designed with the input from various disciplines, with the aim of summarising the care across the different services whilst working toward the same admission goals.
- The form gives clear direction to all those caring for the patient and it is a straight forward and transparent document for the patient and carers to understand the care being given on a regular basis. A clear directive of the plan is that it is not to be changed unless agreed upon by the multi-disciplinary team.

Outcomes, Improvements Achieved and lessons learnt

Implementation of form and process is still in infancy, first piloted on patient in July 2022, we expect as we gain more practical experience in using the form there may need to be adjustments made for ease of use. Eventually aiming to have in eMR.

Staff feedback so far includes:

- Process fosters a much more collaborative approach to care.
- Process is more structured and staff therefore are more confident in the care they are providing.
- Provides a regular, consistent process to update the family and patient on treatment plan and opportunity to discuss admission goals.
- ultimately leading to less drawn-out admission lengths and the provision of more effective and timely care.

Process does rely heavily on a medical team willing to take part in this process. Working in the multi-disciplinary meetings with medical rounds on a Monday and Thursday have proved most beneficial for us but at times flexibility is required.

Having a virtual meeting option available for some team members to utilise when cannot physically attend makes for much better attendance.

Still need someone in the team driving this process and these meetings, cannot always be the EDC.

Title

Improving Medical Management

Presenters

Vanessa Allen and Elise Gruber, Illawarra Shoalhaven Local Health District

Brief Description of the Problem

Increased frequency of adults with Eating Disorder being admitted to our general medical wards.

Brief Description of the Solution Outcomes

Over time we introduced different strategies to improve care, including:

- Identified a homeward for people with eating disorders.
- Provided training for nursing staff, dietitians and food service staff
- Established a regular day/time for MDT. Included the consumer, family and community eating disorder team.
- Created collaborative care plans for each consumer at commencement of treatment.
- Started organising admissions directly to the ward for consumers already known to our community mental health teams.
- Development of local Eating Disorder Management Guideline for Dietitians (including standardised meal plans).

Improvements Achieved and Lessons Learnt

Achievements:

- Everyone on the same page including the consumer and their family.
- Consistency in treatment provided.
- Clear roles and responsibilities.
- Streamlined transitions between community and medical treatment.

Lessons learnt:

- Maintaining the improvements is difficult.
- The process is dependent on commitment from the whole team, if you're missing a link in the chain, the whole chain is affected.
- Maintaining education with staff turnover is an ongoing challenge.
- Well trained, committed, adequately resourced nursing staff are essential.
- Staff burn out is problem, nursing staff on a homeward are particularly vulnerable to this. We have had our home ward changed multiple times, nursing staff burnt contributed to these changes occurring. We should have had a plan to address this before is started, now that it has occurred it's hard to get nursing staff engaged in a solution.

Title

Consistency in Care Using a Collaborative Team Approach

Presenters

Dr Judy Clarke (CL Psychiatrist) and Angela Farrell (ED Coordinator), Murrumbidgee Local Health District

Brief Description of the Problem

A “Physician of the Day Model” at Wagga Wagga Base Hospital led to inconsistency in the provision of inpatient care, lack of continuity and limited opportunity to grow medical workforce capability. This model also saw patients admitted to different wards, making it difficult for nursing teams to develop competencies and confidence in treating eating disorders. It was very time consuming for other members of the multidisciplinary treating team, to orientate each new medical and nursing team to the local and state treatment guidelines and their rationale.

Brief Description of the Solution

The ED Coordinator and CL Psychiatrist facilitated several meetings with the Director of Medical Services, Director of Nursing and Manager of Dietetics and requested an exception to the Physician of the Day Model for eating disorder patients. A medical consultant was nominated as the eating disorder lead, with all ED patients transferred under his care within 24 hours of admission. The Short Stay Surgical Care Unit became the ward for ED admissions. Quarterly meetings have bene set up to review this system and make changes to processes as needed.

Outcomes, Improvements Achieved and Lessons Learnt

- Improved outcomes for patients with all members of the treating team having a clear understanding of their roles and the local processes eg: Friday afternoon and weekend admissions now start refeeding treatment straight away. This was often delayed 48 hours until the dietitian saw the patient on the Monday.
- Ease of communication between treating team members and a set time and day for weekly MDT’s that all team members attend
- Improved team collaboration and clear treatment plans
- Patients are not discharged as soon as they are “medically stable” but when they are able to manage good oral intake and have consistent weight gain
- Eating Disorder patients are admitted to a consistent ward, allowing for those nursing staff to develop understanding, skills and confidence in managing eating disorders
- I will pull data on ALOS and readmissions if this is selected as a showcase
- Lessons Learnt
  - Having a consistent treating team familiar with local and state treatment guidelines is containing for both the patient and staff
  - Team collaboration and regular communication provides consistency in care and reduces the occurrence of splitting

3b. High quality care in general wards (medical and mental health)

Chaired by Danielle Byers

Title

Implementation of the Hunter New England LHD Inpatient Model of Care for Eating Disorders at a Regional Hospital: Practical solutions and hands on learning at the ward level.

Presenters

Julia Martin (Dietitian)

Description of the Problem

In response to the NSW Service Plan for People with Eating Disorders (ED), Hunter New England LHD has developed an Inpatient Eating Disorders Model of Care for adults, children, and young people. In June 2022, Maitland Hospital commenced the implementation of the Model of Care with the hospital accepting children, young people, and adults with an ED. Online training was provided to staff however a significant amount of the practical learning and management occurred at the ward level as patients were admitted.

Description of the Solution

To improve nursing staff confidence in providing care for patients, staff thoroughly followed the Model of Care for processes such as levels of care, meal support therapy and general inpatient care. Two staff (dietitian and CAMHS CL) with experience in ED provided practical ward level support for nursing and medical staff. This included spending time on the ward with the patient and staff as well as education involving meal support therapy role playing and a question-and-answer forum.

Outcomes, Improvements and Lessons Learn

Three months following the first patient admission, informal interviews were conducted with nursing staff and with one patient and their family to determine what was working well and opportunities to strengthen the service. Overall, nursing staff reported feeling supported and were keen to learn how to manage distress around mealtimes. The patient with an ED and his family spoke very positively of the care provided during the admission. Staff working with patients with ED endeavour to continue to seek feedback and conduct ongoing evaluation to improve service and enhance patient experience.

Title

Paediatric inpatient care for children with eating disorders at the mid north coast

Presenter

Ute Morris, Mid North Coast Local Health District

Brief Description of the Problem

Prior to the Implementation of the NSW Service plan for people with Eating disorders (2013-2018) MNCLHD had no established pathways for people with eating disorders. Families experienced significant difficulty accessing appropriate pathways and had to manage long wait times for specialised treatment with limited support.

Brief Description of the Solution

A local working group with representatives from paediatrics, youth mental health and dietetics was established under the leadership of the Eating disorder Coordinator. An evidence based treatment protocol based on the NSW Eating disorder Toolkit and the Specialised Eating disorder program at Childrens' Hospital Westmead was developed, ratified and implemented. The protocol includes a stepped program for care, a framework for weekly multidisciplinary team meetings, tertiary case consultation, standardised meal plans and standardised care plan template. A key element of implementation is the provision of ongoing education as part of the NSW Workforce Development Plan.

Outcomes, Improvements Achieved and Lessons Learnt

Achievements:

- Improved Identification and access to care
- improved continuity of care through established relationships with tertiary consultation teams and community treatment teams
- reduced burden of care for families associated with travel/ lengthy admissions
- Consistent implementation of weekly care conferences leading to improved team communication
- reduced LOS
- Improved staff confidence, knowledge and awareness of eating disorders

Key lesson learnt

Successful implementation requires cultural change, lots of education and consistent leadership across all disciplines over time. Good outcomes can be achieved in generalist settings with tertiary support

Title

Implementing NSLHD guidelines for the medical management of people with eating disorders

Presenters

Monique van Leeuwen & Rachel Denzel, Northern Sydney Local Health District

Brief Description of the Problem

A file audit conducted across NSLHD of all inpatients admitted with a primary or other diagnosis of an eating disorder was conducted. This demonstrated that there was an inconsistent approach to the inpatient treatment of people with an eating disorder. This included criteria for admission, route of feeding (oral vs NGF), service they were admitted under, ward they were admitted to, LOS, multidisciplinary treating team involvement and discharge planning.

Brief Description of the Solution

A working party was set up to develop and implement local guidelines for the medical management of people with an eating disorder. This included guidelines for both adults and paediatrics. The aim of the guideline is to streamline care across NSLHD to ensure consistent, evidence based, patient centred care was provided no matter what inpatient service you presented to within NSLHD.

Outcomes, Improvements Achieved and Lessons Learnt

Evaluation of the implementation of these guidelines demonstrated a significant improvement in the care of people in NSLHD admitted for medical management of their eating disorder. A file audit was conducted which demonstrated significant compliance to the guidelines no matter what service within NSLHD someone was admitted. Clinician feedback highlighted the benefit of the guidelines and adjacent education and training improved confidence and skill when managing eating disorders, improved levels of care and evidenced based treatment, and better support network when managing difficult behaviours. Quantative data will be presented – raw data is still being analysed.

4. Discharge and transition of care processes and supports

Chaired by Dr. Deanna Bowen

Title

NSLHD CNS care coordinators - supporting discharge from inpatient admissions to community care

Presenters

Jessika Hill and Kathryn Jenkins, Northern Sydney Local Health District

Brief Description of the Problem

As a result of the COVID-19 pandemic, there has been an increase in the number of presentations to hospitals in NSLHD. Discharge planning has become significantly harder due to the long wait lists and reduced availability and access to evidenced based community treatment. Anecdotally, the time from discharge to community care has increased significantly and thus increases the risk of relapse and deterioration after an acute hospital admission. GP enquiries looking for support on how to manage people in these periods has also increased

Brief Description of the Solution

NSLHD have recently recruited 2 full time Clinical Nurse Specialists (CNSs) as eating disorder care coordinators. One of the roles of these positions is to assist with discharge planning and transition from inpatient medical units to community based care. The CNSs support the inpatient teams during admission, facilitate discharge planning and provide follow up for a limited period of time post admission and emergency department presentation. They also support GPs in the management of people with eating disorders through advice, education and ensuring adequate handover.

Outcomes, Improvements Achieved and Lessons Learnt

Quantative data from a recent file audit demonstrated that a limited number of consumers presenting to emergency departments and/or inpatient services had follow up on discharge from hospital. With the implementation of the CNSs roles, all consumers discharge from inpatient to community are followed up. Qualitative feedback from patients, families/carers and GPs have found the service very beneficial, especially in providing support, reassurance and a clear contact for trouble shooting whilst awaiting evidenced based care.

Title

How Can Discharge Planning Contribute to Self-Efficacy for Recovery from an Eating Disorder

Presenters

Jessica Stamatopoulos, Senior Social Worker, Peter Beumont Unit, SLHD, Peta O'Flynn, Clinical Psychologist, Peter Beumont Unit, Sydney Local Health District

Brief Description of the Problem

How can we better use the discharge process to support adults' self-efficacy to maintain their progress (including weight restoration and behaviour changes) made during inpatient treatment? How can discharge planning enhance adult consumers' motivation to engage with local eating disorders treatment services, and enable their family members as supports?

Brief Description of the Solution

Presented by team members of the Peter Beumont Unit (PBU), a tertiary inpatient eating disorders service for adults. The presentation will share experiences of a multidisciplinary approach to transition adults from inpatient treatment towards self-management and engagement with local eating disorders services and social support. The presentation will also share experiences and challenges of working with young adults to encourage their engagement with and acceptance of family support as part of discharge planning.

Outcomes, Improvements Achieved and Lessons Learnt

Experience from PBU suggests that a shift to emphasise maintenance planning, along with relapse prevention, may help to engage adults with their transition from inpatient treatment to self-management. Adult consumer collaboration with members of a multidisciplinary team may also help by addressing a broad range of factors important for their transition home including post-discharge clinical treatment, social support, nutrition, psychological processes, interpersonal connection, and occupational engagement.

Title

Eating Disorder Management at St George Hospital: a Case for Change

Presenter

Cameron McLean, South Eastern Sydney Local Health District

Brief description of the problem

We had experienced an increase in hospitalisations for complex adult eating disorders without a dedicated ward or service to manage the patients. There was no dedicated medical service to manage the patients and no local guidelines across the hospital or district. Patients were managed on a case by case basis, lead to 'splitting' of the team due to challenging behaviours and starting from scratch with management plans for each admission.

Brief description of the solution

A multidisciplinary team with representatives from medical, mental health, nursing and allied health was established in 2020. At the time our district eating disorder coordinator position was vacant. The multidisciplinary team aimed to standardise inpatient practice, establish clear admission pathways, roles of team members and support discharge planning. Members from the multidisciplinary team networked with external sites across Australia about approaches, liaised with tertiary referral centres such as RPAH Peter Beaumont Unit, and reviewed the most recent literature around refeeding practices.

Outcomes, improvements achieved and lessons learnt

The primary outcome achieved was a Clinical Business Rule that standardised the process of inpatient admissions and refeeding process. The development of a comprehensive care plan acted as a reference and overview of care. This streamlined approach empowered the team in the management of cases, promoted cohesiveness and consistency in the delivery of care.

5. Effective community care and high-quality care in community mental health

Chaired by Maureen Moerbeck

Title

Group therapy for bulimia nervosa and binge eating disorder delivered via telehealth

Presenter

Roxanne Groff, Western Sydney Local Health District

Brief Description of the Problem

Wicked Problem: Barriers accessing treatment for eating disorders
Best practice guidelines for the treatment of eating disorders highlight the important role of specialist outpatient care. However, the high demand for treatment means that the most severe presentations are prioritised and there are lengthy waiting times for some consumers. Furthermore, accessing treatment can be a challenge as consumers are required to take time off their regular activities, often needing to travel long distances for face-to-face sessions.

Brief Description of the Solution

Delivering therapy over telehealth in a group format has several logistical as well as therapeutic benefits. The aim of the project was to evaluate the effectiveness of delivering group therapy for bulimia nervosa and binge eating disorder over telehealth in a community mental health setting.

Outcomes, Improvements Achieved and Lessons Learnt

The results indicate that engaging in treatment is associated with positive changes in eating disorder symptoms, mood, quality of life, and nutritional status. Furthermore, the waiting time to access treatment was significantly reduced.

Title

Evaluating the effectiveness of a meal support and skills training intervention (Meal Plus+) as an adjunct to standard outpatient therapy for eating disorders

Presenters

Stewart Stubbs and Mellisa Ashley, Western Sydney Local Health District

Brief Description of the Problem

Wicked Problem: Clinical innovation is needed to improve treatment outcomes

Eating disorders are associated with significant physical and psychosocial morbidity and existing treatments are only moderately effective for non-underweight eating disorders, and even less effective for underweight eating disorders. Identifying interventions that can enhance treatment outcomes is urgently needed in the field.
Brief Description of the Solution

Meal Plus is an intervention developed by the authors, that is focussed on enhancing skills to deal with post-meal distress. It involves having a main meal at the clinic (2-4 days per week) followed by a group therapy session consisting of a suite of cognitive, behavioural and sensory modulation techniques that assist with reducing distress and mitigating dysregulation. The aims of the project are: to investigate whether adding the Meal plus intervention to standard outpatient therapy will be associated with greater improvements in symptoms compared to standard care alone; to assess the effect of practicing cognitive, behavioural and sensory modulation strategies after meals on post-meal affect and intensity of worrying thoughts; and to examine how an intervention such as Meal Plus contributes to overall treatment from the perspective of consumers participating in the program and clinicians delivering the intervention.

Outcomes, Improvements Achieved and Lessons Learnt

This evaluation is in progress.

Title

headspace Bondi Junction – Pilot Early Intervention Model

Presenter

Dr Karen Spielman and Toni Ottavio, South Eastern Sydney Local Health District

Brief description of the problem

In the first quarter of 2020 headspace Bondi Junction had the highest rate of presentation for young people with concerns about food, weight or body image across the five sites in Central Eastern Sydney Primary Health Network. Despite the availability of skilled clinicians, no clear pathway of care existed for these young people.

Brief description of the solution

Capitalising on the recent changes to the Medicare Benefits Schedule, an early intervention pathway was piloted from July 2020 to February 2021. This pathway integrated bulk-billing GPs, psychiatry, a specialist clinical psychologist and salaried exercise physiology – as well as supporting warm referral to external dietetics and inpatient care. Interventions were evidence-based, with a core focus on building engagement and regular multidisciplinary clinical review.

Outcomes, Improvements Achieved and Lessons Learned

The pathway was demonstrated to be feasible, with high rates of engagement with psychological care and GPs, and effective transition between inpatient and community settings. On average, young people engaged made minor improvements on the clinician-judged social and occupational functioning assessment scale (SOFAS) and in self-reported quality of life. However, only 18% were able to access dietetic support, with fees and fragmentation from the core clinical team proving barriers to care.

Title

SLHD Child & Family Emerging Eating Disorder Service

Presenter

Dr Emily Harkness, Athina Shelston and Marcellinus Kim, Sydney Local Health District

Brief Description of the Problem

Children referred and attending service with eating disorders treated under the individual counselling service but identified as likely to have ARFID and/or emerging eating disorders/disordered eating.

Brief Description of the Solution

Develop clear intake procedures, clinical pathways, assessment, treatment, care, discharge pathways, workforce development and evaluation.

Outcomes, Improvements Achieved and Lessons Learnt

This is an example of a really effective project management process. This commenced in 2018, executive meetings and team meetings were conducted initially for approval/endorsement. FBT training completed and process for treatment were developed. Implementation was initiated but there were challenges with referrals incoming as well as intake procedures were not considered. Subsequent to this there were multiple workshops in the team, champions identified, working group formed in 2020, which has resulted in a comprehensive service development pathway and a service manual which covers all aspects required for implementation from the learnings from the numerous cyclical iterations of service development process.