

## Summary of Developing Effective Bed Management Strategies

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*Mental health services are under pressure to decrease bed over-occupancy and ECRs. Evidence suggests that there are a range of effective bed management strategies which mental health services can utilise to maximise bed usage and prevent inappropriate admissions. These strategies can be broadly divided into admission prevention, increasing admission throughput, effective discharge planning and appropriate safe alternatives to admissions.*

### Admission Prevention

*What can be done at the service level to prevent admissions?*

Mental health services can ensure that:

- all people with severe mental illness are registered on the CPA and/or receive Care Management
- hospital & community psychiatric services are well integrated
- safe residential (crisis and respite houses) and non-residential (crisis and assertive outreach teams) alternatives to hospital admission are available
- they have a senior admissions gate-keeper and a designated bed manager
- formal liaison with housing agencies is established to prevent inappropriate social admissions
- NE departments provide effective mental health triage by trained mental health nurse practitioners
- staff are trained in relapse prevention, risk assessment and needs assessment

*What can be done on an individual level to prevent admissions?*

Teams and keyworkers can ensure that:

- case management and assertive outreach methods are used to engage service users
- families and carers' needs are assessed, and that practical information and help is available, eg advice about benefits and carer support groups
- service users' housing needs are met, and that they are receiving appropriate housing support
- they are trained in and provide effective interventions, eg cognitive behavioural techniques, relapse prevention techniques, psycho-education, family problem solving techniques
- extended hour backup is accessible to users and carers through the team or via other local agencies
- crises are dealt with by experienced staff known to the service user

## Increasing admission throughput

*What clinical interventions can be used to increase throughput?*

Teams and keyworkers can ensure that they:

- communicate clear reasons for admission to inpatient staff
- engage families and carers in assessments and care planning
- agree the outcomes for admission with users, carers, inpatient staff and other involved agencies, eg: improved medication regime, suitable housing and support in place, family work
- prescribe necessary medication as soon as possible, assess effect and review dosage regularly
- set a target discharge date at admission based on the estimated time necessary to achieve aims
- refer new admissions who are homeless or unsuitably housed to placements teams or housing representatives within 24—48 hours of admission
- provide education about illness and prognosis to carers and families

*What service structures can be put into place to increase admission throughput?*

Services can ensure that:

- ward rounds are held regularly, with brief but frequent management updates between ward rounds
- there are adequate levels of permanent, trained staff
- units conform to recommendations for therapeutic environments, eg single rooms, access to quiet spaces
- on-site housing 'surgeries' are provided by housing workers to avoid rehousing delays
- they provide adequate local 'move-on' accommodation to avoid acute bed blocking
- service level agreements are negotiated with forensic and other tertiary services to avoid referral delays

## Planning effective discharges

*How can discharge planning be made more effective?*

Discharge planning can be improved if teams and keyworkers ensure that:

- they provide flexible appropriate post-discharge support, especially in the first 6 weeks after discharge
- a care plan is agreed with service users, carers and all involved agencies, and circulated to all involved agencies prior to discharge
- service users and carers negotiate a relapse prevention plan
- appropriate practical support, eg help paying bills and daily living skills, is in place prior to discharge, particularly if insufficient support precipitated admission

### *Residential Alternatives*

- rehabilitation hospital hostels
- 24-hour nursed bed community facilities
- respite care facilities
- half-way houses
- quarter-way houses
- individual family/fostering placements
- supported individual placements
- crisis houses
- wards in the community
- appropriate primary care and community support, eg day care, is arranged prior to discharge
- people are discharged with enough medication to sustain them until their next doctor's appointment

### **Models of safe alternatives to hospital admission**

Many models of safe alternatives to hospital admission have been developed internationally. Broadly, safe alternatives can be divided into residential and non-residential options. The table below illustrates some of the research-based models of safe alternatives to hospital admission.

### *Non-residential Alternatives*

- flexible daily living support staff
- day hospitals
- CMHTs which provide extended hours services
- 24-hour, 7-day extended community networks
- case management and assertive outreach teams which

have:

- caseloads of 1:10/15
- flexible range of community provision

- flexible staffing functions
- control over budgets
- training in risk assessment and effective interventions

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#### **References and useful reading**

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