West Moreton Hospital and Health Service

PROCEDURE

Mental Health Divisional

Inter Hospital and Health Service Transition of Care of Mental Health Consumers from one Hospital and Health Service to another

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1. Purpose

This procedure details the process by which consumers of the Mental Health HHS receive an efficient and safe transition of care between mental health services.

2. Scope

This procedure relates to all staff within West Moreton Hospital and Health Service.

3. Supporting Documents

- The MHA2000
- The MHA2000 Resource Guide
- National safety priorities in mental health: a national plan for reducing harm
- National Standards for Mental Health Services 1996
- National Safety and Quality Standards 2011
- Queensland's Mental Health Patient Safety Plan 2008 – 2013
- Queensland Plan for mental Health 2007 – 2017
- Queensland Health Mental Health Standardised Suites of Clinical Documentation User Guides (2008, 2009)
- Patient Access and Flow Health Service Directive. Inter Hospital Transfer http://www.health.qld.gov.au/directives/docs/ptl/qh-hsdptl-025-3.pdf

4. References and Suggested Reading

Nil

5. Procedure Process

BACKGROUND

It is well established that mental health consumers are at an increased risk of harm during periods of transition. *South Queensland Mental Health Clinical Cluster Hospital and Health Service* are committed to an agreed set of key principles to ensure the comprehensive and safe transition of consumer care between mental health services. This procedure clarifies and standardises the roles, expectations and responsibilities of both parties in the transition of care of mental health consumers.

OVERARCHING PRINCIPLES

- Irrespective of an individual's place of residence a consumer **will always** have access to mental health services.
- The clinical documentation must comply with minimum standards as indicated in this procedure to ensure the receiving organisation can provide a safe, timely and appropriate service to the consumer.
- Consumer and carer engagement is an essential component of any transition of care planning.
- A recovery oriented service approach is recommended to ensure a consumer focused transition of care occurs.
- Clinical governance resides with the current HHS until a consultant psychiatrist from the receiving service has accepted the care of the consumer, this must occur within 5 working days of receiving relevant information.
- The cultural needs of the consumer and their carers will be acknowledged and respected (See APPENDIX A).
- Shared care arrangement is to be available during the transition process to ensure engagement and management of identified risks.
- For consumers who are mental health service employees we acknowledge treatment may occur outside of their local HHS.

In order to ensure that these principles are adhered to, **two (2) key processes** have been identified as essential for the safe, timely and appropriate clinical transition of care from one Health and Hospital Service to another.

1. Clinical Handover [1]

When a decision is made to transition a consumer from one service to another, the key principles of clinical handover must be adhered to:

- Clinical handover refers to the process whereby professional responsibility and accountability for some or all aspects of care for a consumer who is transitioning to another person or professional group on a temporary or permanent basis. This should occur at every point of transition.
- Clinical Handover involves the verbal and written communication of critical consumer-care related information between or among members of the healthcare team.
- The purpose of clinical handover is to facilitate continuity of consumer care across care transitions, to promote coordination of care amongst healthcare providers and to maintain high quality, safe consumer care.
- The process of clinical handover is standardised in accordance with five best practice principles:
  - preparation
  - organisation
  - situation and environmental awareness
  - transferred responsibility and accountability
  - consumer/carer involvement.

[1] Standard 6. Australian Commission on Safety and Quality in Health Care. http://www.safetyandquality.gov.au/our-work/accreditation/nsqhss/

2. Clinical documentation

All clinical documentation must be recorded using the standardized suite of Mental Health clinical forms in the Consumer Integrated Mental Health Application (CIMHA). All consumer documentation must be readily accessible in this information management program.

Clinical Documentation must include:

- ✓ **Consumer demographic information form** (demographic information generated from CIMHA is also acceptable)
- ✓ **Consumer intake form**
- ✓ **Consumer assessment form** (associated assessment modules particularly the Family Developmental History and Social Assessment are highly desirable)
- ✓ **Risk Assessment** including risk mitigation plan.
- ✓ **MHA 2000 documentation** (if applicable)
  Documentation for a Mental Health Act Administrator (MHAA)
    - When receiving notification of a transfer of an ITO via CIMHA email facility, the receiving service MHAA will confer with the Team Leader of the relevant team to establish if the transition handover process has been completed and the consumer has been accepted to the service.
    - When the referral has been accepted the receiving service, the Principal Service Provider (PSP- usually a case manager) will notify the transferring service team and the receiving service MHAA so transfer of the ITO can be arranged.
    - If the transition handover has not occurred, the receiving service MHAA must inform the transferring service that the ITO is to remain with them until the process is completed. If the consumer has been accepted to the receiving service, the ITO must be accepted by the receiving service MHAA.
- ✓ **Consumer End of Episode/ Discharge Summary**.
- ✓ **Transition Plan**
  - What information has been provided by the transitioning service to whom (receiving service) both verbally (including date and time) and written.
  - There is an agreed transition plan including dates and time, this is especially important in regards to consumers under the MHA 2000 and for consumers under Forensic Orders. (Please refer to The MHA2000 Resource Guide, chapter 8 “moving and transfer” http://www.health.qld.gov.au/mha2000/documents/resource_guide_08.pdf
  - The transitioning service has ensured that any information sent by means other than CIMHA has been acknowledged by the receiving service and that this is document in the consumer’s record
  - Details regarding follow up appointment have been noted in the consumer’s record prior to transfer.

Clinical Transition Procedure:

The following steps required to transfer consumers between services will vary, dependent upon the service type. For transition of consumers between all service types, the following steps are recommended to ensure the best clinical outcome for the consumer.

1. **Consumer has indicated a need to move to another HHS**
2. **Consultant contacts the receiving service in that HHS**
3. **Treating team ensures the relevant documentation is readily accessible;**
   - ☐ **Consumer demographic information form** (demographic information generated from CIMHA is also acceptable)
   - ☐ **Consumer intake form**
   - ☐ **Consumer assessment form** (associated assessment modules particularly the Family Developmental History and Social Assessment are highly desirable)
   - ☐ **Risk Assessment** including risk mitigation plan.
   - ☐ **MHA 2000 documentation** (if applicable)
   - ☐ **Consumer End of Episode/ Discharge Summary**.

   If transitioning from Emergency Department:
   - ☐ Medical Officer R/V notes if initial MH assessment has not been completed
   - ☐ Medical Assessment & Clearance.
   - ☐ Most recent clinical documentation.

   Highly desirable documentation:
   - ☐ **My Recovery Plan** located within the Clinical Note module within CIMHA.
     The Recovery Plan will include the transition plan ensuring that consumer's from rural and remote areas have ongoing access to their care network if they transitioned out of area.
   - ☐ **Care Review Summary Plan,** this includes the Involuntary treatment plan review and case review summary.
4. **Formulate a Transition Plan in collaboration with the consumer/carer and receiving service.**
5. **Transition clinical care** of the consumer to the new Mental Health Service.

Escalation process

If a clinical difference of opinion occurs regarding the transition and ongoing management of a consumer transitioning between HHS, the consultant of the receiving service has the final decision and responsibility for the ongoing care. (HHS may want to include their own escalation process here, however a standardized process would be best)

6. Definition of Terms

Definitions of key terms are provided below.

Term	Definition / Explanation / Details	Source
MHS	Mental Health Service	
HHS	Hospital and Health Service	
DOMH	Director of Mental Health	
SNFP	Special Notification Forensic Persons	
MHA	Mental Health Act	
CIMHA	Consumer Integrated Mental Health Application	
Queensland Private Health Care Sector	Health Care services which are not Queensland Health provided	

7. Consultation

Name	Position / Committee	Date
Mental Health Executives	South Queensland Mental Health Clinical Cluster Hospital and Health Service	

8. Procedure Revision and Approval History

Version No	Modified by	Amendments authorised by
1	Created Michelle Kohleis Cluster Coordinator	South Qld Mental Health Clinical Cluster

9. Audit Strategy

Level of risk	Medium
Audit strategy	Audit of clinical handover processes pertaining to consumers
Audit tool attached	
Audit date	Twice yearly
Audit responsibility	NUMs
Key Elements / Indicators / Outcomes	• preparation • organisation • situation and environmental awareness • transferred responsibility and accountability • consumer/carer involvement.
Endorsing Committee	Clinical Records Committee

10. Appendices

APPENDIX A

Cultural considerations when transferring consumers

Cultural factors of consumer transfer between HHSs include the cultural sensitivity of the transfer/relocation of a consumer. Mental health staff in both the transferring and receiving services must obtain access to cultural expertise and advice.

Factors to be aware of:

- Locality/community
- Transferring service to liaise with indigenous and culturally and linguistically diverse (CALD) mental health workers
    - Within their team and with the receiving HHS
- Social and emotional wellbeing considerations
    - links to family, friends, elders

Locality/community – when Aboriginal and Torres Strait Islander people are local to a specific area/town/city/suburb cultural protocol states the mental health service will contact the local Aboriginal or Torres Strait Islander community. There are several ways of contacting and involving the Aboriginal and Torres Strait Islander community:

- Through family connection if the consumer has a relative within that particular community
- Consulting the indigenous mental health worker in the receiving HHS.

If the consumer is going to a community that is not well known the indigenous mental health worker must provide orientation for the consumer to the local Aboriginal and Torres Strait Islander community, with the consumer's consent.

Transferring service – It is the responsibility of the clinical team/case manager to notify the indigenous mental health worker in the receiving HHS of the transfer of the consumer, whether to private or public follow up care. In the event that there is no mental health service in a community, notification to the Aboriginal Medical Service in that community is recommended. The indigenous mental health worker from the transferring service needs to be involved / consulted in the transfer of all indigenous consumers of mental health services.

In addition, the consumer's family, allied person, etc. need to be notified of the transfer between HHSs, with the consumer's permission. Sometimes family exist in both the transferring HHS and the receiving HHS.
Consumers need to be orientated to the new HHS for services and links with Aboriginal and Torres Strait Islander organisations, such as the Aboriginal Medical services; cultural events, activities and meetings; other Queensland Health services and other Queensland Government services.

Social and emotional wellbeing - Following on from this, the consumer's social and emotional needs in the receiving service has to include: family and other relationships; cultural connections/support; other health concerns; housing; income; spirituality; stability of home environment; and, culturally appropriate psycho social interventions in the areas of: further education; diversional activities; fitness activities; clubs etc.