

Oaths Act 1867

Statutory Declaration

I, **JENNIFER HOOPER** of c/- Corrs Chambers Westgarth, Level 42, One One One, 111 Eagle Street, Brisbane, in the State of Queensland do solemnly and sincerely declare that:

- 1 I am the Manager of Governance and Risk at West Moreton Hospital and Health Service (WMHHS).
- 2 Julianne Duke is employed as the Procedures Support Officer at WMHHS.
- 3 I am the manager responsible for Julianne Duke.
- 4 On 25 February 2016, Julianne Duke was provided with [WMS.0015.0001.00528] which is a draft version of a WMHHS Procedure entitled 'Inter Hospital and Health Service Transition of Care of Mental Health Consumers from one Hospital and Health Service to Another', a copy of which is attached and marked **JH-01**. Julianne Duke was asked to ascertain when JH-01 was approved and made available to clinical staff in WMHHS.
- 5 The final version of the WMHHS Procedure entitled 'Inter Hospital and Health Service Transition of Care of Mental Health Consumers from one Hospital and Health Service to Another' is attached and marked **JH-02**. As is apparent on the face of the document, JH-02 was approved by Executive Director of Mental Health and Specialised Services, WMHHS, Sharon Kelly on or around 13 May 2014.
- 6 JH-02 was published between the 13 May and 27 June 2014 Published means that the approved procedure was made available to all staff on the WMHHS Intranet.
- 7 WMHHS staff were further advised of the publication of JH-02 by way of an email sent at 3:26pm on 27 June 2014, a copy of which is attached and marked **JH-03**.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.

Taken and declared before me by)
JENNIFER HOOPER at Brisbane in the)
 State of Queensland this 7th day of March)
 2016)
 Before me:)



Signature of authorised witness,



Signature of declarant

Solicitor/ Justice of the Peace/Commissioner for Declarations

Claire Louise Barratt
 15395850/3
 Solicitor

STATUTORY DECLARATION OF JENNIFER HOOPER
INDEX OF EXHIBITS

No	Document Description	Document number	Page
JH-01	West Moreton Hospital and Health Service Procedure entitled 'Inter Hospital and Health Service Transition of Care of Mental Health Consumers from one Hospital and Health Service to Another' dated 1 September 2013	WMS.0015.0001.00528	1-6
JH-02	Final version - West Moreton Hospital and Health Procedure entitled 'Inter Hospital and Health Service Transition of Care of Mental Health Consumers from one Hospital and Health Service to Another', approved by S Kelly, Executive Director of Mental Health and Specialised Services dated 13 May 2014	WMS.1003.0003.00080	7-12
JH-03	Email from WM TeamConnect to WM TeamConnect dated 27 June 2014	WMS.0043.0001.00028	13-16

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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

Document ID:
WMHHS2013274

Custodian / Review Officer:
Quality Coordinator

Version no:
1

Approval Date: 01/09/2013

Next Review Date: 01/09/2015

Approving Officer

Position:
Executive Director, Mental Health & Specialised Services

Name:
Sharon Kelly

Signature:

Supersedes:
N/A

Keywords:
Inter Hospital Transfer, Mental Health, transition of care

Accreditation References and Key Performance Indicators:

EQulP National 12.8

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/gh-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.

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

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/>



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

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.



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

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	



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

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	<ul style="list-style-type: none"> • preparation • organisation • situation and environmental awareness • transferred responsibility and accountability • consumer/carer involvement.
Endorsing Committee	Clinical Records Committee

10. Appendices



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

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.



"JH-02"

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

Document ID:
WMHHS2013274

Custodian / Review Officer:
Nursing Director Community
Integration

Version no:
1

Approval Date: 13/05/2014

Next Review Date: 13/05/2017

Approving Officer

Position:
Executive Director, Mental Health
and Specialised Services

Name:
Sharon Kelly

Signature:

Supersedes:
N/A

Keywords:
Inter Hospital Transfer, Mental
Health, transition of care, Transfer

Accreditation References and
Key Performance Indicators:

EQIP National 12.8

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- Patient Access and Flow Health Service Directive. Inter Hospital Transfer <http://www.health.qld.gov.au/directives/docs/pti/gh-hsdpti-025-3.pdf>
- Procedure, Mental Health Divisional, Transport of Mental Health Consumers (WMHHS201000223)
- Workplace Instruction, Mental Health, The Park, HSIS-Queensland Police Escort Assistance (WMHHS2013167)
- Policy, Procedure and Workplace Instruction Staff Sign Off Sheet <http://gheps.health.qld.gov.au/wm/docs/document-signoff.dot>

4. References and Suggested Reading

Nil

5. Procedure Process

BACKGROUND

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

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.

For consumer transport considerations refer:-

- Procedure, Mental Health Divisional, Transport of Mental Health Consumers (WMHHS201000223).
- Workplace Instruction, Mental Health, The Park, HSIS-Queensland Police Escort Assistance (WMHHS2013167).

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 Handover¹

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

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- 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

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

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

- transferred responsibility and accountability
- consumer/carer involvement.

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.

**West Moreton Hospital and Health Service: Inter Hospital and Health Service Transition of Care of Mental Health
Consumers from one Hospital and Health Service to another**

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/carers and receiving service.**
 5. **Transition clinical care of the consumer to the new Mental Health Service.**
 6. **With the consent of the consumer, the family/next of kin are to be notified**

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. For involuntary patients the Executive Director of Mental Health and Specialised Services can be approached to assist in resolving disagreements.

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	
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	

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

7. Procedure Revision and Approval History

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

8. 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	<ul style="list-style-type: none"> • preparation • organisation • situation and environmental awareness • transferred responsibility and accountability • consumer/carer involvement.
Endorsing Committee	Clinical Records Committee

9. Appendices

Nil.

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

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.

From: WM TeamConnect
Sent: 27 Jun 2014 15:26:23 +1000
To: WM TeamConnect
Subject: Weekly staff information
Attachments: 1. Information for applicants.pdf, 1. WM06130775 Role Description.doc, 1. WM06126036 Role Description.doc, 1. WM06129553 Role Description.doc, 2. Memo - Sick infectious employees shall not work and put others at risk.pdf, 3. OP140601 ResearchDay CallForAbstracts Poster.pdf



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2. Sick infectious employees
3. Research Day – Call for abstracts
4. HHS procedures
5. Upcoming change to criminal history checking for line managers
6. AUSLAB and AUSCARE system maintenance
7. Queensland Science Capability Directory

Reminder: If your colleagues do not have easy access to email, please print this email and make it available to everyone in a prominent place in your workplace.

1. Vacancy schedule

Please find the current vacancies in the West Moreton Hospital and Health Service listed at <http://qheps.health.qld.gov.au/wm/html/hr/docs/vacancy-schedule.pdf>. Role descriptions for Expressions of Interest are **attached** to this email.

Role descriptions for all other advertised roles are available at www.health.qld.gov.au/workforus.

2. Sick infectious employees

Please ensure you read the **attached memo** from Infection Prevention Service regarding sick infectious employees.

3. Research Day – Call for abstracts

West Moreton Hospital and Health Service and the University of Queensland are pleased to announce the fifth annual Research Day, themed Research for the Real World. The day provides a key platform for clinicians, academics and students to showcase research being undertaken within the Hospital and Health Service.

We are inviting oral and poster presentations from clinicians, academics and students within the broad theme of Research for the Real World. Further information is **attached** to this email. Submit your abstract to [REDACTED] by Monday 21 July 2014.

4. HHS procedures

Please be advised that the following procedures have been published in June 2014:

- Bed Entrapment - reducing the risk (New)
Explains the process for reducing the risk of bed entrapment injuries in line with Queensland Health Patient Safety Unit Patient Safety Notice Entrapment and suffocation risk: vertical bed rails covered with bed rail covers. 12 April 2013.
- Clinical Handover (New)
Describes the mandatory minimum requirement to ensure that a patient focused, timely, structured and relevant clinical handover occurs whenever there is a transfer of professional responsibility for a patient.
- Clinical Documentation - Allied Health (New)
Provides minimum standards for allied health clinical documentation to assist clinicians to produce quality allied health documentation that is consistent throughout all facilities.
- Clinical Documentation - Patient/Client Record (Revised) Supersedes DDWMPProc201000580
Updated to ensure all clinical documentation meets current standards, legislation and legal requirements.
- Clinical Handover - Nursing and Midwifery: Inpatient, Shift to Shift (New)
Provides a standardised nursing clinical handover delivery system to safely transfer the accountability of patient care.
- Clinical Handover - Allied Health: Inpatient (New)
Provides a set of principles for allied health clinical handover which are consistent with WMHHS Clinical Handover Procedure, and which facilitate safe transfer of professional responsibility and accountability of patient care.
- Clinical Handover - Medical (New)
Provides a set of principles for medical clinical handover which are consistent with WMHHS Clinical Handover Procedure, and which facilitate safe transfer of professional responsibility and accountability of patient care.
- Clinical Handover - Inpatient Transfer (internal and external) (New)
Provides a standardised nursing clinical handover delivery system to safely transfer the accountability of patient care from one inpatient setting to another.
- Patient/Consumer Identification and Procedure/Care Matching (Revised) Supersedes DDWMPProc201000572 Identification of People (Staff, Patients)
Establishes a uniform approach to Patient Identification across WMHHS, including the use of standardised patient identification bands and correct identification of patients at all times, thereby minimising related error and/or patient harm.
NOTE: Identification of Staff and other people will be covered in a new procedure.
- Mental Health Division - Inter Hospital and Health Service Transition of Care of Mental Health Consumers from one Hospital and Health Service to another (New)
Details the process by which consumers of the Mental Health Service receive an efficient and safe transition of care between mental health services.
- Mental Health - The Park - Informed Consent (New)
Explains the processes for obtaining Informed Consent from patients, including the decision making processes that occur when a patient cannot provide Informed Consent.
- Mental Health - The Park - Petty Cash Supersedes DDWMPProc19981004v8 and WMPProc20120101347

Updated to comply with Queensland Health Financial Management Policy with regard to the management of petty cash and provide a standardised process across WMHHS.

NOTE: The Procedure Clinical Documentation – Nursing and Midwifery has just been received and is being prepared for publishing.

Line Managers please advise your staff of these procedures and **if relevant to your work area**, ensure the "Staff Sign-off Sheet" is completed and kept for auditing purposes.

Contact: Procedure Administration Support Officer | [REDACTED] |
[REDACTED]

5. Upcoming change to criminal history checking for line managers

How will I submit a request?

As of 1 July 2014 a new criminal history request submission link also known as the Line Managers Wizard will be made available on the employment screening [QHEPS](#) webpage. Your criminal history check request will be submitted directly to your local recruitment team for processing via this wizard. This means as of 1 July 2014, the line manager will be required to submit requests for criminal history checks via this link.

Applicants will continue to complete the Employment Screening Consent form and submit valid proof of ID. The Employment Screening Consent form and the proof of ID will then be attached to the online request by the line manager, and submitted via the Line Manager Wizard.

Information on this process will be made available via the employment screening [QHEPS](#) page below as of 1 July 2014.

<http://qheps.health.qld.gov.au/hr/recruitment/employment-screening/home.htm>

Further information: Your local Recruitment Team will be able to assist if you have any queries. The team can be contacted on [REDACTED]

6. AUSLAB and AUSCARE system maintenance scheduled for Wednesday 2 July 2014 at 6 pm

This is a notification that AUSLAB and AUSCARE are to undergo scheduled system maintenance on Wednesday 2 July 2014 commencing at 6 pm for approximately 2 hours to deliver the quarterly software release.

To ensure the maintenance window is kept to a minimum, please log out of AUSLAB by 5:45pm. New attempts to access AUSLAB after 5:45pm will be unsuccessful.

- During the system maintenance the Viewer will be available to look up historical patient results.
- Results will also be provided as required to all clinical units by phone or fax from the laboratory.

- Please do not hesitate to call your local laboratory for assistance or results if necessary.

Please contact the LISS Service Desk on [REDACTED] or at [REDACTED] for feedback or enquiries, and refer to the LISS QHEPS web page (<http://qheps.health.qld.gov.au/liss/>) for system updates.

7. Queensland Science Capability Directory

We already know Queensland is home to a powerhouse of researchers delivering internationally recognised science in many areas of expertise – including life sciences (especially health and medicine), resources, energy and agriculture. Finding out what research is happening in Queensland and what facilities are on offer has not always been easy. That's all about to change. The Queensland Government has made it simple for research collaborators, businesses and investors to connect with Queensland's science community.

The Queensland Science Capability Directory is an online, interactive and searchable map allowing users to find information and connect to Queensland research facilities and expertise across the state. The directory is easy and quick to use, and accessible on desktop, smart phone or tablet. We wanted you to know about the directory, what it can do and importantly what you think to help us ensure the directory keeps improving.

Please complete a quick survey to let us know if you find the site easy to use, has relevant information, or if you'd like to see features added. If you're in Queensland, you can also submit details about your research centre or institute to register interest in being listed in the directory.

WM TeamConnect

West Moreton Team Connect
West Moreton Hospital and Health Service

E: [REDACTED]
Ipswich Hospital, Chelmsford Avenue / PO Box 73
Ipswich Qld 4305
AUSTRALIA

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