EXHIBIT 529

Metro South Mental Health Services

Procedure

Effective from: July 2012
Review Due: July 2013

Procedure No. :	**MSMH.PRO1011\V2\07\2012**
Title:	**Inter-district Transfer of Mental Health Consumers within South Queensland Health Service Districts (SQHSD)**
Purpose:	**This document details the procedure by which mental health consumers of SQHSD receive an efficient, consumer focused transition of care between mental health services within SQHSD.**
Target Audience:	**All Mental Health Professionals**

Procedure for Inter-District Transfer of Mental Health Consumers within South Queensland Health Service District

Definitions:

Queensland Private Health Care Sector	Health Care Services which are not Queensland Health provided
MHS	Mental Health Service
SQHSD	South Queensland Health Service Districts
DOMH	Director of Mental Health
SNFP	Special Notification Forensic Persons
MHA	*Mental Health Act 2000*
CIMHA	Consumer Integrated Mental Health Application

Background:

It is well established that mental health consumers are at an increased risk of harm during periods of transition. SQHSD are committed to an agreed procedure to ensure the comprehensive management of consumer transition between mental health services. This procedure clarifies and standardises the roles, expectations and responsibilities of transferring and receiving services in the management of mental health consumer transitions between services.

Principles:

During the transfer of care of mental health consumers between services:

- The cultural needs of the consumer and their carers will be acknowledged and respected (see Appendix A: Cultural Considerations When Transferring Consumers).
- Mental health services will work collaboratively to ensure a consumer focused transition of care.
- The transfer process, including the time it takes to complete, will be consistent with consumer's recovery / care / treatment plans, e.g. efforts made to support the consumer's ongoing access to their care network if they are from a rural and remote area and are transferred out of area.
- Some transfers of consumer care may require a shared care arrangement for a period of time.

- If a clinical difference of opinion occurs regarding the ongoing management of a consumer transferring between districts, the consultant of the receiving service has the final decision and responsibility for the ongoing care.
- Allowances may be made for consumers who are mental health service employees.

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Note: Regarding the Transfer of Clinical Information:

The steps required to transfer consumers between services will vary dependent upon the service type the consumer is transferring from and to. For transfers of consumers between all service types, the following (most recent) information is required (when it exists):

- Consumer demographic information form (demographic information generated from CIMHA is also acceptable)
  - Consumer intake form.
  - Consumer assessment form with associated assessment modules attached (for initial assessments: particularly the Family Developmental History and Social Assessment),
  - Recovery Plan. (Note: The recovery plan has 3 sections:
    - 1) recovery plan – consumer focused;
    - 2) individual care / treatment plan – service / duty of care focused;
    - 3) relapse prevention plan).
  - An individual care / treatment plan generated from the care planning module in CIMHA is also acceptable.
- Consumer End of Episode / Discharge Summary.

Clinical documentation should be recorded on the Queensland Health Mental Health standardised suites of clinical documentation forms. Notes written by non Mental Health staff (e.g. Emergency Department clinicians) may be recorded in other formats.

In the event that these forms have never been completed by the transferring service, the Consumer End of Episode / Discharge Summary is mandatory from Inpatient service providers, the intake / assessment information is mandatory from Acute Care Team (ACT) / Emergency Department (ED) services and the Consumer End of Episode / Discharge summary is a minimum requirement from Community Service Providers (including MITT services). These forms therefore **must** be completed by the transferring service prior to transfer unless exceptional circumstances exist (e.g. emergency transfer from rural ED where no after hours mental health staff to complete standard suite of documents).

Documentation in these circumstances must include:

- Risk Screen (if not recorded on intake or assessment form).
- Medical Officer R/V notes if initial Mental Health assessment has not been completed.
- *Mental Health Act 2000* documentation (if applicable).
- Medical Assessment and Clearance.

When possible, the transferring service should forward clinical documentation to the receiving service at least 3 days prior to the transfer of clinical care of the consumer.

Clinical information may be transferred via email or fax. The transferring service must ensure the information has been received by the receiving service and must document in the consumer's medical record that this has occurred.

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Note: Regarding Mandatory Steps for Any Transfer of Consumer Care:

The receiving service contact details and follow up appointment details must be noted in the consumer's transferring service medical record prior to transfer. Unless a consumer does not grant permission for mental health service providers to contact their carers and / or families, **prior to the transfer of a consumer's care, the consumer's carers and family should be consulted with regarding the pending transfer of care**.

Transfer of Community Voluntary Mental Health Consumers:

Consumers choosing not to engage with the Community Mental Health Service within their destination District:

- The transferring service will contact the receiving service to advise of the consumer's relocation to the receiving district and, the CIMHA reference number (when available), for information only.
- The transferring service will document contact with receiving service in the consumer's medical record prior to case closure.

Consumers choosing to engage with private sector support services in their destination district:

- With consumer consent the clinical information above will be provided to relevant mental health service provider/s, e.g. GPs, private psychiatrists, NGO's. The transferring service will document contact with the follow up care providers in the consumer's medical record prior to case closure.
- The PSP from the transferring service will contact the consumer, following their relocation, to confirm and document that they have engaged with clinical / support services in their destination district.
- If the consumer has not engaged with clinical / support services as planned, the transferring service PSP will determine if further action is required. If the consumer requires follow up from Queensland Health Services, refer to procedure 1.2 for voluntary consumers and 2.0 for involuntary consumers.

Consumers choosing to engage with the Community Mental Health Service in their destination district:

- The transferring service will contact the receiving service via their intake officer / team leader (rural services), and will forward the information noted above.
- The receiving service intake officer / team leader (rural services) will facilitate the intake process to determine the follow up care which will provided in accordance with local processes (including dissemination of clinical handover information).
- For cases where the consumer is accepted for follow up into a community team (including ACT and MITT) the receiving service follow up team will facilitate PSP face to face contact with the consumer as soon as is required as determined by clinical need, but no later than 14 days. If any consumer has to wait for face to face contact with the receiving service for longer than is clinically acceptable, the transferring service will continue to provide care during the transition period (for up to 14 days, as negotiated between the transferring and receiving services). If it is geographically impractical for the transferring service to provide face to face transition care once the consumer moves into their destination district, the transferring service will maintain telephone or video link transition care as an alternative until the consumer attends their first appointment with the receiving service.

Note: When a consumer is transferred between services following an inpatient episode of care, face to face contact is mandatory within 7 days of discharge from the inpatient unit.

Transfer of Care for Involuntary Mental Health Consumers:

Transfer of care of involuntary consumers under the *Mental Health Act 2000*, who are not forensic consumers:

- The procedure for transfer of care of involuntary consumers under the *Mental Health Act 2000*, who are not forensic consumers, is the same as for voluntary consumers above, with the exceptions that:
  - The appropriate *Mental Health Act 2000* documentation must be transferred. This includes the treatment plan (all consumers) and making contact with the receiving districts *Mental Health Act 2000* Coordinator to advise of transfer and legal status.
  - The consumer's forensic history must be forwarded by the transferring service with the other clinical information required.

- In the event that the transferring service is providing transition care for up to 14 days, if the consumer breaches the conditions of their treatment plan (e.g. is non compliant with medication), the transferring service will manage this clinical issue during the transition period. If the transferring service requires access to local networks (e.g. emergency services) they may make contact with the receiving service for this information.

Transfer of an involuntary consumer from an inpatient service to a community service:

- For inter-district transfer of an involuntary consumer from an inpatient service to a community service, the following requirements also apply:
  - Consultant to consultant liaison / team leader (rural services) contact is required prior to discharge from the transferring service.
  - If a case manager in the receiving service is not allocated at the time of transfer, the interim PSP is the team leader of the receiving service community team.
  - The Nurse Unit Manager of the transferring service is responsible for liaising with the case manager / team leader of the rural team prior to the consumer transfer, for rural discharges.

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 transfer process has been completed and the consumer has been accepted to the service.
- When the referral has been accepted the receiving service 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 transfer is not complete, 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.

Transfer of Care for Forensic Mental Health Consumers:

Procedure for forensic consumer under the *Mental Health Act 2000*:

- The procedure for transfer of care of forensic consumer under the *Mental Health Act 2000* is the same for involuntary consumers above, with the exceptions that:
  - The District Forensic Liaison Officers (DFLO) from the transferring and receiving services will be in contact with one another throughout the transfer process.
  - The DFLO from the transferring service will facilitate the transfer from the transferring service end (and therefore will be the person who will be making contact with the receiving service).
  - The DFLO from the transferring service may continue to share care / liaise with the receiving service DFLO regarding the consumer's care for up to 3 months (as negotiated between the transferring and receiving services dependent upon clinical need). It may be necessary to negotiate a shared care transition plan which includes risk management. The transition plan will provide guidelines to manage issues of non-compliance and indicate who is responsible for managing the consumer should a psychiatric emergency arise. The intention of the transition plan is to ensure: consistency and continuity of care; and that the consumer is suitably monitored and is unable to avoid follow up as a result of not attending appointments, or being absent without leave or frequently moving address. The duration of the transition plan should be for a maximum period of three months and should be ended as soon as the receiving service is clinically confident that they have sufficient understanding of the consumer to no longer require transferring service support.
  - The Statewide Director of Mental Health (DOMH) must authorise (via written authorisation) the transfer of forensic consumers from one AMHS to another AMHS. The transferring AMHS will commence completion of the Request for Transfer – classified / forensic / court order patient form (an authorised Doctor only can complete some sections of this form). This form is then provided to the new AMHS for their completion. On final completion, the form is faxed to the DOMH.

- The DOMH must be satisfied that appropriate follow-up arrangements are in place for the consumer and that the transfer has been accepted by the Clinical Director / Administrator (or equivalent in rural areas) of the receiving service. This includes allocation of an authorised psychiatrist to the consumer prior to the transfer of the order.
- Until the DOMH transfers the order to the new AMHS the transferring AMHS remains responsible for the consumer's treatment as prescribed in the treatment plan, including taking appropriate actions when the consumer is non-compliant with the treatment plan. This will occur with assistance from the receiving service to access local networks if required in geographically isolated areas.
- Additional information which must be forwarded by the transferring service to the receiving service for transfer of forensic consumers includes: last MHRT report – attached treatment plan and LCT provisions; and, summary of forensic issues / outstanding matters (Summary page – Query IPS – CIMHA).

The receiving service may request extra documentation from the transferring service to assist with development of follow up care plans. This may include:

- Medico legal Reports (238 Report, current LCT plan and conditions).
- Crisis Management Plan.
- Relevant Clinical Reports (e.g. Forensic Order Report, CFOS assessment).
- Recent progress notes.

Transfer of care for Special Notification of Forensic Patients (SNFP) Mental Health Consumers:

- The procedure for transfer of care of Special Notification of Forensic Patients (SNFP) under the *Mental Health Act 2000* is the same as for forensic consumers above, with the exceptions that:
  - The Clinical Director (or equivalent) of the transferring service will contact the Clinical Director (or equivalent) of the receiving service to inform them of and discuss the pending transfer.

Transfer of care for Involuntary / Forensic consumers on short term travel:

Note: The *Mental Health Act 2000* Resource Guide, Chapter 8 "Moving and Transfer" does not specifically address the issue of holiday or interim care delivery for persons under the *Mental Health Act 2000* who are holidaying within Queensland away from their treating district. Interstate travel is addressed. Consideration of the consumer's rights must be made when determining appropriate management of this issue.

Key issues to address will include but are not limited to:

- Length of planned holiday period.
- Distance between holiday and home district.
- Conditions of leave.
- Medication prescription and administration.
- Treatment required.
- Social supports required.

According to Forensic Patient Management Policy and Procedures, (Queensland Forensic Mental Health Service), in addition to permanent transfer, Forensic Order movements may be: short term (a couple of nights, for example a holiday); and, regular short terms (e.g. visiting relatives in another district). Regardless of the time length for Forensic Order movement, the following minimum level of information should be provided to the receiving DFLO and District:

- Request for transfer: Classified / Forensic / Court order patient.
- Written Authorisation from DOMH.
- Standardised suite of forms – Consumer Demographics, Copy of Consumer Intake, Consumer Assessment, and Drug Assessment.
- Summary Page – Query IPS (CIMHA).

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Transfer of Consumers to a Mental Health Service Inpatient Unit

Consumers presenting to the ED who require inpatient admission and reside in another district:

- Consumers should be treated as close to their home as practicable, to minimise disruption to social networks and functioning.
- All consumers presenting to the ED will be assessed regardless of their district of origin.
- Following the decision that admission is required, the assessing district will contact the consumer's district of origin and notify them of the consumer's presentation and their status.
- Pending bed availability and not withstanding any other agreement between districts, the consumer's district of origin will receive the referral and accept the consumer within a two hour period (between 0800 and 2300hrs). Transport arrangements are the responsibility of the transferring district. Ideally, within the SQHSD metropolitan area, districts will facilitate the acceptance of transfers from 0800hrs to 2000hrs. These transfers should be planned to be completed prior to 2300hrs.
- If there is no bed available at the consumer's district of origin or a safe transfer is not possible at the time, the consumer should be admitted to an appropriate ward and treatment commenced until such time as a bed in the consumer's district of origin becomes available.

The transfer of clinical documentation is to be recorded in the consumer's medical record as noted above.

Consumers presenting to a rural service ED who require inpatient admission:

Note: In 2009, all rural services in South Queensland are part of a district with inpatient beds. However, the service with the inpatient beds may be some distance from the rural service needing to admit a consumer. In the first instance, a rural service should always try and admit consumers to their own district (this is an intra rather than inter district transfer). In circumstances where a rural service is unable to admit consumers to a bed in their own district, a bed in another district receiving service will need to be found and the following applies:

- Following the decision that admission is required, the assessing district will contact the receiving district, through the receiving ACT and notify them of the consumer's presentation, their status and need for admission. The receiving service will make contact with the relevant psychiatrist to confirm and support admission to the inpatient unit. All relevant paperwork related to an involuntary admission (e.g. recommendation and request for assessment forms and request for police escort) will be completed by the onsite medical officer and mental health worker (during business hours).
- Pending bed availability, the receiving district will receive the required material for admission and accept the consumer within a two hour period (between 0800 and 2300hrs). Transport arrangements are the responsibility of the transferring district. Within rural areas transfers should ideally occur during business hours. The above hours are to be seen as flexible and able to be negotiated between services taking into account the needs of the consumer, the availability of human resources and the ability of the transferring service to maintain the safety of the consumer and staff in the facility prior to transfer.
    - If for any reason, the rural transferring service is not able to affect the transfer immediately, the "home" mental health service should put in place strategies to assist in maintaining the consumer safely until the transfer can occur. These strategies would include but not be limited to:
        - Access to a Psychiatric Registrar or Consultant for advice and support.
        - Video-link assessment or review if required.
        - Advice and support about the most appropriate transfer mode.
- If there is no bed available at the receiving district or at other suitable facilities (relevant to CYMHS consumers only) or a safe transfer is not possible at the time and the transferring facility has the capacity to ensure the safety of the consumer and staff, the consumer should be admitted to an appropriate hospital ward and treatment commenced, with consultation from the "home" inpatient psychiatrist until such time as a bed in the receiving inpatient unit becomes available.

Consumers who present or are presented to ED and are on an Authority to Return to another District

- Consumers that are brought to the ED on an Authority to Return from another AMHS are to be assessed upon their presentation.

- It is expected that the service who has issued the Authority to Return document will make available all information to facilitate this assessment.
- If, following assessment the consumer requires admission, refer to section 4.1

Temporary transferring of inpatient care to another district during bed shortage:

- Mental Health Services within the SQHSD have agreed to provide for the temporary care of consumers from other districts when these districts are experiencing bed shortages. Prior to this occurring, the local Mental Health Services should make every attempt to manage the consumers in their local district. Other options to be considered are:
  - Assertive community treatment.
  - "Outlying" appropriate consumers to a medical bed with specialist mental health support in order to make an acute Mental Health bed available.
  - Overnight management of the consumer in the ED, with specialist mental health support.
- The following process is to occur to facilitate all inter-district transfers due to local bed availability shortages
  - The delegated Mental Health Service Bed Manager from the transferring district will make contact with each delegated Mental Health Service Bed Manager within SQHSD to assess availability of beds.
  - Pending bed availability the receiving district will receive the referral and accept the consumer within a two hour period.
  - Documentation to accompany the transfer is as above.
- Inter-district transfers due to bed availability should occur within business hours whenever possible. Transfers outside of business hours are at the discretion of the Consultant on call and must take in to account the availability of medical and nursing staff to safely facilitate the transfer in both transferring and receiving services.
- It is preferable that a consumer requiring inpatient care within an Acute Observation Area (AOA) \ High Dependency Unit (HDU) NOT be transferred to another district, due to the:
  - Acute nature of their mental state.
  - Likelihood of requiring high doses of medication which may compromise their physical health status.
  - Identified benefit of having ready access to their usual treating team.
- The return of persons that have been transferred to another district is to be negotiated between the transferring and receiving services. Factors to be considered should include the consumer's clinical needs, the consumer's choice and the consumer's discharge address. The number of transfers for each consumer should be minimised as much as possible.

Cultural Consideration when Transferring Consumers

Cultural factors of consumer transfer between districts 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 district
- 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 district

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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 district 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 districts, with the consumer's permission. Sometimes family exist in both the transferring district and the receiving district. Consumers need to be orientated to the new district 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 and in the areas of: further education; diversional activities; fitness activities; clubs etc.

References and Suggested Reading

Mental Health Act 2000

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