ACT Audit Office

AUDITOR-GENERAL AN OFFICER OF THE ACT LEGISLATIVE ASSEMBLY

MEDIA RELEASE **23 June 2017**

Mental Health Services – Transition from Acute Care

ACT Auditor-General, Dr Maxine Cooper, today presented a performance audit report on **Mental Health Services – Transition from Acute Care** to the Speaker, for tabling in the ACT Legislative Assembly.

Dr Cooper says 'Periods of admission to acute care can be part of long term mental health treatment and care. Therefore having an integrated, comprehensive and contemporary framework for managing the transition from acute care services to community based services is important. This framework is lacking'.

'In developing the framework it will be important for out-dated policies and procedures to be updated and encompass the *Mental Health Act 2015* rather than its predecessor; and to harmonise services so they are delivered seamlessly regardless of where they are provided' said Dr Cooper.

Continuity in mental health care is important and is assisted by sound record keeping. The audit found that the ACT Health Directorate has prudently implemented a single record-keeping system (MHAGIC) across all public mental health services but many recovery and related records in this system are poor.

Dr Cooper says 'There are plans to upgrade MHAGIC but this will be futile unless there are significant positive changes in the way staff, at all levels, use MHAGIC and the information it produces'.

'Notwithstanding issues found, it was apparent from clinical records that there is a focus on providing quality and compassionate care' said Dr Cooper. (This comment by Dr Cooper is an observation from records on files as the audit did not review the quality of care.)

The Summary of the **Mental Health Services – Transition from Acute Care** audit, with audit conclusions, key findings and the seven recommendations is attached to this media release.

The ACT Heath Directorate and Calvary Health Care have committed to supporting the seven recommendations.

Copies of **Mental Health Services – Transition from Acute Care: Report No. 6/2017**, are available from the ACT Audit Office's website www.audit.act.gov.au . If you need assistance accessing the report please phone 6207 0833 or go to 11 Moore Street, Canberra City.

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EXTRACT OF SUMMARY CHAPTER

Overall conclusion

An integrated, comprehensive and contemporary framework, encompassing the ACT *Mental Health Act 2015* (the Act), for managing the transition of people from acute care services to community-based services is lacking. Not all the requirements of the Act are captured in policies and procedures, and many are outdated. This compromises the ability of public health practitioners and carers to effectively manage a person's transition.

In developing the framework it will be important for policies and procedures to be harmonised so that services are delivered seamlessly regardless of where they are provided. To reinforce this, the Director-General needs to examine whether section 217 of the Act needs to be invoked for key administrative policies and procedures.

The ACT has prudently implemented a single record-keeping system (MHAGIC) across all public mental health services which can facilitate the effective sharing of information, and continuity in care, regardless of where a person receives treatment. However, many of the recovery planning and related records in MHAGIC are poor. There are plans to upgrade MHAGIC but this will be futile unless there are significant positive changes in the way staff, at all levels, use MHAGIC and the information it produces.

Outdated performance reporting processes limit the availability and quality of information for operational staff and executives. A review of these processes is needed to enable monitoring and reporting on key performance indicators, compliance measures and patient outcome measures.

Notwithstanding these issues, it was apparent from clinical records that there is a focus on providing quality and compassionate care.

Chapter conclusions

LEGAL AND POLICY FRAMEWORK

There is a need to review, rationalise and re-issue mental health services policies and procedures as many are outdated or were drafted before the passage of the *Mental Health Act 2015* (the Act). These do not give full effect to the Act, notably the different treatment regimes for people with mental illnesses and mental disorders.

In order to achieve consistency in services and continuity of care for patients there is merit in aligning mental health services policies and procedures across all public health services, including those delivered directly by the ACT Health Directorate and Calvary Public Hospital. A mechanism

by which consistency in service and continuity of care may be achieved is through the issuing of key administrative policies and procedures under the authority of section 217 of the Act and there is merit in the ACT Health Directorate giving consideration to this option. The Calvary Public Hospital could then be requested to adopt these, or align their activities.

RECOVERY PLANNING

While a review of case file records showed a high degree of care and compassion for those in acute care, documentation in MHAGIC could not be relied on to demonstrate consultation and collaboration in the delivery of services, or early and effective planning for discharge and recovery from acute care.

For the records reviewed, clinical notes in MHAGIC were repetitive, poorly structured and did not provide comprehensive information on the course of treatment, discharge and recovery planning. This does not facilitate efficient or effective administration or recovery-oriented service delivery. Although MHAGIC includes a suite of documents and templates designed to assist in promoting consistency in record-keeping and service delivery, these are infrequently used.

MENTAL HEALTH SERVICES INFORMATION MANAGEMENT

A substantial number of performance reports are produced to monitor and improve operational performance. However, the current suite of reports is complex and needs to be reviewed to identify and eliminate duplication and ensure coverage of key performance indicators. In addition, a number of reports require substantial manual processing. To improve controls in relation to the preparation of these reports, the report preparation process should be documented.

MHAGIC is designed to capture a wide range of information covering a person's involvement with the mental health system. This important information on patient outcomes could be used better to monitor patients' progress and outcomes.

The Health Directorate requires that the Suicide Vulnerability Assessment Tool (SVAT) be completed every three months for each patient. Compliance with this requirement is significantly below the target rate. A review of processes to identify why this occurs and to improve the completion rate is needed.

An upgrade of MHAGIC is planned. It will not deliver its intended outcomes unless there is a significant, positive change in the way staff at all levels use the system and the information that it produces.

Key findings

LEGAL AND POLICY FRAMEWORK

	Paragraph
Section 217 of the *Mental Health Act 2015* provides a mechanism for the Director-General of the ACT Health Directorate to make administrative policies and operating procedures that have a legal and mandatory force. The use of section 217 could reinforce which administrative policies and procedures are critical. Calvary Public Hospital could then be requested to adopt the same policies and procedures or align their activities.	2.39
The ACT Health Directorate has developed a *Draft Adult Community Mental Health Services Model of Care* and a *Draft Mental Health Short Stay Unit Model of Care* and there is evidence that these draft models of care are addressing functional recovery and discharge planning. However, the *Adult Mental Health Unit Model of Care* (April 2012), which has not been updated for over five years, does not explicitly address functional recovery and discharge planning. Overall, the model of care expresses principles and intentions that are consistent with the *Mental Health Act 2015* and the *Human Rights Act 2004*, but it does not integrate fundamental innovations within the *Mental Health Act 2015* relating to treatment and consumer choice and does not set out an approach to ensuring recovery planning is a routine part of ensuring continuity of care.	2.64
None of the relevant models of care developed by the ACT Health Directorate, including those in draft form, give full effect to important aspects of the *Mental Health Act 2015*, including: the rights of people to communication, to nominate another person to assist in their care, and the right to make advance agreements and advance consent directions; the distinction between mental disorder and mental illness and the different treatment orders they entail; and the distinct roles and responsibilities of the Chief Psychiatrist and the Care Coordinator set out in legislation.	2.65
The *Collaborative Planning Standard Operating Procedure* and related templates cover all key elements of planning, including staying well. The procedure and templates reflect the *Mental Health Act 2015* and the focus on collaborative planning that actively involves the person, their treatment and support network. A further improvement would be the inclusion of a 'nominated person' template. The role of a nominated person is to help a person with a mental illness or mental disorder by making sure their interests are respected if they require treatment, care or support for their condition. Having this document template included in MHAGIC reflects the importance of this role.	2.72
The ACT Health Directorate has developed policies, procedures and systems to	2.97

support collaborative planning for recovery at the operational level. Among them are policies and procedures that encourage planning from the very beginning of care, review at regular intervals (including clinical review and review at the end of an episode of care) and the involvement of family and carers, along with tools for measuring outcomes. Key to this process is the development of a *recovery plan* which identifies treatment, care and ongoing recovery and wellbeing requirements.

The procedures for collaborative planning are well articulated and staff are supported with a clinical record system, MHAGIC, that provides a full suite of recovery planning documents available for use by the Community Mental Health Teams and in all acute care facilities. MHAGIC also allows users to record important events (including people being advised of their rights and obligations). The ACT Health Directorate has also developed a comprehensive set of audit tools that are suitable for monitoring and reviewing compliance with the requirements. 2.98

However, the procedures may be found within a large body of policies and procedures that exist without a system of indexing or inquiry that would allow users to quickly find and apply the appropriate policy at the appropriate time. In addition, among this large body of guidance are policies and procedures that: 2.99

- mix policy and work instructions, without being clear which is which;
- do not provide clear, detailed and comprehensive work instructions;
- do not provide copies of relevant forms or cross references to them;
- do not clearly specify the responsible staff;
- are not stand alone references; and
- overlap – for instance triaging is addressed in two Standard Operating Procedures.

There are numerous references to the *National Standards for Mental Health Services 2010* in the ACT Health Directorate's policy and procedural documentation. Taken as a whole their provisions are broadly consistent with the thrust of the standards but there is little specificity in terms of reference to them or working instructions which reinforce/embed/enforce them. Areas where strengthening ACT Health Directorate policy and procedural documentation would better implement the *National Standards for Mental Health Services 2010* include: 2.106

- strengthening the procedures for follow-up after discharge (standard 10.6.8 follow-up within 7 days);
- implementing a formal quality improvement program incorporating evaluation of services (standard 8.11); and
- making explicit the requirement to ensure compliance with all relevant laws (standard 8.4).

RECOVERY PLANNING

	Paragraph
Records do not always show that every person's rights were communicated and observed. Though MHAGIC is the ACT Health Directorate's primary medical record of a person's mental health care, it includes fewer primary and contemporaneous records of consultation, participation and collaboration than would be expected. This is important given the rights and obligations set out in Chapter 3 of the *Mental Health Act 2015*. Nor are there many records showing communications with General Practitioners. There were no standard practices for recording the transmission of hospital discharge summaries to General Practitioners.	3.32
In only 5 percent of cases were records found that showed that planning commenced during the initial phase of hospitalisation for discharge and the support required after inpatient care.	3.48
Recovery plans were found in only one third of the records examined. There is evidence that mental health staff have not regularly and systematically recorded discharge and recovery planning in MHAGIC. Records have similarly not been made of clinical meetings that involve the sharing of information and clinical decision making about a person's care and treatment.	3.60
This failure of practice means that the MHAGIC records of recovery planning are incomplete. Reliable and complete records of recovery planning are not available to be given to the person, their family or to other carers. Neither are they available to other staff or other support organisations to help in their care of the person, including after discharge from acute care. The responsibility for creating, reviewing and maintaining a person's discharge and *recovery plan* is not clearly assigned.	3.61
The ACT Health Directorate sets a schedule for following people up after discharge, and the records showed that two thirds were followed-up within a week; this is a high level of achievement.	3.70
Apparent low rates of referral to alcohol and drug services, according to advice from the ACT Health Directorate, are due, in part, to staff not always recording instances in which people in acute care decline referral to alcohol and drug services. In addition, the ACT Health Directorate advised that the low rates of referral to the alcohol and drug facilities at the Canberra Hospital during acute care are due, in part, to the facilities being unsafe for people at high risk of harming themselves. This means that acute care mental health beds are frequently occupied by people recovering from intoxication for a period of some days before effective mental health care can begin.	3.74

Nevertheless, the ACT Health Directorate has advised that people can still be referred to alcohol and drug services through clinicians' in-reach into the mental health in-patient facility. Furthermore patients would only be transferred directly to an alcohol and drug service withdrawal facility from an in-patient mental health unit where their mental health episode has stabilised and an acute detoxification was still required.	3.75
A number of community organisations interviewed identified that there are benefits to be gained from a common, systematic approach to referring people to appropriate community organisations on discharge from acute care.	3.78
The MHAGIC notes examined were repetitive and poorly structured and did not clearly provide information on the course of treatment, recovery and discharge planning for the person. This does not aid efficient or effective administration or recovery-oriented service delivery. Clinicians did not make use of the full set of modules and documents available to record their observations and clinical notes in MHAGIC.	3.81
The prevalence of cut-and-paste practices for MHAGIC notes results in records containing inaccurate, irrelevant or outdated information. They simultaneously reduce accountability while increasing the risk that individuals could be held responsible for records made by others.	3.84

MENTAL HEALTH SERVICES INFORMATION MANAGEMENT

	Paragraph
The ACT Health Directorate is yet to put in place detailed policy or procedural guidance with respect to making mental health records and recording and maintaining them in MHAGIC. The review of clinical files shows a diverse and inconsistent range of practices for documentation and record-keeping and the use of MHAGIC.	4.8
Where reports require manual input there is a potential conflict of interest whereby a manager is amending performance data that directly relates to their area of responsibility. There are no controls in place, whether written procedures, a division of duties, or a process for independent checking to address this potential conflict.	4.33
Current ACT Health Directorate policy requires the Suicide Vulnerability Assessment Tool (SVAT) to be completed for every person at least every three months. Records of completion are significantly below this and it may be interpreted that the current level of performance is below the level of achievement the ACT Health Directorate management expects. Notwithstanding an expected	4.53

performance level of 100 percent, as at December 2016 completion of the SVAT was reported as 62 percent. Suicide (along with potential to harm others) is self-evidently the most significant risk, in terms of consequences, to be addressed in the transition from acute care to other forms of support. Non-compliance with the procedure for assessing suicide vulnerability is inconsistent with the risk to life that suicide vulnerability represents.

Through daily operational reporting it is possible to identify mental health service patients who need to have tasks completed for them. This level of reporting also usefully flags whether key support people of some kind have been identified and by extension people who need to be identified. Outcomes reporting compliance is aligned with the Mental Health National Outcomes and Casemix Collection (NOCC) down to operational level, and can be assessed by facility and also by staff member. These reports together provide a useful tool for identifying present levels of performance and compliance. 4.66

Overall, there is a great deal of useful information in the current suite of performance reports that is available to improve operational performance. However, the current performance information suite is complex, having grown over time without the benefit of systematic review: for instance, the same measures appear in different reports and in different formats. Potential improvements could include: 4.71

- including new reporting items in line with the new *Mental Health Act 2015* and to strengthen focus on collaborative planning;
- expanding reporting to better track outcomes measure compliance; and
- active use of the information to improve performance, including through evaluation.

In relation to outcomes measures and compliance, there is merit in more use being made of the Health of the Nation Outcome Scale (HoNOS), and an increased level of attention to person self-assessment. This is merited for the purposes of reporting at the national level, and in view of the *Mental Health Act 2015*'s focus on collaborative planning. In particular the HoNOS can readily provide longitudinal data that could be used to examine and evaluate the outcomes of cohorts of people engaged with mental health services. 4.72

There is also a case to develop measures of the use of the provisions of the *Mental Health Act 2015* for advance agreements, advance consent directions and nominated persons. Such measures would give strong indications of the level of support provided to people under the Act. Related measures that demonstrated the involvement of carers, General Practitioners, clinical managers and community organisations would form a sound basis from which to gauge the strength of 4.73

collaborative planning and transition planning.

Recommendations

RECOMMENDATION 1	MENTAL HEALTH SERVICES POLICIES AND PROCEDURES

The ACT Health Directorate should:

a) develop an integrated, comprehensive and contemporary framework governing mental health services capturing all requirements for the effective and efficient implementation and documentation of discharge and recovery planning under the *Mental Health Act 2015 (*and the *National Standards for Mental Health Services 2010*);

b) work cooperatively with Calvary Health Care ACT to harmonise and align policies and procedures; and

c) investigate reinforcing key administrative policies and procedures by issuing these under section 217 of the Act.

RECOMMENDATION 2	RECORDS OF COMMUNICATION WITH RELEVANT PARTIES

The ACT Health Directorate should review and promulgate processes for recording communications with relevant parties, including carers, government agencies and General Practitioners so that all communications are documented on a patient's record in MHAGIC.

RECOMMENDATION 3	RECOVERY PLANNING

The ACT Health Directorate should clearly assign responsibility for creating, reviewing and maintaining a person's recovery plan.

RECOMMENDATION 4	ELECTRONIC CLINICAL RECORDS

The ACT Health Directorate should review policy and procedural guidance for the use of MHAGIC so that guidance:

a) identifies MHAGIC as the single electronic record for each patient provided with mental health services in the ACT; and

b) clearly outlines the mandatory requirements for using MHAGIC to record patient nursing and clinical notes.

RECOMMENDATION 5	MANUAL REPORTING PROCEDURES

The ACT Health Directorate should document the procedures for manual reports to identify appropriate controls and separation of duties to prevent errors and manage conflict of interest.

RECOMMENDATION 6	SUICIDE VULNERABILITY ASSESSMENT TOOL

The ACT Health Directorate should enforce their own policy that the Suicide Vulnerability Assessment Tool be completed every three months for all patients and address areas of non-compliance (or amend the policy if the ACT Health Directorate considers it inappropriate).

RECOMMENDATION 7	PERFORMANCE REPORTING

The ACT Health Directorate should review and rationalise its performance information reports by:

a) reporting the performance of provisions of the *Mental Health Act 2015* that are intended to support collaborative planning (e.g. the number of people accessing mental health services that have an advance agreement in place);

b) including outcome and outcome compliance measures (e.g. person outcomes from HoNOS and LSP-16 mental health well-being assessments or 28 day unplanned readmissions);

c) including exception reports identifying outliers;

d) including time series, including of outcome measures;

e) having it relate to management actions taken to achieve targets, including compliance targets; and

f) aligning reporting to the relevant day-to-day reporting requirements of adult mental health operational managers.

ACT Health Directorate overall response

[The ACT Health Directorate] would like to take this opportunity to thank the Auditor General's Office for undertaking this Performance Audit, and for engaging so positively with ACT Health throughout the audit and the report writing process.

Calvary Health Care ACT overall response

Calvary Public Hospital Bruce welcomes the opportunity to cooperate and assist ACT Health Directorate in the development of an integrated, comprehensive and contemporary mental health services framework.

Calvary Public Hospital Bruce will continue to collaborate with ACT Health Directorate in order to improve mental health service provision across the Territory, improve coordination and documentation of care to include all relevant parties, and improve visibility and transparency of performance information reporting.