



ACT
Mental Health
Consumer Network

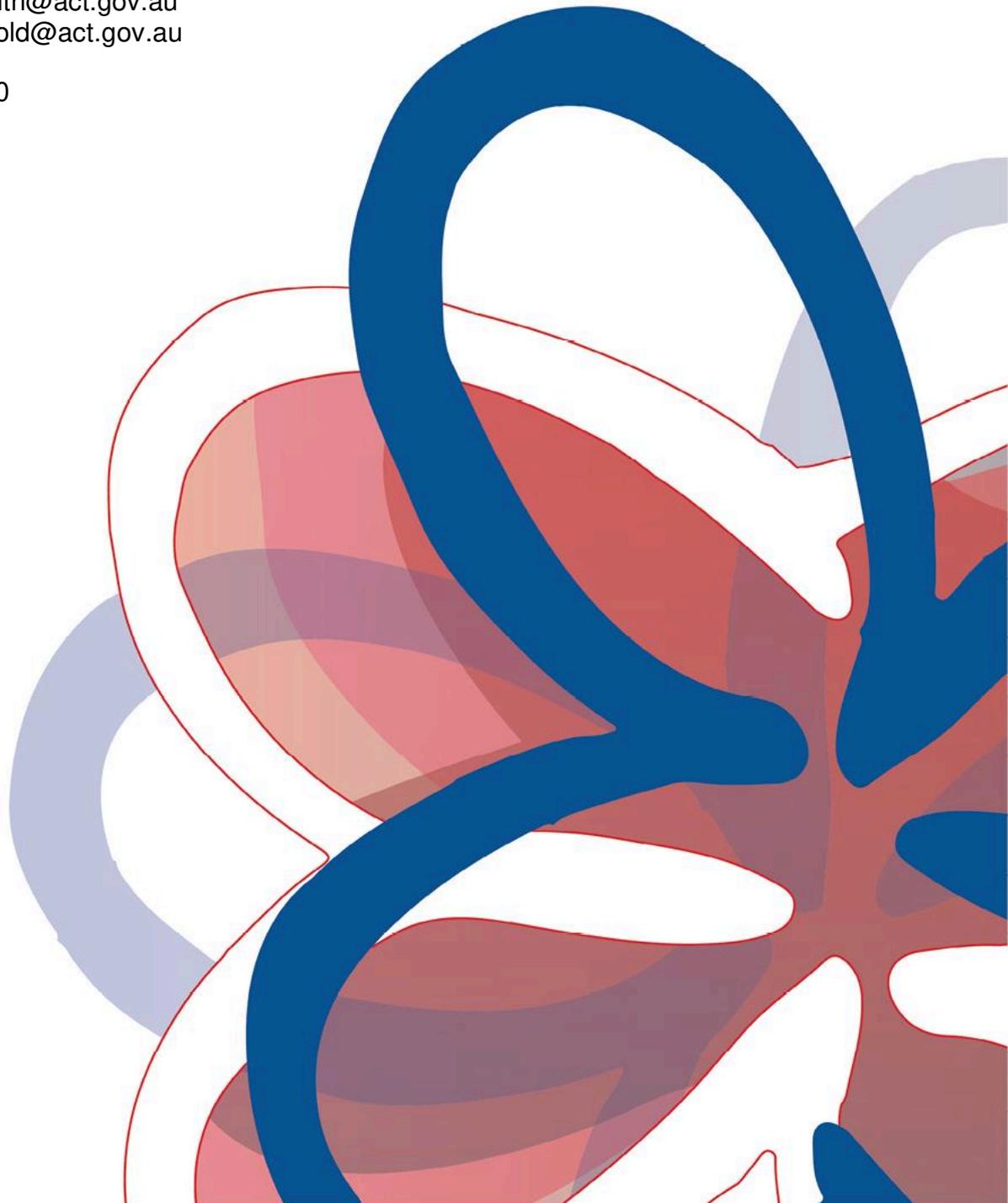
ACT Mental Health Consumer Network Inc.
The Griffin Centre, Level 2, Room 11
20 Genge Street, Canberra City, 2601
P.O.BOX 469, Civic Square, ACT, 2608
Phone: 02 6230 5796 Fax: 02 6230 5790
Email: policy@actmhc.org.au
Website: www.actmhc.org.au

Submission:

Canberra Health Services Alert Management Procedure

Submitted by email to:
PolicyAtHealth@act.gov.au
Jacqui.Clissold@act.gov.au

30 April 2020



Submission: Canberra Health Services Alert Management Procedure

This submission has been prepared by the ACT Mental Health Consumer Network in response to the invitation from Canberra Health Services (CHS) Alerts Working Group.

The ACT Mental Health Consumer Network is a consumer-led peak organisation representing the interests of mental health consumers in the ACT in policy and decision-making forums. The Network is committed to social justice and the inclusion of people with experience of mental illness. Run by consumers for consumers, our aim is to advocate for services and supports for mental health consumers which better enable them to live fuller, healthier and more valued lives in the community.

The Network held a consumer forum and additionally sought feedback via email from consumers in relation to the Alert Management Procedure draft document. This submission incorporates the feedback we received from these processes.

General comments

The Network welcomes this opportunity to contribute to the CHS Alert Management Procedure draft document. Consumer feedback supports the concept of a Clinical Portal linking alerts across multiple systems.

Training to ensure alerts are understood, applied only when required and de-activated as appropriate, is supported by consumers. Consumers highlight that further consultation is recommended prior to proceeding to a final draft document due to the recommendations within this submission.

This submission outlines recommended adjustments to the document and related system to assist and enhance usability, including recommendations to ensure elements of the *Mental Health Act 2015 (ACT)* are meaningfully included.

The inclusion of a separate 'Food allergies' reference within the Alerts section, page 2, seems out of place and may be better placed away from the clinical portal and other clinical information systems information.

Recommendation 1: Consistency in use of Alert or Alerts

The procedure draft document is named 'Canberra Health Services Procedure Alert Management', however, the draft document uses 'Alerts' and 'Alert' interchangeably

throughout. It is suggested that Alert or Alerts be used consistently within the final Procedure document, except where the intended use is plural. For example, in the Contents page, 'Alerts Management System' is used whereas page 2 refers to the 'Alert Management System', and page 3 reverts to 'Alerts Management System'.

Recommendation 2: Appropriate references to legislation

It is recommended that all references to legislation within the procedure document be consistently written as required under the *Australian Guide to Legal Citation*¹. For example, *Mental Health Act 2015* (ACT).

Recommendation 3: Inclusion of a glossary of terms and acronyms

Inclusion of a glossary is recommended to support usability and access due to the number of abbreviated systems, for example, the systems included on pages 2 and 3. A glossary will support patient care and CHS staff in utilising the procedure document and populating the system.

System and Procedure document changes

Recommendation 4: Further consumer feedback engagement and design

Consumers expressed interest and future capacity to provide further input for the suggested system changes and updated procedures to be included the draft document.

The system and procedure changes are recommended to support inclusion of the required elements of the *Mental Health Act 2015* (ACT) (the Act) in the Clinical Portal system and subsequently the draft procedure document. The current system and draft document require clearer visibility of Mental Health alerts and inclusion of the relevant sections of the Act to alleviate potential risks associated with Mental Health alerts being couched under 'Legal' where they may be overlooked.

This may be achieved by the inclusion of clearly distinguished menu selections for Mental Health alerts under the Legal option tab within the Clinical Portal system. This change would then be reflected within the procedure draft document in Section 6 – Legal Alerts Management.

¹ <https://law.unimelb.edu.au/mulr/aglc/about>

Mental Health Alerts related to the Mental Health Act 2015 (ACT)

Recommendation 5: Explicit inclusion of *My Rights, My Decisions*

*My Rights, My Decisions*² (MRMD) is a collaborative approach to ensuring consumer rights enshrined within the Act are upheld. Explicit inclusion of MRMD is recommended, given the MRMD form kit is the ACT Health endorsed method for consumers to put Advance Agreements, Advance Consent Directions and Nominated Persons in place.

Recommendation 6: Inclusion of Nominated Person Alert

It is recommended that Nominated Person be added, in line with Section 19 of the Act. An additional Legal Alert definition is required to include Nominated Person in Section 6 – Legal Alerts Management in relation to Mental Health alerts.

Suggested wording for inclusion

Nominated Person – a person nominated by the consumer (patient) to support and help make decisions, express the views of the person and receive information about their treatment, care and support. This may be a friend, carer, family member or other person chosen by the consumer. Nominated persons may support the consumer's decision making, advocate the consumer's decisions and rights, be consulted in decisions (for example if an application is made for a mental health order) and receive relevant information about the consumer.

Recommendation 7: Clarity needed around Mental Health Alerts

Inclusion of the Alerts as dot points under a single banner to highlight the Mental Health alerts within Legal Alerts will enhance visibility of alerts relevant to the Act. Following 'Legal Alerts are managed by the treating team and Tribunal Liaison team' (p. 15), consumers recommend replacing the Advance Agreement and Advance Consent Direction dot points with a single dot point and subpoints as follows:

- **Mental Health Alerts (*My Rights, My Decisions*)**
 - Advance Agreement
 - Advance Consent Direction
 - Nominated Person

Inclusion of these alerts as points under one banner within Legal Alerts will clearly identify and highlight the relevant Mental Health Alerts. The explicit inclusion of *My*

² *My Rights, My Decisions*, ACT Mental Health Consumer Network, <https://www.actmhc.org.au/mrmd/>

Rights, My Decisions will help to ensure any consumer with *My Rights, My Decisions* form/s in place has their needs met appropriately by the treating team.

Consumers are concerned that, without this visibility, these vital Alerts are at risk of being overlooked at admission or otherwise within the patient procedure document, regardless of training prior to procedure implementation.

Recommendation 8: Rephrasing within Advance Agreement and Advance Consent Direction

Rephrasing within the current Advance Agreement and Advance Consent Direction (ACD) Legal Alerts is recommended to bring the Procedure in line with the ACT Health endorsed MRMD form kit and supported by the *Mental Health Act 2015* (ACT). Recommended rephrasing is as follows:

Replace 'when they are significantly impaired' (p. 15) and 'their mental illness or disorder means that they do not have decision making capacity' (p. 16), neither of which are clear nor consistent with accepted terminology, with:

when they have reduced decision-making capacity (also known as impaired decision-making capacity).

This phrasing is endorsed by ACT Health in the MRMD Form Kit and supported by the *Mental Health Act 2015* (ACT) which utilises the term 'impaired decision-making capacity'.

The ACD alert information should make clear that an ACD relates only to mental health treatment, rather than to health treatment more broadly.

Recommendation 9: Inclusion of mental health orders

Mental health orders under the Act are not currently included. It is recommended that these be included as subpoints beneath a 'Mental Health Orders' overarching dot point e.g.

- Mental health orders
 - Emergency Detention Order (ED3/7)
 - Psychiatric Treatment Order (PTO)
 - Community Care Order
 - Forensic Mental Health Order

Recommendation 10: Mental Health Alert drop-down menu

Consumers highlight that a minor system change to the Clinical Portal Alert Management System is required to enable Mental Health alerts as a drop-down menu within the Section 6 – Legal Alerts Management option.

Document improvements to support usability

Recommendation 11: Include additional diagrams for real time clarity

Use of screenshots that reflect the live system and flowcharts throughout the Procedure document is recommended. This would be particularly useful on pages 2, 3 and/or 6 for the patient pathway. Consumers seek clarification as to whether the current images included on page 6 are actual current system views or merely samples of what the system may look like. For example, if 'Legal' is selected, will this draw down the required Legal Alerts such as Advance Agreement, Advance Consent Direction etc. when patient alerts are added, or are there additional steps required? The procedure draft document is unclear in this respect.

Re-ordering of flow charts is suggested. Moving Attachment 1 to be placed earlier in the document is suggested to guide staff through adding alerts and alleviate the risk of an attachment being overlooked. Inclusion upfront in the document supports the relevant staff's process of considering when an alert is applied to a patient record and to assist in the removal of alerts.

Recommendation 12: Clarity and improvement of Alert timeframes

Consumers express concern regarding the timeframe of Alerts and processes to ensure Alerts are removed on discharge or when otherwise appropriate. Under Section 9 (p. 21) the 'minimum requirement for reviewing of 'Additional Requirement Alerts' is subjective not only for 'additional' alerts but for the review of existing alerts. It is recommended that a built in review date be added to the system and the procedure document to ensure that alerts are removed when appropriate.

The draft Procedure must clearly highlight the importance of alerts being removed at discharge, or when otherwise appropriate, to alleviate future risk to patients and/or staff. It is recommended that patients are provided with a printout of alerts and their status as part of their discharge summary. This would ensure any oversights can be adjusted.

A consumer provided the following example:

“A prior alert regarding Golden Staph was not removed from my patient profile many years earlier. When presenting years later and admitted to hospital I was advised by staff, fifteen hours following admission, that I had a Golden Staph alert on my file and would subsequently be moved to a ward with another Golden Staph patient. Further testing revealed I did not have Golden Staph. Due to the earlier alert not being removed, and my having no knowledge I was at risk of infection [by being placed in a room with an infected person] when I did not have an infection. This Alert was many years passed however caused undue risk due to an administrative oversight.”

Other

Recommendation 13: Specificity required in relation to self harm timeframe

In Section 3 – Clinical Alert Management, the information relating to the self harm alert (p. 11) requires a more specific timeframe than 'recently', which is subjective.

Conclusion and recommendations

Overall, the Network supports a Clinical Portal Alert Management System to link alerts to multiple patient systems, however, it is imperative that the system is secure and only accessible to relevant health professionals and staff. The Procedure is an important part of ensuring quality patient care, however, adjustments are needed to ensure alerts are managed effectively.

The recommendations outlined in this submission are included in short form below; page numbers refer to position in this submission for ease of locating the relevant text.

1. Consistency in use of Alert or Alerts (p. 2)
2. Appropriate references to legislation (p. 3)
3. Inclusion of a glossary of terms and acronyms (p. 3)
4. Further Consumer feedback engagement and design (p. 3)
5. Explicit inclusion of *My Rights, My Decisions* (p. 4)
6. Inclusion of Nominated Person Alert (p. 4)
7. Clarity needed around Mental Health Alerts (p. 4)
8. Rephrasing within Advance Agreement and Advance Consent Direction (p. 5)
9. Inclusion of mental health orders (p. 5)
10. Mental Health Alert drop-down menu (p. 6)

11. Include additional diagrams for real time clarity (p. 6)
12. Clarity and improvement of Alert timeframes (p. 6)
13. Specificity required in relation to self harm timeframe (p. 7)

The Network welcomes the opportunity to provide further input to future drafts and assist with any guidance for system changes and subsequent procedure development.