



Community Mental Health Clinical Review Procedure

Effective: 29 October 2018

1. Background

The consumer, their identified supports, support services and clinical team are to jointly review, update and agree to the management plan at consumer reviews held at least three monthly. Consumer led review is to be undertaken wherever possible.

The purpose of clinical review is to ensure a consumer focussed, consistent and quality approach by all Goldfields Mental Health Service (GMHS) clinical staff to assessment, management and care planning for all patients of GMHS.

All patients of GMHS are to receive regular review of their care in a multidisciplinary format. Clinical review meetings provide a multidisciplinary forum in which patient care is planned and evaluated, with the inclusion of the patient and carer wherever possible.

2. Procedure

2.1 Review Process:

Clinical reviews may be undertaken through:

- consumer led review with participation of consumer, case manager and consultant psychiatrist or key Medical Officer at the minimum, and invitation of other clinicians, Aboriginal Mental Health Workers, support services, family and carers as agreed.
- multidisciplinary team review meetings, especially for complex cases and where consumer led review is not desired by the consumer or not appropriate
- clinical supervision with the Team Leader, with later ratification by consultant psychiatrist.

Deactivation review must include a psychiatrist.

Review reminders are generated by PSOLIS, and administrative staff are responsible for monitoring and disseminating a list of patients due for review. Reports are created for Adult, Elderly and CAMHS streams.

Clinical review is to occur at least every three months from the date of client activation. However, the patient can also be reviewed on an ad hoc basis. This is to occur when the client declines further treatment, change of Case Manager, change of legal status, discharge from Inpatient setting, no contact between patient and the GMHS for up to three months.

Case Managers are responsible for initiating the clinical review and consulting with the patient, carer, personal support person/s, and or advocate, General Practitioner and other service providers about the format and attendees. Other participants in the patient's care can be invited to attend the Clinical Review to provide additional input (e.g. GMHS Inpatient Unit).

It is good practice to review and complete National Outcome and Casemix Collection (NOCC) data at the time of any clinical review. The NOCC data is to be used to guide development of the Management Plan and/or Treatment Support and Discharge Plan. Outcome measures can help identify areas where significant problems exist and guide clinical care. The Case Manager can use the PSOLIS "Assessment Due" report as a reminder of due/overdue NOCC data or this information is shown on the Case Managers PSOLIS home page. PSOLIS business rules provide details for this process.

Prior to presentation at the clinical review meeting, the patient's Progress Notes and management plans are to be brought up to date. Clinicians are to ensure that the PSOLIS Management Plan or Treatment Support and Discharge Plan is current and has been signed by the clinician, patient, carer, personal support person/s and or advocate prior to review.

2.2 Goldfields Community Mental Health Kalgoorlie – Administrative Staff

Prior to each weekly clinical review meeting:

1. generate PSOLIS Reviews Due Report for each Stream backdated three months to be reviewed at the weekly clinical review meeting
2. generate PSOLIS Uncontacted Patients Summary report for all streams to identify those active patients who have not had a service event entered or were not present at the last event three months prior
3. generate PSOLIS Reports to capture those patient's without a Management Plan and those patients with Plans overdue for review
4. distribute these reports by email to all clinicians in the relevant streams.

2.3 Goldfields Community Mental Health Esperance – Administrative Staff

Prior to each weekly clinical review meeting:

1. complete Clinical Review List: Template Location Esperance Data/MH Admin PSOLIS/ Clinical Review Lists/ open appropriate
2. enter the patient name, case Manager and Stream into the list as shown on the PSOLIS Reviews Due/Overdue Reports
3. add to this List any patients not reviewed at last Clinical Review (under heading 'Not Dealt with Last Week'), as indicated on the previous week review list
4. add any new activations during the past week. Reports found under Reporting/ Administration/Admitted patient Summary
5. add to this List any patients appearing on the Uncontacted Patient Summary under the appropriate heading
6. enter in the Comments section of the List the date NOCC review is due and Management Plan review date
7. forward this list to all clinicians by email.

The Consultant Psychiatrist, Clinical Nurse Manager, Team leader or delegate chairs the clinical review meeting. Documentation of the Case Review is to be completed on the Case Review Sticker by the Case Manager or another clinician. Reviews are logged into PSOLIS and next review date re scheduled. The Case Review Sticker is to be signed by the chairperson or delegate and placed in the medical record.

2.4 Format for Clinical Review presentation

The case is to be presented to the multidisciplinary team in the form of a verbal summary, including:

- patient demographics
- reason for initial referral and presentation on assessment
- diagnosis
- presenting problems
- relevant background including personal, social, developmental, medical and family factors
- risk assessment
- identified therapeutic issues and patient needs
- carer needs and views
- NOCC's outcome measures and linkages to management plan/ interventions
- management Plan or Treatment Support and Discharge Plan with relevant outcome measure reports attached
- progress
- issues encountered with patient's recovery and support systems in the community.

Case Managers are to aim to present the case and ensuring discussion within 10 minutes.

2.5 Urgent Review

The following cases are considered urgent and must be reviewed at the next clinical review meeting:

- Any incidents of self-harm, attempted suicide or death of a patient
- Any other serious clinical incidents
- Any patients requiring actions under the MH Act by Authorised Mental Health Practitioners or doctor.

2.6 After Initial Assessment

Following completion of initial assessment of an allocated case, the case is to be brought back to the multidisciplinary team for review as soon as possible and no later than within six weeks.

2.7 Scheduled Review

Reviews of all active cases are to be held three monthly. After considering the case summary, the multidisciplinary team and the treating clinician are to discuss any outstanding issues and options for further management and discharge planning.

2.8 Ad hoc Review

Clinicians are encouraged to bring to the clinical review meeting any case they wish to discuss with the team.

2.9 Deactivation Review

Before deactivation, all cases are to be presented to the multidisciplinary team to provide a brief review of the case and discharge documentation, and endorsement of discharge by the consultant Psychiatrist

2.10 After the review

Management Plan or Treatment Support and Discharge Plan are to be signed by the consumer and carer and copies given.

Following clinical review, the Case manager or relevant clinician will send a letter to the referrer and or patient's General Practitioner notifying of the Clinical Review and including a copy of the updated PSOLIS management plan.

2.11 Documentation

All clinical reviews and any changes to the treatment or management of the patient because of a review are to be documented in the Management Plan or Treatment Support and Discharge Plan and a standard review sticker completed and placed in the medical record.

If no changes are made to the Management plan the date of review is to be updated on PSOLIS to ensure the management Plan remains current.

Documentation is to be completed in accordance with WACHS [Documentation Clinical Practice Standard](#) and the [Goldfields Mental Health Documentation Standards Procedure](#).

3 Definitions

Clinical Review Meeting	Is a weekly meeting where review of active Community Mental Health patients by multidisciplinary team takes place, and deliberations recorded in the clinical record.
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4 Roles and Responsibilities

The Clinical Director and Regional Manager, Mental Health are to:

- oversee and ensure clinical governance within the Goldfields Mental Health Service (GMHS)
- assist staff in the resolution of any issues or problems that arise in the use of this procedure
- ensure that the principles and requirements of this procedure are applied, achieved and sustained
- develop systems to ensure all GMHS staff are provided with training and are made aware of their obligations and accompanying documentation relative to this procedure.

The Team Leader / Clinical Nurse Manager (CNM) is to:

- ensure that all GMHS staff receives sufficient training, instruction, and supervision in the use of this procedure
- monitor this document and ensure staff complies with all requirements.

All Staff are to:

- ensure they comply with all requirements of this procedure
- promote a safe recovery oriented, a patient-centred culture within the GMHS
- work within clinical practices, policies, operational directives, guidelines and the Australian Law to ensure a safe, equitable and positive environment for all.

5 Compliance

This procedure is a mandatory requirement under the *Mental Health Act 2014*. Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6 Evaluation

All processes and practices of this procedure are to be monitored, evaluated, and developed as part of an overall quality improvement process at least every three years or as necessary should any changes to legislation or an incident occur where the procedure has not been satisfactory.

7 Standards

[National Safety and Quality Healthcare Standards](#) (Second edition 2017) - 5.7, 5.11, 5.12, 6.11a, 6.11b, 6.11c

[EQulPNational Standards](#) (11-15) - 12.2.1, 12.3.1,12.4.1, 12.10.1,12.10.2

[National Standards for Mental Health Services](#) - 2.11, 7.10, 10.4.5, 10.4.6, 10.4.8

8 Legislation

[Mental Health Act 2014](#)

9 Related Policy Documents

[Documentation Clinical Practice Standard](#)

[Goldfields Mental Health Documentation Standards Procedure](#)

10 Policy Framework

Mental Health Framework

**This document can be made available in alternative formats
on request for a person with a disability**

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