Discharge – Ambulatory (Outpatient) Procedure

Effective: 15 February 2019

1. Guiding Principles

The WA Country Health Service (WACHS) Great Southern Mental Health Service (GSMHS) is a specialist service that provides inpatient and ambulatory care to mental health patients in the Great Southern Mental Health Catchment Area (see Appendix 1).

The Great Southern Health Mental health service is to:

1. prioritise care based on clinical urgency
2. assist consumers to access effective and appropriate support (either from the specialist mental health service or another service provider).

Upon full or part discharge from the GS Community Mental Health Service, the patient is referred back to the General Practitioner (GP) and other shared care primary and non-government service providers when appropriate. (See WACHS GS Mental Health Shared Care Guideline.)

2. Procedure

This procedure outlines the minimum standard for discharge from ambulatory Mental Health Services within the Great Southern and is to be read in conjunction with related policies and procedures under Section 11 below.

2.1 Discharge Standards

The following standards are to be met with all discharges from ambulatory mental health services:

- Clients are provided with access to services that promote recovery, minimise psychiatric disability and prevent relapse. These are to be discussed with the client and their carers as appropriate with referrals made as agreed.
- As part of the discharge process, clients are provided with information on available crisis services and how to re-engage with Great Southern Mental Health Service either via triage, GP or other shared care service provider in the event of deterioration in mental health.
- Discharge plans are collaboratively developed and documented with the client, significant others and other service providers (where client consents).
- Clinicians review the outcomes of treatment and the follow up recovery plan with the client, and carers where appropriate, prior to discharge from the service.

2.2 Discharge procedure

All clinicians are to begin discharge planning during the initial assessment and activation process. Discharge goals and treatment plans are based on the National Outcomes and Casemix Collection (NOCCS) measures. These are to be completed with clients and carers, entered into PSOLIS and the outcomes from formulation and consultation documented in the client's individualised PSOLIS management plan.

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Continuity of care following discharge requires a rapid and effective handover and transmission of essential discharge information to GPs and other relevant agencies (with client consent).

Handover is to include:

(i) discharge outcomes which meet identified treatment goals derived from the NOCCS measures, risk assessment, feedback from the consumer and carer, and other relevant information

(ii) a discharge plan presented to and agreed by the multi-disciplinary team prior to the discharge being formalised with the client

(iii) GP and referrer (if different) advised of the discharge plan (with client consent in the case of referrer) as early as possible prior to the discharge

(iv) a discharge summary letter authored by the treating psychiatrist, or a Care Transfer Summary authored by the case manager must be forwarded to the GP , referring agency (with consent) and the client in a timely manner. This discharge communication should include information regarding diagnosis, current issues including risk assessment, aggression risk, treatment interventions, medication regime, signs of deterioration, follow up services and recommendations

(v) clear documentation of the follow-up plan (2.2.i) and the management of risk derived from the Risk Assessment and Management Plan (RAMP) must be made in the discharge summary letter or the Care Transfer summary document.

2.3 Discharge Documentation

All clients are to have a completed suite of NOCCS documentation and RAMP completed prior to discharge. The RAMP will be a paper based assessment form with a summary of the risk assessment entered into the discharge correspondence, referral, finalisation service event and discharge plan. The exception is if there has been no engagement/contact from the client

For deactivation of an Active client in PSOLIS clinicians should complete all fields in the internal discharge form with Reasons For Discharge completed. This should be stamped, signed and dated by the clinician and given to administration for deactivation of the client file in PSOLIS and filing in the client medical record.

Formal data entry requirements.

1. Creation of client discharge plan, using the SSCD Treatment Support/Discharge Plan (currently paper based), a minimum of one week prior to discharge and after completion of the NOCCS in PSOLIS.
2. Discharge NOCCS documents completed in consultation with the clients and carers if appropriate and entered into PSOLIS.
3. Written Treatment Support and Discharge Plan based on the NOCCS measures and client/carer feedback (summary of 1 and 2 above) presented to, and the content endorsed by, the Multi-disciplinary team meeting. The referrals (if any) and/or case management closure are to be confirmed in the record of the meeting in PSOLIS.
4. Closure of client management plan and finalisation of the treatment support and discharge plan signed by the clinician, client and carer. A copy is to be given to the client and/or carer and a copy placed in the patient medical record.
5. Deactivation NOCCS to be completed in PSOLIS by clinicians and printed out for file.

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2.4 Cross Boundary Discharge

Great Southern Mental Health staff are to assess the level of clinical risk of all clients who are discharged to another catchment area and develop a suitable follow-up plan which can include:

1. transfer to the local mental health service negotiated with and organised by the case manager. This is to be documented on the Care Transfer Summary Form (SMHMR916) ensuring ISOBAR principles are followed.
2. high risk situations where there is risk of suicide, complex treatment with possible physical health side effects (e.g. clozapine or depot) or risk to others (e.g. family violence or child protection issues) are to be followed up post discharge by GS Mental Health Service. Follow-up is initially via a phone call and letter to the relevant mental health service, with further phone follow up until confirmation is received from the local mental health service that contact with the client has been completed.

Case managers are required to seek secondary consultation from the Clinical Director, or other senior doctor where there are uncertainties in regard to assessing the level of risk, confidentiality or the suitability of the discharge follow-up plan. This consultation is to be noted in the client PSOLIS file notes.

3. Definitions

Recovery	Recovery as defined in the Mental Health Act 2014 is about self-determination, take back control over treatment and having the opportunity to do the things that provide value and meaning while also distilling hope in the future. It is one which promotes safety and opportunity and is founded on shared understanding, shared decision making and shared responsibility for safety.
Discharge	Discharge is the formal completion of treatment with a client. Once discharged medico-legal duty of care ceases. Discharge from the care of the Community Mental Health Ambulatory Service occurs at the completion of treatment plan, or a change in patient needs and/or treatment refusal or non-compliance for voluntary patients.
Shared Care	Duty of care for a patient’s treatment and management is shared between the GP and the WACHS psychiatrist.
NOCCS	National Outcomes and Casemix Collection comprising a range of clinician and consumer rated measures. The collection includes: • Health of the Nation Outcome Scales (HoNOS) • Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) • Health of the Nation Outcome Scales 65+ (HoNOS65+) • Life Skills Profile 16 (LSP-16) • Children’s Global Assessment Scale (CGAS) • Strengths and Difficulties Questionnaire (SDQ)

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ISOBAR	Identify–Situation–Observations–Background–Agreed plan–Read back, a standard clinical handover protocol to minimise patient risk when transferring patient care.
PSOLIS	Psychiatric Services Online Information System – the Western Australian mental health patient information management system.

4. Roles and Responsibilities

The **Manager and Clinical Director** are responsible for developing or coordinating education and information to GPs and other stakeholders in regard to discharge from the Mental Health Service.

Team Managers are responsible for providing orientation and education to GS Mental Health Staff to ensure they understand the discharge processes of the service.

All **staff** area to adhere to local site procedures in regard to discharge.

5. Compliance

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

Monitoring of compliance with this document is to be carried out for GSMHS by Safety and Quality Officer in consultation with Team Managers, Community Mental Health and Child and Adolescent Mental Health using relevant audit tools.

7. Standards

National Safety and Quality Health Care Standards (First edition 2012) - 1.18.1, 6.1.2, 6.2.1, 6.3.3, 6.4.2, 6.5.1

National Safety and Quality Healthcare Standards (Second edition 2017) 1:27, 5.1, 5.2, 5.3, 5.4, 5.7, 5.10, 5.13, 5.31, 6.3

EQuIPNational Standards - 12.3.1, 12.8.1, 12.8.2, 12.9.1, 12.10.2, 12.4.1
National Standards for Mental Health Services - Std 6, 7, 104., 10.5, 10.6

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8. Legislation

Mental Health Act 2014

9. References

Statewide Standardised Clinical Documentation Guidelines for Use, Mental Health Commission of WA

10. Related Forms

Discharge planning and discharge require the use of the following documentation: Insert SSCD/PSOLIS references and related internal administrative form references.

- Treatment, Support and Discharge Plan (SMHMR907)
- Care Transfer Summary (SMHMR916)
- Risk Assessment and Management Plan (SMHMR905)

11. Related Policy Documents

Referral and Admission to Community Mental Health Service Procedure

Shared Care Relationships with Primary Care and Non-Government Providers – Ambulatory Care Setting Procedure

Mental Health Consultation and Liaison Service Procedure - Albany Hospital

Community Mental Health Triage Procedure

12. Appendix

Appendix 1 - Great Southern Mental Health Catchment Area

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

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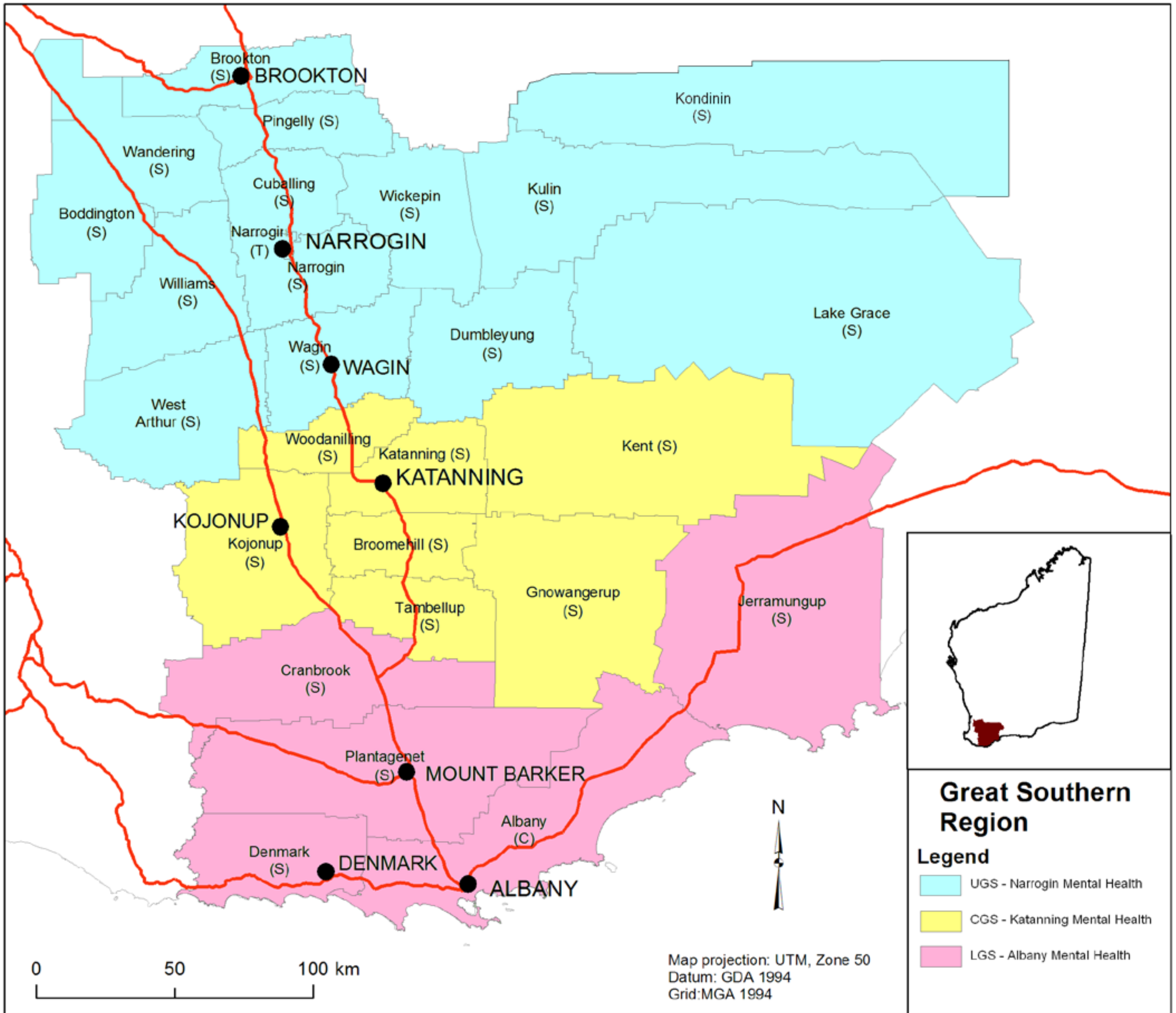
Appendix 1: Great Southern Mental Health Catchment Area



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