



Individual Patient Care Planning Meetings Procedure

Effective: 21 June 2017

1. Guiding Principles

A key principle of the *Mental Health Act 2014* and The [National Standards for Mental Health Services](#) 2010 is that mental health inpatients are given the right to have nominated persons and/or carer(s) involved in all aspects of their care.

The Acute Psychiatric Unit (APU) supports and encourages the involvement of nominated persons, carers and family members in all aspects of patient care including individual patient family meetings for the purpose of care and discharge planning.

2. Family Meeting Procedure

Nominated Person

A nominated person is defined in the *Mental Health Act 2014* as one who is nominated by the patient to assist the person who made the nomination by ensuring that the person's rights are observed under the Act and that the person's best interests and wishes are taken into account (MH Act 2014, Part 16, Division 3, Subdivision 1). As such, should a nominated person be chosen, with patient consent, they are to be involved in meetings pertaining to the care of the patient.

Rights and Roles

The *Mental Health Act 2014* (Part 17, Division 1) outlines the rights and role of carers and family members in the clinical care of mental health patients. Families and friends make essential contributions to the mental health of patients during and after discharge from hospital. Family members, friends, and relevant support workers are, with patient consent, to be encouraged to be involved in Patient Care Planning Meetings to discuss treatment, discharge and relapse prevention plans for patients.

Consent

Formal consent must be obtained from the patient before inviting nominated persons, family, carers or support people to Patient Care Planning Meetings.

Meetings

The Consultant Psychiatrist is the primary treating physician and as such is to decide the timeliness of Patient Care Planning Meetings requiring the involvement of nominated persons, family, carers or support people in the care of the patient.

The Consultant Psychiatrist and the APU Clinical Nurse Manager are to allocate a staff member to arrange and facilitate any Patient Care Planning Meetings held with nominated persons, family, carers or support people. This includes booking a room suitable for the meeting and inviting all parties required to attend.

Meetings in which nominated persons, family, carers or support people are to be involved, include but are not limited to:

- initial family meeting on admission to APU to seek further historical information and discuss discharge goals
- all individual Patient Care Planning Meetings requiring nominated person/family/carer involvement
- all individual pre-discharge Patient Care Planning Meetings requiring nominated person/ family/ carer involvement

Facilitation of the meeting/s is to include:

- greeting the nominated person/family/carer/support person on arrival to the APU
- introducing members of the clinical team to the nominated person/ family/ carer / support person
- providing an overview of what is to be discussed and how the meeting is to run
- ensuring that nominated persons/family/carer/support people have the opportunity to provide meaningful input in the meeting
- providing a wrap-up summary at the end of the meeting to ensure that all decisions and actions are clear and agreed to
- ensuring the appropriate documentation (see below) is completed and signed by all parties with a copy put into the patient medical record
- planning the next meeting if required.

Safety

To ensure the safety of all participants, Patient Care Planning Meetings involving nominated persons, family, carers or support people are to be held in one of the APU interview rooms with dual egress.

Staff members must wear duress pendants during any meetings involving nominated persons, family, carers or support people.

Documentation

Patient Care Planning Meeting occurrences, outcomes and who was present at the meeting are to be documented as a clinical service event in PSOLIS.

The documentation to be used for individualised patient discharge planning is the Treatment, Support and Discharge Plan (**SMHMR907**). Ideally, planning for discharge should commence soon after admission. The treatment goals, responsible person, and target date are recorded in this plan, which is to be signed by the patient and their support person/s at the completion of the meeting. The document is centrally kept in the TSDP folder in the APU. On discharge, the Treatment Support Discharge Plan is filed in the patient's medical record.

The goals: who is responsible and the target dates from the Treatment Support and Discharge Plan, then inform the documented inpatient management plan which is recorded in PSOLIS under the current phase of care.

Patients and their nominated person/family/carer/support person are to be given a signed copy of the final patient discharge plan on discharge from the APU. This can be hand-written or a printed copy of the formal discharge plan depending on available medical resources.

3. Definitions

Clinical Review Meeting	A multi-disciplinary meeting held to review a patient's diagnosis, treatment, progress and goals. The review meeting allows the individual management plan for the patient to be evaluated and updated based on feedback from the patient, family/carers/support people and the multi-disciplinary team.
Discharge Planning Meeting	Similar to a clinical review meeting with the focus on preparation for discharge and follow up and support post discharge.
PSOLIS	Psychiatric Services Online Information System

4. Roles and Responsibilities

Consultant Psychiatrist: To ensure that nominated persons, family, carers and support people are invited to be involved in clinical review and discharge planning meetings.

APU Clinical Nurse Manager: To ensure that staff have the skills to work effectively with nominated persons, family, carers and support workers.

5. Compliance

This policy is a mandatory requirement under the *Mental Health Act 2014*. Failure to comply with this policy 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 occur via regular evaluation of care planning for inpatients of the APU via file audit, case management plan monitoring and consumer/carer feedback.

7. Standards

[EQulPNational Standards](#) - 11.4.1, 11.4.2, 12.2.1, 12.3.1, 12.4.1, 12.8.1, 12.8.2.

[National Standards for Mental Health Services](#) - 6.6, 6.7, 6.8, 6.9, 6.11, 6.16, 7.1, 7.2, 7.5, 7.7, 7.8, 7.9, 7.10, 7.11, 7.12, 10.1.2, 10.1.7, 10.3.8, 10.4.3, 10.4.8.

8. Legislation

Mental Health Act 2014

[Clinicians Guide to the Mental Health Act 2014](#)

9. References

[National Standards for Mental Health Services](#) 2010, Commonwealth of Australia

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

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