



STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES
CHRIS STEEL MLA (CHAIR), ELIZABETH KICKERT MLA (DEPUTY CHAIR), VICKI DUNNE MLA,
CAROLINE LE COUTEUR MLA, MICHAEL PETTERSSON MLA

Inquiry into referred 2016–17 Annual and Financial Reports

ANSWER TO QUESTION ON NOTICE

Asked by Mrs Dunne:

In relation to: Adult Mental Health Unit

Admissions to the AMHU:

- (1) What are the admission requirements for interstate patients referred to the AMHU?
- (2) What are they for local patients referred by interstate agencies?
- (3) Are patients (either local or interstate) referred from interstate agencies given any priority for admission to the AMHU?
 - (a) If yes, why?
- (4) Are patients issued with ID bracelets immediately upon admission?
- (5) On how many occasions during 2016-17 were ID bracelets not issued immediately upon admission for lack of stock or for any other reason?
- (6) If a patient is not issued with an ID bracelet immediately upon admission, what is the risk that the patient will receive incorrect treatment, including medication?

Mental Health Assessment Generation and Information Collection (MHAGIC):

- (1) How frequently are patient assessments reviewed and updated in MHAGIC?
- (2) When a discharged patient returns to care in the AMHU, is the patient's condition reviewed and updated in MHAGIC before any treatment begins?
 - (a) If no, why?

AMHU capacity:

- (1) For 2016-17, what was the average occupancy rate?
- (2) On how many occasions during 2016-17 was capacity at, near, or above 100%?
- (3) On those occasions, what contingency arrangements are in place to accommodate additional patients?
- (4) On how many occasions during 2016-17 did patients during day, overnight or weekend release, but not formally discharged, need to return urgently to the AMHU?
- (5) Were they able to be returned by ambulance?
 - (a) If no, why?
- (6) By what other transport means did they return?
- (7) Is the bed of a patient, who is on day, overnight or weekend release, but not formally discharged, made available to another patient?
 - (a) If yes, why?



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- (8) On how many occasions during 2016-17 was the AMHU unable to accommodate, either in their allocated bed or similar, a patient on day, overnight or weekend release (but not formally discharged), who had to return to the AMHU urgently?

Mental health assessments:

- (1) What is the clinically appropriate time for a patient to be assessed by a doctor on admission to the AMHU?
- (2) On how many occasions during 2016-17 was that clinical standard not met and by what margin for each occasion?
- (3) Given previous advice the data is not collected, is the date of admission and the date of a doctor's assessment recorded on patient records?
- (4) Is this information recorded in MHAGIC?
- (5) Why is the data not able to be drawn from either the patient record or MHAGIC?

Medications:

- (1) What is the process for supervising patients taking oral medication at AMHU to ensure they swallow?
- (2) How does the directorate know that all staff are vigilant in supervising patients taking medication?
- (3) What strategies and safeguards are in place to ensure patients receive the correct medication and dosage?

Common area:

- (1) What physical security is provided for patients using the common area at the AMHU?
- (2) What is the process for staff intervention in the event a patient becomes violent, either directly to another patient or by the abuse of furniture or other equipment?
- (3) Is the layout of furniture and equipment in the common area such that the personal security and safety of patients is protected on all sides?
 - (a) If no, why, and what action is taken to mitigate any risk of personal injury?

Courtyard:

- (1) Is the courtyard fully secure, including properly enclosed perimeters?
- (2) What is the risk of contraband entering the courtyard from outside either through or over the perimeter?
- (3) What strategies are in place to mitigate that risk?



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Mr Rattenbury: The answer to the Member's question is as follows:

Admissions to the AMHU:

- (1) The requirement for admission is a clinical decision, based on acuity, risk and need for acute in-patient care.
- (2) The requirement for admission is a clinical decision, based on acuity, risk and need for acute in-patient care.
- (3) No.
- (4) ID bracelets are not mandatory.
- (5) Data not collected.
- (6) In line with National Standards, all nursing staff follow the Medication Handling Policy for the safe medication administration using three unique identifiers, name, address and date of birth. That identification process is used to ensure the Right patient receives the Right medication, the Right dose, at the Right time and by the Right route.

Mental Health Assessment Generation and Information Collection (MHAGIC):

- (1) Whenever a patient is assessed by a medical or health professional, a clinical record is generated and recorded in MHAGIC.
- (2) Yes.

AMHU capacity:

- (1) For 2016-17, the average bed occupancy was 105 percent.
- (2) Capacity was at, near or above 100% for most of the year.
- (3) If the AMHU is at capacity, leave beds are utilised and additional beds are opened.
- (4) This data is not collected.
- (5) This data is not collected.
- (6) People can return to AMHU by a number of different methods, including by their own volition and means, with family, Ambulance, Police, or by their community support person.
- (7) Yes, it can be.
 - (a) To manage clinical demand.
- (8) All people who require an acute inpatient care are accommodated.

Mental health assessments:

- (1) Assessments are based on clinical priority.
- (2) There is no standard.
- (3) Yes.
- (4) Yes.
- (5) This data is able to be drawn, by a manual review of all clinical records of every patient which is a very time intensive and would require clinical staff to go offline.

Medications

- (1) Patients are provided their oral medication and a cup of water. Every oral medication is witnessed as having been consumed by the patient.



LEGISLATIVE ASSEMBLY

QON No. 56

FOR THE AUSTRALIAN CAPITAL TERRITORY

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- (2) All health professionals responsible for dispensing medication must follow the Medication Handling Policy and work within their professional scope of practice.
- (3) The Canberra Hospital and Health Services Medication Handling Policy is followed to ensure the Right patient receives the Right medication, the Right dose, at the Right time and by the Right route.

Common area:

- (1) A Framework for the Management of Aggression and Violence in Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) was finalised and tabled in the ACT Legislative Assembly on 19 November 2015. The Framework includes three components to achieve the safest and secure clinical environment. The three components are environmental, procedural and relational security.
- (2) Staff are trained to observe patient behaviour and intervene early to prevent situations from escalating. The 2016, Clinical Guideline Identification, Mitigation and Management of Aggression and Violence for Mental Health Justice Health Alcohol and Drug Services Inpatient Units include evidence based assessment tools, escalation plans for alerting clinical concern, tools for the measurement and management of ward acuity and pathways for incident management.
- (3) Yes, the Adult Mental Health Unit (AMHU) was purpose built and commissioned in April 2012 to provide a safe, comfortable environment for specialised mental health assessment, treatment and care for voluntary and involuntary people presenting with an acute mental illness or disorder.

Courtyard:

- (1) The courtyard fences are not cages and do not completely enclose the perimeters. They are designed with anti-climb mesh.
- (2) There are risks of contraband entering the courtyards.
- (3) At the commencement of all three shifts at AMHU, the staff undertake environmental checks of the AMHU, including the courtyards.

Approved for circulation to the Standing Committee on Health, Ageing and Community Services

Signature:

Date:

12/12/17

By the Minister for Mental Health, Shane Rattenbury MLA