

SCANNED**Austin Hospital**

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26 July 2012

Ms Leyla Stefano
Coroners Registrar
Coroners Court of Victoria
Level 11
222 Exhibition Street
MELBOURNE VIC 3000

Dear Ms Stefano

Response to Coroner's Recommendations
Court Reference: COR 2007 00791
Investigation into the Death of Mr Peter Tully

Austin Health refers to the recommendations made by Coroner Hendtless on 17 May 2012 and after careful consideration makes the following response.

Recommendation 1

That clinicians remain attentive to the contribution able to be made by the patient's family and carers and incorporate into their decision making process their knowledge of his or her behaviour and thinking.

The recommendation has been implemented prior to receiving the coronial finding.

The Austin Health Mental Health Clinical Service Unit (MHCSU) expects all clinicians to comply with the Office of the Chief Psychiatrist Guideline "Working Together with Families and Carers". Key principles pertaining to this recommendation within this document are:

- Families and carers should be recognised, respected and supported as partners in providing care to the consumer. Roles and responsibilities of clinicians and of carers should be clearly defined.
- Families and carers should be engaged as early as possible in the episode of treatment and care. Clear and open communication and the sharing of information between clinicians, consumers, families and carers needs to occur regularly.

This Guideline is also supported by the MHCSU Guideline "Working with Carers 2012". Key principles pertaining to this recommendation within this document are:

- Families and carers involved in the care of a mental health consumer have a right to be provided with the information necessary for the ongoing care of the consumer.
- In other circumstances, clinicians must routinely seek a consumer's consent before providing information about their condition and treatment to carers.
- Carers are to be treated as valued and respected partners in all aspects of care planning for the person they care for.
- Families and carers are important sources of clinical information about our consumers. Information must be sought from them and appropriate weighting given to that information when making diagnosis, risk management or treatment decisions.
- All clinicians working with consumers have a responsibility to involve and communicate appropriately with families and carers.

Recommendation 5

That the Austin Hospital Adult Psychiatry Unit ensure that discharge plans for first admission patients always include appropriate short to medium term accommodation arrangements and that cohabitants agree to these arrangements before discharge.

This recommendation has been implemented prior to receiving the coronial finding.

Austin MHCSU expects clinicians to ensure all discharges from its service are conducted according to the Office of the Chief Psychiatrist Guideline "Discharge Planning for Adult Mental Health Services". Key principles pertaining to this recommendation within this document are:

- Relevant discussions, promotion of collaborative discharge planning and clear communication between clinician, consumer and the consumer's family and/or carer.

This Guideline is supported by the local clinical policy "Mental Health Discharge Policy", which was reviewed in 2010. Key principles pertaining to this recommendation within this document are:

- Ongoing follow-up and support services are in place, if clinically indicated.
- Consumers and carers are prepared for, and are confident about the continuing management arrangements put in place on leaving the service.

Recommendation 6

The Austin Hospital Adult Psychiatry Unit ensure that discharge plans for first admissions always include immediate transfer back to and communication with their known general practitioner.

This recommendation has been implemented prior to receiving the coronial finding.

Austin MHCSU expects clinicians to ensure that all discharges from its service are conducted according to the Office of the Chief Psychiatrist Guideline "Discharge Planning for Adult Mental Health Services".

This Guideline is also supported by the local clinical policy "Mental Health Discharge Policy", which was reviewed in 2010. Key principles pertaining to this recommendation within this document are:

- The discharge must be formalised in writing, with a discharge summary and follow-up actions clearly indicated to relevant providers.
- Written and verbal information should be provided to the consumer (and where appropriate, carer) on discharge and should include details on:
 - medications;
 - symptoms of pending relapse and an accompanying relapse prevention plan that includes how to access crisis services;
 - plans for ongoing care;
 - emergency contact details; and
 - arranged post-discharge service.

Recommendations 7, 9 and 10 (respectively)

7. That the Austin Hospital amends its new discharge arrangements to include daily contact by NECATT until patients have consulted their general practitioner and their management has been transferred back to them.

An alternative to the Coroner's recommendations has been implemented. Please see the discussion below.

9. In the alternative, that the Austin Hospital Acute Adult Psychiatry Unit appoint case managers for voluntary first admission patients to help them manage their discharge arrangements and follow them into the immediate post-discharge phase of their therapy.

An alternative to the Coroner's recommendations has been implemented. Please see the discussion below.

10. That the designated case managers take responsibility for ensuring that the clinical team maintains contact with first admissions in the early post-discharge period until patients have consulted their general practitioner and their management has been transferred back to them and co-ordinate post discharge supports.

An alternative to the Coroner's recommendations has been implemented. Please see the discussion below.

Austin Health considers that the above recommendations cover essentially the same processes of discharge, contact after discharge and transfer of care. The response below covers each of these areas. These have been implemented in part, prior to receiving the coronial finding.

Austin MHCSU expects clinicians to ensure all discharges from its service are conducted according to the "Mental Health Discharge Policy" which was reviewed in 2010. This includes an expectation that all consumers are seen face-to-face within three (3) days of discharge unless alternative appropriate arrangements are agreed upon and documented.

In addition, at the point of discharge, risk assessment is completed according to Austin MHCSU clinical procedure: "Mental Health Clinical Risk Assessment and Management". The resultant risk rating dictates and informs the intensity of contact post-discharge. This may include:

- Level of contact required (this may be daily, or more or less frequently) and by whom.
- Frequency of re-assessment.

Austin MHCSU expects clinicians to ensure all discharges from its service are conducted according to the Office of the Chief Psychiatrist Guideline "Discharge Planning for Adult Mental

Health Services". Key principles pertaining to this recommendation described within this document are:

Unless discharge options are actively pursued where appropriate, there is a risk that caseloads will be excessive and that those who require specialist assistance will be unable to access that assistance. The services provided should always be congruent with the clinical need of the consumer, such that consideration of other services is appropriate when a person no longer requires intensive or specialist care. It is recognised that most people prefer and often find it more convenient to see their General Practitioner or private psychiatrist rather than attend a specialist public mental health service.

Austin MHCSU agrees that where people are at high risk they should be seen daily until that risk has ameliorated and they can be seen less frequently. However, a requirement for all patients to be seen daily, regardless of risk, may be experienced as overly intrusive by the consumer and family or carer and is not fully in keeping with the principles of recovery orientated care.

Please contact Austin Health if you require further information.

Yours sincerely



Dr Brendan Murphy
CEO