STRATEGIC PLANNING GROUP FOR

SPGPPS

PRIVATE PSYCHIATRIC SERVICES

News

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Merry Christmas
and a Happy New Year

Editor's Desk

Dr Bill Pring

This Christmas edition of the 9th SPGPPS newsletter provides an overview of quality and safety issues in the mental health sector, an update on consumer and carer participation in the private sector and a summary of the letter to the Attorney General on the near invisibility of the mental health sector in the new private sector health privacy legislation. Mr Allen Morris-Yates writes on progress with the implementation of the Data Collection and Analysis Project.

The SPGPPS will start its meetings in the New Year with a Strategy Meeting on Monday, 18 February. The aim will be to revisit the *SPGPPS Strategic Plan 2000-2003* and put it into an operational framework that will:

- enable the SPGPPS to set priorities and determine the key activities that need to be undertaken in the future;
- enable measurement of how well SPGPPS is performing, at any point in time, against specific performance indicators;
- improve collaboration between the SPGPPS and other groups in both the public and private sectors; and
- facilitate the evaluation of recommendations arising from the National Forums of the SPGPPS against the Strategic Plan.

SPGPPS meeting dates for 2002 are as follows:

MEETING AND DATE	LOCATION
SPGPPS Strategy Meeting Friday, 18 February 2002	Melbourne
27th SPGPPS Meeting Thursday, 14 March 2002	Sydney
28th SPGPPS Meeting Friday, 7 June 2002	Brisbane
3rd National SPGPPS Forum Friday 16 August 2002	Melbourne
29th SPGPPS Meeting Friday, 27 September 2002	Perth
30th SPGPPS Meeting Thursday, 5 December	Melbourne

Letter to the Attorney General

The last meeting of the SPGPPS agreed that a coalition of stakeholders should write to the Attorney General concerning the new private sector privacy legislation and the Health Privacy Guidelines and explain why the legislation would be untenable in the mental health sector. The key issues are the lack of consultation with the mental health sector in drafting the legislation and the Guidelines and failure to act on the concerns of the mental health sector in all of the submissions sent to the Privacy Commissioner.

SPGPPS Data Collection and Analysis Project

The implementation of the National Model is well underway. In July, August and September the SPGPPS' Principal Information Officer, Mr Allen Morris-Yates, visited each of the participating Hospitals and spent half a day with key staff discussing the detail of the implementation and training requirements of the National Model.

Standard formats for recording the required data, and documentation outlining the design and use of those Standard Formats have been distributed to participating Hospitals.

In November Mr Morris-Yates conducted a one-day training session in the use of the Hospitals' Standardised Measures Database (HSMdb) application in the major capital cities.

Consumer and Carer Participation

With the proposed closure of the Network of Australian Community Advisory Groups (NOAC), the Mental Health Council of Australia (MHCA) has been working with NOAC to develop a proposal to maintain the national network of consumers and carers.

A National Consumer and Carer Forum is the proposed model to be co-ordinated by the MHCA in partnership with States and Territories.

In the private mental health sector, the APHA psychiatric sub-committee is working towards the establishment of consumer and carer advisory committees in private hospitals with psychiatric beds.

Safety and Quality in Mental Health – *Time for Action*

At the last meeting of the SPGPPS, Dr Margaret Tobin gave a presentation on the issues surrounding safety and quality in mental health.

The presentation dealt with the key issues that need to be considered within a mental health safety and quality framework to:

- bring together the leaders of safety and quality with the leaders of mental health;
- highlight the safety and quality issues which need to be addressed for mental health; and
- articulate components of a safety and quality framework for mental health providing examples of its application.

It is proposed, that a National Symposium 2002 be organised, bringing opinion leaders together to scope the topic and assist in the development of an action plan for safety and quality in mental health.
A coalition between the Mental Health Council of Australia, the Royal Australian and New Zealand College of Psychiatrists Quality Improvement Committee, the SPGPPS and the AHMAC National Mental Health Working Group Quality and Safety Committee would work together to stage the Symposium.

Dr Bill Pring

Editor

New Privacy Legislation

Submission to the Attorney General

Dr Yvonne White

The Australian Private Hospitals Association (APHA), The Australian Health Insurers Association (AHIA), the Royal Australian and New Zealand College of Psychiatrists (RANZCP), and the Mental Health Council of Australia (MHCA) have written to the Attorney General concerning the impact the new private sector privacy legislation and the Health Privacy Guidelines will have on the mental health sector. The main points raised are set out below.

Lack of Consultation

At no stage, either before the enactment of the legislation or in later consultations conducted by the Office of the Federal Privacy Commissioner (OFPC) into the drafting of Health Privacy Guidelines, have the special concerns of the mental health sector been addressed. This is evidenced by the complete lack of examples relating to the work of the mental health sector and no mention of issues raised by the mental health sector in subsequently published Guidelines.

Submissions to the OFPC in 1999 and 2000 by the RANZCP, AMA, MHCA, the Network of Australian Consumer Advisory Groups, and the SPGPPS, specifically highlighted the issues arising in the mental health sector. These have been completely ignored and, therefore, in the opinion of the stakeholders, the legislation is, in its current form, untenable in the mental health sector, particularly in those aspects of the legislation dealing with consent and patient access to health records.

Consent requirements

The multi-factorial nature of psychiatric disorders usually requires multi-disciplinary involvement with management and hence communication between involved health professionals. The latest version of the Health Privacy Guidelines has considerably diluted the 'implied consent' requirements to align this segment of the legislation to consent to treatment by several health professionals within the confines of a single organisation, such as a hospital or a medical practice.

In practical terms, the 'dilution' does not address the onerous burden of obtaining consent. Mental health professionals involved in the management of a patient will frequently, if not usually, be members of separate organisations. The common scenario will be a psychiatrist in private practice visiting a patient in a private hospital and liaising with allied professionals in the wider health community such as rehabilitation therapists and the patient's GP. Gaining consent at each and every instance of 'extra-organisational' therapy is highly impractical.

The whole approach in health of defining the narrow episode of care as the primary purpose for the purpose of consent, rather than the ongoing care of the patient, can cause enormous additional transaction costs particularly in mental health care.

Patient Access to Health Records

Both the legislation and the Guidelines require that patients be given access to their health records in order to correct erroneous information that the record may contain. This implies that the information is factual, objective and was collected from the patient in the first place. The nature of collected information in psychiatric practice is highly subjective, may contain tentative hypotheses, which are subject to review, and serves as a record of the clinician's thinking.

The typical psychiatric patient record is neither factual information, information collected from the patient, nor a final opinion. Access to such subjective thoughts may be highly detrimental to the patient's mental health and the doctor-patient relationship. It is clear that neither the legislation nor the Guidelines, which purport to explain how the legislation will work in practice, have taken any account of the nature of work in the mental health sector.

The Act allows restrictions on access to information on the grounds that such release may cause serious harm to the patient or others. Other Privacy legislation, specifically designed for the health industry, has enabled restriction wherever there may be interference with the ongoing treatment of the patient. It is the gap between these two positions we are concerned about. Even where restriction of access is allowed under the Act, the right to have reasons provided negates the intention of the restriction.

Exemption of the Media from the Legislation

The legislation has emphasised that personal health information is sensitive information. With this in mind, we are gravely concerned that the media are exempt from conforming to the National Privacy Principles. The Act does not consider/define how the media can use personal health information once they have it. Assurances, in the words of the OFPC that, *the media are, publicly committed to observing published, written standards that deal with privacy*, mean very little. The media are not legally constrained in any way. Reporting by the media of health information pertaining to a person with a mental illness contributes to the stigma and discrimination experienced by people with a mental health problem or disorder, mainly by aligning two quite separate ideas in the minds of their readers, sensationalism and mental illness.

In summary, neither the legislation nor the Guidelines, which purport to explain how the legislation will work in practice, have taken proper account of the nature of work in the mental health sector. The submission calls for the mental health sector to be exempted from application of this legislation until such time as these concerns can be addressed.

Dr Yvonne White Chairs the SPGPPS on behalf of the RANZCP

New Privacy Legislation

Impact on the SPGPPS National Model for Data Collection and Analysis

Mr Allen Morris Yates and Mr Phillip Taylor

In order to ensure compliance with the Act, it has been found necessary to make certain changes to the data submission requirements specified under the National Model.

These changes are as follows:

- Under the SPGPPS' National Model, Hospitals will submit data on outcomes for each episode of admitted patient care only to the SPGPPS' Centralised Data Management Service (CDMS). The data will be submitted in a format which does not enable the personal identification of individual patients by the CDMS, but which still enables the data to be linked with information regarding the payment of benefits by Funds.
- Under the SPGPPS' National Model, Hospitals will not be required to submit data to Health Funds regarding the outcomes for each episode of admitted patient care for Health Fund members.

Initially Hospitals had agreed to submit personally identified information regarding the outcomes of care to both the CDMS and to Health Funds. In order to protect the privacy and confidentiality of the data, both the National Model and the contract under which the CDMS is funded and operated include very strong provisions regarding the collection, storage and use of personally-identified information. This agreement was reached well before the impact of the Act was fully understood.

Under the Act, Health Funds may collect information about patients, including the diagnosis, if that information was related to the payment of benefits or was required under Commonwealth or State or Territory legislation. Since the collection of outcome measures does not meet either of those two conditions, Health Funds would need to seek their members' consent to identified information collection at each episode of care. It would not be sufficient for Health Funds to rely on consent obtained on joining the Fund. Obtaining informed consent for the submission of personally-identified information regarding outcomes to either Funds or the SPGPPS' CDMS is likely to be impractical in many cases. As a consequence, there would inevitably be significant gaps in the data collected, and the resulting information would be unreliable and of questionable validity. Similar considerations would apply to any requirement for the submission of personally-identified data to the SPGPPS' CDMS.

Thus, in order to comply with the Act and avoid the need for the ascertainment of consent, data submitted to the CDMS will be de-identified. As there is no practical way of de-identifying data submitted to Health Funds, it was agreed by the SPGPPS that Hospitals should not be required to routinely submit data to Health Funds regarding the outcomes for each episode of admitted patient care for Health Fund members.

Within each Hospital, the data collected under the National Model will be used for the monitoring, evaluation and assurance of the quality of the services provided. These activities are considered to be an integral part of the provision of health care services. When collecting the data Hospitals will therefore not be required to seek patients' consent beyond that normally required in the provision of those services.

In general, Hospitals will need to be able to explain to patients why data is being collected, what is done with it once collected, and how the privacy and confidentiality of any personal information held by the Hospital is protected. As the data submitted by Hospitals to the CDMS will not be personally identified, Hospitals are not required to advise patients that such submissions will be made. However, since Hospitals participation in the SPGPPS National Model reflects their commitment to quality, Hospitals' may wish to inform patients of that additional activity.

Mr Allen Morris-Yates is the Principal Information Officer for the SPGPPS and is responsible for the management of the implementation of the National Model.

Mr Phillip Taylor is the Executive Officer for the SPGPPS and is responsible for managing the affairs of the SPGPPS from its centrally located Secretariat at the Offices of the Federal AMA in Canberra.

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Implementation of the SPGPPS' National Model for Data Collection and Analysis

Mr Allen Morris-Yates & Ms Bronwen van der Wal

The SPGPPS Data Collection and Analysis Project aims to put in place systems for the routine collection and analysis of data that will enable the relative effectiveness of various models of service delivery in the provision of mental health care services in private hospitals to be determined.

The Project also aims to simplify overall hospital data collection requirements.

Stage One

Stage One of this Project was completed in May 2000 with the publication of the report titled: *A National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private Psychiatric Services.*

Stage Two

The Project has made significant progress this year.

July to September 2001:

- Initial interviews of participating Hospitals concerning their current data collection activities were completed in July.
- Sets of training materials were subsequently developed and distributed to participating Hospitals as part of the training process. The training materials included a detailed manual for trainers which covered the rationale for the collection of the required data, the data collection, the completion of ratings by staff using the selected clinical rating scale (the Health of the Nation Outcome Scales or HoNOS), and guidelines for the administration of patient self–report measures.
- The SPGPPS Principal Information Officer, Mr Allen Morris-Yates, visited all 37 participating hospitals and conducted 'train the trainer' sessions. These visits commenced on 29 July and concluded on 17 September. Allen would like to thank all Hospitals for the warm reception and time they gave him.

September to November 2001:

- The focus of work in this period was on the development of the Hospital's Standardised Measures database application (HSMdb). The HSMdb will enable participating Hospitals to record the data collected submit the data in a de–identified format to the SPGPPS' Centralised Data Management Service and also make some immediate local use of the data.
- Version 1.050 of HSMdb was completed in mid November. Some limited supporting documentation focussed on installation of the software and importation of existing data was also completed. Training materials suitable for familiarising data entry staff with the use of the application were also developed.
- To facilitate the use of the software, Mr Morris-Yates conducted a one-day training seminar in each major capital city; Adelaide, Perth, Melbourne, Sydney and Brisbane. Key staff, from each Hospita,l were trained in the installation, set-up and use of the HSMdb.

Future directions:

- From December this year until February 2001, the HSMdb and its supporting documentation and training materials will be refined and completed, with updates being distributed to participating Hospitals. These updates of the software and documentation will also be made available to participating Hospitals through a password protected page on the SPGPPS website: www.spgpps.com. (For instructions on how to gain access to this page, participating Hospitals should contact Ms van der Wal.)
- During March 2002, Mr Morris-Yates will revisit each Hospital to provide assistance and review progress with the implementation of the National Model requirements.

Mr Allen Morris-Yates is the Principal Information Officer for the SPGPPS and is responsible for the management of the implementation of the National Model.

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Consumer and Carer Participation

The SPGPPS is committed, through its Strategic Plan, to the promotion of positive partnerships between consumers and their carers and the providers and funders of private mental health care services.

SPGPPS National Forum 2001

As readers know, the recent SPGPPS National Forum 2001 considered the issues of consumer and carer participation in private sector psychiatric services and recommended:

- *That consumer and carer advisory committees be established in all private hospitals to enable consumers and carers to contribute constructively to service development, evaluation and current practice. Consideration should be given to the appointment of external representation of consumers and carers to these committees.*
- *That mechanisms be established to enable private hospital advisory committees to network at a state and national level.*

The Private Sector

This has generated an exciting impetus in the private sector to establish a platform for consumer and carer involvement at local, state and national levels. At present, **no** such platform or structure, to facilitate that involvement, exists.

The SPGPPS, APHA Psychiatric Sub-committee and hospital CEOs are working in collaboration to establish consumer and carer advisory committees in private hospitals with psychiatric beds. This is a critical first step toward involving consumers and carers in the planning, evaluation and continuous improvement of the psychiatric services provided by these hospitals. The SPGPPS Hospital representatives, Ms Sue Feeney and Ms Moira Munro and the CEOs of these hospitals are to be commended for their enthusiasm.

If we get it right, a national network of consumers and carers will evolve, that will enable better representation for private sector consumer and carers at the local, state and national levels.

At present, membership of current mental health consumer and carer representational structures are still primarily public sector in their focus. While attempts are being made to correct this deficiency, it remains difficult for partnerships between the public and private sector to be progressed under the current arrangements.

National Consumer and Carer Forum

Discussions concerning the winding down of the Network of Australian Consumer Advisory Groups (NOAC), between the AHMAC National Mental Health Working Group and the Mental Health Council of Australia (MHCA), have resulted in the development of an alternative model to progress consumer and carer partnerships.

The model has been supported by the MHCA and endorsed by the AHMAC National Mental Health Working Group. The National *Consumer and Carer Forum* will be auspiced by the MHCA through the MHCA Consumer and Carer Committee in partnership with States and Territories. Membership of the Forum will include representation from the public, private, and non-government sectors, including:

- The Australian Mental Health Consumer Network;
- Carers Australia;
- The Association of Relatives and Friends of the Mentally Ill;
- GROW;
- The Consumer Health Forum;
- Appropriate representation from the private sector;
- One or two representatives from each State and Territory; and
- As required, representation from special needs groups such as indigenous, youth, and Transcultural.

Private Sector Representation

While private sector representation on the National Consumer and Carer Forum is yet to be determined, private sector representation on the Forum is an important recognition that private sector consumers and carers can participate effectively in decisions about the distribution and allocation of health care resources at the national level. It does, however, only reinforce the need for a private sector consumer and carer network. At present representation at this level places an unfair burden on representatives in terms of time and workload.

The consumer movement in Australia is currently under review and the private sector needs to be able to demonstrate that a viable network of private sector consumers and carers exists and can be drawn on for representation at a state and national level.

Janne McMahon is the consumer representative on the SPGPPS and the MHCA and Chair of the SPGPPS Consumer and Carer Participation Working Group.

John McGrath is the carer representative on the SPGPPS and Chair of the MHCA and the MHCA Consumer and Carer Committee

Safety & Quality in Mental Health
Time for Action

Dr Margaret Tobin

Many opinion leaders in the general health sector know little about mental health, and conversely, mental health opinion leaders have published little systematic thinking about safety and quality.

The Australian Council on Quality and Safety in Health Care (ACSQHC) has acknowledged that there is a need for advice to be provided to the Council on the safety and quality in mental health. The priority is to explore opportunities for working with ACSQHC to ensure more focussed efforts to address safety and quality issues in mental health.

Current Status of Safety and Quality issues in Mental Health

At present, there is wide variation in clinical practice across services and mental health safety and quality issues are neglected. There is little evidence of systematic thinking and much resistance to change at various levels.

The standard of care provided to patients in some mental health facilities is not routinely subject to quality improvement assessments in relation to such issues as adverse events management, physical facilities and staff supervision and development. At present, adverse events are not recorded systematically or reviewed in a way that leads to system learning. Some instances of neglect of serious safety issues in mental health occur in the following situations.

1. *Transport of people in involuntary care*
2. *Critical incidents in emergency departments*
3. *Inpatient admissions*
4. *Community based care*

Indicators for Quality Improvement

General indicators for quality improvement are needed would include:

Safety; *the extent to which potential risks are avoided and inadvertent harm minimised in care delivery processes.*

Effectiveness; *the degree to which an intervention produces measurable increases in survival, improved quality of life, improved health outcomes when applied to routine practice.*

Appropriateness; *the extent to which the consumers get the right information, treatment, and support provided at the right time, in the right way, and in the right place.*

Efficiency; *the extent to which services maximise benefits for a given cost.*

Access; *the capacity of the individual to gain a service at the time it is required, by the people who require it and in an appropriate form.*

Continuity; *the extent to which an individual episode of care is coordinated and integrated into overall care provision.*

Consumer focus; *the extent to which the intervention has occurred with the consumer having had knowledge, choice and provided consent.*

A mental health safety and quality framework must recognise the important role that all of those have within the mental health system for improving quality of care. In every place where a person receives a mental health service there needs to be capacity for:

- facilitated incident monitoring;
- sentinel event monitoring;
- the effective use of clinical indicators;
- peer review meetings;
- morbidity and mortality meetings;
- ad hoc clinical audit and review;
- retrospective chart audit;
- the effective use of complaints; and
- peer review .

We need to create an environment that encourages identification of errors, engagement in proactive systems analysis and error reduction strategies, and continuous improvement of communications in the care delivery process.

Implementation of a Quality Framework in Mental Health in Australia and New Zealand

Alignment with the mainstream approach towards safety and quality will enable safety and quality to be at the heart of mental health service delivery. Leadership, management structures and processes are needed to create an organisational culture that attends to quality as part of normal everyday responsibilities. There is an urgent need for a coalition to be formed between the MHCA, RANZCP QI Committee, ACSQHC, SPGPPS and the NMHWG Quality and Safety Committee. It is proposed that this coalition hold a National Symposium in 2002 to bring opinion leaders together and scope the topic. Participants would assist in the development of an action plan for safety and quality in mental health.

Dr Margaret Tobin is on the AHMAC National Mental Health Working Group and is the Director of Mental Health in South Australia

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SPGPPS News provides a brief summary of issues being progressed under the auspice of the SPGPPS process. Further information can be obtained from the SPGPPS Website at www.spgpps.com.