



Forensicare

Victorian Institute of
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17 October 2012

Coroner Olle
Coroners Court of Victoria
Level 11
222 Exhibition Street
Melbourne 3000 VIC

Re: Michael Scott Wyly Court Reference COR 2008 005235

Dear Coroner

I refer to the above inquest and to the following recommendation made on 27 July 2012:

1. That Forensicare provide a discharge sheet to mental health clinical staff upon discharge from Unit 13 or the AAU.

In accordance with section 72(3) of the *Coroners Act 2008*, I wish to inform the Coroner that the following alternative to the Coroner's recommendation has been implemented.

It is Forensicare's practice to provide a discharge summary for all Acute Assessment Unit (AAU) patients at the time of discharge. A copy of the AAU Admission and Discharge Paperwork is enclosed for the Coroner's information.

In regard to transfers out of Unit 13, Forensicare has now introduced a consistent practice of making a note in the prisoner's health record setting out a summary of observations of the person's presentation and Forensicare's involvement during the placement in Unit 13, rather than providing a full clinical discharge summary as used in the AAU.

Further, information collected during July, August and September 2012 showed a monthly average of 20 prisoners per month being transferred out of Unit 13.¹ On average, one fifth of these prisoners were admitted to the AAU from Unit 13 and would therefore receive a discharge summary subsequently when discharged from the AAU.

¹ Forensicare is not required to collect data or to report on the number of prisoners who are placed in Unit 13, however, records were kept of this for July, August and September 2012 for provision to the Coroner.

Background

Following receipt of the recommendation on 1 August 2012, its possible implementation was considered by Forensicare's clinical governance committee for the Melbourne Assessment Prison (MAP). This committee comprises the clinical staff at the MAP including the consultant psychiatrist, the unit manager of the Acute Assessment Unit (AAU), Forensicare's nurse practitioner candidates and the Assistant Clinical Director (Prison Operations). The role of the Committee is to:

- Address site-specific issues pertaining to quality of clinical risk management;
- Assess quality of prisoner mental health care; and
- Monitor safety and security issues for prisoners.

There was also consultation between Forensicare and Justice Health in regard to the implementation of the recommendation. All services provided by Forensicare at the MAP are provided pursuant to a funding and service agreement with Justice Health.

Provision of Discharge Summaries in Mental Health

Discharge summaries are a usual part of clinical practice in mental health. A discharge summary generally includes diagnosis, the results of any tests or procedures undertaken during the admission and the patient's condition at the time of discharge. Accordingly, the summary provides information about what was learnt about the patient's diagnosis and prognosis during the admission and the plan for treatment at the time of the discharge. A broad range of information may be contained in the summary, reflecting the broad scope of treatment available in multi-disciplinary mental health services. This may include information about the person's insight, their past compliance with treatment, their access to family support and their treatment preferences. The purpose of the discharge summary is to hand over clinically relevant information to the next person with responsibility for treatment of the patient.

Acute Assessment Unit (AAU)

The AAU is a sixteen bed residential mental health unit operated by Forensicare at the MAP. The purpose of the AAU is to undertake assessment and provide treatment of mentally ill prisoners. The Unit has an average length of stay of 29 days. A discharge summary is completed for all AAU patients regardless of length of stay. This is completed by the psychiatric registrar. A copy of the AAU Admission and Discharge Paperwork is enclosed for the Coroner's information.

Unit 13

The Russell Observation Unit (Unit 13) is adjacent to the AAU and contains six cells. Unit 13 is a unit in which prisoners are placed by Corrections Victoria either for management reasons or due to concerns about risks of suicide and self-harm. Under its funding agreement, Forensicare provides mental health services to prisoners placed in Unit 13 for reasons related to risk of self-harm and suicide. Forensicare sometimes has a role in monitoring prisoners who are placed in Unit 13 for reasons related to the prisoner's management rather than their mental health.

Unit 13 is designed to prevent self-harm by control of the environment and removal of access to any means of harm. The Unit is generally viewed by clinicians as a counter-therapeutic environment.

Whilst the physical environment of the Unit reduces the immediate risk of self-harm, it also has the potential to exacerbate other factors which contribute to the risk in the medium to long term. Therefore, once the person's immediate risk of self-harm has reduced to a degree that they can be safely managed outside Unit 13, Forensicare will recommend that they be moved to another Unit. Forensicare does not collect data in regard to the average length of stay in Unit 13. However, this is generally much shorter than the AAU and would generally be between one day and five days.

Whilst in Unit 13, prisoners are assessed daily by Forensicare psychiatric nurses. They may be seen by a psychiatric registrar if this is considered necessary for assessment or treatment purposes. However, Unit 13 is not a mental health unit delivering comprehensive treatment and most prisoners will not see a psychiatric consultant or registrar whilst in Unit 13. The role of Forensicare is narrow and focused on the assessment of person's risk of self-harm and suicide.

A discharge summary, in the sense that the term is understood by mental health clinicians, is inappropriate in this context because of the narrow scope of Forensicare's role in Unit 13, confined primarily to risk assessment rather than treatment.

It is the view of the MAP Clinical Governance Committee, however, that it is appropriate for a summary of observations of the person's presentation and Forensicare's involvement during the placement in Unit 13 to be entered into the prisoner's health record for future reference. This information can be adequately provided by way of a clear and comprehensive clinical statement in the health record at the time of transfer out of Unit 13 which reflects a clear plan of care. Such summaries will be provided for all prisoners at the time of transfer. Guidelines with a template for such documentation have been developed. In addition, auditing of compliance with these documentation requirements will be included as part of the Clinical Governance Committee's activities for continuous improvement.

Please do not hesitate to contact me should you require any further information.

Yours faithfully,



Tom Dalton.
Chief Executive Officer



Victorian Institute of Forensic
Mental Health

**MELBOURNE ASSESSMENT
PRISON**

Forensicare

ACUTE ASSESSMENT UNIT

CRN:
RAPID UR NO:
Surname:
Given Name:
Date of Birth:
(or Affix Label)

ADMISSION INFORMATION

(Admitting Nurse to Complete)

ADMISSION DATE: REFERRAL SOURCE:

LAST KNOWN ADDRESS:

NEXT OF KIN DETAILS:

NAME:

ADDRESS:

PHONE No:

MOBILE:

LEGAL STATUS (Current Charges / Convictions):

PENDING COURT DATES (Court / Parole / Release):

LEGAL REPRESENTATION DETAILS:

NAME:

ORGANISATION:

CONTACT DETAILS:

COMMUNITY SUPPORTS (AMHS / Administrator / MACNI, etc):

M.A.P. ACUTE ASSESSMENT UNIT ADMISSION & DISCHARGE

MR

SIGNIFICANT MEDICAL ISSUES OR ALLERGIES:

PRESENTING COMPLAINT (purpose of this admission):

RISK ASSESSMENT

Past Risks:

Current Risks:

IMMEDIATE NURSING CARE PLAN:

Signature:Name: Date:

PERSONAL HISTORY, FAMILY DYNAMICS, SOCIAL SITUATION, EDUCATION, EMPLOYMENT:

(Psychiatric Registrar to complete)

PAST / CURRENT DRUG USE?

Signature: Name: Date:

REGISTRAR TO COMPLETE

MENTAL STATE ON ADMISSION:

(Psychiatric Registrar to complete)

CRN:

RAPID UR NO:

Surname:

Given Name:

Date of Birth:

(or Affix Label)

Appearance & Behaviour:

Speech:

Mood & Affect:

Thought (include thoughts of harm to self and others):

Perception:

Name: Signature: Date:

M.A.P ACUTE ASSESSMENT UNIT ADMISSION & DISCHARGE

MR

Cognitive Function (include orientation, concentration & Memory):

Sleep:

Appetite:

Insight (include attitude to illness, to admission and to medication):

FORMULATION / PLAN:

Signature: Name: Date:

