

Mi-Mind Centre's transfer of care policy and procedures

Purpose of this policy:

To provide guidelines for staff to determine when and how to end a patient's episode of care appropriately by the treating psychiatrist before transitioning or transferring their care back to their treating General Practitioner. This policy is in place to ensure patients have a safe and seamless continuity of their mental health care.

Importance of Psychiatrist and Patient relationship

Professional therapeutic relationships are essential in mental health care to ensure patients receive quality care. These relationships require trust, honesty, transparency, and good communication along with full participation by both parties, in order to be beneficial to the patient's mental health.

Usually, these relationships naturally end due to patient relocating, goals achieved, or psychiatric care no longer being required by the patient.

At times, psychiatrists may encounter unanticipated circumstances with existing patients and as a result, need to explore alternative methods of provision of care or provide reminders to patients of certain practice policies. Occasionally the psychiatrist will need to consider ceasing a patient's episode of care.

A patient can also cease the professional relationship at any time.

Grounds to transfer or end an episode of care:

- Criminal acts by the patient toward staff of Mi-Mind Centre or the Practice itself. Including but not limited to obtaining medications fraudulently, theft or forging of medical certificates, property damage.
- Inappropriate behaviour by the patient towards staff and other patients attending the Practice. Including but not limited to verbal and physical abuse, sexual harassment and threats, along with violation of professional boundaries - extending to phone conversations and written correspondence.
- If a patient's care needs are not within the treating psychiatrist's scope of practice, and they are no longer able to assist the patient/benefit their mental health care.
- A conflict of interest arises that impacts on the professional doctor-patient relationship.
- Breakdown in professional communication along with a mutual loss of trust/respect.
- Non-adherence to the Mi-Mind Centre Cancellation and Non-Arrival Policy. *
- If a doctor chooses to reduce their workload due to personal circumstances.
- If a patient advises that they are no longer able to afford the services offered by their treating psychiatrist, or if private accounts remain outstanding after a 14 days' notice, as per the Outstanding Account Policy**.
- If a patient is unable to be contacted and does not respond to alternative methods of communication offering contact/follow-up as per the Follow Up Consultation Policy***.
- If the patient has been contacted by Mi-Mind Centre and declined to book a follow up appointment.
- If a patient has requested to cease their psychiatric care with the Practice and be transferred back to their referring General Practitioner.

Considerations to be taken into account by the treating psychiatrist prior to making the decision to transfer care

When making the decision to transfer a patient's care, the treating psychiatrist should consider:

- Whether the concerns or change in circumstances have been discussed/disclosed to the patient, and has the patient been advised that there is a possibility of the professional relationship ending.
- Will ending the professional relationship negatively impact on the patient's options or access to future psychiatric care?
- Will the patient's care or treatment be incomplete, or will the acute or ongoing treatment be transferred to another psychiatrist, General Practitioner or health professional?
- What is the most culturally safe and most appropriate method of ending the professional relationship?
- Will the patient require referrals, supporting letters or medical records to be forwarded to another health professional to ensure continuation of a patient's mental health care?
- Should the patient's case be confidentially discussed with another professional within the Practice or a medical indemnity insurer to ensure the correct steps are being taken?
- Will the practitioner need to seek support or debrief with an appropriate health professional regarding the situation? Preferably someone more senior to them by either years of experience or position and/or has additional training.

If the patient chooses to end the professional relationship

A patient may decide to end the professional relationship at any time and must be supported should they make this decision.

To ensure continuation of their mental health care, the patient's referring General Practitioner must be notified of this change.

Following this, the treating psychiatrist will reflect on the doctor-patient relationship considering things they would do differently in hindsight.

The practice will offer the patient the opportunity to provide feedback - anonymously if they wish.

The psychiatrist involved should use the situation as an opportunity to reflect on the nature of the professional relationship and consider if personal professional development is appropriate.

Transfer of care procedure

Once the decision has been made by the treating psychiatrist to cease and transfer the patient's episode of care, the treating psychiatrist must:

1. Advise the patient during a consultation (in person or phone call) verbally, followed by a formal letter, that the episode of care has ended along with providing the grounds for this. This communication must be respectful and professional, and not impact on how the patient interacts with other health professionals either within the Mi-Mind Centre or external health care system.
2. Document in the patient's file that the episode of care has been ended and the reason/s for it.

3. If appropriate and possible the patient should be given sufficient notice (14 days) that the episode of care will be transferred back to their referring General Practitioner or to another psychiatrist or to an alternative health professional. During this period the patient is allowed to book another appointment with the psychiatrist.
4. Transfer the patient's records or provide supporting documents for the patient's relevant conditions and treatments, including documentation of current medications. If appropriate and possible the patient should be given the opportunity to review this document, and should they have any concerns they should be included in making amendments. However, there are grounds for not providing them with access to these records, i.e. serious threat 'Chapter 4: Giving access to health information OAIC'. The records should not be altered if the content is accurate, and it is an option to include any of the patient's specific concerns in a separate document.
5. The patient should be offered a copy of the above-mentioned document/s to ensure continuity of care.
6. The patient's records are to be appropriately filed, archived and stored for the minimum regulatory period of 7 years for an adult patient, to ensure the Practice maintains the hard copy for future reference.

After the above steps have been taken, the episode of care will be considered as complete, and the professional relationship will be considered to have been appropriately ended.

Until this process has been completed, the patient may still require acute or ongoing care. The patient should be advised of such, and continuing care should be facilitated with another provider, should the treating psychiatrist not be in a position to provide adequately safe and holistic care during this transition period.

Maintaining professional boundaries in the doctor-patient relationship

Treating psychiatrists should monitor their professional relationship for grey areas and potential compromising of professional boundaries and potential, perceived, or actual conflict of interests. Should professional boundaries become compromised in any manner, or conflict of interests arise, which can't be resolved it is imperative that the treating psychiatrist recognize this and take appropriate methods to advise the patient that the professional relationship is no longer appropriate.

The psychiatrist involved must document the actions that they have taken to resolve the situation.

Sexual and intimate misconduct can lead to significant and detrimental consequences to the long-term mental health of patients. Therefore, it is inappropriate and unethical for any treating psychiatrist at Mi-Mind Centre to end a patient's episode of care to initiate a sexual or intimate relationship with that patient, or to achieve personal gain.

Once the patient's episode of care has been completed and transferred, there is still potential harm for patients in having a sexual relationship with their former psychiatrist where that relationship is strongly influenced by the previous doctor-patient relationship due to power imbalances (also the possibility for the former psychiatrist to influence the new treating psychiatrist).

Any circumstance of sexual or intimate relationships with patients will be considered as misconduct and appropriate action will be taken by management including a notification to the Medical Board.

Further Advice

If further advice is required about any aspects of this Policy, it may be helpful for the psychiatrist to seek advice from a trusted and perhaps more senior colleague, their medical indemnity insurer, or the Royal Australian and New Zealand College of Psychiatrists (RANZCP).

***Appointment Confirmation, Cancellations and Non-Attendance Policy**

Mi-Mind Centre specialises in “long term” psychiatric care for patients disciplined and committed to attending all of their appointments.

This is the cornerstone of our partnership with patients to achieve their long-term goals, which requires genuine effort and participation.

Should a patient cancel at short notice or reschedule regularly they will not get the most benefit from our services.

The treating psychiatrist may transfer a patient’s episode of care back to their General Practitioner should they cancel or reschedule two times in a row, unless there are exceptional circumstances that have been communicated to administration staff such as hospital admission, funeral etc.

Our Practice sends SMS messages to patient’s listed mobile numbers, unless they have opted out of this service.

Patients will receive SMS reminders and confirmations of all follow-up appointments.

Patients are required to confirm all appointments by 12pm, 1 working day before their appointment.

Should the Practice receive no confirmation by this timeframe, as per the confirmation SMS, the patient’s appointment will be cancelled and a subsequent SMS will be sent to the patient to notify them of the cancellation.

If a patient confirms their intention to attend an appointment and then fails to attend without giving the office 24 hours’ notice or having a valid exceptional circumstance preventing them from attending, the patient will be invoiced the full consultation fee, as per the patient’s acknowledgement when signing the new patient consent form.

This fee must be paid in full prior to booking any future appointments.

Should this fee not be paid on the day of the patient’s missed appointment, all future appointments will be cancelled and can be rescheduled once the outstanding invoice has been settled.

***Outstanding Account Policy**

All private patient accounts are to be settled on the day. Reception will claim all rebates, where appropriate, on the same day of payment.

Should a private account remain outstanding, the following day the patient will receive 1 SMS reminder to phone reception and make payment.

Following this SMS if the account remains outstanding the patient will receive an email/letter advising the account must be settled within 14 days.

All future appointments will be cancelled and may be rescheduled once the outstanding account has been settled.

Should the account not be paid in full by the due date outlined on the email/letter, it will be assumed that the patient is unable to afford the services provided by Mi-Mind Centre and their care will be terminated and transferred back to their GP.

If the patient is still requesting further appointments following this transfer of care, they will need to obtain a new referral from their GP.

Follow Up Consultation Policy

All patients are required to have at least 1 follow up consultation booked following each appointment for continuity of their mental health care, unless their care is ready to be transferred back to their General Practitioner and follow up is not required by the psychiatrist.

It is understood that patients may require a period of time to confirm their availability for appointments and are given a 24-hour grace period to book their future consultations.

If the patient has not contacted the Practice to schedule this appointment by this timeframe, they will be sent an initial SMS offering contact to book their follow up. If no response is received within 24 hours of this initial SMS, a final SMS will be sent.

Should the patient fail to respond to these messages, reception will attempt to phone the patient to schedule a follow up appointment.

If these 3 attempts of contact through different mediums (SMS & phone) have failed, the patient will be sent an email inviting them to contact the Practice to book their follow up or request for their care to be Transferred back to their GP. Patients will be given a 14 day period to make this contact after the date this letter has been sent.

It will be assumed that if no response has been received within this timeframe, that the Patient would not like to continue their episode of care and their care will be transferred back to their GP.

July 2024

This policy "transfer of care policy and procedures" has been created by management and approved by AVANT Risk Management Indemnity Legal Team in April 2024. It is scheduled for review in July 2025. Any changes to the Law before that review may make parts of this policy and procedure obsolete.