

Clinical Informatics Build Update

Date effective: March 2024

Applies to: All staff working with clients certified under the Mental Health Act.

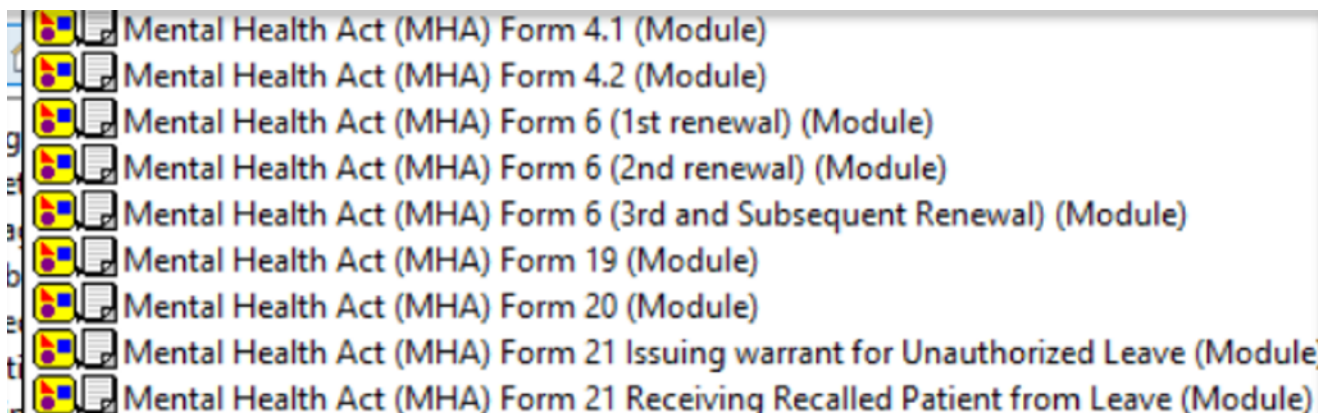
Purpose: To communicate an upcoming change in the electronic health record.

What we heard:

- On March 7th, 2019, the office of the BC Ombudsperson released a report regarding the use of the Mental Health Act throughout BC. The report is titled “Committed to Change: Protecting the Rights of the involuntary patients under the Mental Health Act”. The report makes 24 recommendations to the government to improve the use of the Mental Health Act and patient experience. (<https://www.bcmhrb.ca/app/uploads/sites/431/2019/03/OMB-Committed-to-Change-FINAL-web.pdf>)
- The province of BC has now made some changes to the BC Mental Health Act, and there are new forms and guidelines for its use.
- Island Health’s electronic health record (Cerner/PowerChart) did not have a way to record the dates which Mental Health Act forms were completed.
- There were no current order sets for the Mental Health Act.

What we are doing:

- We have created order sets for the Mental Health Act, which include all the necessary steps to follow when a patient is certified under the Mental Health Act:



Form 4.1 Involuntary Admission 1st certificate (module):

Draft - Form 4.1 Involuntary Admission 1st Certificate (Module) (Initiated Pending). Ordered as: Mental Health Act (MHA) Form 4.1 (Module)		
Admit/Transfer/Discharge/Status		
Involuntary admission under the Mental Health Act alters a client's fundamental, legal and human rights. It is critical that all relevant MHA forms are completed in a timely manner		
All MHA forms must be completed on paper and signed by hand.		
Verify and enter patient name on all MHA forms.		
The Orders in powerchart do not replace the need to complete the MHA forms on paper and add signatures as needed for each form.		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MHA Form 4.1 - Involuntary Admission, 1st certificate T;N, Form 4.1 is valid for 48 hours from date and time the director/delegate signs the form, Forms 13, 15 and 16 must be completed within 24 hours of involuntary admission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Form 5 should be completed immediately after involuntary admission (within 24 hours) and before administration of psychiatric treatment
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MHA Form 5 - Consent for Treatment T;N, Now
Communication Orders		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mental Health Act (MHA) Communication T;N, Complete Section 2 of Form 4.1, must be completed for involuntary status to commence
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mental Health Act (MHA) Communication T;N, Complete Section B of Form 5, if required
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mental Health Act (MHA) Communication T;N, Complete Form 13 with patient, must be completed within 24 hours of involuntary admission
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mental Health Act (MHA) Communication T;N, Complete Form 13.2 if rights advisor is requested
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mental Health Act (MHA) Communication T;N, Complete Form 15 with patient, must be completed within 24 hours of involuntary admission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mental Health Act (MHA) Communication T;N, Complete Form 16 with patient, must be completed within 24 hours of involuntary admission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nursing Unit Assistant (NUA) Communication T;N, Nurse/NUA review MHA forms
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Update MHA iView Tracker T;N, Nurse/NUA update MHA iView tracker
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nursing Unit Assistant (NUA) Communication T;N, NUA send copies of all MHA forms to MHA Process Support Team
Consults/Referrals		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consult to Social Work, Inpatient T;N, Involuntary admission
<input type="checkbox"/>	<input checked="" type="checkbox"/>	A consult to indigenous health supports (or indigenous cultural/wellness supports) should be offered within 24H of certification. With the clients permission and consent, please order this consult if applicable
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consult to Indigenous Liaison Nurse, Inpatient T;N, Involuntary admission, The client has requested and consented to an indigenous health consult

What we are doing:

- We have created a Mental Health Act Form Tracker in Interactive view for nurses and clerks to document the date the forms were completed:

Mental Health Act Form Tracker																																																																																																															
<ul style="list-style-type: none"> Involuntary Admission Patient Rights Consent for Treatment Unauthorized Absence Extended Leave Renewal Recall from Leave Review Panel Hearing Second Opinion Discharge from Involuntary Status 	<div style="border: 1px solid #ccc; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> Find Item <input type="text"/> <input type="checkbox"/> Critical <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Abnormal <input type="checkbox"/> Unauth <input type="checkbox"/> Flag </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Result</th> <th style="width: 20%;">Comments</th> <th style="width: 10%;">Flag</th> <th style="width: 10%;">Date</th> <th style="width: 10%;">Performed By</th> </tr> </thead> <tbody> <tr> <td colspan="4"></td> <td style="text-align: right;">04-Dec-2023 10:21 PST</td> </tr> <tr> <td colspan="5">▾ Involuntary Admission</td> </tr> <tr><td colspan="5">Involuntary Admission Date</td></tr> <tr><td colspan="5">Form 4.1 Involuntary Start Section 1</td></tr> <tr><td colspan="5">Form 4.1 Involuntary Start Section 2</td></tr> <tr><td colspan="5">Form 4.1 Expiration</td></tr> <tr><td colspan="5">Form 4.2 Involuntary up to 1m Section 1</td></tr> <tr><td colspan="5">Form 4.2 Involuntary up to 1m Section 2</td></tr> <tr><td colspan="5">Form 4.2 Expiration</td></tr> <tr><td colspan="5">Detention Under Criminal Code</td></tr> <tr><td colspan="5">Form 15 Nomination Near Relative</td></tr> <tr><td colspan="5">Form 16 Notification Involuntary Start</td></tr> <tr><td colspan="5">Form 16 Sent to</td></tr> <tr><td colspan="5">Involuntary Comment</td></tr> <tr> <td colspan="5">▾ Patient Rights</td> </tr> <tr><td colspan="5">Patient Rights Completion Status</td></tr> <tr><td colspan="5">Form 13 Patient Rights</td></tr> <tr><td colspan="5">Form 13.2</td></tr> <tr><td colspan="5">Patient Rights Comment</td></tr> <tr> <td colspan="5">▾ Consent for Treatment</td> </tr> <tr><td colspan="5">Form 5 Consent for Treatment</td></tr> </tbody> </table> </div>	Result	Comments	Flag	Date	Performed By					04-Dec-2023 10:21 PST	▾ Involuntary Admission					Involuntary Admission Date					Form 4.1 Involuntary Start Section 1					Form 4.1 Involuntary Start Section 2					Form 4.1 Expiration					Form 4.2 Involuntary up to 1m Section 1					Form 4.2 Involuntary up to 1m Section 2					Form 4.2 Expiration					Detention Under Criminal Code					Form 15 Nomination Near Relative					Form 16 Notification Involuntary Start					Form 16 Sent to					Involuntary Comment					▾ Patient Rights					Patient Rights Completion Status					Form 13 Patient Rights					Form 13.2					Patient Rights Comment					▾ Consent for Treatment					Form 5 Consent for Treatment				
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For questions or concerns about this change please contact Fiona.Elder@islandhealth.ca or Karleen.Curtis@islandhealth.ca