HealthCERT Bulletin

Information for Designated Auditing Agencies

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Welcome to the April 2012 edition of the HealthCERT team's quarterly bulletin. This edition summarises some key topics covered at the designated auditing agency (DAA) workshop held in March 2012 and draws attention to some other information that may help in completing audits and audit reports correctly.

In this issue

Auditing mental health services

The auditing of mental health services was a feature of the DAA workshop. Two of the Ministry of Health's specialists in mental health services made contributions.

Dr John Crawshaw, Director of Mental Health, fulfils several key statutory functions and is the Governments principal advisor on mental health. The Office of the Director of Mental Health is responsible for overseeing and administering the Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Act).

Dr Crawshaw noted that auditors of mental health services should be familiar with the Act and its implications for the consumers who receive mental health services. Specific areas of relevance include:

- the use of restraint and seclusion
- the roles of District Inspectors, Responsible Clinicians, Directors of Area Mental Health Services and Duly Authorised Officers within a clinical setting
- the need for Welfare Guardians
- the difference in legal status between voluntary patients and those receiving compulsory treatment
- the need for appropriately qualified staff for specific service types.

Dr Barry Welsh, Principal Advisor for the Ministry's Mental Health Service team, has had a long involvement with mental health programmes. He was involved in implementing the current certification system and in developing the Health and Disability Services Standards (2008).

Dr Welsh emphasised the following points for auditors of mental health services to consider.

- Look for evidence of consumer input into the services they are receiving.
- Keep the service type in mind (the recovery focus of residential services, including a focus on residents managing their own wellness, for example).
- Document evidence of recovery and relapse plans post discharge with links to the management of self-medication.

Tracer methodology

Tracer methodology was discussed at the DAA workshop, with a review of some tracer examples. 'Tracers' will be covered again at a workshop later in 2012.

Charging subsidised residents for additional services

Providers can charge subsidised residents extra for services that are additional to services covered by the Age-Related Residential Care (ARRC) agreement. However, auditors should check whether additional service charges comply with clauses A13 and D13 of the ARRC agreement (linked to HDSS 1.1.10, HDSS 1.1.9 and HDSS 1.3.1).

Clause A13 clearly sets out the circumstances in which providers can charge for additional services. The agreement states that providers cannot charge a subsidised resident for services for which the provider receives payment under the ARRC agreement. Providers may, however, charge a subsidised resident for services not covered by the ARRC agreement as long as:

- it is not a condition of admission that a subsidised resident receives and pays for additional services
- residents can choose whether or not to receive additional services
- residents can decide to receive or cease receiving any additional services at any time
- the provider sets out full details in writing of the resident's right to receive or refuse additional services
- the detail of the services and the charge for each additional service are included in the provider's admission agreement
- providers do not charge a resident any more than the agreed charges specified in the admission agreement
- existing residents are fully consulted when admission agreements are reviewed.

The provider's admission agreement must comply with clause 13.1 of the ARRC agreement by clearly advising of the:

- right of the residents to refuse additional services
- detail of the additional services being received
- charge for each additional service.

Getting provider names right

HealthCERT has received a number of audit reports that do not record the correct provider name. A common mistake is to give the name of the facility, which is often different from that of the service provider.

A certificate is issued to a service provider, not the facility. There could be legal implications if an audit report is submitted and processed for an entity that is not the certified provider.

Note: Not all items in this bulletin will be relevant to all auditors; their applicability depends on an individual auditor's field of practice.