



## **Joint Statement An Bord Altranais and The Mental Health Commission**

**Subject: Multidisciplinary Care Planning and Integrated Notes:**

### **Background**

An Bord Altranais is the statutory regulatory body for the nursing and midwifery professions. It provides for the protection of the public in its dealings with nurses and midwives, and the integrity of the practice of nursing and midwifery, through the promotion of high standards of professional education, training and practice and professional conduct among nurses and midwives. An Bord Altranais in its role of providing guidance to the professions, outlines the expected professional performance that reflect the values of the professions to promote safe, competent and ethical practice (An Bord Altranais, 2009). Registered nurses and midwives are the professionals in the health Care Team who provide care on a 24 hour basis throughout the health service.

The Mental Health Commission is an independent statutory regulatory body for mental health services established under the Mental Health Act 2001 (“the 2001 Act”). The key functions of the Commission are laid down in section 33 of the 2001 Act. The principal functions of the Commission are to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services and to take all reasonable steps to protect the interests of persons detained in approved centres under the 2001 Act.

### **An Bord Altranais Guidance and the role of the nurse/midwife in documenting patient/client care.**

The Code of Professional Conduct for each Nurse and Midwife states that “the nursing profession demands a high standard of professional behaviour from its members and each registered nurse is accountable for his or her practice”. The context of modern health care demands a collaborative and interdisciplinary approach to competent quality patient care provision. The Code of Professional

Conduct states that “the nurse shall work in close co-operation with members of the health professions and others in promoting community and national efforts to meet the health needs of the public” (An Bord Altranais, 2000).

The Code defines competence as “the ability of the registered nurse or registered midwife to practice safely and effectively fulfilling his/her professional responsibility within his/her scope of practice” (An Bord Altranais, 2000). Five domains of competence have been published by An Bord Altranais (1999, 2000 and 2005) which represent the knowledge, skills and attitudes for professional registration. Domain 2 is titled “holistic approaches to care and the integration of knowledge”. The indicators within this domain clearly identify the role of the nurse in the holistic assessment of clients, the planning of care in consultation with the client and all members of the health care team, the implementation of planned nursing care/interventions and the evaluation and review of plans of care” (An Bord Altranais, 2005). Domain 3 is titled “interpersonal relationships”; it indicates that a competent nurse is expected to “collaborate with all members of the health care team and documents relevant information”. This domain demands that the competent registered nurse “participates with all health care personnel in a collaborative effort directed toward decision making concerning clients” and “establishes and maintains accurate, clear and current client records within a legal and ethical framework” (An Bord Altranais, 2005, p.14).

An Bord Altranais (2002) published its guidance to nurses and midwives on recording clinical practice. This guidance document advised nurses and midwives that “the quality of records maintained by nurses and midwives is a reflection of the quality of the care provided by them to patients/clients. Nurses and midwives are professionally and legally accountable for the standard of practice which they deliver and to which they contribute. Good practice in record management is an integral part of quality nursing and midwifery practice” (An Bord Altranais, 2002, p.1).

At a minimum quality nursing documentation should include an accurate holistic assessment, evidence in relation to the planning and provision of nursing/midwifery care and evaluation of the effectiveness, or otherwise of the nursing/midwifery care provided.

More recently guidance published by An Bord Altranais defines a standard of person-centred holistic care as being provided within the organising framework of assessment, identification of needs, planning, implementation and evaluation (An Bord Altranais, 2009, P. 10). In relation to the Practice Standards for Midwives, Practice Standard 7 is titled “Communicates Effectively with Other Members of the Health Care Team” (An Bord Altranais, 2010 p.37).

Such evidence dating back over a ten year period demonstrates the clear and consistent belief held by An Bord Altranais of the importance of interdisciplinary collaboration within healthcare. It demonstrates clear regulatory guidance to the nursing and midwifery professions of the professional responsibility and accountability of nurses and midwives to provide and document comprehensive holistic patient/client centred nursing and midwifery care.

A recent high court decision delivered by Ms Justice Dunne on the 20<sup>th</sup> of May 2010 in the case of Brennan versus An Bord Altranais, confirmed that professional

assessment and progress evaluation is a fundamental for optimal patient care. The decision supports that nurses and midwives have a duty of care to assess, plan and evaluate care specific to the needs of the client. Failure to do this is conduct below the expected professional standard. An Bord Altranais asserts that this duty of care exists whether uni-disciplinary or integrated patient notes are employed within the service.

### **Mental Health Act 2001 statutory requirement and Mental Health Commission Guidance**

The Mental Health Act 2001 (Approved Centres) Regulations 2006 (S.I. No. 551 of 2006) prescribes in law the minimum standards that must be provided in approved centres. Article 15 of the regulations requires that residents (voluntary and involuntary patients) have an individual care plan. An individual care plan is defined as follows:

*““Individual care plan” means a documented set of goals, developed, regularly reviewed and updated by the resident’s multidisciplinary team, so far as practicable in consultation with each resident. The individual care plan shall specify the treatment and care required which shall be in accordance with best practice, shall identify necessary resources and shall specify appropriate goals for the resident. For a resident who is a child, his or her individual care plan shall include education requirements. The individual care plan shall be recorded in the one set of composite documentation.”*

(Article 3, Mental Health Act 2001 (Approved Centres) Regulations 2006).

In addition to the statutory minimum requirements as outlined above, the Mental Health Commission has also published standards for all mental health services and associated codes of practice.

An Bord Altranais supports Theme 1 of the Quality Framework for Mental Health Services in Ireland (Mental Health Commission, 2007). This theme addresses the “provision of a holistic, seamless service and the full continuum of care provided by a multidisciplinary team” (MHC, 2007 p.20). The Board believes that standard 1.1 within this theme which states “each service user has an individual care and treatment plan that describes the levels of support and treatment required in line with his/her needs and is co-ordinated by a designated member of the multidisciplinary team, i.e. a key-worker” (Mental Health Commission, 2007, p.20) is congruent with professional guidance produced by the Board. The criteria identified within this theme includes criterion 1.1.2 which states “the development of the individual care and treatment plan has input from the service user and the multidisciplinary team (MDT). Criterion 1.1.3 states that the care and treatment plan reflects the assessed needs of the service user as per the MTD rather than by any one professional group. In this regard the nurse as a member of that team must contribute to the nursing component of the patient/client assessment, plan of care, care interventions and evaluation.

The Mental Health Commission Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre (MHC, 2009) supports these assertions in relation to patient assessment, individual care and treatment plans, multi-disciplinary team involvement, record keeping and documentation.