

Section 4: Glossary

The definitions in this glossary, where possible, are drawn from the *National Mental Health Plan 2003-2008* glossary and from the Australian Council for Safety and Quality in Health Care shared meanings project.

- Accreditation** A formal process to ensure delivery of safe, high quality health care based on standards and processes devised and developed by health care professionals for health care services.
Source: Australian Council for Safety and Quality in Health Care
Public recognition of achievement by a healthcare organisation, of requirements of national healthcare standards.
Source: International Society for Quality in Health Care Inc
- Adverse drug event** A particular type of adverse drug event where a drug or medication is implicated as a causal factor in the adverse event. This encompasses both harm that results from the intrinsic nature of medicine (an adverse drug reaction) as well as harm that results from medication errors or system failures associated with the manufacture, distribution or use of medicines.
Source: Australian Council for Safety and Quality in Health Care
- Adverse drug reaction** A response to a drug which is noxious and unintended, and which occurs at doses normally used or tested in humans for the prophylaxis, diagnosis, or therapy of disease, or modification of physiological function.
Source: Therapeutic Goods Administration
- Adverse event** An incident in which unintended harm resulted in a person receiving health care.
Source: Australian Council for Safety and Quality in Health Care
NB: This includes suicide and self harm.
- Advocacy** Representing the concerns and interests of consumers and carers, speaking on their behalf, and providing training and support to enable them to represent themselves.
Source: *National Mental Health Plan 2003-2008*
- Advocates** People who have been given the power by consumers to speak on their behalf, who represent the concerns and interest of the consumer as directed by the consumer, and seek the outcomes desired by the consumer. Although government and others may give power to advocates, such advocacy is token unless it is directly accountable to the consumer.
Source: *Mental Health Statement of Rights and Responsibilities*
An advocate might also speak on behalf of a carer.

Benchmarking	<p>Benchmarking is concerned with the systematic process of searching for and implementing a standard of best practice within individual service or similar groups of services. Benchmarking activities focus on service excellence, customer/client needs, and concerns about changing organisational culture.</p> <p>Source: Bullivant JRN (1994) <i>Benchmarking for continuous improvement in the public sector</i>. Longman, United Kingdom. As used in <i>National Mental Health Plan 2003-2008</i>.</p>
Breakthrough collaborative	<p>A cooperative effort which brings together health care organisations with a common commitment to redesign an aspect of their care (such as medication) and make rapid and sustainable changes to produce positive results in their organisations. It relies on the spread and adaptation of existing knowledge to multiple sites in order to accomplish a common aim, engaging multidisciplinary teams and creating partnerships between managers and clinicians.</p> <p>Source: Australian Council for Safety and Quality in Health Care</p>
Carer	<p>A person whose life is affected by virtue of a family or close relationship and caring role with a consumer.</p> <p>Source: <i>National Mental Health Plan 2003-2008</i></p>
Casemix	<p>A classification system that combines episodes of care into clinically meaningful groups, such that episodes within a given group require the same level of resources.</p> <p>Source: <i>National Mental Health Plan 2003-2008</i></p>
Clinical Audit	<p>The process of reviewing the delivery of care against known or best practice standards to identify and remedy deficiencies through a process of continuous quality improvement.</p> <p>Source: Australian Council for Safety and Quality in Health Care – Management Information Group</p>
Clinical governance	<p>See Governance.</p>
Indicator	<p>A measure of clinical management and outcomes of care; a method of monitoring care and services which attempts to identify problem areas and evaluate trends, in order to direct attention to issues requiring further review.</p> <p>Source: <i>National Mental Health Plan 2003-2008</i></p>
Clinical privileges	<p>The scope of clinical practice which a health professional is authorised to undertake within an organisation.</p> <p>Source: Australian Council for Safety and Quality in Health Care</p>
Consumer	<p>A person who is currently using, or has previously used, a mental health service.</p> <p>Source: <i>National Mental Health Plan 2003-2008</i></p> <p>NB: The Australian Council for Safety and Quality in Health Care refers to patient safety. In this Plan consumer is used rather than patient.</p>

Consumer Medicine Information	Consumer Medicine Information (CMI) is designed to inform consumers about prescription and pharmacist only medicines. CMI leaflets are produced by the pharmaceutical company that makes the particular medicine. They might be included in the medicine package, but can always be requested from the pharmacist or doctor.
Corporate governance	See Governance.
Crisis assessment teams	Mental health teams that provide 24-hour mobile support and intervention for people who are being considered for psychiatric hospital admission. Crisis assessment teams also provide treatment and support for people whose acute mental illness can be managed in the community. Source: <i>National Mental Health Plan 2003-2008</i>
Discharge planning	Discharge planning is a process for ensuring transfer of care of a consumer between service providers. Discharge planning results in a formal written discharge plan, the aim of which is to ensure continuity of services that are necessary for successful community living. The discharge plan is a negotiated enterprise between the consumer, carer or family, referring doctor, community mental health team and the inpatient unit. It includes medical information, follow-up appointments and the desired outcomes of treatment. The process of discharge planning begins at the time of admission. Barriers to discharge are identified at the time of admission and specific planning initiated to address these barriers, for example anticipated difficulties in finding suitable accommodation. The relevant stakeholders who are not directly involved in the discharge planning should also be notified of the anticipated discharge date, for example general practitioner, supported accommodation provider. Source: Adapted from a SA Department of Human Services definition.
Early Intervention	Timely interventions that target people displaying the early signs and symptoms of a mental health problem or a mental disorder. Early intervention also encompasses the early identification of a patient suffering from a first episode of disorder. Source: <i>National Mental Health Plan 2003-2008</i>
Error	Error will be taken as a generic term to encompass all those occasions in which a planned sequence of mental or physical activities fails to achieve its intended outcome, and when these failures cannot be attributed to the intervention of some change agency. Error (active) – an error in which the effects are felt almost immediately. Source: Reason 1990, obtained from Australian Council for Safety and Quality in Health Care shared meanings project. Error (latent) – an error whose adverse consequence may lie dormant within the system for a long time, only becoming evident when they combine with other factors to breach the system's defences. Source: Rasmussen, Pejtersen and Goldstein 1994 – obtained from Australian Council for Safety and Quality in Health Care shared meanings project.

Governance

The traditions and institutions by which authority in a country is exercised for the common good. This includes (i) the process by which those in authority are selected, monitored and replaced, (ii) the capacity of the government to effectively manage its resources and implement sound policies, and (iii) the respect of citizens and the state for the institutions that govern economic and social interactions among them.

Source: World Bank Institute

Clinical governance: The framework through which health organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

Source: National Health Service (UK)

Corporate governance: Corporate governance encompasses the arrangements by which the power of those in control of the strategy and direction of an entity is both delegated and limited to enhance prospects for the entity's long-term success, taking into account risk and the environment in which it is operating...it is noted that there is no universally accepted definition of corporate governance, or agreement on structures and practices that are required to achieve good governance.

Source: Department of Finance – www.finance.gov.au/governancestructures/

Harm

Death, disease, injury, suffering, and or disability experienced by a person.

Source: Australian Council for Safety and Quality in Health Care

Iatrogenic

Arising from or associated with health care rather than an underlying disease or injury. Consequences of omission (failing to do the right thing) as well as commission (doing the wrong thing) are included.

Source: Australian Council for Safety and Quality in Health Care

Incident

An event or circumstance which could have, or did lead to, an unintended and/or unnecessary harm to a person, and/or a complaint, loss or damage.

Source: Australian Council for Safety and Quality in Health Care

Incident Reporting

A method of collecting detailed qualitative data about any unintended incident, no matter how seemingly trivial or commonplace, which could have or did harm anyone, patient, staff or visitor. The incident may or may not have been preventable, and may or may not have involved an error on the part of the health care team.

Source: Tito F. *Compensation and Professional Indemnity in Health Care*. Canberra AGPS 1996.

Incident reporting and management system

Incident reporting and management systems collect information about the number, nature and causes of adverse events in health care. Incident management systems are a valuable tool for identifying trends in incident types and identifying improvement opportunities across health service organisations and health-care systems for better management of risks and systems of care.

Based on ACSQHC fact sheet on incident management systems.

Informed consent

Informed consent is consent obtained freely, without coercion, threats or improper inducements, after questions asked by the consumer have been answered, after appropriate disclosure to the patient, adequate and understandable information in a form and language demonstrably understood by the patient.

Such answers and disclosures must be sufficient to enable the consumer to make a fully informed decision based on all relevant factors including the nature of treatment involved, the range of other options and the possible outcomes and implications for the consumer and others.

Source: *National Standards for Mental Health Services*. Acknowledged in the Standards as adapted from *UN Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care*, June 1992 with the assistance of the Mental Health Legal Centre (Vic).

Quality Use of Medicines (QUM)

Quality use of Medicine (QUM) means:

- selecting management options wisely;
- choosing suitable medicines if a medicine is considered necessary; and
- using medicines safely and effectively.

Source: Commonwealth Department of Health and Ageing (2002) *The National Strategy for Quality Use of Medicines*

Medicine

The term medicine includes prescription, non-prescription and complimentary medicines.

Source: Commonwealth Department of Health and Ageing (2002) *The National Strategy for Quality Use of Medicines*

Medication Error

A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing, order communication, products labelling, packaging, and nomenclature, compounding, dispensing, administration, education, monitoring, and use.

Source: National Coordination Council for Medication Error Reporting and Prevention – <http://www.nccmerp.org>

Medimate

Medimate is a brochure produced by the National Prescribing Service (NPS) to help consumers find, understand and use information about medicines. *Medimate* encourages consumers to do this in partnership with their doctors, pharmacists and other health care professionals.

Mental disorder

A mental disorder may be defined as a significant impairment of an individual's cognitive, affective and/or relational abilities which may be a recognised, medically diagnosable illness or disorder.

Source: *Mental Health Statement of Rights and Responsibilities* 1991

Mental illness

A clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities. The diagnosis of mental illness is generally made according to the classification systems of the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-IVR) or the *International Classification of Diseases*, 10th Edition (ICD-10). These classification systems apply to a wide range of mental disorders (for the DSM-IV) and mental and physical disorders (for the ICD-10). Not all the DSM-IV mental disorders are within the ambit of the National Mental Health Plan 2003-2008. In Australia, drug and alcohol problems are primarily the responsibility of the drug and alcohol service system and there is a separate, but linked, national strategy. Similarly, dementia is treated primarily in aged care settings. Both are considered important in terms of their comorbidity with mental illness.

Source: *National Mental Health Plan 2003-2008*

Mental health crisis situation

A series of events and a combination of circumstances in which a person appears to be mentally disturbed, or impaired in judgement and/or exhibiting highly disordered behaviour. It is a situation that may involve serious and imminent risk to the health and/or safety of the person or another person. It is a situation that requires communication and coordination between relevant services and assessment at the earliest possible point to:

- ascertain the need for treatment;
- prevent further deterioration in the mental condition and or physical health of the person;
- thereby prevent or lessen harm to the safety and health of the person or any other person or to the safety and health of the public in general.

Source: Expert Advisory Committee on Information Sharing in Mental Health Crisis Situations (2000) *Toward a national approach to information sharing in mental health crisis situations*, Commonwealth Department Health and Aged Care, February 2000.

Mental health sector

Includes the specialist mental health sector (both public and private) and elements of the primary care sector providing mental health care.

Source: *National Mental Health Plan 2003-2008*

Mental health services

Specialised mental health services are those with the primary function to provide treatment, rehabilitation or community health support targeted towards people with a mental disorder or psychiatric disability. These activities are delivered from a service or facility that is readily identifiable as both specialised and serving a mental health care function.

Source: Mental Health Establishment National Minimum Data Set Specifications

Open disclosure

The process of reporting of adverse events which have resulted in unintended harm to a patient while receiving health-care and the associated investigation and recommendations for improvement.

Source: Australian Council for Safety and Quality in Health Care

Polypharmacy

Polypharmacy is the concurrent use of multiple medications. It can be associated with the prescription use of too many or unnecessary medicines at dosages or frequencies higher than therapeutically essential. However, multiple medications are often necessary and can constitute best care for patients.

Source: National Prescribing Service (2000) *NPS News 13*, October 2000

Private sector mental health services

Specialised health services that are specifically designed for people with a mental problem or mental disorder seeking treatment in the private sector. In Australia, private sector mental health services include the range of mental health care and services provided by psychiatrists in private practice, and those inpatient and day-only services provided by private hospitals, for which private health insurance funds pay benefits. Private sector services may also include services provided in general hospital settings and services provided by general practitioners and by other allied health professionals.

Source: *National Mental Health Plan 2003-2008*

Primary care sector

The primary care sector includes general practitioners and other primary care providers, such as emergency departments and community health centres, as well as others who are integrally involved in the detection, diagnosis and treatment of mental illness and/or have much to offer in terms of promoting mental health.

Source: *National Mental Health Plan 2003-2008*

Rapid tranquilisation (also known as rapid sedation)

The use of medication to calm/lightly sedate the service user, reduce the risk to self and/or others and achieve an optimal reduction in agitation and aggression, thereby allowing a thorough psychiatric evaluation to take place and allowing comprehension and response to spoken messages throughout the intervention. Although not the overt intention, it is recognised that in attempting to calm/lightly sedate the service user, rapid tranquilisation may lead to deep sedation/anaesthesia.

Source: National Institute of Clinical Excellence (2005) *Clinical Guideline 25: Violence: the short term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments*. UK.

Restraint²⁰

Restraint is a restrictive intervention that relies on external controls to limit the movement or response of a person.

Restraint can be viewed in three modalities: physical (or bodily) restraint, mechanical restraint, or rapid tranquillisation only where it is used as an alternative to physical or mechanical restraint (pharmacological restraint).

Physical (or bodily) restraint refers to the use of physical force to prevent a person from placing themselves in a dangerous situation or harming themselves or others.

Mechanical restraint refers to the application of a device, materials or equipment (including belt, harness, manacle, sheet and strap) to prevent, restrict or subdue the voluntary movement of any part of the person's body without consent.

²⁰ Views of what is restraint vary in this difficult area of intervention. The definitions in this glossary are the agreed working definitions of the Safety and Quality in Mental Health Partnership Group and have been drawn from a variety of sources.

Pharmacological restraint is where mental health consumers are rapidly and heavily sedated in emergency situations, or for transportation, as a direct alternative to mechanical or physical restraint. This is often referred to as ‘chemical restraint’, but this term is not preferred and is considered inappropriate.

Root Cause Analysis (RCA)

A process for identifying the basic or causal factors that underlie variation in performance, including the occurrence of adverse events. Typically, the analysis focuses on systems and processes, and not just individual performance.

Source: Braithwaite J, Healy J & Dwan K (2005) *The Governance of Health Safety and Quality: A Discussion Paper*, Commonwealth of Australia.

Safety

Avoidance, or reduction to acceptable levels, of actual or potential harm from mental health care delivery or the environment in which mental health care is delivered.

Source: adapted from the National Health Performance Committee’s National Health Performance Framework.

Safety is a key component of quality and involves minimising the likelihood of potential harm from mental health care.

Source: *National Mental Health Plan: 2003-2008*.

Seclusion

The act of confining a patient in a room when it is not within their control to leave. It should not be confused with the practice of ‘time out’ where a patient is requested to seek voluntary social isolation for a minimum period of time.

Source: United Nation’s *Principles for the protection of people with mental illness and the improvement of mental health care*.

Sentinel events

Events in which death or serious harm to a patient has occurred. They signal catastrophic system failure and have the potential to seriously undermine public confidence in health-care system.

Source: Australian Council for Safety and Quality in Health Care.

Standards

Clinical practice standards are defined in agreed clinical procedures and practices for the optimal treatment and care of people with mental illness. Service standards define what is required for quality mental health services.

Source: *National Mental Health Plan 2003-2008*

Agreed attributes and processes designed to ensure that the product, service or method will perform consistently at a designated level.

Source: Australian Council for Safety and Quality in Health Care