



CLINICAL RESPONSIBILITY

Overall clinical responsibility ultimately lies with the Clinical Director of Rata Alcohol and Other Drugs Service.

The Service Coordinator and/or the Medical Officer work in partnership with the Clinical Director with regard to decisions as to who enters the Service, establishing a diagnosis, treatment plans and implementation, allocation of key worker to client, and discharges from the Service. The Clinical Director, Medical Officer, and Service Coordinator form part of the multidisciplinary team (MDT).

The MDT is central to the delivery of clinical service. Service delivery is collaborative with team members being responsible to clients, to other team members, and to their profession for their clinical activities.

The MDT is responsible for overseeing/carrying out assessments, recovery planning, case review, and discharge planning. The Clinical Director, Service Coordinator, and Medical Officer supervise these processes by direct involvement, or by consultation, or by delegation at times.

All members of the MDT must be aware of and follow team practices and procedures (service provision framework) and take responsibility for their own actions. No team member works without reference to the MDT (regional variances in conjunction with CMH/AOD)

The nominated key worker for each client is primarily responsible for developing, implementing, and documenting the clinical treatment/care plan based on the MDT review.

1. Each key worker is to ensure that the client and, where possible, the client's family/whanau/support people are involved in the treatment process.
2. Each key worker is to ensure that the recovery plan is regularly reviewed according to the service procedures (Service provision framework).

Each key work is to ensure that there is liaison with other care providers, in particular, the client's General Practitioner, if appropriate.



Process	Rata Standards
	<ul style="list-style-type: none">• Responsibility for admission to the Service lies with the Clinical Director, Medical Officer, and/or Service Coordinator who oversee clinical practice
Accept and present referral	<ul style="list-style-type: none">• All referrals will be presented at the MDT meeting for allocation (minimum 3 members from two different disciplines present)
First appointment. Comprehensive assessment interview	<ul style="list-style-type: none">• Screening will be carried out if considered appropriate prior to assessment• Assessments will be carried out according to the AOD Comprehensive Assessment form• Risk assessment is completed and recovery plan negotiated• The assessment interview is undertaken by a MDT member• All assessment formulations will be presented at the MDT meeting
Recovery plan	<ul style="list-style-type: none">• Recovery plan will be presented at the next MDT meeting following completion of the assessment• Re-allocation at MDT meeting to another clinician if indicated (e.g. location, gender, staff skills, etc.)• Key worker is responsible for ensuring person, and when appropriate, the person's family/whanau/support persons are involved in the recovery process
Undertake Treatment	<ul style="list-style-type: none">• Treatment is provided by the appropriate MDT member, referral to other team members and agencies/services as required• Clinical responsibility/treatment provision is documented on the recovery plan/discharge plan
Clinical team review	<ul style="list-style-type: none">• Person is reviewed minimum three monthly or as required at times of significant change• Person is reviewed by the MDT (Psychiatrist and/or Psychologist/Medical Officer to be present)
Transfer/discharge	<ul style="list-style-type: none">• The decision to transfer/discharge is made by the key worker in consultation with the MDT (Psychiatrist and/or Psychologist/Medical Officer present)• Clinical responsibility is transferred and documented