MonashHealth

Mental Health Program

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26th June 2014

23/02/2014

Coroner Paresa Antoniadis Spanos
Coroners Court of Victoria
65 Kavanagh Street
Southbank VIC 3006

Your Honour

Re: Monash Health response to Coroner's Recommendations following the investigation of the death of

- Mr Paul Gary Larman Deceased 15 October 2007
- Court Reference COR 2007 004142

We are in receipt of Coronial Findings into the death of Mr Larman without inquest and accompanied recommendations.

Summary of History and Treatment

At the time of his death Mr Larman was a 28 year old man who suffered from Schizophrenia, Borderline Intellectual Functioning and Poly-substance Abuse and had been involved with Mental Health Services since 1999. Mr Larman received Clozapine from August 2005 until his death. His adherence to his medication regime was noted to be variable.

Mr Larman received treatment at Warringa Secure Extended Care Unit of Southern Health (now Monash Health) Mental Health Service (MHMHS) between 2003 and 2005. He was also treated at the Middle South Community Care Unit. Mr Larman's presentation and ability to function independently improved significantly to the point of gaining employment and discharge to independent living with community based case management through the Middle South Community Care Unit. Mr Larman used a weekly dosette box with success.

In April 2007, Mr Larman's treatment was transferred to Peninsula Health Mental Health Service (PHMHS) as he moved his residence to Seaford. On transfer to PHMHS an assessment was carried out with regard to his ability to self-administer his medication with or without weekly dosettes. Following relapse of his Schizophrenia in the context of non-adherence to Clozapine and use of Cannabis, Mr Larman was admitted to Frankston Hospital in May 2007 for 32 days and upon discharge his care was transferred back to MHMHS as he moved back to live with his mother in Heatherton. Mr Larman was initially followed up by the Crisis Assessment & Treatment (CAT) Team

and later by Clayton Continuing Care Team (CCT). He was reviewed monthly by a Consultant Psychiatrist at Clayton CCT and noted to be compliant with his Clozapine. He was last seen at MHMHS by a Consultant Psychiatrist on 28 August 2007 at Clayton CCT.

On 12 September 2007, Mr Larman's care was transferred back to PHMHS as he moved back to Seaford. The transfer document from MHMHS to PHMHS stated that he was reviewed at Clayton CCT on 28 August 2007, was prescribed and dispensed four weeks supply of his Clozapine on the same day and that his next blood test for Clozapine monitoring was due on 24 September 2007.

On 22 September 2007, Mr Larman presented to the Emergency Department (ED) of Frankston Hospital requesting scripts for eight different medications including Clozapine and he was given a prescription of Clozapine 25 mg x 28 tablets and Diazepam 5 mg x 50 tablets. There was no evidence to confirm if the script was dispensed. The ED doctor stated that he was not aware that he was not entitled to prescribe Clozapine.

On 25 September 2007, Mr Larman was reviewed at Continuing Care Team of PHMHS by a Psychiatric Registrar, Occupational Therapist who was the Team Leader and the Clozapine co-ordinator. Mr Larman received a script for one month's supply of Clozapine which was dispensed on the same day i.e. 25 September 2007, by Frankston Pharmacy.

There was no evidence to indicate whether PHMHS were aware of Mr Larman's visit to ED on 22 September 2007, and that he was provided with a script for Clozapine by an ED doctor on the same day. It also appeared that there was no contact between PHMHS and Mr Larman from 25 September 2007, up until the time of his death on 15 October 2007. The Continuing Care Team at PHMHS appointed a Case Manager for Mr Larman on 11 October 2007.

On 15 October 2007, early in the morning, a passer-by located Mr Larman lying unconscious on the street just outside his house in Seaford. He was taken to Frankston ED via an ambulance and he died there about two hours later.

Autopsy found elevated levels of Clozapine and the pathologist attributed death to an overdose of Clozapine. The pathologist did not identify any suspicious circumstances. Coronial Findings noted that on the basis of evidence available it could not be determined if Mr Larman consumed the drug, Clozapine with an intention of taking his own life.

Outline of Clozapine Service at Monash [Southern] Health

Clozapine is part of the Commonwealth Highly Specialised Drug Program and Monash Health is a registered centre for prescribing and dispensing Clozapine.

Monash Health uses Clozaril (Clozapine manufactured by Novartis Pharmaceutical Australia Pty Ltd) and is registered with and uses Novartis' web based database for registering and monitoring

patients receiving Clozaril. The database is called the Clozaril Patient Monitoring System (CPMS). Monash Health follows Novartis' Protocol for the use of Clozaril.

Monash Health has its own procedures for the management of patients who receive Clozaril.

See Attachments :

i. Obtaining Clozapine. Implementation Tool v1 21 February 2012
ii. Clozapine- interruption to clozapine therapy and blood monitoring. Implementation Tool. 19 March 2012
iii. Clozapine Patient Management. Procedure. 19 January 2012
iv. Clozapine Titration Scale. Implementation Tool. 19 March 2012

As per our Clozapine Patient Management Procedure, doctors working in MHMHS and registered to prescribe Clozaril with CPMS are the only Medical Practitioners within Monash Health who can prescribe Clozaril. All doctors in MHMHP must complete an intranet based online training module and answer all the questions successfully before they become eligible to be registered with CPMS for Clozaril prescribing.

A number of very stable patients who are well engaged with their General Practitioners or Private Psychiatrists receive their Clozaril from these doctors via the Monash Health CPMS program. In such instances a patient's General Practitioner (GP) and private psychiatrist receive an education session from the Clozapine Co-ordinator of Monash Health regarding CPMS protocols before they can be registered to prescribe Clozaril. GPs continue to receive support from the Clozapine Co-ordinator who holds the GP shared care portfolio.

As per Monash Health procedures, only a select number of pharmacists working for Monash Health who are registered with CPMS are allowed to dispense Clozaril to patients. Pharmacists will ensure blood tests are carried out, sighted and signed by a doctor and Clozaril is prescribed by a CPMS registered medical practitioner.

As per the Clozapine Patient Management Procedure, Clozapine co-ordinators are involved in all aspects of management of patients receiving Clozaril at Monash Health. (See Clozapine Patient Management Procedure section 5.1 to 5.11 for details).

In 2008, the Monash Health Clozapine Service developed a Triple Guard Clozapine Alert Card, the size of a credit card, which is given to all patients receiving Clozaril, their family/carer, GPs, scanned to the medical records of patients receiving Clozaril and issued to staff in key interface areas like mental health and ED as a lanyard card. Posters and stickers are displayed in treatment areas. These Alert Cards give information about neutropenia/agranulocytosis, therapy interruption and warnings about drug interactions.

Clozapine co-ordinators, doctors and other clinical staff at Monash Health are supported by a Senior/Lead Consultant for Clozapine Service who also chairs the Clozapine Committee which reports to the Quality and Safety Committee of the Mental Health Service.

See Attachment:

v. Monash Health Clozapine Committee Terms of Reference.

Response to Recommendations

Mr Larman was discharged from the PHMHS in June 2007 to the MHMHS, as he moved back to live with his mother in Heatherton. At this point in time he received assertive outreach treatment from the CAT Team of MHMHS. Later his care was transferred to the Clayton CCT where he saw a Consultant Psychiatrist on a monthly basis and was noted to be compliant with his medication. In September 2007, Mr Larman's care was transferred back to the previous treating team at PHMHS who were involved in his care in April 2007, as he moved his residence to Seaford. At the time of transfer of Mr Larman to PHMHS in September 2007, relevant clinical information was conveyed to PHMHS which included the date of his last and next blood test, the date of last review, his Clozapine prescription and how many days' supply of Clozapine had been dispensed to him. In our opinion Mr Larman's transfer back to PHMHS was consistent with MHMHS' Transfer and Discharge in Mental Health Procedure. The Transfer and Discharge in Mental Health Procedure applicable in 2007 is no longer available. However, routine practice would not have been dissimilar to the current procedure.

See Attachment:

vi. Transfer and Discharge in Mental Health Procedure. 23 December 2011

During the first meeting of the Clozapine Committee in December 2013, Coronial Recommendations were discussed. A Clozapine specific Transfer [entry or discharge] of a Clozaril or Clopine [different brand names for Clozapine] Consumer to Monash Health draft procedure had been developed following review of our existing procedures and review of policies, procedures and guidelines developed by a number of other Area Mental Health Services in Victoria. A draft was finalised on 3 March 2014. This draft procedure reflected current practice and was implemented at the time of the original draft of 23 December 2013. The Monash Health Executive Management Team endorsed the Mental Health Program response to the Coroner's recommendation. The draft procedure was re titled and formally uploaded to the Monash Health PROMPT web based procedure warehouse in June 2015.

See Attachment:

vii. Clozapine – Transfer, Entry or Discharge Procedure 12 June 2015

This procedure was formally ratified by the Mental Health Quality and Safety Committee on 20 January 2015.

We believe the Clozapine – Transfer, Entry or Discharge Procedure substantially addresses all the issues raised in the Findings and Recommendations by the Coroner including management of the patient's own supply of medications at the point of transfer of care and change from one brand to another.

Upon ratification of the procedure we undertook to disseminate the information widely to all Clozapine prescribers and relevant clinical staff through in-service education sessions, an alert in the pharmacy newsletter and notification emails to mental health and other relevant staff

Since February 2012, we have had a clearly articulated implementation tool about 'Obtaining Clozapine' when patients are admitted to hospital and need a supply of Clozapine [Clozaril or Clopine] during business or after hours.

See Attachment

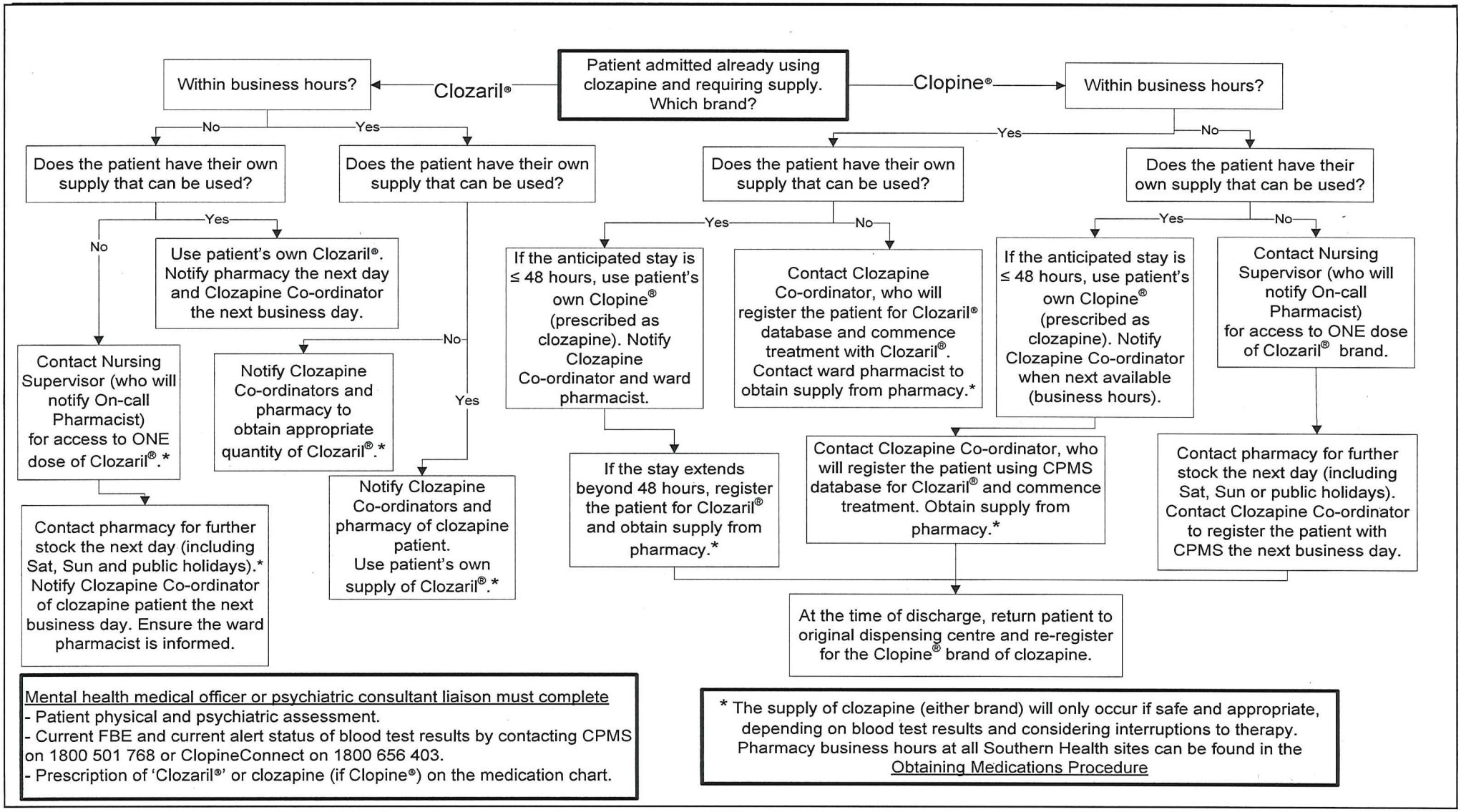
i. Obtaining Clozapine. Implementation Tool v1 21 February 2012

The requirements for clozapine prescription forms part of orientation to Pharmacy for all new medical staff and there is an on-line training module that needs to be completed before any medical practitioner can be registered to prescribe clozapine.

Your sincerely

David Clarke

Professor David Clarke, MBBS, MPM, PhD, FRACGP, FRANZCP, GAICD
Medical Director
Mental Health Program


Patient admitted already using clozapine and requiring supply. Which brand?
Clozaril®
Clopine®
Within business hours?
No
Yes
Does the patient have their own supply that can be used?
Yes
No
Use patient's own Clozaril®. Notify pharmacy the next day and Clozapine Co-ordinator the next business day.
Contact Nursing Supervisor (who will notify On-call Pharmacist) for access to ONE dose of Clozaril®.*
Contact pharmacy for further stock the next day (including Sat, Sun and public holidays).* Notify Clozapine Co-ordinator of clozapine patient the next business day. Ensure the ward pharmacist is informed.
Notify Clozapine Co-ordinators and pharmacy to obtain appropriate quantity of Clozaril®.*
Notify Clozapine Co-ordinators and pharmacy of clozapine patient. Use patient's own supply of Clozaril®.*
If the anticipated stay is ≤ 48 hours, use patient's own Clopine® (prescribed as clozapine). Notify Clozapine Co-ordinator and ward pharmacist.
If the stay extends beyond 48 hours, register the patient for Clozaril® and obtain supply from pharmacy.*
Contact Clozapine Co-ordinator, who will register the patient for Clozaril® database and commence treatment with Clozaril®. Contact ward pharmacist to obtain supply from pharmacy.*
If the anticipated stay is ≤ 48 hours, use patient's own Clopine® (prescribed as clozapine). Notify Clozapine Co-ordinator when next available (business hours).
Contact Clozapine Co-ordinator, who will register the patient using CPMS database for Clozaril® and commence treatment. Obtain supply from pharmacy.*
Contact Nursing Supervisor (who will notify On-call Pharmacist) for access to ONE dose of Clozaril® brand.
Contact pharmacy for further stock the next day (including Sat, Sun or public holidays). Contact Clozapine Co-ordinator to register the patient with CPMS the next business day.
At the time of discharge, return patient to original dispensing centre and re-register for the Clopine® brand of clozapine.
Mental health medical officer or psychiatric consultant liaison must complete
- Patient physical and psychiatric assessment.
- Current FBE and current alert status of blood test results by contacting CPMS on 1800 501 768 or ClopineConnect on 1800 656 403.
- Prescription of 'Clozaril®' or clozapine (if Clopine®) on the medication chart.
* The supply of clozapine (either brand) will only occur if safe and appropriate, depending on blood test results and considering interruptions to therapy. Pharmacy business hours at all Southern Health sites can be found in the Obtaining Medications Procedure

Related procedure

Clozapine Procedure, Clozapine Blood Monitoring and Interruption to therapy Tool

Document Management
Policy supported: Medication Management
Background: Clozapine (Under development).
Executive Sponsor: Executive Director, Medical Services, Innovation and Quality.
Person Responsible: Director of Pharmacy.
Authorisation Date: 21 February 2012
Review Date: 21 February 2015
Version Number: 1

Interruption to Clozapine Therapy and Blood Monitoring Implementation Tool

MonashHealth

Assessment of results

WBC and Neutrophil Count Results		Action
WBC > 3.5 x 10^9/L And Neutrophils > 2.0 x 10^9/L	Green	Continue with Clozaril treatment
WBC 3.0 - 3.5 x 10^9/L And/or Neutrophils 1.5 - 2.0 x 10^9/L	Amber	• Patients may be maintained on Clozaril, but clinical and haematology reviews should be increased to twice weekly. Continue twice weekly reviews until WBC and neutrophils increase beyond 3.5 x 109/L and 2.0 x 109/L, respectively. • Once this has occurred return to weekly or monthly monitoring depending on when the patient was commenced on treatment. No more than 3-4 days of medication should be dispensed when patients have blood results in the amber range.
WBC < 3.0 x 10^9/L And/or Neutrophils < 1.5 x 10^9/L	Red	• STOP CLOZARIL IMMEDIATELY and repeat FBE • If result remains in Red range then repeat FBE within 24 hours • Forward the Red result to the CPMS Office immediately. • Call CPMS Consultant Haematologist **and the Clozapine Coordinator**; phone: **0404 451 327** on receipt of first Red result. For a rapid response inform CPMS Consultant Haematologist that your contact is relating to a RED result. If the second test result is in the red range perform WBC and neutrophils counts DAILY until results are in the amber range, then twice weekly until in the green range. Monitor patients for symptoms of infection.

Table: Dosage and Monitoring Requirements

Period of Interruption (time since last dose was due)	Dosage / Monitoring Requirements
< 48 hours	No change to dosage or monitoring
48 hours & < 72 hours	Start on 12.5mg and titrate up No additional monitoring requirements
> 72 hours & < 28 days	Start on 12.5mg and titrate up For **Monthly** patients: Weekly monitoring for 6 weeks. If no abnormality, resume monthly monitoring For **Weekly** patients: Weekly monitoring for 6 weeks or as long as needed to reach 18 weeks (whichever is the greatest).
> 28 days	New patient registration form New pre-treatment result and monitoring same as new patient (18 weeks); no 6 hour vital signs monitoring required Start on 12.5mg and titrate up.

Related procedure Clozapine – Patient Management.
Acknowledgements Monash Health wish to acknowledge the use of Clozapine Patient Monitoring Service (CPMS) in the preparation of this implementation tool.
Keywords or tags

Document Management
Policy supported: Safe and effective person centred care
Background: To be developed
Executive Sponsor: Executive Director, Mental Health Program
Person Responsible: Director of Nursing, Mental Health Program

Who must comply with this procedure?

All Monash Health staff

This procedure applies in the following setting:

All Monash Health sites

Precautions and Contraindications

There are two brands of clozapine: Clozaril® or Clopine®. Patients in Monash Health are only initiated on Clozaril® brand and CPMS the Clozapine Patient Monitoring System is the body that governs this brand.

Only medical staff working in Mental Health who have completed the on-line training and are registered with Clozapine Patient Monitoring System . and Monash Health can prescribe clozapine. All other medical staff will contact the Clozapine Co-ordinator.

Only pharmacists who have completed the on-line training and are registered with CPMS can dispense clozapine.

Clozapine is a Section 100 highly specialised medication; caution is advised due to potential for significant adverse events related to:

- Neutropenia and agranulocytosis
- Cardiotoxicity, myocarditis or cardiomyopathy
- Metabolic disorders including diabetes
- Drug interactions

Interruption to clozapine treatment is potentially dangerous to consumer/patient health and requires immediate intervention as per Clozapine Patient Monitoring System .

Equipment

Clozapine on-line training tool

CPMS registration forms for medical staff and pharmacy staff

CPMS Patient registration form

CPMS Patient consent form

Section 100 form

CPMS Blood Count form (Form V)

Clozapine MRAK suite of forms

CPMS Discontinuation of Clozaril® therapy form

Procedure

1. Patient Commencement

1.1 Registered Clozapine Medical Officer will:

1.1.1 Undertake all pre-clozapine medical tests as per Clozapine Patient Monitoring System .

1.1.2 Organise FBE no more than 10 days prior to commencement of treatment

1.1.3 Complete:

- The patient consent form
- The patient registration form
- The Section 100 form from the Monash Health Pharmacy intranet site.

Forward copies of the above forms to the Clozapine Co-ordinators. This allows for registration to be completed during business hours.

File original copies of the above forms in the health record.

1.2 Clozapine Co-ordinator will:

1.2.1 Review registration information and forward to CPMS for approval

1.2.2 Confirm registration and commencement with treating medical team and pharmacy staff

1.3 Nursing staff will:

1.3.1 Record patient observations including - temperature, pulse, respiratory rate and blood pressure prior to the initial dose.

1.3.2 Following the initial dose, record these observations again every 30 minutes for 2 hours then hourly for four hours (total 6 hrs monitoring). Frequency and duration observations may be increased if clinically indicated.

1.3.3 Refer the patient for full medical review if the pulse increases by twenty beats per minute, the systolic blood pressure decreases by 20 mmHg, or any other adverse event is observed.

2. Treatment

2.1 Registered Clozapine Medical Officer will:

2.1.1 Initiate clozapine at 12.5 milligrams in the first 24 hours. Titrate as per Clozapine titration tool unless clinically indicated. Diversion from the titration scale for clinical reasons must be documented in the patient's health record.

2.1.2 Organise FBE and conduct medical review weekly for first 18 weeks. Complete MRAK form at each medical review and provide prescription as per CPMS protocol.

2.1.3 AMBER or RED alert blood results require immediate actions as per Clozapine Blood Monitoring Tool [Link]. Notify the Clozapine Co-ordinators.

2.1.4 All prescriptions must have a current Blood Count Form (Form V) completed and forwarded with the prescription.

2.1.5 Attach a copy of external pathology FBE results to Blood Count Form (Form V) and forward to pharmacy.

2.1.6 After the first 18 weeks, FBE and medical reviews occur monthly.

2.2 Registered Clozapine Pharmacist will:

2.2.1 Receive prescription with accompanying Blood Count Form (Form V)

2.2.2 Review blood test results, CPMS database and prescription to ensure safe dispensing of clozapine.

2.2.3 Dispense clozapine.

2.3 All Clinical Staff will:

Where a consumer/patient on clozapine is admitted to a medical ward/unit, inform clozapine co-ordinators and Psychiatric Consultation Liaison during business hours or Psychiatric Triage Service (PTS) out of business hours. PTS will inform case manager and/or Clozapine co-ordinators next working day.

3. Interruption to therapy and restarting

3.1 Registered Clozapine Medical Officer will:

3.1.1 Conduct physical review, mental state assessment and full blood examination

3.1.2 Review and confirm compliance with clozapine treatment

3.1.3 If compliance history is not confirmed, re-commence treatment as per clozapine interruption to therapy implementation tool

3.1.4 When restarting after an interruption to therapy, an FBE must be performed no more than 2 days prior to recommencing.

4. Discontinuation of therapy

4.1 If therapy is to discontinue, reduce the dose gradually over 1-2 weeks.

4.2 If abrupt discontinuation of therapy occurs:

- Observe patient for relapse of psychotic symptoms and cholinergic rebound.

5. Clozapine Co-ordinators will:

5.1 Register consumer/patient onto CPMS data base

5.2 Monitor consumer blood results

5.3 Respond to any alerts and/or overdue notifications by close of business hours

5.4 Assist with transferring and/or travelling arrangements of consumer/patients to other health providers

5.5 Review any incidents resulting from clozapine treatment concerns

5.6 Manage the CPMS processes and the Monash Health practices regarding clozapine

5.7 Provide education and in-service training of Monash Health staff

5.8 Facilitate the registration of medical and pharmacy staff.

5.9 Manage the transfer of consumer/patients from Clopine® to Clozaril®.

5.10 Report any adverse events/deaths of clozapine consumer/patient to CPMS data base.

5.11 Provide support and assistance to private psychiatrists and general practitioners.

Implementation tools:

Clozapine Blood Monitoring and Interruption to Therapy

Clozapine Titration Tool

Useful resources

Administration of Medication procedure

Clozapine Patient Monitoring System .

Document Management
Policy supported: Safe and Effective Person Centred Care
Background: Clozapine Patient Management (under development)
Executive sponsor: Executive Director Mental Health Program
Person responsible: Director of Nursing, Mental Health Program

Clozapine Titration Scale

Implementation Tool

MonashHealth

Titration schedules

Suggested starting schedule

To minimise side effects this dosing schedule is suggested

Day	Daily Dose	Morning	Evening
1	12.5 mg	◐	
2	25 mg	◑	
3	25 mg	◑	
4	50 mg	◑	◑
5	50 mg	◑	◑
6	75 mg	◑	◑◑
7	100 mg	◑	◑◑◑
8	125 mg	◑	●
9	150 mg	◑◑	●
10	150 mg	◑◑	●
11	175 mg	◑◑	●◑
12	175 mg	◑◑	●◑
13	175 mg	◑◑	●◑
14	200 mg	◑◑	●◑◑
▼	▼	▼	▼

Titration beyond 200 mg/day: If well tolerated the daily dose may be increased slowly in increments of 25-50 mg.

Rapid starting schedule

Regimes similar to this should be followed only if the drug is well tolerated

Day	Daily Dose	Morning	Evening
1	12.5 mg	◐	
2	25 mg	◑	
3	50 mg	◑	◑
4	75 mg	◑	◑◑
5	100 mg	◑	◑◑◑
6	100 mg	◑	◑◑◑
7	125 mg	◑	●
8	150 mg	◑◑	●
9	175 mg	◑◑	●◑
10	200 mg	◑◑	●◑◑
11	225 mg	◑◑	●◑◑◑
12	250 mg	◑◑◑	●◑◑◑
13	275 mg	●	●◑◑◑
14	300 mg	●	●●
▽	▽	▽	▽

Titration beyond 300 mg/day: If well tolerated the daily dose may be increased slowly in increments of 50-100 mg preferably at weekly intervals.

Related procedure: Clozapine – Patient Management

Acknowledgements

Monash Health wish to acknowledge the use of Clozapine Patient Monitoring System (CPMS).in the preparation of this implementation tool.

Keywords or tags

Document Management
Policy supported: Safe and effective person centred care
Executive Sponsor: Executive Director, Mental Health Program
Person Responsible: Director of Nursing, Mental Health Program

V4

Monash Health Clozapine Committee
Terms of Reference

Role

1. Promote evidence based, best practice and safe prescribing and administration of Clozapine across Monash Health.

2. Develop and Review Protocols and Procedures regarding Clozapine Prescribing and Administration.

3. Develop systems to facilitate adherence to protocol and procedures and Monitor adherence by conducting regular audits across Monash Health.

4. Develop systems to collect data on adverse events and breaches to Protocols.

5. Review and provide advice to MHP Quality and Safety Committee regarding adverse events, breaches to Protocols and audits undertaken regarding Clozapine prescribing.

6. Develop Shared Care Discharge Pathways and Agreements.

7. Facilitate development, monitoring and reviewing of Quality Improvement, Research and Service Development initiatives relating to Clozapine.

8. Train and Accredit Medical and other Clinicians in Safe Prescribing of Clozapine. Support the role of Clozapine Program Consultant Psychiatrist and Clozapine Co-ordinators in providing an environment of learning and continuous quality improvement.

9. Provide quarterly reports to Monash Health Mental Health Quality and Safety Committee.

Membership

Program Medical Director, Mental Health
Clozapine Program Consultant Psychiatrist [Chair]
Operational Manager, Community Care and Recovery
Clozapine Co-ordinator
Consultant Psychiatrist One representative each from Adult, Aged, ELMHS, CAPS
Pharmacy Representative
Director Representative Nominated by Executive Director

Invitees

Consultant Endocrinologist/Diabetologist and Consultant Cardiologist once in three to six months. Any other person nominated by Chair.

Quorum

Minimum 5 members and two of the present should be either Clozapine Program Consultant and/or Co-ordinators.

Responsibilities

Standardisation across Monash Health

- Training and Accreditation of Medical and other Clinicians.
- Roles and Responsibilities
- Documentation.
- Review and Report Adherence with Protocols.
- Clinical Care Model.

Development of Best Practice Standards

- Develop and Review Clozapine Policies and Procedures.
- Service planning role in collaboration with Executive Director/Medical Program Director. Develop shared care plans and agreements.
- Communication of relevant information and reports to Quality and Safety Committee.
- Liaison with Novartis/CPMS.

- Provide Second opinions regarding Clozapine prescribing.
- Central point of Contact for interaction between research and practice with regards to Clozapine.

Reporting

Quality and Safety Committee quarterly.

Meeting Frequency

Committee will meet monthly for six months and then review frequency.

Transfer and Discharge in Mental Health

Procedure

MonashHealth

Who must comply with this procedure?

All Mental Health and Aged Persons Mental Health Program clinical and medical staff.

This procedure applies in the following setting:

All Mental Health and Aged Persons Mental Health settings

Precautions and Contraindications

Discharge/transfer of care can be associated with an increase in risk, therefore response actions and timeframes must consider and reflect the level of risk identified and mitigate the risk.

Equipment: Intra-service referral form MRAD02

Discharge Summary form MRAE02 (i)

Computer with access to Client Management Interface (CMI) and iPMS

Procedure

1. When planning transfer of care or discharge the treating clinical staff will:

   1.1 Identify the patient requiring transfer or discharge through clinical reviews, change in mental state and/or through any risk assessments.

   1.2 Discuss the discharge/transfer plan with the consumer/patient, his/her family/carer, other health professionals and any significant others.

   1.3 In the case of discharge to a general practitioner, refer to General Practitioner Mental Health Liaison Officer where available or contact general practitioner directly.

   1.3 Identify the appropriate services and initiate contact with duty worker or other relevant staff regarding the situation and clarify any referral requirements.

   1.4 Record all discussions, decisions, consent and actions either on the Clinical Review Form or in the health record using black pen and including name and designation

   1.5 Complete and ensure relevant sign off of the Intra-Service Referral form for internal transfers, and a Discharge Summary for an external referral.

2. At point of Transfer/Discharge, treating or delegated clinician will:

   2.1 Ensure the patient/consumer contact details are accurate, and treatment plans including medication, physical health, risks and future treatment are current

   2.2 Discuss and communicate with the consumer/patient, family/carers and any significant others regarding the transfer/discharge and planned timelines

   2.3 Review and/or develop any crisis/relapse plans, include the date and time of the referrers last contact and the date and time of the planned contact by the accepting service

   2.4 Liaise with the accepting service to identify the case manager/primary clinician and to clarify follow up arrangements

   2.5 Complete and forward relevant transfer/discharge documentation to receiving service in a timely manner that maintains consumer/patient service delivery and safety

   2.6 Document and record all discussions in the health record using black pen and including name and designation.

   2.7 Prior to actual transfer/discharge ensure risks are reviewed and consumer/patient remains safe for discharge/transfer

3. Where consumer/patient is assessed and considered for discharge after business hours from hospital environment, such as inpatient unit or emergency department ANUM / CATT clinician will ensure:

   3.1 Patient/consumer has received thorough assessment including a review of any past history or presentations

   3.2 Where any patient/consumer receives a second assessment within a short period or risks are identified, ensure consultation with a consultant or medical officer prior to discharge

   3.3 Contact has been made with family / carers and significant others as relevant

4. Upon discharge/transfer the treating or delegated clinician will:

   4.1 Ensure consumer/patient and, as applicable, significant others are provided information regarding re-accessing services, have a clear crisis/relapse management plan and that any service follow up plans are progressed.

   4.2 Prior to discharge, discuss and provide consumer/patient and/or their family/carer with any key care plan information and service contact details.

   4.3 Where discharge has occurred to an external service provider, make every effort to contact the consumer/patient within seven days post discharge and record in medical record/CMI database.

   4.4 Where the consumer/patient is transferred internally, ensure the medical record and accompanying documentation are completed and forwarded to receiving service on that same day.

   4.5 Provide documentation to administrative staff to ensure updating of CMI and iPMS regarding consumer/patient movements.

   4.6 Complete discharge outcome measures and forward to administrative staff for entering on CMI

   4.7 Communicate any issues or concerns raised regarding transfer/discharge with immediate manager/supervisor for relevant action and/or escalation

5. On receiving a Referral/Transfer of Care, receiving team will:

   5.1 Review the referral and ensure sufficient information is provided and the patient/consumer is eligible for the services being requested.

   5.2 As relevant, discuss the referral at clinical review/staff meeting and ensure relevant allocation of resources for service provision

   5.3 Communicate the outcome of the referral with the referring agency/service, including the contact person and any relevant timelines for service provision

   5.4 If unable to deliver service, provide assistance to referring service regarding alternative options

   5.5 Arrange for admission and assessment processes to be completed within 7 days of referral.

   5.6 Ensure CMI is updated and completed including admission outcome measures.

   5.7 Communicate with the consumer/patient and, as applicable, significant others, regarding the referral, services to be provided.

   5.8 If home visit is required, make relevant arrangements as per Appointments procedure and ensure an off- site Risk Assessment completed

Useful resources

National Standards for Mental Health Services

National Practice Standards for Mental Health Workforce

Framework for Service Delivery, Child &Adolescent Mental Health Services

Document Management
Policy supported: Assessment, Care Planning and Discharge
Executive sponsor: Executive Director Mental Health Program
Person responsible: Director Adult Mental Health Services

vii.

Clozapine - Transfer Entry or Discharge

Procedure

MonashHealth

Who must comply with this procedure?

Only medical staff working in Mental Health who have completed the on-line training and are registered with **Clozapine Patient Monitoring System** and Monash Health can prescribe clozapine. All other medical staff will contact the Clozapine Co-ordinator.

Only pharmacists who have completed the on-line training and are registered with CPMS can dispense clozapine.

This procedure applies in the following setting:

All transfers MUST proceed via Monash Health Clozapine Coordinator.

All urgent after hours transfer must be done in Consultation with on call Consultant Psychiatrist.

Clozapine Co-ordinator MUST be informed of the transfers at the start of the next business day via PTS [Psychiatric Triage Service].

Where a patient is being transferred between mental health services, the Clozapine treatment and case management responsibility lies with the referring service until Monash Health accepts transfer of care.

All patients on Clopine transferring into Monash Health for ongoing management MUST be re-registered for Clozaril and their Clopine changed over to Clozaril.

This procedure is applicable to all patients who are prescribed Clozaril or Clopine that are transferring services either entering Monash Health or being discharged from Monash Health to another service.

Precautions and Contraindications

There are two brands of clozapine: Clozaril® or Clopine®. Patients in Monash Health are only initiated on Clozaril® brand and CPMS the Clozapine Patient Monitoring System is the body that governs this brand.

Clozapine is a Section 100 highly specialised medication; caution is advised due to potential for significant adverse events related to:

- Neutropenia and agranulocytosis
- Cardiotoxicity, myocarditis or cardiomyopathy
- Metabolic disorders including diabetes
- Drug interactions

Interruption to clozapine treatment is potentially dangerous to consumer/patient health and requires immediate intervention as per Clozapine Patient Monitoring System.

In certain circumstances when a patient is admitted as an inpatient and if the duration of treatment is brief consumers (out of area) can remain on Clopine if their area mental health service is a customer of Clopine [See enclosed Obtaining Clozapine Implementation Tool].

Clozapine Co-ordinator will ensure blood test results of patients are forwarded to Clopine Connect.

Equipment

- Clozapine **on-line training tool**
- CPMS registration forms for medical staff and pharmacy staff

- CPMS Patient registration form
- CPMS Patient consent form
- **Section 100 form**
- CPMS Blood Count form (Form V)
- Clozapine MRAK suite of forms
- CPMS Discontinuation of Clozaril® therapy form

Procedure:

1. Treating team will inform Clozapine co-ordinator of **all** admissions and discharges of patients receiving Clozapine across **all** sites.

2. Outside business hours PTS will be informed of **all** admissions and discharges across ALL sites and PTS will hand over this information to Clozapine Co-ordinator at the start of next business day.

3. The Clozapine Coordinator for Monash Health will be the point of contact for the transfer and shall ensure that treating team has completed the registration of the patient on CMI and orientation to Monash Health before registering patient on CPMS {Clozaril Patient Monitoring System}.

Entry / Transfer

4. Clozapine Coordinator and treating team receives ALL transfer notifications and documents regarding Clozaril [CPMS] or Clopine.

5. Monash Health Psychiatric Triage, The Case Manager or Treating Medical Officer must inform the Clozapine Co-ordinator by phone and fax, patient's
   - UR number,
   - name, address,
   - phone number,
   - D.O.B.,
   - CPN [Clozapine Patient Number]
   - Pathology results [last FBE} before patient can be registered with CPMS .

6. The Case Manager or Treating Medical Officer arranges an appointment for the next review date in consultation with referring service and Monash Health Clozapine Co-ordinator.

7. Priority of scheduling Appointment **must** be based on:
   - Patient's Current Mental State and Risk assessment.
   - Patient's safety regarding current access to Clozapine previously prescribed and dispensed.
   - Patient's adherence to treatment and ability to self-administer Clozapine.
   - When next blood test is due for Full Blood Examination [FBE].

8. **Alert: Priority of scheduling Initial assessment and frequency of subsequent assessments by Case Manager and treating doctor MUST be based on all of the above mentioned criteria and not just based on when patient's next Full Blood Examination is due for Clozapine monitoring.**

9. At the time of initial prescribing and dispensing of Clozaril, Case Manager or Treating Doctor removes and disposes of any excess stock of Clozapine [Clozaril or Clopine] patient may have to Monash Health pharmacy.

10. The Case Manager / Treating Medical Officer will ensure that the patient has
    - Orientation to Pathology Service.
    - Pathology request for FBE including Rule 3 exemption
    - Date for next Blood test.
    - Appointment card for next review.

11. Clozapine Co-ordinator accepts the patient via the CPMS Data Base and commences monitoring of the patient within the CPMS Protocol

Discharge/ Transfer

12. The Clozapine Co-ordinator of Monash Health **must** be informed by treating team [Case Manager or treating Medical Officer] of **all** discharges, transfers or patient's intention to relocate to another area permanently or temporarily. This includes:
    - Moving permanently
    - Admission to any hospital
    - Transfer to GP shared care or a Private Psychiatrist
    - Holidays within Australia or overseas

13. The Case Manager or the Treating Medical Officer informs the Clozapine Co-ordinator of the transfer arrangements with the receiving service and allocation of a new Case Manager (where appropriate).

14. Treating Team will arrange
    14.1 Transfer of clinical care and forward all relevant documentations to receiving service, including Clozapine Monitoring History for FBE, results of most recent Echocardiogram, ECG and results of other blood tests for Cardiac and Metabolic conditions.

    14.2 Inform receiving service regarding patient's current mental state, risk, urgency of review, adherence to medication, ability to self-administer Clozapine, when patient was last prescribed and dispensed Clozaril and for how many days.

    14.3 Next due date for FBE.

15. **Alert: Receiving service must be explicitly advised to review the patient as soon as necessary based on patient's current mental state and clinical risks and not based on when patient's next FBE is due as part of Clozapine monitoring requirements.**

16. The Clozapine Co-ordinator will advise the Monash Health Pharmacy Department about the patient being transferred or discharged and the Monash Health Pharmacy Department will liaise with the relevant pharmacist at the receiving Hospital.

17. The Clozapine Co-ordinator to notify CPMS or Clopine Connect of patient transfer as follows-
    Via CPMS website for Clozaril centres.
    1. Via fax to all Clopine centres.
    2. Clozapine monitoring transfer is complete when patient is accepted by the receiving centre's treating team and Clozapine Co-ordinator.

18. When moving a patient to Shared Care, the referring Case Manager or Treating Medical Officer is to complete Monash Health – Clozapine – Shared Care – Referral and forwards to Clozapine Co-ordinator and GP or Private Psychiatrist

List of Implementation Tools

Clozapine Patient Monitoring System

Obtaining Clozapine

Clozapine Titration

Useful resources

Clozapine - Interruption to clozapine therapy and blood monitoring

Clozapine Patient Management

Obtaining Clozapine

Transfer and Discharge in mental health

Keywords or tags

Clopine, Clozaril

Document Management
Policy supported: Medication Management (Operational)
Executive sponsor: Chief Medical Officer
Person responsible: Mental Health Medical Director