

# MonashHealth

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Ms Hannah Summerhayes  
Coroner's Registrar  
Coroner's Court of Victoria  
65 Kavanagh St  
Southbank VIC 3006

21 December 2015

Dear Ms Summerhayes

**Re: Mikael Rohan**  
**Coroner's Ref No: 4396/10**

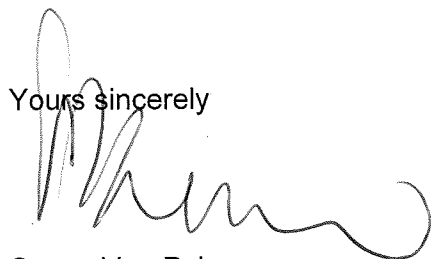
I refer to your letter of 17 June 2014, which attached a copy of the Finding of Coroner Gray delivered on 12 June 2014.

In the course of his Finding, Coroner Gray made one recommendation directed to Monash Health. In accordance with our usual protocols, the Finding was referred for internal consideration within our Quality Unit. I apologise for the long delay in providing our response to the Court. An administrative gap in the review process has now been rectified with a new 'Improvement Recommendations – Management of External Clinical Reports and Coronial Recommendations' procedure awaiting final approval.

The Coroner's recommendation has been implemented.

I enclose details of the Monash Health response to the recommendation and a copy of the 'Assessment, treatment, transfer and discharge mental Health Emergency Department' procedure.

Yours sincerely

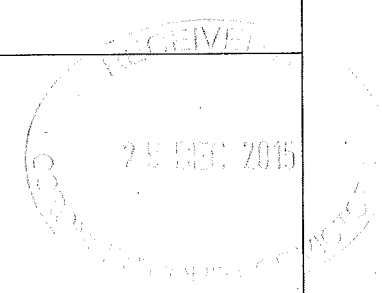


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**RECOMMENDATION AND CLOSURE STATEMENT**

Care Management Problem (CMP)	Rec No.	Recommendation	Imp. Rating	Summary of actions taken	Date closed
External Report (Coroner)	3621 – C1	<p>Monash Mental Health Program to consider reviewing its Crisis Assessment Review policies to include the requirement for an experienced Child and Adolescent Psychiatrist to review Adolescent Crisis Assessments, particularly those undertaken by adult mental health clinicians, before clinical decisions are made regarding their admission, treatment or otherwise.</p>	High	<p><u>Division/persons:</u> Project Lead, Enhanced Crisis Assessment and Treatment Team (ECATT) Manager, Emergency Program Director, Deputy Director Psychology.</p> <p><u>Date:</u> Jul-Aug 2014</p> <p><u>Actions:</u></p> <ol style="list-style-type: none"> <li>1. Recommendation addressed in part in the review of a separate Coronial case; including addressing 'Are there adequately written procedures to guide both Emergency Department (ED) and ECATT staff in their responsibilities in managing mental health patients in ED?'. Ten Monash Health procedures were identified as likely to affect the management of mental health patients in ED, although the review noted that there was no consolidated procedure with guidelines for treatment of Mental Health Patients in ED by ECATT and ED staff.</li> <li>2. A new procedure titled 'Mental Health Patients in ED: Assessment, Treatment, Transfer and Discharge procedure' drafted to consolidate clinical practice expectations across the four main elements of patient management in ED i.e. Assessment, Treatment, Transfer and Discharge, including the requirement that after hours when an ECATT Psychiatrist is unavailable consultation should occur with the 'On call Consultant Psychiatrist including specialist psychiatrist (Early in Life Mental Health Service (ELMHS) or Aged)) where secondary consult is indicated'. Consultation occurred with relevant stakeholders in Adult ECATT, ED, (ELMHS), and APMH.</li> </ol> <ul style="list-style-type: none"> <li>• Evidence: New procedure tabled at Mental Health Program Quality and Safety Committee.</li> </ul> <p>Ongoing monitoring: Riskman will monitor patient transfer incidents which will continue to be reviewed at relevant forums including Service level Quality and Safety Meeting; Clinical Handover Committee; and where applicable Morbidity and Mortality Review Committees.</p>	18 November 2014



**Who must comply with this procedure?**

Emergency and Mental Health Medical and Nursing staff.

**This procedure applies in the following setting:**

Mental Health patients assessment, treatment, transfer and discharge in the Emergency Department

**Precautions and Contraindications**

Referral to ECATT is only official when completed via Symphony.

**Request will not be considered** as an official request for ECATT Input via telephone calls, corridor dialogue and other means.

Psychiatric wards cannot take severely medically compromised patients or, in general, patients having continuous IV therapy.

A patient who has taken alcohol can be admitted to an inpatient psychiatric bed as long as they have been assessed as being medically stable, with a GCS of 15, they can walk, and have been cleared as safe by toxicology in regard to overdose of any drugs which may interact with the alcohol.

During admissions where ECATT is not available and there is a patient who is a safety risk and/or a flight risk and/or agitated the Emergency Department nurse in charge and clinician initiate the necessary safety measures required to keep the patient safe including help from Security, a Constant Patient Observer and ensuring the patient is adequately medicated.

All bed requests including direct admissions will go via Bed Access Unit (BAU).

Where direct admission is arranged ECATT is not required

**Equipment**

- Symphony
- Clinical Handover Patient Transfer (MRD12) form for inter site and external transfers
- The Clinical Handover Emergency Department Symphony Inter/Intra Hospital Transfer form
- Mental Health Assessment form (MRAFO1(I) )
- Mental Health Intra-service Referral form MR AD02(i)

**This procedure outlines the following**

1. Assessment and treatment in the Emergency Department
2. Booking a bed for transfers from Emergency Department to a Psychiatric inpatient bed
3. Transfer and transport a patient to an inpatient bed
4. Clinical handover to the receiving ward
5. When a patient is being discharged to community care
6. Transfers from the Emergency Department to a Medical inpatient bed
7. Triaged patient's waiting in the Emergency Department

1. **Assessment and treatment in the Emergency Department Triage will:**
  - 1.1 Perform and record a set of vital signs.
  - 1.2 Assign an acute care group to the patient if they meet the following criteria
    - patient's vital signs are abnormal.
    - patient has ingested significant amounts of a drug or alcohol
    - patient's first presentation with an apparent serious mental illness e.g. psychosis
    - patient is aged > 65

- patient has multiple medical co-morbidities
  - initiate a mental health referral on Symphony and allocate the referral the appropriate triage category
- 1.3 ECATT clinicians receive the Symphony mental health referral will prioritise according to the triage category and acknowledge receipt of this referral at a minimum via Symphony Medical e-notes.
- 1.4 ECATT will verbally notify the Emergency Department nurse in charge if they anticipate delays in commencing an assessment
- 1.5 ECATT cannot commence their assessment due to a patient being medically unstable, ECATT record this in Symphony Medical e-notes and await a go ahead from the Emergency Department clinician.
- 1.6 The Emergency Department clinician will verbally advise ECATT as soon as it is possible to undertake a mental health assessment and record this handover in Symphony Medical e-notes.
- 1.7 ECATT Clinician assess the patient and where necessary consult with the;
- ECATT Registrar or Consultant (Business Hours)
  - After hours the On call Registrar or Consultant Psychiatrist, including specialist psychiatrist (Adolescent or Aged Mental Health) where secondary consult is indicated.
  - Emergency Department Consultant/treating doctor
  - Community team case manager (where applicable)
  - Next of kin and/or any third parties who may be able to give insight into the patient's mental state and risks.
  - All appropriate data bases for recorded mental states and historical risks.
- 1.8 ECATT clinician record the outcome of their initial assessment in the relevant Symphony fields and record a summary outcome and plan in the Symphony Medical e-notes
- 1.9 If the ECATT clinician has any medical concerns, the patient will be referred for medical assessment to the Emergency Department Medical Team Leader.
- 1.10 If the ECATT clinicians have mental health concerns escalate to the ECATT Registrar or Consultant (Business Hours) or the afterhours the On call Registrar or Consultant Psychiatrist.
- 1.11 If ECATT assess security or CPO supports are required highlight this in the relevant Symphony fields in the Mental Health Assessment section and verbally handover requirement to Emergency Department nurse in charge and/or Emergency Department clinician. Record handover in Symphony Medical e-notes, including the name of Emergency Department nurse in charge who will make these arrangements.
- 1.12 If after both medical and mental health assessments a patient has both medical and psychiatric needs, the acute care group doctor will liaise with the Mental Health Registrar/Consultant to determine the most appropriate clinical setting to which the patient ought to be transferred.

2. **Booking a bed for transfers from Emergency Department to a Psychiatric inpatient bed:**
  - 2.1 ECATT request a bed from Bed Access Unit via Symphony bed request
  - 2.2 urgent bed request ECATT will call Bed Access Unit to give the reasons for the urgency.
  - 2.3 ECATT must record in the Symphony e-notes all bed booking actions they undertake.
  - 2.4 When Bed Access Unit have sourced a bed they will notify;
    - ECATT via an SMS and a lanpage
    - Emergency Department nurse in charge via Symphony
    - The Receiving ward via a lanpage
3. **Transfer and transport a patient to an inpatient bed**
  - 3.1 ECATT will confirm with Emergency Department nurse in charge the details of where a bed has been sourced and determine the safest least restrictive means to transport the patient.
  - 3.2 Emergency Department nurse in charge will liaise with Emergency Department ward clerk to book the agreed transport if a bed is at another site or external.
  - 3.3 If the bed is at the same site ECATT will arrange the transfer from Emergency Department to the ward.
  - 3.4 If a patient had been assigned to an Emergency Department acute care group the Emergency Department clinician will liaise with Emergency Department nurse in charge for when the patient is medically cleared and make a note of this handover in Symphony.
4. **Clinical handover to the receiving ward**
  - 4.1 ECATT will call the receiving ward to give verbal clinical handover before the patient leaves the Emergency Department.
  - 4.2 Both the ECATT clinician and Emergency Department nurse in charge ensure all the clinical handover forms are attached to the documents going to the receiving ward i.e.
    - Mental Health Assessment form (MRAFO1(I) prepared by ECATT
    - Emergency Department Clinical Handover Symphony Inter/Intra Hospital Transfer form (MRD 11/MRD12) prepared by Emergency Department staff
  - 4.3 Where the original plan to transfer a patient changes (extraordinary delay or change of wards) ECATT notify the receiving ward.
5. **Patient being discharged to community care**
  - 5.1 When a patient is being discharged home to the care of their GP and/or other service providers and they had been assigned to an acute care group while in Emergency Department the Emergency Department clinician will give the patient a discharge letter detailing the outcome of their medical and mental health assessment to take to their GP and/or other service provider
  - 5.2 If the patient is case managed, then ECATT will fax clinical handover documents to the respective Community Treatment Team
    - The Mental Health Assessment MRAF01(I) form and
    - Discharge summary prepared by the Emergency Department clinician if the patient had been assigned an acute care group while in Emergency Department.

- 5.3 Where a patient is being discharged with CATT follow up, ECATT will fax clinical handover documents i.e.
- Mental Health Intra-service Referral MR AD01(i) and follow up this referral with a telephone handover if during business hours.
  - Discharge summary prepared by the Emergency Department clinician if the patient had been assigned an acute care group while in Emergency Department.
- 5.4 Before closing each Symphony episode of a mental health patient ECATT and Emergency Department Nurse in Charge will ensure their respective Symphony e-notes are updated with all current information before the patient's Symphony episode is closed and that respective clinical handover documents are sent to Scanned Medical Record no later than the end of that shift.
- 6. Transfers from the Emergency Department to a Medical inpatient bed:**
- 6.1 Emergency Department Nurse in charge will:
- 6.1.1 request a bed from Bed Access Unit via Symphony bed request and give details pertinent to each request.
- 6.1.2 record all bed booking actions undertaken in the Symphony e-notes
- 6.1.3 when Bed Access Unit have sourced a bed they will notify:
- Emergency Department Nurse in charge via Symphony
  - The receiving ward via a lanpage.
- 6.2 The Emergency Department Nurse in Charge will ensure the Nurse Unit Manager/Team leader of the receiving ward receives a telephone handover regarding the planned patient transfer.
- 6.3 Where the Nurse Unit Manager/Team leader indicates any requests to delay the transfer the Emergency Department Nurse in Charge will agree on a timeline for the transfer to occur and this will be recorded on Symphony.
- 6.4 Either the Clinical Handover Patient Transfer (MRD 11/12) form or the Clinical Handover - Emergency Department Symphony Inter/Intra Hospital Transfer form is completed and sent with the documents going to the receiving ward.
- 6.5 All handovers to the ward/unit nurse in charge and to the ward/unit doctor have occurred are recorded in the Symphony e-notes.
- 6.6 Notify the receiving ward changes (extraordinary delay or change of wards) to the original plan to transfer a patient. Determine the safest least restrictive means to transport the patient with the assistance of the ECATT team.
- 6.7 ECATT will Attach the Mental Health Assessment form MRAFO1(I) to the documents going to the receiving ward.
- 6.8 The Emergency Department clinician will ensure the doctor of the receiving ward/unit is given an up-to-date telephone handover and is aware of the outcome of the ECATT assessment and the referral pathway for Psychiatric Consultation Liaison.

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**7 Triage patient's waiting in the Emergency Department**

The following action is required for patients that have been waiting for a long time are assessed and not discharged and are required to wait in the Emergency Department for any reason (including an inpatient bed) the following actions are required:

- 7.1 ECATT staff must remain available for extra support if needed by Emergency Department staff.
- 7.2 The patient will be reviewed by a psychiatric registrar as required and if requested by the Emergency staff or ECATT clinicians.
- 7.3 The Emergency Department clinicians will continue to monitor and treat the patient as set out in the relevant Emergency Department local patient management guidelines.
- 7.4 The Emergency Department clinicians will continue to monitor and treat the patient; providing emergency management and prescription of vital medications (similar to SATC medications) as required.
- 7.5 The Emergency Department clinician and/or a Psychiatric Registrar will initiate a pharmacological management plan as soon as practicable and prescribe medications adequate and appropriate to manage the patient's symptoms or behavioural disturbance for the duration of the stay.
- 7.6 The Emergency Department nurse in charge will ensure that all compulsory patients who are at risk of absconding have the security they need for the entire duration of their stay in Emergency Department i.e. CPO and/or security and/or mechanical restraint.
- 7.7 If a compulsory patient absconds or if a voluntary patient leaves, the Emergency Department nurse in charge will notify ECATT immediately who will mobilise the Mental Health Patients in Emergency Department Unplanned Departure procedure.
- 7.8 If an adverse incident occurs log an incident on Riskman

**Document Management**

**Policy supported:** Assessment, Care Planning and Discharge (Operational)

**Executive sponsor:** Chief Operating Officer

**Person responsible:** Mental Health Bed Access Unit Manager

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