

Ms Marde Bevan
Coroners Court of Victoria
65 Kavanagh Street
Southbank VIC 3006



1 August 2016

Investigation into the death of Shaun L Beagley (Coroner's Ref No: 1172/14)

I refer to your letter of 26 May 2016 which attached a copy of the Finding of Coroner Olle delivered on 13 May 2016.

In the course of his finding, Coroner Olle made one recommendation which was directed specifically to Monash Health. In accordance with our usual protocols, the Finding was referred for internal consideration within our Quality Unit.

The Coroner recommended that:

- Monash Health's Prevention and Recovery Care Service (PARCS) Leave Procedure be amended to include a requirement that in the first overnight or leave event in circumstances where the resident will be alone, PARCS staff encourage the resident to notify family and/or friend/s of the leave or staff gain consent to notify family and/or friend/s of the leave, or if this fails PARCS staff make telephone contact with the resident while they are on leave for the purpose of support and as an indicator of the resident's safety.

We have updated Monash Health's PARCS Leave Procedure to incorporate the recommendation. A copy of the above procedure is enclosed.

Yours sincerely

Katherine Lorenz
Chief Legal Officer
Monash Medical Centre
Locked Bag 29,
Clayton South, 3169.

Who must comply with this procedure?

All Mental Health Clinical staff and all staff at Non-government organisations (NGO's) working at a PARCS Unit.

This procedure applies in the following setting:

All PARC's units across Monash Health, including the Acute, Extended, Women's only and Youth units. This applies to PARCs consumers who require overnight leave.

Precautions and Contraindications

In view of the voluntary nature of PARC and client agreement to stay at the facility it is understood that all clients can discuss periods of leave with the clinical staff.

It is recommended during the first 24hrs of client stay at PARCS, whilst receiving orientation and meeting the new treating team, that they do not take leave.

Arrangements during business hours -

Clients are considered to have the right to leave the facility at their own discretion. Therefore, leave entitlement needs to be discussed and agreed at clinical review and recorded in the medical record. If there are concerns about a patient taking leave, the clinical management should be reviewed, including the place of care and the utilisation of a compulsory order.

Where risks are identified and the person meets the criteria under section 29 of the Mental Health Act 2014 the clinician completes an Assessment Order and facilitates transfer to an inpatient bed or emergency department.

Arrangements after hours –

Where leave is requested by the client, if risks are identified the NGO's staff member will contact the CATT clinician to discuss actions.

Where the client leaves the facility and there are concerns of risk then the staff member can contact the Police to apprehend.

PARCs clients shall not be searched without consent where there are concerns that a client may have brought illicit or illegal items into the facility the police may be contacted see [Searching a patient/consumer](#) .

Procedure

1. Planned Leave:

- 1.1. All clients entering a PARC unit will have as part of their admission process a discussion around the leave process
- 1.2. All leave is to be discussed at Clinical Review and daily handover
- 1.3. Any leave should be planned and made within the context of the client's recovery goals and documented clearly on the Individual Recovery Plan and ISBAR handover tool.

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after hours/weekends) who will provide direction on further actions to take. Document the directive given.

- 3.4 In circumstances where a client has not returned from overnight leave and there are concerns for safety, ensure client safety by requesting a welfare check from CATT or police.
- 3.5 Where there are no concerns for safety and no contact has been received within a 24 hour period of the designated return time, a meeting must be arranged to re-assess the continuation the client’s program with PARCs. The nominated or contact person must be invited to this meeting.

4 On Clients return from Leave, Clinical/PDRS Staff will:

- 4.1 Discuss the outcome of the leave with the client and document leave outcome and respective assessments in the client’s file.
- 4.2 Complete a mental state examination, including a risk assessment and any other task as specified in the leave plan.

Useful resources

- [Deteriorating client in a community setting](#)
- [Mental Health missing persons abscond and absent without leave.](#)
- [Searching a patient/consumer.](#)

Document Management

Policy supported: [Assessment, Care Planning and Discharge \(Operational\)](#)

Executive sponsor: Chief Operating Officer

Person responsible: Mental Health Medical Director

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