AlfredHealth

Office of Legal Counsel: tel: 9076 3750

18 March 2013

Ms Kate Doherty
Coroners Registrar
Coroners Court of Victoria
Level 11, 222 Exhibition Street
MELBOURNE VIC 3000

Dear Ms Doherty

Investigation into the death of William A. Poskitt
Response of Alfred Health to Coroner's Recommendations

I attach the response of Alfred Health to the Coroner's Recommendations in this case.

Yours sincerely

Bill O'Shea
General Counsel
Alfred Health

enc

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AlfredHealth

INQUEST INTO THE DEATH OF WILLIAM A POSKITT
(CASE NO: COR 2008 005014)
CORONER'S RECOMMENDATION DIRECTED AT ALFRED HEATH
RESPONSE OF ALFRED HEALTH

Coroner's Recommendation No. 1

To improve the safety of patients with HIV/AIDS in the Infectious Diseases Unit at The Alfred hospital, it review the process for the formal follow-up to a referral to the HIV Psychiatric Liaison Service, to establish a clear pathway of accountability for action and communication of outcome.

Alfred Health Response:

The Coroner's recommendation has been partially implemented and will be fully implemented.

In response to the Recommendation made by the Coroner in December 2012 there has been an update in the referral pathway for psychiatric referrals from the Infectious Diseases Unit to the Victorian HIV Mental Health Service. This pathway is outlined below and is supplemented by a Flow Chart which has been developed specifically for referral from the inpatient units to the service. This document is to be provided to each department within the Infectious Diseases Unit and updated on an annual basis.

Also an outline of the service expectations regarding the management of referrals titled 'Referral Process for Inpatients of the HIV Mental Health Service at The Alfred' has been developed and will be provided to all staff taking referrals to the Victorian HIV Mental Health Service as part of their orientation to the HIV Service.

RECEIVED AT
10 MAR 2015
CORONERS COURT OF VICTORIA

Victorian HIV Mental Health Service Referral Pathway

Inpatients & Outpatients

The HIV Mental Health Service (VHMHS) is a team with psychiatry and psychiatric nursing expertise available for assisting in the psychiatric management of HIV positive patients and, by arrangement, can be involved in education and secondary consultation regarding the psychological issues associated with the management of patients who are HIV positive. The service is based at The Alfred Hospital and has satellite clinics for patient assessments at scheduled appointment times.

The service operates during office hours.

Outside these times initial advice or assessment will be provided by the Psychiatry Crisis Services (Triage & CATT) for community clients and Consultation-Liaison Psychiatry on call services for clients hospitalised at The Alfred.

REFERRALS

Outpatient Referrals (Non-urgent)
Please complete the VHMHS Referral Form and FAX the details to **FAX: 9076 8819.**
If review nominated for greater than four weeks the next available outpatient appointment will be booked and forwarded to the patient.

Indications for a more pressing review include:
Suicidal thinking or planning
A sudden change in mental state, with or without associated distress
Family or carer concern about mental state
A history of self harm, aggression or significant mental illness
Newly emerging mental illness

If you have requested review within four weeks the referral will be triaged by our **Psychiatric Liaison Nurse, (mobile:0405303042).** Please include your contact details on the referral as we will attempt to make contact with you by the next business day to clarify the referral and discuss the plan for assessment. According to need an appointment will be made either in ID Outpatients, at one of our satellite clinics (MSHC, Waiora Clinic or Monash Medical Centre ID Outpatients) or other arrangements as indicated.

Inpatient Referrals (Non-urgent)
Please complete the General Consultation ('green') sheet with an outline of the reason for referral and place it in the front of the patients file. The referral should then be discussed in person with the **VHMHS Psychiatry Registrar (pager 5242),** to clarify the referral information and plan the timing and process of the assessment.
If there is an acute change in the patient's situation please contact us to review the initial plan.

Urgent Referrals
If there are serious or immediate concerns regarding patient or staff safety then a **'Code Grey'** should be called by **dialling 88** on the hospital phone system.
There are occasionally circumstances where an urgent review is required to assess risk associated with psychiatric presentations. For urgent psychiatric assessment the **VHMHS Psychiatry Registrar (Pager 5242)** should be contacted. If unavailable then contact the VHMHS **psychiatric nurse (mobile 0405 303 042).** If this is unsuccessful contact the VHMHS psychiatrist who can be contacted through the hospital switchboard on 90762000. If these contacts are unsuccessful psychiatric assessment can be sought from the rostered General Consultation Liaison Psychiatry Registrar through the switchboard

After Hours
For pressing referrals after business hours the general psychiatric services should be contacted. For inpatients (Including FFH & 7W) this is the **'After Hours Consultation Liaison Psychiatry Registrar' (pager 4265).** For patients in the community or Emergency Dept contact **'Psychiatric Triage'** on **Phone 1300 363 746** or page them through the **Alfred Hospital switchboard 90762000.**

February 2013

Referral Process for Inpatients of the HIV Mental Health Service at The Alfred.

This document is to be made available to and discussed with all staff working with the VHMHS service as part of their orientation to the service.

Receiving a referral

The HIV Mental Health service is part of the Consultation-Liaison & Emergency Psychiatry Unit and the Alfred Psychiatry Program. It uses a Liaison model, which means there is a close working relationship between the Infectious Diseases Unit and the HIV Mental Health Service. In this context there may be semi-formal discussions about psychiatric issues regarding specific patients and it is expected that the psychiatric team be available and engaged in some of the clinical meetings of the ID unit (generally this means attending the regular Fairfield House Meetings). However to generate a specific review a formal referral is required. This involves the referring unit completing the hospital Consultation Sheet and then contacting the HIV Mental Health Service to discuss the specific issues about the referral and to make a plan.

The Psychiatry Registrar is the first contact point for these referrals and carries a pager on which they can be contacted (pager 5242). This contact number is available through the hospital switchboard. The VHMHS Psychiatric Registrar is contactable during business hours however as he/she has offsite work commitments and are able to take calls it is understood that they may not always available to respond immediately in personal to requests.

The VHMHS Psychiatric Liaison Nurse is also available to assist with triage of referrals, to perform initial assessments and to provide ongoing psychiatric care in liaison with the treating unit. The Psych Liaison Nurse carries a mobile phone (0405303042) or can be contacted through the hospital switchboard. It is important to note this position is a part time position and so calls may not be able to be retuned until the next working day.

As there will be rostered times where the registrar and/or nurse are not on site, or are on annual leave the role for taking referrals will be covered by the general CL staff or after-hours staff, whichever is appropriate. It is the responsibility of the VHMHS staff to notify general CL staff or the VHMHS psychiatrist of any gaps in the planned availability for referrals so cover arrangements can be made.

If there are urgent enquiries or concerns regarding an appropriate response these should be directed to the VHMHS Psychiatrist for clarification of referral pathway or to mobilise further resources to assist.

Referral Pathway

RECEIVING THE REFERRAL: Once a referral has been received, contact with the referring unit should include an initial discussion about any imminent risks. It is generally expected that a review will occur within 24 hours, or by the next business day. However if there are more urgent concerns and the VHMHS staff are unable to

respond then they should liaise with the general Psychiatry Consultation Liaison Service to ensure the assessment can take place in a timely fashion.

KEEPING TRACK OF THE REFERRAL: All referrals to VHMHS service should be listed by the VHMHS registrar on the office white board, so that a working record of the current referrals is available. This list will be reviewed and all names discussed at the weekly meetings of the service. When patients are discharged from the service the name should be removed.

ESCALATION TO THE CONSULTANT: The necessity for consultant review, as distinct from discussion of the patient, will depend on seniority of the registrar, the urgency of the problem, and the nature of the clinical problem. As a general rule registrars should discuss all patients they see with the VHMHS consultant. There is a weekly team meeting specifically to discuss clinical issues in detail but there are several other opportunities during the week where both registrar and consultant will be in contact (General CL meeting, Supervision, Outpatient Session). The consultant is available by phone to discuss more pressing matters at other times during the week. It is expected that the consultant will be available to review patients as required after discussion with the registrar or CL nurse. In circumstances where the VHMHS psychiatrist is unavailable urgent matters should be directed to the Head of Consultation Liaison Psychiatry.

THE ASSESSMENT & DOCUMENTATION: The registrar will undertake to complete a biopsychosocial assessment and a risk assessment of the patient and will record this in the progress notes of the patient's medical file. Documentation must serve as both a record of the psychiatric registrar's thoughts and a communication tool. It must be understandable to the referring unit. The writing must be legible and in plain English. The notes should include the date, the name of the registrar and their designation, a brief note about the referral details (who referred the patient, why, and when) a history from the patient, past psychiatric history, current medications, and mental state examination. It should conclude with a summary, a diagnosis, a plan which includes management of risks, and comment as to plans for consultant review.

VERBAL COMMUNICATION: In addition to writing in the patient's file it is also expected that the VHMHS registrar/nurse/psychiatrist will communicate in person with the referring team the results of the assessment. This feedback can occur either by phone, personally or in the setting of the regular clinical meetings. Communication should ideally involve the patient's family and/or carer and consent to this end should be sought from the patient and documented.

MANAGING THE UNCOOPERATIVE PATIENT: In instances where a patient declines an assessment, this must be reported back to the referring staff from the parent unit immediately. Every effort should be made to try to understand the reasons for this refusal and if possible the patient's concerns accommodated. Decisions about whether to coerce the patient to receive psychiatric care must involve a balance of risk and benefit and an understanding of the patient's mental state. If there are indications of imminent risk or impaired capacity, then the patient's expressed wish can be overridden.

If the patient lacks capacity, this may be done with the consent of a 'person responsible', including first degree relatives as defined under the Guardianship Act or by a person appointed as a medical guardian or with a medical power of attorney. If the patient has a mental illness and lacks capacity to consent to treatment of that illness, then the patient can be recommended under the mental health act and consent sought from the authorized psychiatrist. Finally, if the patient lacks capacity and is at imminent risk of harm to self or others, staff may intervene under common law 'duty of care' provisions.

In situations where there is a high suspicion of immediate risk and the patient makes what appears to be a competent decision to decline a psychiatric assessment the assessment should be discussed with the consultant psychiatrist.

Coroner's Recommendation No. 2

To increase the safety of patients with HIV/AIDS in the Infectious Disease Unit at The Alfred Hospital, the nursing staff on the Infectious Diseases Unit should undertake training in the assessment of patient's mental states and of the out-of hours referral process to the HIV Psychiatric Liaison Service.

Alfred Health Response:

The Coroner's recommendation has been partially implemented and will be fully implemented as outlined below.

In formulating this response Alfred Health has taken into consideration a range of organisation wide activities that have been developed and implemented across the organisation aimed at improving the observation/assessment and escalation of care. In addition to these organisation-wide activities, there are also specific act ivies that relate to this Recommendation.

Organisational Activities

1. Guideline development – Depression: Prevention, Assessment and Management – approved in April 2011 and due for review April 2014. (attachment 1)
2. Review and development of the initial nursing assessment tool (INAT) to include more comprehensive psychological/neurological and cognitive assessments (page 2 of 6 - attachment 2).
3. Introduction of Patient Regular Assessment of Patients needs Rounding (RAP Rounding) at The Alfred in 2010 implemented to improve the structure of regular patient assessment in the ward environment. (implementation toolkit attachment 3)
4. Introduction of daily multidisciplinary board rounds across all wards to flag issues pertaining to progression of care and flag issues (implemented in 2011 date not defined).
5. Introduction of a defined escalation process for the deteriorating patient which outlines a process for clinical staff utilise to ensure adequate and timely response to patient needs are met (attachment 4).

Specific Activities

1. Development of Victorian HIV Mental Health Service Referral Pathway and flow chart – linking to current escalation protocols when response not timely. Aim to roll out in March 2013 (attachment 5).
2. In collaboration with mental health team development of agreed high risk patient groups to be included in ward based orientation materials in both Fairfield House (FFH) and Ward 7 West – implementation April 2013 (attachment 6).
3. Introduction of Biannual in-service program run by mental health team to educate nurses on high risk assessment, escalation and management by using case presentations. To be delivered across FFH and ward 7 West (attachment 7).
4. Introduction of a visual flag on the patient management boards (yellow magnetic dot) for high risk patient groups to ensure discussion at board rounds includes prompts for multi-disciplinary team to be alert to assessment of changes in high risk patient groups. This aligns to the current visual flag system for other high risk patient groups including orange for falls, and blue for pressure injury high risk groups. To be implemented April 2013.