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Ms Melissa Purdy
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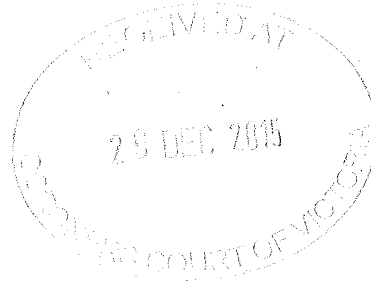


21 December 2015

Dear Ms Purdy

Re: TMY
Coroner's Ref No: 0293/11

I refer to your letter of 8 August 2014 which attached a copy of the Finding of Coroner Carlin delivered on 10 July 2014.

In the course of her Finding, Coroner Carlin made three recommendations, two of which were specifically directed to Monash Health. In accordance with our usual protocols, the Finding was referred for internal consideration within our Quality Unit.

Coroner's recommendations number (1) and (2) were implemented in 2014. 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.

I enclose details of the Monash Health response to the two recommendations.

- Recommendation 1: Monash Health introduce a clear written procedure whereby patients brought into an Emergency Department by police pursuant to Section 351 *Mental Health Act 2014* cannot be discharged prior to a mental health assessment and completion of a Mental Health Assessment Form.

  We have updated the 'Assessment, Treatment, Transfer and Discharge Mental Health, Emergency Department' procedure to incorporate the Recommendation.

  We have developed a new procedure, titled 'Patients arriving with Police Escort to the Emergency Department' which addresses this Recommendation.

- Recommendation 2: Monash Health introduce a clear written procedure in the event a patient brought into an Emergency Department by police pursuant to Section 351 *Mental Health Act 2014* absconds or is discharged without a mental health assessment. Particular consideration should be given to requiring immediate notification of Emergency Services Telecommunications Authority (ESTA) and the on-call consultant psychiatrist.

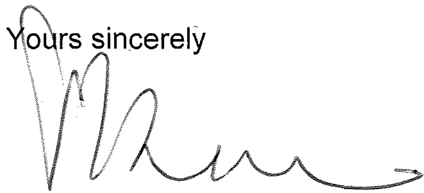
  We have developed and written a new procedure, 'Mental Health Unplanned Departure Emergency Departments' that addresses the Recommendation.

Copies of the above procedures are enclosed.

- Recommendation 3: The Chief Commissioner of Police, Monash Health and the Department of Health investigate the feasibility of requiring the Mental Disorder Transfer Form to record the signature of the person to whom custody has been transferred, as well as the date and time of transfer.

  The Operations Manager Mental Health had discussions with Victoria Police in 2014 regarding their Mental Disorder Transfer form. Any alteration to their form was left with Victoria Police to consider and implement.

Yours sincerely



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23 DEC 2015

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.

7 Triaged 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

Who must comply with this procedure?

All Monash Health Security, Emergency and Mental Health Nursing and Medical staff.

This procedure applies in the following setting:

This policy is applicable to patients brought in to the emergency department with police escort under section 351 of the Mental Health Act, patients with a varied Community Treatment Order (CTO) or with any behavioural disturbance requiring police escort.

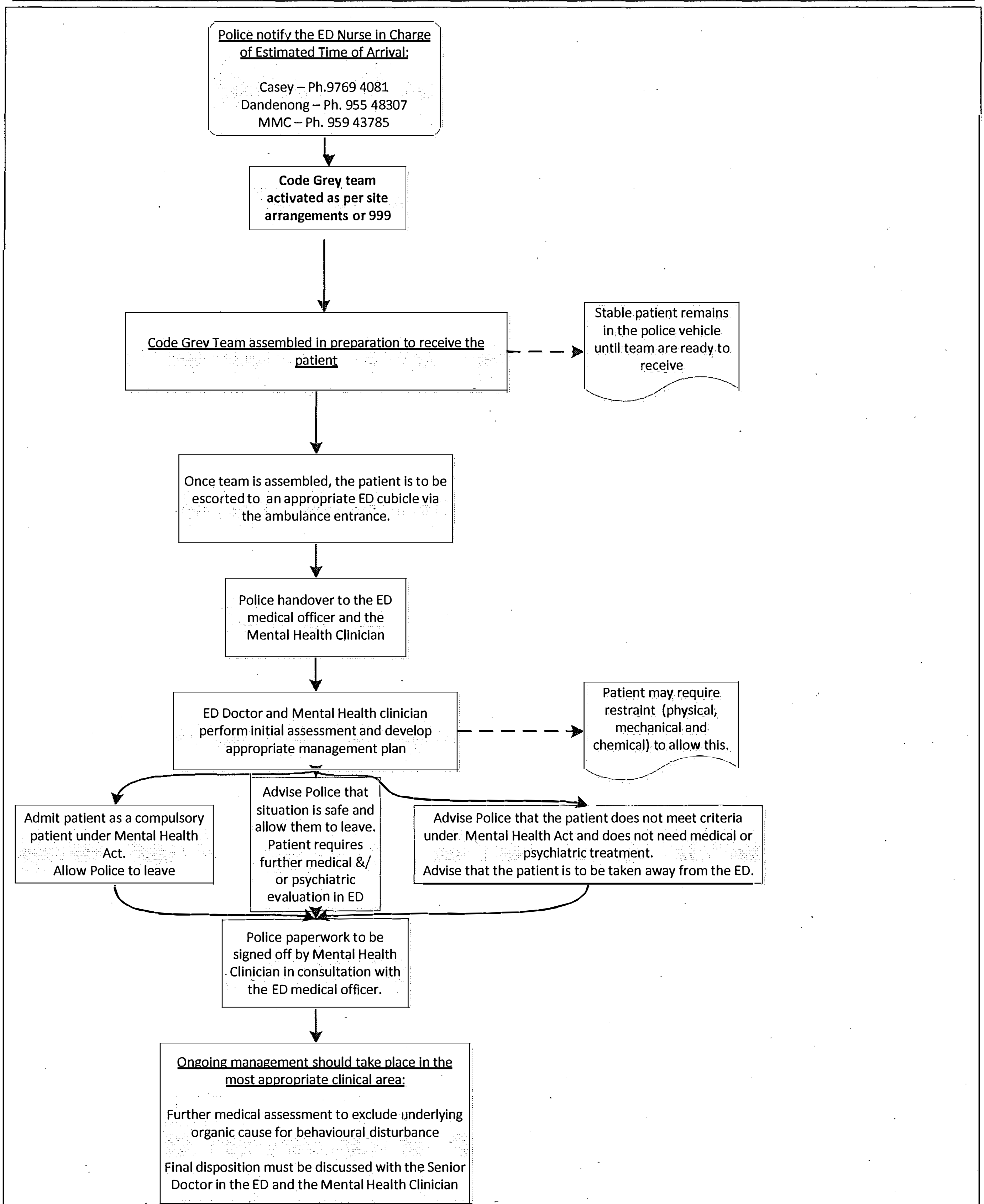
Precautions and Contraindications

- If chemical restraint is used, the patient must be managed in a visible monitored cubicle with continuous monitoring of vital signs.
- If mechanical restraints are used the patient must be placed in a visible cubicle with regular neurovascular assessment of restrained limbs. Mechanical restraints should only be used temporarily until chemical restraint has had an effect. If mechanical restraints are to be used, they must be applied in accordance with the Mental Health Act (documentation and monitoring), and Monash Health policy.
- If a patient is unable to immediately be brought into the ED, they will need a medical review to determine if they can safely remain in the police vehicle until an appropriate treatment space and staff are available in ED.
- Behavioural disturbance may be labelled as a psychological illness but may mask or be due to an underlying organic illness.
- By agreement between police and the hospital staff, police may release the patient from custody into the care of hospital staff subject to the following considerations:
    - **If there are no significant safety concerns** – police can transfer care to hospital staff at any time and the person is released from police custody. If care is transferred, hospital staff will be responsible to arrange for the person to be assessed by a doctor &/or ECATT clinician
    - **If there are significant safety concerns** – police, by agreement with hospital staff should remain until the assessment by a doctor &/ or ECATT clinician is complete.

Equipment

Mechanical and chemical restraints may need to be prepared prior to patient being assessed in cubicle.

- Mechanical restraints may need to be applied to trolley by security officer prior to patient's arrival
- Medications and equipment for intravenous access may need to be prepared prior to patient's arrival



Useful resources

Pharmacological Management of Agitated Patients

Restraint in Mental Health

Restraint (Excluding Mental Health and Residential Aged Care Services)

Mental Health Act (Victoria)

Code Grey Procedure

Assessment, treatment, transfer and discharge Mental Health Emergency Department

Police Powers under Victoria's Mental Health Act (Department of Health website)

Keywords or tags

Mental health, acute behavioural disturbance, emergency department, police escort, section 351

Document Management
Policy supported: Patient Access and Flow
Background: Patient Access and Flow
Executive sponsor: Chief Operating Officer
Person responsible: Medical Director Emergency Program
Authorisation Date:
Review Date:
Version Number:

Who must comply with this procedure?

All Monash Health ECATT staff and Emergency department medical staff / nursing staff / allied health staff.

This procedure applies in the following setting:

Emergency Department

Precautions and Contraindications

1. The two cases where the departure from ED is considered an unplanned departure are:
   - Compulsory patients who departs without being discharged.
   - Voluntary patient who departs without being discharged.
2. All compulsory patients under the MHA 2014 who take an unplanned departure will be considered an 'ABSCOND'.
3. Any compulsory patient must remain in the ED department at all times during the entire duration of their stay in ED, with no leave.
4. All patients, whether compulsory or voluntary who take an unplanned departure will immediately be subject to ED Unplanned Departures procedure EXCEPT :
   - A compulsory patient who, if they are brought in by police, they abscond before ED accepts custody of them.
   - Patients brought in by relatives or any other persons who abscond before being triaged and admitted by ED.
5. All activities done in ED ought to be entered in the Symphony e-notes and, in particular, e-notes about clinical handover/consultations that have occurred amongst staff must include both the designation and the name of the persons involved.

Equipment

MHA 124 -Apprehension of patient without leave

This procedure outlines

Return to compulsory patients

Police Mobilisation

CCT Mobilisation

CATT Mobilisation

Return of Voluntary Mental Health Patients

Procedure

1. Return of Compulsory patients

1.1 The coordination of the effort to return patients to ED will be the responsibility of ECATT regardless of whether ECATT had seen the patient or not before they absconded.

1.2 ECATT will plan the patient's return strategy in consultation with

- ED Consultant/treating doctor and/or ED nurse in charge
- ECATT Psychiatrist (Business Hours)

- On call Consultant Psychiatrist (Adult; ELMHS or Aged as appropriate.)
- Third parties present in ED who are involved with the patient to gain an impression of the patient's current and known historical risks.
- Information from all appropriate data bases for recorded mental state trends and historical risks of the patient.

1.3 At a minimum, ECATT will communicate all progress of the patient return activities they undertake via Symphony e-notes and via verbal handover to relevant parties including.

1.4 ECATT will notify Psychiatric Triage Service to put consumer on alert.

1.5 ECATT will make all reasonable attempts to contact the patient by telephone and invite them to return back to Emergency Department.

1.6. Where there are Next of Kin details available ECATT staff will also make all reasonable attempts to contact them. If they are appropriate and willing they can be requested to assist in the return of the patient or, to notify the PTS staff if they sight or make contact with the patient.

1.7 If after steps 5 and 6 ECATT determine that there is a need to mobilise further resources to bring the patient back then ECATT will determine the most appropriate resources to mobilise i.e.

- Police (automatic requirement for all compulsory patients)

And/or

- CCT if patient is case managed

And/or

- CATT

2 Police mobilisation:

2.1 ECATT will phone the police and give them verbal handover.

2.2 Fax through a copy of the MHA 124 -Apprehension of patient without leave (this form is for compulsory patients only).

2.3 Record on the Symphony e-notes the name of the Officer who took the report and the Officer's fax number, phone number and station

3 CCT mobilisation:

3.1 CCT can only be requested to attend to such incidents between the hours of 0900-1600 hours.

3.2 Once ECATT handover to CCT the responsibility to find the patient that responsibility will lie with the CCT from the time of handover until 1600 hours.

3.3 If CCT staff locate the patient they will notify ECATT and make the safest arrangements to return the patient.

3.4 If by 1600 hours the CCT staff fail to locate the patient they will handover back to ECATT the responsibility to find the patient. ECATT can then consider CATT mobilisation.

4 CATT mobilisation:

4.1 CATT can only be requested to attend to such incidents between 0800 hours and 2100 hours.

4.2 Once ECATT handover the responsibility to CATT to find the patient that responsibility will lie with CATT from the time of handover until the person has been unfound for 24 hours.

4.3 If CATT locates the patient prior to the 24 hour mark they will notify ECATT and make the safest arrangements to return the patient.

4.4 If 24 hours has elapsed before CATT locates the patient they will make a missing persons report to the Police via telephone .This phone call must be made to the same police station that was sent the MHA 124.

4.5 Once the patient is reported to the Police as a 'missing person', the final discretion to stop efforts of welfare checks on the patient will lie with the CATT team. The CATT team must record all efforts made and ensure these details are scanned unto the patient's record on SMR.

4.6 If the patient is returned or presents back to the Emergency Department at Monash or another hospital , whoever had responsibility for the patient's return (ECATT/CATT) will update all persons and services that had originally been notified of the abscond episode.

5 Return of Voluntary Mental Health Patients

5.1 Not all voluntary patients will require to be returned to Emergency Department.

5.2 To arrive at a decision for which ones will need AWOL process mobilised ECATT staff will consult with

- Emergency Department Consultant and ED nurse in charge.
- Next of kin and/or any third parties who may be able to give insight into the patient's current and historical levels of risk.
- Search all appropriate data bases for recorded historical risks of the patient.
- Consult with the ECATT Psychiatrist if it's during Business Hours or the On-call Consultant Psychiatrist if it's after hours.

5.3 If the final decision is indicative of a patient at medium or high risk then ECATT will mobilize the following welfare check process:

5.4 Notify Psychiatric Triage Service to put consumer on alert.

5.5 Make all reasonable attempts to contact the patient by telephone and invite them back to either commence or complete the assessment or to allow further treatment to occur.

5.6 Where a Next of Kin is available, make all reasonable attempts to notify them. If they are

appropriate and willing, they can be requested to assist in the return of the patient or notify PTS if they sight or make contact with the patient.

5.7 If unable to contact the patient or the next of kin or if the outcome of the contact with either the patient or the next of kin is indicative of more assertive follow up required, ECATT will refer the patient's case to CATT who after that point will have the responsibility to make the arrangements for welfare check with or without Police involvement and all other further follow up required in the future.

5.8 The final discretion to stop efforts of welfare checks on the patient will lie with the CATT team. The CATT team must record all efforts made and ensure these details are scanned unto the patient's record on SMR.

List of Implementation Tools

MHA 124 -Apprehension of patient without leave

Document Management
Policy supported: Assessment, Care Planning and Discharge (Operational)
Executive sponsor: Chief Operating Officer
Person responsible: Compliance Coordinator