Alerts and Notifications of Clinical Risk Procedure

Effective: 23 September 2019

1. Guiding Principles

The Great Southern Mental Health Service (GSMHS) promotes the provision of effective and appropriate care in a safe environment for consumers, carers and staff by ensuring clinical risks are appropriately assessed, recorded and managed.

The Alerts and Notifications of Clinical Risk Procedure outlines the minimum requirements for the identification and documentation of clinical alerts within medical records and clinical information systems to ensure consistent, safe and immediately available clinical alert information to all employees

The objective of this procedure is to reduce the risk of an adverse event related to an identified risk by improving communication of these risks when engaging with consumers.

Ensuring all employees are aware of the need to recognise and manage risk and can identify the standardised process for communication and documentation of risk and alerts in the Medical Record, PSOLIS and WebPAS

To ensure compliance, this procedure outlines formal processes for ensuring risks are assessed, recorded appropriately and regularly reviewed for integrity and accuracy of information within the clinical record, PSOLIS and the relevant Patient Administration System (WebPAS).

2. Procedure

Where clinical assessment and expertise suggests a risk is identified or on entry to the service the clinician is responsible for:
- ensuring that the risk is accurately recorded on the Risk Alert Notification Form (GS MR 0.3), in the medical record and on the medication chart (if an Adverse Drug Reaction)
- record the risk as an alert on PSOLIS
- developing a risk management plan as per the WA CRAM Policy utilising the relevant SSCD and endorsed documents (Risk Assessment and Management Plan SMH MR 905).

Any significant risks identified must be escalated to relevant line manager or delegate.

2.1 PSOLIS

PSOLIS Alerts provide immediate information regarding risk factors that increase the vulnerability of the patients, staff, relatives or other patients to physical, environmental, social or psychological harm that should be taken into consideration when assessing and treating the consumer.

Any risks that are identified by clinicians are to be entered immediately in PSOLIS as an alert. Each alert entered into PSOLIS must have a qualifying or substantiating statement in the details field.

Alert categories include:

Behavioural
Assaultive behaviour includes verbal aggression, self-harm, substance/alcohol misuse, possession/access to/misuse of weapons, medication adherence/compliance, absconding, resistance to admission to hospital (requires enticement), non - compliance to treatment.

Forensic
Any criminal conviction; any CLMIDA issue; condition of bail or parole

Medical
Any physical medical condition or disability; allergies to medications, food, organic, topical drugs and dressings. Treatment resistant conditions i.e.: resistance to anti-psychotic drugs

Microbiological
Infectious diseases; antibiotic resistance i.e. penicillin

Social
Family history of threatening staff; sexual assault; domestic violence; child abuse/neglect; patient/client; requests boyfriend not to visit; living conditions are hostile (lives in a house with drug users)

Other
Any other alert. May not necessarily be related directly to the client but it is a risk to MH staff, for example aggressive animals.

2.2   WebPAS

Access to clinical information on PSOLIS is limited to clinicians who are in Mental Health services or Emergency Departments.

WebPAS is the current Patient Administration System (PAS) that is used State-wide for all WA Health Sites. The WebPAS system delivers patient data to a variety of clinical and non-clinical applications used throughout WA Health. Risk alerts need to be added to WebPAS to ensure clear communication and recognition of risk throughout all clinical areas.

When clinical assessment and expertise suggests that there is a risk that needs to be entered on WebPAS, clinicians must:

- Complete a GS MR0.3 Risk Alert Notification form to communicate a request for the WebPAS entry of an alert.

- Send a copy to the relevant line manager or delegate, for validation. Thereafter the validated form is sent to administration services for recording onto WebPAS by GS Health Information Management

2.3   Medical Record

To assist in efficient access to identified alerts, each clinical record must contain a red 'Risk 'divider at the front of the clinical record.

At the time of entering a new referral, administrative staff are to check for any WebPAS Alerts against the client. Clinicians are responsible for checking PSOLIS for any Alerts against the client. A copy of both records must be printed out and placed in the medical record

Risks must be assessed and documented by clinicians utilising the relevant Statewide Standardised Clinical Documentation (SSCD) form Risk Assessment and Management Plan SMH MR 905 and any other endorsed risk assessment tools (e.g. falls risk assessment tool) at:

- entry to the service
- when there is a significant change in the consumer's presentation or circumstances, (either deterioration or improvement)
- at formal Multidisciplinary Team (MDT) clinical review of the management plan
- at a minimum of three monthly
- at discharge or on transfer of care.

Documentation Requirements for Outpatients:
A PSOLIS service event is to be entered reflecting the risk assessment and management plan along with a mental state examination and a copy of the service event filed in the consumers medical record.

Documentation Requirements for Inpatients:
An entry in the medical record must be completed reflecting the risk assessment and management plan along with a mental state examination. The "Risk Assessment" stamp must be used on the entry to highlight a risk assessment has been completed.

2.4   Allergies and Adverse Drug Reactions

Where an allergy or Adverse Drug Reactions (ADR) is identified the clinician is responsible for:
- completing the Medication Chart ADR section and applying an ADR sticker is to the chart
- placing a red ID band on the patient (if an inpatient)
- placing an alert sticker on the front of the medical record
- including details on PSOLIS

- providing and documenting the information given to the patient about the ADR, and their carer/next of kin/nominated person as required
- complete a GS MR0.3 Risk Alert Notification form to communicate a request for the WebPAS entry of an alert.

2.5   Microbiological Risks

Where a new microbiological risk is identified, the clinician is responsible for:
- following WACHS Infection Prevention and Control Policy
- updating PSOLIS and the GS MR0.3 Risk Alert Notification
- informing the GS Infection Control Department
- where a patient is admitted with a known Micro Alert the clerical or triage personnel are responsible to inform the treating clinician.**Clinical Handover**

Clinicians must use a structured process to effectively communicate critical information, alerts and risks when the identified risk emerges or changes at minimum on:
- entry to the service
- clinical handover between mental health workers
- when there is a significant change in the consumer's presentation or circumstances, (either deterioration or improvement)
- at formal Multidisciplinary Team (MDT) clinical review of the management plan
- at discharge or on transfer of care.

2.6   Removal of Redundant Risks/Alerts

PSOLIS
It is recommended that PSOLIS Alerts be reviewed (or expired) by the case manager at activation then every 91 days in line with clinical reviews, NOCC and management plan reviews and also at deactivation, with a view to possibly expiring alerts at deactivation/discharge

WebPAS
Where risk/alert listed in the clinical record, webPAS or PSOLIS are no longer relevant the clinician is responsible for updating records to accurately reflect current risks in consultation with the line manager.

Where cessation is approved:
- the entry on the GS MR0.3 Risk Alert Notification form is crossed out using two (2) diagonal lines with the reason clearly detailed beside, signed and dated by the line manager.

3. Definitions

Adverse Drug Reaction (ADR)	A response to a medicine that is noxious and unintended, and occurs at doses normally used or tested in humans for the prophylaxis, diagnosis or therapy of disease, or for the modification of physiological function. An allergy is a type of adverse drug reaction.
Alert	Warning of a potential risk to a patient.
Clinical handover	The transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis.
Clinical information system	Computerised healthcare record and management system that is used by clinicians in healthcare settings.
Risk	The chance of something happening that will have a negative impact. Risk is measured by the consequences of an event and its likelihood.

4. Roles and Responsibilities

Clinical Director
Clinically lead the service by ensuring excellence in local clinical governance systems and defining clinical best practice.

Manager Great Southern Mental Health Service
Provide managerial support to the APU via clear expectations of operational unit role and ensuring that there are adequate resources to meet these. Monitor the team performance against the agreed performance indicators.

Acute Psychiatric Unit Clinical Nurse Manager
Identify and communicate organisational and local ward clinical governance structures. Provide day to day monitoring of the ward clinical governance processes.

Shift Coordinator
The Shift Coordinator is responsible for supervising, monitoring, delegating, and communicating all operational processes involving the provision of safe and effective nursing care.

Clinical Nurses, Registered Nurses and Enrolled Nurses

Deliver care within the scope of practice for registration and competence. Undertake tasks as delegated or as scheduled by shift coordinator instructions. Escalate to the shift coordinator any clinical, OSH, or security incidents, near misses, and patient complaints. Communicate immediately with the shift coordinator if there is any deterioration in a patient's condition or when the delivery of patient care is outside of the nurse's scope of practice or competence. Liaise with the shift coordinator to communicate the patient's condition and care, including use of discretionary/prn medications.

5. Compliance.

This procedure is a mandatory requirement under the *Mental Health Act 2014*. Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Employment Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.

Records Management Policy
Health Record Management Policy

7. Evaluation

Monitoring of compliance with this document is to be carried out by Management Team GSMHS, through ongoing auditing of available tools and monitoring of patient care.

8. Standards

National Safety and Quality Health Service Standards– 1.3, 1.7, 1.8, 1.10, 1.11, 1.15, 1.16, 1.17, 1.18, 1.30, 2.1, 3.2, 3.4, 4.1, 4.7, 4.8, 5.1, 5.2, 5.7, 5.10, 5.11, 5.12, 5.13, 5.31, 5.33, 5.34, 6.1, 6.2, 6.7, 6.8, 6.9, 6.10, 6.11,
National Standards for Mental Health Services – 2.3, 2.4, 2.6, 2.7, 2.9, 2.11, 2.13, 8.7, 8.9, 8.10, 10.4.2

9. Legislation

Occupational Safety and Health Act 1984 (WA)
Mental Health Act 2014 (WA)

Printed or saved electronic copies of this policy document are considered uncontrolled. Always source the current version from WACHS HealthPoint Policies.

Date of Last Review: September 2019   Page 6 of 7   Date Next Review: September 2024

10. References

1. [Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia Professor Bryant Stokes, AM](#)
2. [July 2012](#)
3. [Western Australian Government Response To the report on the Review of the Admission or referral to and the discharge and transfer practices of public mental health facilities services in Western Australia Professor Bryant Stokes AM July 2012](#)
4. [Chief Psychiatrist Clinicians' Practice Guide to the Mental Health Act 2014](#)
5. [Chief Psychiatrist's Standards for Clinical Care](#)
6. [National Practice Standards for the Mental Health Workforce 2013](#)

11. Related Forms

[Risk Assessment and Management Plan SMH MR 905](#)
[Statewide Standardised Clinical Documentation Suite (SSCD)](#)
[MR521 WACHS Falls Risk Assessment and Management Plan (FRAMP)](#)
[Risk Alert and Notification Form GS MR 0.3](#)

12. Related Policy Documents

WACHS [Infection Prevention and Control Policy](#)
WACHS [Documentation – WACHS Clinical Practice Standard](#)
WACHS [Acute Psychiatric Unit Clinical Handover Procedure](#)

13. Related WA Health System Policies

MP0053/17 [WA Health Clinical Alert Policy](#)
[Clinical Risk Assessment and Management (CRAM) in Western Australian Mental Health Services Policy and Standards](#)

14. Policy Framework

[Clinical Governance, Safety and Quality](#)
[Mental Health](#)

**This document can be made available in alternative formats
on request for a person with a disability**

Contact:	Clinical Educator, A/CNM (S. Dinneen)		
Directorate:	Mental Health	**EDRMS Record #**	ED-CO-19-76384
Version:	1.00	**Date Published:**	25 September 2019

Printed or saved electronic copies of this policy document are considered uncontrolled.
Always source the current version from [WACHS HealthPoint Policies](#).