Clinical Risk Assessment and Management (CRAM) Procedure

1. Background

The policy, Clinical Risk Assessment and Management (CRAM) in Western Australian Mental Health Services: Policy and Standards' (2008) outlines a standardised approach to clinical risk assessment and management throughout the Western Australian public mental health service (i.e. inpatient units and community mental health services). The Mandatory Policy 0074/17 Clinical Care of People Who May Be Suicidal also guides Health Service Providers in both the assessment of risk and the promotion of safety.

The aim of this document is to assist Goldfields Mental Health Service (GMHS) clinicians to implement the CRAM policy and make informed judgments pertaining to risks and safety.

There are three different tools used in GMHS for risk assessments, the CRAM form, the Brief Risk Assessment (BRA) form and the Progressive Risk Assessment sticker.

2. Procedure

2.1 Risks
Examples of risk that may be identified include:

Risks to self (or from others)	Risk to others
Risk of suicide	Risk of violence
Risk of deliberate self-harm	Intentional/unintentional harm to a child
Risk of self-neglect	Deliberate/accidental fire setting
Risk of harm from others e.g. abuse, exploitation	Risk of sexual offending
Accidental harm	

2.2 The Risk Assessment Process

Risk Assessment
All levels of risk are to be documented and wherever possible the risk assessment is to be completed with the patient, personal support person and/or advocate. If this is not possible or appropriate, the reasons for this should be clearly documented in the medical record.

A risk assessment process is to be used in the following situations:
- On initial assessment by the GMHS.
- On admission/activation.
- Incidents or major changes in the patient's circumstances
- Known times of high risk in relation to the patient e.g. anniversary dates
- Reports of concern by carers, personal support person/s and or advocate

- · When the patient requests a review
- · When a patient declines treatment and support
- · When a patient is at significant risk of injury to self or others
- · When a patient receives involuntary treatment or is removed from an involuntary order
- · When a patient is transferred between service sites and service settings i.e. community to inpatient and vice versa.
- · At three (3) monthly team reviews of community patients.
- · With any major changes of clinical presentation and where a more comprehensive risk assessment is required
- · With any significant changes to the patient's treatment plan and or risk.
- · Prior to being granted leave from the GMHIS
- · On discharge/deactivation.

The Brief Risk Assessment (BRA) available via PSOLIS is the currently recommended electronic proforma documentation of risk assessment. The Statewide Standardised Clinical Documentation (SSCD) SMHMR905 Mental Health Risk Assessment and Management Plan / CAMHS002 Child and Adolescent Risk Assessment and Management Plan) is the currently recommended **paper-based** pro forma documentation for risk assessment.

The completed risk assessment forms are to be filed in the patient's medical record. BRA forms completed in PSOLIS must be printed, signed by the clinician and filed in the patient medical record and an entry made in the patient's progress notes that a risk assessment has been completed. The patient, carer, personal support person/s and/or advocate with whom the risk assessment is completed are encouraged to sign the forms.

When a patient's risk is assessed and escalates from low to medium or high, the assessing clinician must discuss any required changes to the treatment plan with the treating Psychiatrist. This discussion, including any subsequent action, is to be documented in the medical record.

The risk assessment is to be shared within the multidisciplinary team (MDT). The completion of the risk assessment along with the patient's initial assessment and any progressive risk assessment is to shape the PSOLIS Client Management Plan/Crisis Plan or the Inpatient Treatment Plan.

All changes to the patient's level of risk during their treatment should be reflected in the Management, Crisis or Inpatient Treatment Plans. These plans are to include a summary of all risks identified, formulations of the situations in which risk may occur, and actions to be taken to enhance safety.

Progressive Risk Assessment
- · To assist clinicians to document risks within the progress notes a Progressive Risk Assessment sticker is available that meets the CRAM policy standards.
- · The Progressive Risk Assessment sticker is a tool which captures a 'snapshot' of risk. It can be used to support the assessor in identifying risks and making the decision as to whether a further more detailed risk assessment is required.

- The Progressive Risk Assessment Sticker is an aid for clinicians to record risk assessments that are to be performed in the following situations:
    - At team meetings, care plan reviews
    - When a major change in mental state is identified
    - When a change in level of observation is initiated- increasing or decreasing
    - With a change of legal status
    - On transfer between wards or services
    - Prior to granting leave including EGA or UGA- first episode only
    - Prior to discharge from service
- The Progressive Risk Assessment is for progress note use only. Ensure the sticker does not cover any existing written documentation and that it immediately follows the last clinical entry.
- Any clinician deemed competent to complete a risk assessment can complete a Progressive Risk Assessment.
- Each domain needs to be assessed for risk within the 'low', 'moderate' or 'high' category. More information on the risks identified in the BRA or the CRAM can be documented in the adjacent progress notes section.
- If concerns are expressed by significant others, comment on the concern and provide the name of the significant other.
- The clinician must complete the 'Action Required' in order to identify how the risk(s) is to be minimised or eliminated.
- The clinician must document the their name and designation in block letters, date and time in full, and sign the Progressive Risk Assessment Sticker.
- Share the information with those who need to know within the MDT.

Below is an example of how to complete the Progressive Risk Assessment sticker.

Example – Inpatient

PROGRESSIVE RISK ASSESSMENT (Inpatient)				"LOW": Little or no evidence to support current risk. "MODERATE": Requires monitoring and action to minimise risk.
REASON FOR STICKER: (*please circle*): Team Meeting ☐ Change in Mental State ☐ Transfer ☐ Other……………				
RISKS	**LOW**	**MODERATE**	**HIGH**	
Harm to Self		ü		
Harm to Others		ü		
Harm from Others	ü			
Impulsivity		ü		
Absconding	ü			
Psychosocial		ü		

Concern expressed by significant others *(comment if any):*
J.Hocks (paternal g'mo) advised on 13/4/17 that patient had stolen money from her whilst on daily leave.

Action Required:
Inform team of recent concern. Liaise with g'mo for further information as necessary. Consider visual obs for absconding – for medical review. SW to investigate social circumstances of pt.
Name: Tina Sparkle   Designation: RN
Signature ……………………….Date: 15/4/17   Time: 15.30

Any changes in the patients risk level during their treatment needs to be reflected on the Client Management Plan

Example – Community

PROGRESSIVE RISK ASSESSMENT (Community)			
REASON FOR STICKER: *(please circle):* Team Meeting ☐ Change in Mental State ☐ Transfer ☐ Other……………			
RISKS	**LOW**	**MODERATE**	**HIGH**
Harm to Self		ü	
Harm to Others	ü		
Harm from Others	ü		
Impulsivity		ü	
Psychosocial		ü	
Concern expressed by significant others *(comment if any):*			
Action Required: Medical review scheduled for 15/4/17. Refer to Social Worker. Client to remain in care of family until alternative accommodation is located.			
Name: Crystal Clear Designation: OT			
Signature …………………….. Date: 13/4/17 Time: 14:07			
Any changes in the patients risk level during their treatment needs to be reflected on the Client Management Plan			

"LOW": Little or no evidence to support current risk.
"MODERATE": Requires monitoring and action to minimise risk.
"HIGH": Definite risk factors that requires immediate attention.

3. Definitions

Risk	Risk: The likelihood of an event occurring, which may have harmful outcomes for the person or others.
Risk Assessment	A gathering of information and analysis of the potential outcomes of identified behaviours. Identifying specific risk factors of relevance to an individual, and the context in which they may occur. This process requires linking historical information to current circumstances, to anticipate possible future change.[1]
Risk Management	(Clinical) risk management aims to minimise the likelihood of adverse events within the context of the overall management of an individual. It provides the opportunity for targeted interventions to minimise the causative factors to achieve the best possible outcome and deliver safe, appropriate, effective care. Risk management can occur with the individual clinician and at a systemic level, such as the development of relapse prevention, training, environmental design.[2]
Person - centred	'Person-centred' usually denotes a way of engaging with the patient that is non-directive and supportive of the patient's wishes and thoughts about their own treatment and/or illness. [3]

4. Roles and Responsibilities

The Clinical Director and Regional Manager, Mental Health are to:
- oversee and ensure clinical governance within the GMHS
- assist staff in the resolution of any issues or problems that arise in the use of this procedure
- ensure that the principles and requirements of this procedure are applied, achieved and sustained
- develop systems to ensure all GMHS staff are provided with training and are made aware of their obligations and accompanying documentation relative to this procedure.

The Team Leader/ Clinical Nurse Manager (CNM) are to:
- ensure that all GMHS staff receives sufficient training, instruction, and supervision in the use of this procedure
- monitor and manage Case Management processes through the MDT clinical review meetings and individual clinician performance review processes
- monitor compliance and ensure staff comply with its requirements

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[1] Clinical Risk Assessment and Management in WA Mental Health Services Policy and Standards
[2] Clinical Risk Assessment and Management in WA Mental Health Services Policy and Standards
[3] Clinical Risk Assessment and Management in WA Mental Health Services Policy and Standards

All staff are to:
- ensure they comply with all requirements within the MHA 2014 and this procedure.
- promote a recovery oriented, person -centred culture within clinical practices.
- work within clinical practices, policies, operational directives, guidelines and the Australian Law to ensure a safe, equitable and positive environment for all.

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* (HSA) 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. Evaluation

All processes and practices of this procedure is to be monitored, evaluated, and developed as part of an overall quality improvement process at least every three years or as necessary should any changes to legislation or an incident occur where the procedure has not been satisfactory. File Audit: sample of files audited to review CRAM standards.

7. Standards

National Safety and Quality Healthcare Standards (First edition 2012) – 1.81, 1.8.2, 1.8.3
National Safety and Quality Healthcare Standards (Second edition 2017) – 5.7a, 5.7b,5.11, 5.12, 6.11a, 6.11b, 6.11c
EQuIPNational Standards (11-15) – 12.2.1, 12.3.1
National Standards for Mental Health Services – 2.11, 8.10

8. Legislation

Mental Health Act 2014

9. Related Forms

SMHMR905 Mental Health Risk Assessment and Management Plan
CAMHS002 Child and Adolescent Risk Assessment and Management Plan

10. Related WA Health System Policies

Clinical Risk Assessment and Management (CRAM) in Western Australian Mental Health Services Policy and Standards
Mandatory Policy 0074/17 Clinical Care of People Who May Be Suicidal

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11. Policy Framework

[Mental Health Policy Framework](#)

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

Contact:	Business Support Officer – Special Projects (V.Le Tang)		
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