Government of **Western Australia**
Department of **Health**

CHIEF PSYCHIATRIST
of Western Australia

Guidance for SAC1 Mental Health Clinical Incident Investigations

These guidance notes have been developed by the Patient Safety Surveillance Unit, Department of Health in collaboration with the Office of the Chief Psychiatrist to assist mental health clinical review teams and investigation panels when undertaking Severity Assessment Code (SAC) 1 clinical incident investigations related to mental health care. This guide should be used in conjunction with the Clinical Incident Mandatory Policy (MP0122/19), the Clinical Incident Management Guideline and Toolkit and the Chief Psychiatrists Standards for Clinical Care.

This document has been developed to assist the investigation of mental health clinical incidents following confirmation of the SAC 1 rating. The notification requirements for SAC 1 clinical incidents are detailed in the Clinical Incident Management Policy. The notification requirements for the Chief Psychiatrist are detailed on the Office of the Chief Psychiatrist website.

Reviewing the Patient Journey

The patient journey through mental health systems (hospital in-patient services, Emergency Departments (ED), community treatment services, community support services) can be complex, involve multiple services and be episodic. This can lead to fragmented care which struggles to recognise the longitudinal nature of the patient's mental illness. Of the 212,679 people accessing State mental health services between 2013-2017, 70% had more than one contact with State services and 38.5% had at least one contact with two or three of these services[1],[2].

There are key points in the patient journey where there is an increased risk of harm. These include at admission and discharge and during handovers and transitions of care, including transitions within and between mental health facilities and across medical and emergency settings.

The complexity, the long-term and evolving nature of many mental illnesses, and the challenges in recognising and addressing deterioration in an individual's mental state can create additional risks through the patient's care journey.

For people with co-occurring mental health and alcohol and other drug (AOD) issues, often immediate focus is on the AOD problems which creates challenges for addressing mental illness.

People with mental health conditions are more likely to have concurrent psychiatric and substance use disorders, to have increased risk for suicide, and have other behaviours associated with their condition which pose a risk to the individual, staff, families and other patients.

[1] Beeley J, Charlton A, Payne K. An analysis of the Department of Health's data relating to state-managed adult mental health services from 2013-2017. Perth, Western Australia: Office of the Auditor General; 2019.

[2] Beeley J, Charlton A, Payne K, et al. Access to State-managed adult mental health services. Perth, Western Australia: Office of the Auditor General Western Australia; 2019.

Contributing Factors

Following a review of the patient journey the investigation will consider health care contributing factors along with patient factors. These may not be causal but the opportunity to identify each of these factors and make recommendations for service quality improvement is the ultimate goal of clinical incident investigation. The WA health system reports 8 contributing factor categories within the approved clinical incident management system (Datix CIMS). The relevance of the examples provided under each category should be considered.

Communication

Communication issues are very common in all SAC1 clinical incidents. The review of these issues should consider:

Assessments

- Timely assessments were made in accordance with risk, urgency, distress & dysfunction
- Included a mental state examination & documentation of relevant history and risk
- A management plan, which considered the risk assessment, accompanied the initial assessment
- Included a written formulation of the issues & an associated diagnosis or differential diagnosis
- Appropriate screening/assessment tools were utilised

Care Planning

- A written care plan was developed using an appropriate format
- The consumer was actively involved in the development and documentation of their care plan
- The care plan was reviewed if a change in risk was identified, or otherwise reviewed regularly with the consumer
- The care plan accompanied the patient across treatment settings
- Care planning included comprehensive need including physical health care assessment & management and social and practical requirements
- Care is multidisciplinary, well-coordinated and regularly reviewed

Consumer & Carer Involvement in Individual Care

- The consumer was involved in all aspects of their assessment, treatment & discharge
- The Mental Health Service attempted to engage with carers/family
- Carer information was utilised in the patient's clinical picture (including during assessments & at transfer or discharge), & any differences in perspective among consumers, carers & clinicians was acknowledged
- Family/carer input informed the patient's care plan

Risk Assessment & Management Plan

- Risk was determined from a holistic view of the patient's clinical picture, including information from support persons where possible.
- A formulated risk management plan was documented with clear information about the risk & protective factors that increase or decrease their risk
- Use of standardised or equivalent contemporary risk assessment tool
- A risk assessment was conducted at key risk points of the care continuum, including at admission, discharge &/or transfer

- Risks & management plans reviewed when there were changes in the consumer's mental health state or other factors which might impact upon risk profile & management
- Risk assessments & management plans are readily available electronically eg. on PSOLIS
- A crisis contingency plan was developed as a risk mitigation strategy
- Risk alerts are updated and reviewed when required

Transfer of Care

- The referring service retained the responsibility for the consumer until hand-over to the receiving service or practitioner, or the consumer decides on an alternative process
- Coordination and communication with all agencies involved in transfer, assessment of urgency, communication of changes in risk/urgency
- Referral & provision of hand-over information occurred prior to transfer from the referring service, exceptional circumstances permitting

Discharge

- There was active consideration & management of risk for consumers who disengaged
- Relevant wrap-around services identified & contacted
- A carer is identified & there is documented evidence of attempts to contact carer
- Emergency contact information and routes for re-entry to services were provided to patient &/or carer
- The patient & their carer(s) & other service providers were involved in developing the discharge plan, & where relevant, made available
- Discharge summaries are readily available electronically
- A 7-day discharge follow-up assessment was conducted by the relevant receiving Mental Health Service – or sooner, as required based on patient needs
- Discharge, Transfer & equivalent plans consider reference to:
    - *A case formulation, including a summary which is essential for understanding the patient*
    - *Standardised clinical diagnoses*
    - *Mental state examination changes from admission to discharge*
    - *Therapies used, including adverse effects & any significant clinical incidents*
    - *Physical healthcare assessment & management*
    - *Risk assessment & management plans*
    - *Known signs & symptoms which indicate potential mental health deterioration*
    - *Contingency strategies/ crisis plans*
    - *Post discharge follow-up arrangements*

Knowledge/Skills/Competence

- Mental health assessments should be completed by a mental health professional, wherever practical
- Staff are familiar with the *Mental Health Act* requirements and processes
- The risk level was considered from the patient's presentation, and also longitudinally from previous ED presentations & mental health history, including but not limited to suicide attempt or suicide ideations/plans, multiple ED presentations over recent months, & high-level aggression

- Senior staff are available for escalation of complex cases, and there is appropriate oversight and governance.
- Staff are culturally competent for the needs of their service population

Work Environment/Scheduling

- Service level staffing, skill mix and work load balance are appropriate
- Service location is appropriate to acuity and need
- Service provision is timely and waiting time reflects risk profile for the patient
- Access to AOD services

Patient Factors

- The ongoing stigma associated with mental illness, including from health care professionals, can impact on the quality of care and patient experience, with implications for patient safety.
- For people with co-occurring mental health and alcohol and other drug (AOD) issues, often immediate focus on the AOD problems means the mental illness can be inadequately addressed.
- Medication compliance is identified and managed appropriately
- Physical comorbidities or related health conditions
- Complex social and family relationships including presence of support, homelessness and other accommodation issues, lack of community engagement/support and LGBTQI considerations
- Work and or financial stress
- Justice system engagement

Equipment

- The treating environment is safe and fit for purpose
- Limitations in clinical record keeping including access to PSOLIS or other electronic information systems, and the functionality of record keeping systems
- Equipment in the environment that may be hazardous was removed

Policies, Procedures, Guidelines

- Clear and accessible policies, procedures or guidelines were available for staff particularly for areas of care that may present more of a risk including transfer of care
- There are clear processes for escalating deterioration concerns including by family and support persons
- There are processes that guide the frequency of follow-up/clinical review that are related to risk

Safety Mechanisms

- Assessment of risk includes all concurrent issues such as substance use disorders, which are known to contribute to cumulative risk, and leads to the development of a safety plan
- Longitudinal risk assessment with formulation of risk and protective factors and a risk management plan developed in collaboration with consumer and family/carer are therefore essential.
- Systems and processes are in place to follow up high risk persons including non-attendance
- Systems and processes are in place to identify prescription medication misuse
- Proactive follow-up process that met individual patient needs was facilitated in ED
- Use of system alerts in PSOLIS and WebPAS

Other Factors

- Clients under the MHA, NDIS, other support services
- Guardianship, Capacity, Advanced Health Directives, Independent Minors

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