Alerts and Notification of Clinical Risk Procedure – Great Southern

1. Purpose

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.

This procedure outlines the minimum requirements within the Great Southern Mental Health Service for the identification and documentation of clinical alerts within healthcare record and clinical information systems to ensure consistent, safe and immediately available clinical alert information to all employees.

The objective of this procedure is to support implementation of the MP 0053/17 Patient Alert Policy to reduce the risk of an adverse event related to an identified risk by improving communication of these risks when engaging with consumers. The procedure ensures 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 a risk is identified through a clinical assessment, appropriate expertise and/or on entry to the service, the clinician is responsible for:

- ensuring that the risk is accurately recorded on the GS MR 0.3 Risk Alert Notification Form in the healthcare record and on the medication chart (if an Adverse Drug Reaction)
- providing the completed GS MR 0.3 Risk Alert Notification Form to Community Mental Health reception
- recording the risk as an alert on PSOLIS
- developing a risk management plan as per State-wide Standardised Clinical Documentation for Mental Health Services Policy

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.

Each alert must be recorded on a GS MR 0.3 Risk Alert Notification Form and authorised by the relevant line manager. Authorised risks identified by clinicians are to be entered 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 Criminal Law (Mental Impairment) 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, e.g., resistance to anti-psychotic drugs.

Microbiological

Infectious diseases; antibiotic resistance, e.g., penicillin.

Social

Family history of threatening staff; sexual assault; family and domestic abuse; child abuse/neglect; patient/client requests partner not to visit.

Other

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

2.2 webPAS

Access to clinical information on PSOLIS is limited to clinicians who are in Mental Health services. Alerts in PSOLIS must be aligned to the alerts in webPAS.

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 that are relevant to the patient's general health care or health service presentations need to be added to WebPAS to ensure clear communication and recognition of risk throughout all clinical areas.

For every alert, clinicians must:

- **Complete a GS MR 0.3 Risk Alert Notification Form to communicate a request for the WebPAS entry of an alert** (one form allowed to contain multiple alerts).
- **Provide the completed GS MR 0.3 Risk Alert Notification Form to reception staff.**

2.3 Medical Record

GS MR 0.3 Risk Alert Notification Forms are published in the Summary section of the Digital Medical Record and the presence of an alert is notified on the front cover of the patient file in DMR.

2.4 Allergies and Adverse Drug Reactions

Where an allergy or Adverse Drug Reaction (ADR) is identified, the clinician is responsible for:

- completing the Medication Chart ADR section and applying an ADR sticker to the chart
- placing a red ID band on the patient (if an inpatient)
- placing an alert sticker on the front of the healthcare 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 MR 0.3 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 MR 0.3 Risk Alert Notification Form
- informing the GS Infection Control Department
- where a patient is admitted with a known Micro Alert the clerical or triage personnel are responsible for informing the treating clinician

2.6 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.

2.7 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, National Outcomes Casemix Collection (NOCC) and management plan reviews and at deactivation, with a view to possibly expiring alerts at deactivation/discharge.

WebPAS
Where risks/alerts listed in the healthcare 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 GS MR 0.3 Risk Alert Notification Form is to be completed and then the changes to be crossed out using two (2) diagonal lines with the reason clearly detailed beside, signed and dated by the case manager.

3. 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
The manager of the Great Southern Mental Health Service is responsible for ensuring compliance with this procedure and oversight of clinician responsibilities as below.

Clinical Nurse Manager (APU) and Team Leader (CMH)
Support clinicians in identifying, documenting and reviewing consumer clinical risks.

Clinicians
Clinicians are responsible for implementing the requirements of this procedure in line with responsibilities outlined above. Identify clinical risk, discuss with multidisciplinary team as appropriate, complete GS MR 0.3 Risk Alert Notification Form and undertake regular risk alert reviews.

Aboriginal Mental Health Workers
Identify and communicate any relevant incidents or risks to case managers or treating team to assist with the updating of risk profile and subsequent webPAS and PSOLIS alerts.

4. 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.

Monitoring of compliance with this document is the responsibility of the Management Team GSMHS, through review of consumer alerts as requested.

5. References
Nil

6. Definitions

Term	Definition
Code Black	A call for assistance when any individual (staff, patient or visitor) is at personal threat of harm from an act of aggression

7. Document Summary

Coverage	Great Southern Mental Health Service
Audience	Great Southern Mental Health Service all staff
Records Management	Clinical: Health Record Management Policy
Related Legislation	*Work Health and Safety Act 2020 (WA)* *Mental Health Act 2014 (WA)* *Criminal Law (Mental Impairment) Act 2023*
Related Mandatory Policies / Frameworks	Clinical Governance, Safety and Quality Mental Health MP 0155/21 State-wide Standardised Clinical Documentation for Mental Health Services Policy
Related WACHS Policy Documents	WACHS Infection Prevention and Control Policy WACHS Clinical Documentation Policy WACHS Acute Psychiatric Unit Clinical Handover Procedure
Other Related Documents	Triage to Discharge Mental Health Framework for Statewide Standardised Clinical Documentation
Related Forms	GS MR 0.3 Risk Alert Notification Form
Related Training	Available from MyLearning: • Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 5174
National Safety and Quality Health Service (NSQHS) Standards	1.10, 5.11, 6.9, 6.10
Aged Care Quality Standards	n/a
Chief Psychiatrist's Standards for Clinical Care	Chief Psychiatrist's Standard: Assessment and Management
Other Standards (please specify and include link)	n/a

8. Document Control

Version	Published date	Current from	Summary of changes
1.00	25 September 2019	25 September 2019	• New policy
2.00	1 September 2026	1 September 2026	• Added references to Digital Medical Record

9. Approval

Policy Owner	Executive Director Mental Health
Co-approver	Executive Director Great Southern
Contact	Clinical Director, Great Southern Mental Health Service
Business Unit	Great Southern Mental Health Service
EDRMS #	ED-WA-26-341747

This document can be made available in alternative formats on request.