



Mercy Health

Care first

Thursday 28 November 2013

Claire Coate
Coroner's Registrar
Coroners Court of Victoria
Level 11, 222 Exhibition Street
MELBOURNE VIC 3000



Dear Ms Coate

Re: Richard J HILTON
Coroner's recommendations
Court Reference: COR 2011 001852

I write in response to your correspondence of 26 September 2013 regarding the recommendations made by the Coroner with regard to the investigation into the death of Mr. Richard Hilton.

The recommendation has been reviewed by the management of Mercy Mental Health. Please find attached our service's written response to the Coroner's recommendation.

Yours sincerely

A/Prof Dean Stevenson
Clinical Services Director
Mental Health Services

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Mercy Mental Health

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Compassion Hospitality Respect Innovation Stewardship Teamwork

**Response to Coroners recommendation
Richard HILTON
Court Reference: COR 2011 001852**

Recommendation

That to increase the safety of patients presenting multiple times for ECATT assessments who have ongoing identified risk factors and/or present with diagnostic uncertainty, Werribee Mercy Mental Health (WMMH) endorses and incorporates its draft procedure entitled “ECATT assessment review” into practice

1. The Coroner’s recommendation has been implemented.
 - A) The final draft of the procedure entitled “ECATT assessment and reviews procedure” was approved by Mercy Mental Health Leadership Committee on 9 July 2013. The procedure was formally implemented on Monday 29 July 2013.
 - B) All Triage and ECATT staff were provided with a copy of the procedure. Implementation of the procedure was overseen by the ECATT/Triage Manager.

A copy of the “ECATT assessment and reviews procedure” is attached for your perusal.

Title: ECATT Assessment & Reviews Procedure

Division: MPHI

Facility or Program: Mental Health Program

Approved by: Clinical Services Director

Policy Link: Care & Treatment of Patients Policy



Purpose

Clients who are referred for psychiatric assessment, in either the Werribee Mercy Hospital Emergency Department or Western Hospital Footscray Emergency Department, by a health care practitioner in that Emergency Department will receive a face to face ECATT assessment.

The assessment outcome and case formulation including the discharge / admission plan will be determined by the assessing clinician. This decision will be based on the clinical presentation and psychiatric examination together with collateral information and a comprehensive risk assessment.

All ECATT assessments and assessment outcomes will be clinically reviewed by a senior clinician

Who Must Comply

All staff

Procedure

Following the completion of ECATT assessments by Mercy Mental Health clinicians at both Werribee Mercy Hospital Emergency Department and Western Hospital Footscray Emergency Department the following must be undertaken:

- All ECATT assessments are to be reviewed by either the Mercy Mental Health Triage / ECATT Manager or Acute Community Services Manager or After Hours Co-ordinator within 24 – 48 hours of the assessment completion.
- Grade 3 nursing and Grade 2 allied health clinicians recommending discharge following an ECATT assessment must review their assessment with a Senior Clinician, the Triage / ECATT Manager or Acute Community Service Manager or Mental Health AHC prior to discharge. In the absence of a Senior Clinician, Triage / ECATT Manager or Acute Community Service Manager or Mental Health AHC, the On-call Manager / Consultant Psychiatrist should be utilised. This discussion MUST be documented in the content of the assessment notes within the Screening Register in Rapid/CMI..
- Comprehensive risk assessment is paramount in the review of a client referred for psychiatric evaluation in the Emergency Department and must comply with Mercy Mental Health Risk Assessment Procedures (see Links).
- Clients who have presented 3 or more times within a fortnight, have been assessed by ECATT and who have ongoing risk factors or diagnostic uncertainty, must be referred to Mercy Mental Health CATT for a Medical Officer review and diagnostic clarification. This guide should not outweigh clinical judgement for clients that are appropriate for referral to CATT with less than 3 presentations within a fortnight.
- The follow up plan post discharge for an individual should be appropriate to the level of assessed risk. Careful consideration will need to be given to the degree of support available to the person (ie – CATT, Case Manager, GP, Private Psychiatrist etc), as well as their legal status under the Mental Health Act.
- High suicide / self harm risk is generally managed better in a contained environment or with professional supports in the community. The person, their family and social supports should be involved in the development of a home-based treatment plan, with consideration of the person's home environment and potential stressors. The treatment plan should include written information regarding available community resources (help lines, triage numbers), dates of review appointments, and who to contact in a crisis.

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- In cases where it is elected to discharge the client back to their home environment with the support of the family, family members and clients should be given a copy of the recommended follow up details and be advised to remove potentially lethal means of self-harm. They should be asked to monitor the person's whereabouts and report any sudden behaviour change to their treating clinician or psychiatric triage service.
Note – The above recommended home based treatment plan will be provided in the form of literature, contact details for support services, follow up health care professionals, appointment dates, crisis services, Triage numbers etc.
- Complex presentations for ECATT assessment must include telephone discussion with the Consultation and Liaison Psychiatric Registrar or the On-call Psychiatric Registrar / Consultant after hours.
- Low risk clients presenting on a frequent basis to Werribee Mercy Hospital Emergency Department and Western Hospital Footscray Emergency Department for ECATT assessment are to be referred to the Western Health HARP program or Werribee Mercy HARP (Psycho-social stream) for consideration of continued follow up.
- People who present frequently to ED's with self harm / chronic suicidality require a comprehensive, individualised review / management plan developed in collaboration with community mental health clinicians such as CATT teams and/or case managers.
- All documentation relating to the ECATT assessment and subsequent treatment plan will be recorded in the client's medical record, and CMI / Rapid where appropriate.

Definitions

Term	Definition
ECATT	Enhanced Crisis Assessment and Treatment Service
Senior Clinician	Mental Health Clinician of the following grade classifications or above: RPN 4, Social Worker 3, Occupational Therapist 3 or Psychologist 3.

Links to Related Documents

- Mercy Mental Health Risk Assessment & Management Procedure
- Mercy Mental Health Assessment Procedure
- Mercy Mental Health Clinical Review Standards

Key Legislation, Acts, Standards & References

- National Standards for Mental Health Services: 11.3 – Assessment and Review & 11.4 – Treatment and Support (<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-servst10>)
- Working with the Suicidal Client: Clinical practice guidelines for emergency departments and mental health services, Department of Health, Victoria, 2010 (<http://www.health.vic.gov.au/mentalhealth/suicide/suicidal-person-book2010.pdf>)
- Department of Health State-wide Mental Health Triage Scale (July 2010)
- Victorian Emergency Department Mental Health Triage Tool (2007)
- Commonwealth Department of Health and Ageing Emergency Triage Education Kit (2007)
- Victorian Emergency Department Mental Health Triage Project Guidelines (2006)

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Acknowledgements

Version History & Author / Contributors

V.	Date Created (MM/YYYY format)	Section(s) Changed (eg procedure / definitions / references)	Created/Amended by (position title)
V1	04/2013	New Procedure	Triage / ECATT Manager
V2	07/2013	Update procedure	Acute Community Services Manager