

7th September 2012

Coroners Court of Victoria Level 11 222 Exhibition St, MELBOURNE 3000

## RE: FINDING INTO DEATH WITH INQUEST - COURT REFERENCE 2148/09

In respect to the Coroner's recommendations in the matter of Rajesh Pala, Hanover Welfare Services has implemented the coroner's recommendation as outlined in the Coroner's Report dated 4th June 2012.

I recommend pursuant to section 72(2) Coroner's Act 2008 that The Alfred Psychiatric Unit and Hanover Welfare Services review the Referral Form/Discharge Plan with a view to including additional space for "Issues of concern to the patient/client" and Action Taken"

Management from Hanover Welfare Services have conducted a series of meetings proceeding the death of Rajesh Pala to identify areas for improved coordination and communication.

The above recommendation has been adopted in full and an updated "Psychiatric Discharge Plan" has been developed and implemented as of 1st September 2012. The additional inclusions in the Discharge Plan required as part of any referral to Hanover Crisis Accommodation Centres are as follows:

- Patients own view of mental health and treatment plan
- Has the patient agreed to this plan?
- Support issues identified by the patient
- Any other issues raised by the patient or by referring practitioner

This is in addition to exists information supplied by The Alfred Psychiatry outlining diagnosis, medications and treatment planning (refer to attached Discharge Plan form).

It is Hanover's view that the relationship and communication between The Alfred and Hanover has further improved since the death of Rajesh Pala. The inclusion of additional information in discharge planning will act to assist case managers to address any client concerns upon arrival at Hanover's Crisis Accommodation Centres.

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Regards,

Tony Keenan

CEO

Hanover Welfare Services

Administration Office

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Has the patient agreed to this plan?	
Housing History / Plan	
•	
Support Issues identified by the patient	
Duty of Care Issues	
Further information on any of issues such as AOD/ Disability / ABI	
Any other issues raised by the patient or by referring	

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Please note this information needs to be completed and provided to either the Entry Point along with the IAP assessment prior to the client being referred to Hanover Crisis Accommodation, or directly to the crisis accommodation center before the referral is accepted.





## Psychiatric Discharge Plan for Hanover Crisis Accommodation Centers

This form is to work in parallel with the discharge summary provided by the in-patient

Name of patient				<u> </u>
Date of Birth		Contact	Number	
Name of referring practitioner				
Consent to releasinformation to Hanover				Date
Admission Date			Discharge Date	
Discharged on C	ommunity Treatm	ent Order	Yes	No
Mental Health Diagnosis				
Patients own vie mental health an treatment plan				·
Other Medical Conditions if not mentioned in Discharge summ				
Current Medicati	ions			
On-Going Currer Supports / referr and their contact details	als			
Treatment plan -	-			
Treatment plan -	- long			

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