

17 December 2012

Coroner Audrey Jamieson
Coroners Court of Victoria
Level 11
222 Exhibition Street
MELBOURNE VIC 3000



Level 1 North
Main Block
The Royal Melbourne Hospital
Grattan Street
Parkville Vic 3050
Tel 61 3 9342 7705
Fax 61 3 9342 8216

Provider of mental health services to:
Melbourne Health
The Royal Melbourne Hospital
Western Health
Sunshine Hospital
Western Hospital
Northern Health
The Northern Hospital
Broadmeadows Health Service
Bundoora Extended Care Centre

Dear Coroner Jamieson

Inquest into the Death of Mr Grant Elliot Phillips
Court Reference: 2007 / 1735

I am writing in response to the handing down of a Finding following the Inquest into the death of Mr Grant Phillips. Mr Phillips absconded from the Broadmeadows Inpatient Psychiatry Unit (BIPU) on the evening of 8th May 2007. Later that evening Victoria Police informed the service that Mr Phillips had been struck and killed by a train. The Inquest Finding contained one recommendation " *With a view to consistency with the National Mental Health Care Plan 2009-2014, "Priority Area 3: Service Access, Coordination and Continuity of Care" - I recommend that NorthWestern Mental Health Services review its model of delivery of psychiatric care with a view to implementing one that provides greater continuity of care by the psychiatrists, such as described by Dr Owens in his evidence. The review should incorporate a comparison of other regions/jurisdictions that have adopted similar models* "

NorthWestern Mental Health (NWMH) and North West Area Mental Health Service (NWAMHS) have introduced a number of safety and service improvements at BIPU following this tragic event. These improvements are in addition to the single recommendation and acknowledge a number of other issues canvassed during the Inquest and include:

1. Changes to the model of care and improvements to continuity of care
2. Changes to the infrastructure
3. Implementation of a new method of risk assessment
4. Implementation of a Ligature Safety Program
5. Implementation of a Seclusion Reduction program
6. Information and support offered to families /carers

I. Changes to the model of care and improvements to continuity of care.

NWMH is introducing a new integrated model of care across all community services that will work in conjunction with inpatient and residential services. This model of care will be implemented across NWMH by July 2013. The rationale for the redesign of our service is to address five broad themes of feedback received from consumers, carers /



www.mh.org.au
ABN 73 802 706 972

family and also NWMH staff and its clinical partners. This feedback was derived from an extensive consultation process. The five broad themes relate to (a) Communication (b) Silos and fragmentation of services (c) Service capacity vs demand management (d) Workforce (e) Evidence based practice. NWMH also visited a number of specialist mental health services across Victoria to look at their models of care, service structures, staffing profiles and governance arrangements.

The new model of care is underpinned by the following key principles

The principles for *Caring in the Community* were developed and are supported by the NWMH Consumer and Carer Advisory Group (CCAG) and the NWMH Executive Committee.

The principles are as follows:

- Care and recovery pathway should be informed by consumers, family / significant others;
- Engagement of family / significant others should occur as soon as is practicable;
- Care should be provided in the least restrictive setting and care should be oriented to supporting the continued integration of the consumer into their community;
- Therapeutic rapport with consumers should be prioritized by treating clinicians;
- Care and recovery should be guided by evidence and research. Evidence should include (a) the personal evidence of the consumer and family / carer; (b) practice based evidence; and (c) evidenced based care;
- Time spent with consumers and family / carers should be maximized and all efforts should be made to minimize duplication of clinical processes.
- *To paraphrase feedback from consumers and staff... “I want to receive the care I need, when I need it, once, from someone qualified and experienced to provide it”.*

To assist in the transfer or dissemination of clinical information an electronic medical record or Client Patient Folder (CPF) was implemented in 2008. This record is shared with Northern Health and is used across all NWAMHS inpatient, residential and community services. The file content can be viewed on a computer by all NWMH clinical staff at any site and at any service. There is now no need to transport a hard copy of the medical record between sites. Files are either updated daily via the scanning of client information or updated via direct entry into the electronic record on-line. This has helped NWAMHS and its staff to offer better continuity of care for its clients.

2. Changes to the Infrastructure

Several changes have been made to the infrastructure at BIPU to improve the level of safety and amenity. Efforts have been made to create a homelike, welcoming and therapeutic environment that is also safe for consumers, visitors and staff. The changes include:

2(a) BIPU Courtyard Fences

- The fence height at BIPU (Intensive Care Area (locked) & Low Dependency Unit) courtyards are approximately 2.8m High – See attached photo.
- The fences prior to 2007 were 1.4 m in height. The fences were subsequently raised in 2007 to 2.2m.
- A further extension to the height of the fences by 600 mm combined with a 600 mm / 60 degree angle powder coated perforated steel mesh was completed on 14th December 2012.



Before Photograph



After Photograph showing 600mm angled extensions

2(b) BIPU Front Door

Changes have been made to the front door and the configuration of locks to enable better visualization and control of persons entering and leaving the ward.

2(c) Beds

New beds and mattresses have recently been purchased at a cost of \$50,000. These beds are purpose designed for mental health units and they address both comfort and safety concerns.

2(d) General level of amenity

\$50,000 discretionary expenditure has been made available to improve the therapeutic environment at BIPU. This funding will be used to purchase items such as art works and activity and entertainment resources for consumers.

3. Implementation of a new method of Risk Assessment

All NWMH Inpatient Units have introduced a new risk assessment and management tool to assist in the rating of a consumers' clinical risk during an admission to an inpatient unit. The new tool, "Clinical Risk Assessment & Management" (CRAAM) was introduced to BIPU in October 2010.

CRAMM is a hybrid of two existing frameworks for risk assessment processes. The intention of CRAAM is to increase patient safety through increasing the reliability of risk assessment and therefore determining the appropriate frequency of visual observations and level of engagement. CRAAM attends to a number of domains when assessing or rating risk including: Risk to self, risk to others, physical vulnerability, risk of absconding, medical co-morbidities and drug and alcohol withdrawal.

4. Implementation of a Ligature Safety Program

The Department of Health (DoH) has provided funding to NWMH to undertake capital works to remove potential ligature attachment points in ensuite bathrooms. This work is underway currently and involves (a) modification of ensuite doors, door hinges and door furniture (b) substitution of ensuite tap ware and (c) substitution of ensuite grab rails. In addition to this work, NWMH has removed bedroom cupboard doors and has made modifications to air-conditioning vent covers as both items were assessed as potentially hazardous. NWMH has also developed a ligature safety audit program and a revised audit tool is being piloted at BIPU in December 2012.

5. Implementation of a Seclusion Reduction Program

BIPU has introduced a seclusion reduction program called the "Peace in Mind" project. This project has been very successful in reducing both the frequency and duration of seclusion interventions and in fact received a Melbourne Health "Best of Health Award" in December 2012. The award recognized the improvements that had been made at BIPU in respect to improving "Patient safety and patient centered care".

6. Information and support provided to carers / families

- NWMH provides all families / carers with a booklet "*Information for "Consumers and Carers - North West Area Mental Health Service"*". This booklet explains what services are provided, the staffing arrangements, the contact details for teams, the contact details for NWMH Triage and also the Emergency Services. The booklet also answers a number of frequently asked questions pertaining to medication and identifies supports available to consumers both within NWAMHS and in the wider community. There are also a number of websites and references provided regarding the availability of additional services that provide support to both the consumer and families.
- Building Family Skills Training (BFST) is an intense, family education and support service that is offered to families / carers to assist them to care for a mentally ill family member. NWAMHS Carer Consultant's also extend peer support to families in this regard.

In closing, I hope that this information is helpful in conveying a range of safety and service improvements that have been undertaken at North West Area Mental Health Service, and in particular BIPU, following the tragic death of Grant Phillips on the 8th May 2007.

Yours sincerely

A handwritten signature in black ink, appearing to read 'MFK'.

Peter Kelly
Director Operations
NorthWestern Mental Health