

Learnings Summary: February – March 2024

This document provides a summary of learnings arising from the Mental Health and Alcohol and Other Drug Serious Incident Review (SIR) Sub-Committee meetings held February – March 2024.

Services should review this summary to determine which learnings are relevant locally, and whether further local action is required.

Engagement with family and carers

- Engagement with carers and/or family is paramount when they are actively involved in consumer care.
- Subtle changes in consumer behaviour can be a precursor to a catastrophic outcome. Early engagement with carers and/or family can help ensure these changes are recognised by the clinical team.

Handover and documentation

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| <ul style="list-style-type: none">• Clinical handover is an essential element of safety. Any written information provided should be considered as supplementary, that is, it should not replace verbal handover.• Clinical handover should not just occur at shift changes. It should also occur whenever there is a concern for a consumer.• Ensure that prescribed care levels, risk assessments, and physical health concerns are thoroughly communicated during handover when consumers are transferred between mental health inpatient units and medical wards. | Relevant NSW Health Policy Directive:
<i>NSW Health Clinical Handover Policy Directive</i> (PD2019_020). The purpose of this policy is to enhance patient safety by ensuring systems and processes are in place to provide a consistent approach to clinical handover. |
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Care planning

- When multiple teams are involved in the consumer's care, ensure there is effective care coordination and mutual understanding of each team's role in the consumer's care.
- In the inpatient setting, when a consumer has multiple teams involved in their care, collaborative care planning between services is important.
- With the input of addiction specialist advice, inpatient detoxification can be initiated and managed in non-specialist units.
- When developing and documenting safety plans, ensure that the consumer and relevant carers are fully informed, involved and in agreement with the plan.

Engaging with General Practitioners

• When consumers express a preference for their General Practitioner (GP) to provide care, clinicians should collaborate with the GP to encourage engagement with mental health services. • Ensure a smooth transfer of care by providing a transparent, detailed, and timely handover to the GP. • For consumers with complex requirements, direct communication with the GP is preferable.	Relevant NSW Health Policy Directive: NSW Health Discharge Planning and Transfer of Care for Consumers of NSW Health (PD2019_045) establishes minimum standards to support effective and safe discharge planning and transfer of care for consumers of NSW Health mental health services
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Risk assessment

Education regarding domestic violence (DV) screening should go beyond completing the DV screening tool. Clinicians should understand how to interpret and respond to screening results.	Relevant NSW Health Policy Directive: NSW Health Domestic violence Routine Screening (PD2023_009) outlines requirements and procedures, supports safe implementation of domestic violence routine screening and response to disclosures of domestic violence.
A person who is significantly depressed and has commenced antidepressant treatment may initially appear to be improving, but caution is required because increased energy and motivation can sometimes lead to an increased risk of acting upon suicidal thoughts and behaviour.	

Staff orientation

Orientation of new and junior nursing staff should include consistent messaging around expected clinical documentation practice and escalation of clinical concerns.
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We value your feedback. If you have any questions or comments about this report, please email CEC-PatientSafety@health.nsw.gov.au