

MENTAL HEALTH SERVICE BUSINESS RULE SESLHDBR/009

Name	Incident Processes for Harm Score (HS) 2, 3 and 4 Incidents required to be reported to the MHS General Manager.		
What it is	This Business Rule (BR) is a guide to standardise the processes of reporting and investigating HS 2, 3, and 4 incidents that are required to be reported to the MHS General Manager (GM). These incidents include actual HS 2 incidents, NSW Police Intervention on a Mental Health Unit (MHU), Sexual Safety, Prone Restraint greater than three minutes, MH consumer in Emergency Department (ED) for more than 24 hours, and Absconding Type 1 (from an Inpatient Unit).		
Risk Rating	Medium	Review Date	June 2024
What is it not	<p>This BR does not detail investigation requirements for HS 1 incidents, which are:</p> <ul style="list-style-type: none"> • Suspected suicide of a consumer within a MH Inpatient Unit. • Suspected suicide of a consumer who has been seen by a Mental Health Service (MHS) within the previous seven days, or where there are reasonable grounds to suspect a clinical connection between the death and care or treatment provided by the MHS. • Suspected homicide committed by a consumer who has been seen by a MHS within the previous six months. <p>For management of HS 1 incidents please see NSW Ministry of Health Policy Directive PD2020_047 - Incident Management.</p>		
Who it applies to	This BR applies to all mental health clinical and non-clinical staff members.		
What to do	<p>All incidents are managed in accordance with NSW Ministry of Health Policy Directive PD2020_047 - Incident Management, however the SESLHD MHS has some local reporting and investigation processes in place.</p> <p>The Incident Reporting Table, located in Appendix A, determines the reporting processes required.</p> <p>All HS 1 and 2 incidents, and some HS 3 and 4 incidents (as detailed below) include a requirement to complete an “Incident Briefing to the General Manager (GM) Mental Health Service (MHS)” located at Appendix B.</p> <p><u>Incidents requiring an ‘Incident Briefing to the GM MHS’ Within 24 hours</u></p> <ul style="list-style-type: none"> • HS 1 incidents • HS 2 incidents • NSW Police Intervention on a MHU after threatened/actual physical or verbal assault • Sexual Safety Incidents • Prone restraints > three minutes duration • MH consumers in the ED > 24 hours • Absconding Type 1 (from an Inpatient Unit) 		

	<p>Process</p> <ul style="list-style-type: none"> • Incident is entered into IMS+ at the time it occurs. • 'Incident Briefing to GM MHS' is completed and sent to Executive Assistant (EA) and Clinical Risk Manager (CRM) within 24 hours (one working day), for approval by MHS GM. <ul style="list-style-type: none"> ○ The GM will decide whether the incident requires a Reportable Incident Brief (RIB) to the CE (and for HS 3 and 4 incidents whether a CIR is required). ○ If required, approved 'Incident Briefings to GM MHS' information is entered into IMS+ as a RIB, at the MHS SESLHD. ○ GM approved RIBs are sent to the Clinical Governance Unit (CGU), and included in the MHS SESLHD Clinical Governance Committee (CGC). • Approved 'Incident Briefings to GM MHS' not required to be entered as a RIB are uploaded onto HP Content Manager by EA and returned to the MH site involved, via the Service Director and Patient Safety and Clinical Quality Managers. <p><u>Incidents Requiring a Critical Incident Review (CIR)</u></p> <ul style="list-style-type: none"> • All HS 2 incidents • All incidents for which a RIB has been generated in IMS+ • NSW Police Intervention on a MHU after threatened/actual physical or verbal assault • All Sexual Safety Incidents (unless referred to specific Sexual Safety Review) • All Absconding Type 1 (from Inpatient Unit) • Any other incidents at the specific request of the GM <p>Process</p> <ul style="list-style-type: none"> • Draft CIRs are completed, approved by MHS site Service Director, and sent to EA and CRM for MHS GM's review and approval. • Approved CIRs are sent to the CGU for any incidents for which a RIB has been generated. • All approved CIRs are returned to the MH site involved, via the site Service Director and site Patient Safety and Clinical Quality Manager • All CIRs are included in the MHS SESLHD CGC, with any recommendations actioned through the sector's CGCs, and tracked through the MHS SESLHD CIR Register. <p><u>Please Note:</u> A site initiated CIR can be completed for any incident that would benefit from an investigation. Site initiated CIRs do not require an "Incident Briefing to GM MHS" but do require approval by the site Service Director and the GM MHS.</p> <p><u>See attached Incident Reporting Table Appendix A</u></p>
<p>When to use it</p>	<p>This BR is to be used for HS 1 and 2 incidents, NSW Police Intervention on a MHU after threatened/actual physical or verbal assault, Sexual Safety Incidents, Prone restraints > three minutes duration, MH consumers in the ED > 24 hours and Abscondng Type 1 (from an Inpatient Unit).</p>

Why the rule is necessary	This BR is necessary to ensure a consistent and coordinated approach to local processes of notification and investigation of MHS HS 1 and 2 incidents, and for HS 3 and 4 incidents detailed in this BR.
Who is responsible	<p>All staff are responsible for:</p> <ul style="list-style-type: none"> • Notifying all incidents using IMS+, at the time the incident occurs. • Participating in the investigation of incidents, as required. • Participating in the implementation of recommendations arising from the investigation of incidents. • Encouraging colleagues to notify identified incidents. <p>All MHS Managers and Executive Teams are responsible for:</p> <ul style="list-style-type: none"> • Ensuring an effective incident management system is in place for investigating incidents, and actioning recommendations arising from these investigations. • Ensuring timely notification of incidents • Ensuring processes are in place to manage incidents. • Conducting a detailed investigation of all incidents requiring a CIR. • Ensuring appropriate resources are available for effective management of incidents.
Functional Group(s)	Clinical/Mental Health
Ministry of Health / SESLHD reference	<p>NSW Ministry of Health</p> <ul style="list-style-type: none"> • PD2020_047 - Incident Management • PD2014_028 - Open Disclosure Policy • PD2013_038 - Sexual Safety – Responsibilities and Minimum Requirements for Mental Health Services • PD2020_004 - Seclusion and Restraint in NSW Health Settings <p>SESLHD</p> <ul style="list-style-type: none"> • SESLHDGL/082 - Clinical Risk Assessment and Management - Mental Health • SESLHDBR/014 - Prone Restraint Restriction for the Mental Health Service • SESLHDPR/293 - Consumer Sexual Safety in Mental Health Settings <p>Others</p> <ul style="list-style-type: none"> • National Safety and Quality Health Service (NSQHS) Second Edition • National Standards for Mental Health Services 2010: Standard 2. Safety (2.13); Standard 8. Governance, Leadership and Management (8.8) (8.10) (8.11)
Executive Sponsor	Angela Karooz, General Manager MHS SESLHD
Author	Nicola DiMichiel, Clinical Risk Manager MHS SESLHD

Revision and Approval History

Date	Revision Number	Author and Approval
October 2012	0	Endorsed by SESLHD MHS Clinical Council.
June 2014	1	Endorsed by SESLHD MHS Clinical Council.
June 2015	2v1	Document updated by Angela Karooz, SESLHD MHS Senior Nurse Manager. Consultation with SESLHD MHS Quality Managers and Clinical Operations Managers, particularly in relation to APPENDIX A to ensure consistency in process across LHD.
August 2015	2v2	Endorsed by SESLHD MHS Clinical Council.
May 2017	2v4	Reviewed by SESLHD MHS Clinical Nurse Manager. Consulted with District Clinical Governance Unit and MHS Senior Executive Officer. Updated appendices.
July 2017	2v5	District MHS Policy Officer removed complaints, included 'What it is not', and updated 'What to do'.
October 2017	2v5	Endorsed by DDDCC. Endorsed by SESLHD MHS Clinical Council.
June 2018	3	Revised by Nicola DiMichiel, SESLHD MHS Clinical Risk Manager.
July 2018	4	Endorsed by DDDCC.
August 2018	5	Endorsed by MHS Clinical Council with amendments completed by Nicola DiMichiel.
September 2018	5	Draft for Comment period
September 2018	5	Processed by Executive Services prior to Clinical and Quality Council approval.
March 2020	6.0	Updated by Clinical Risk Manager SESLHD MHS Endorsed by the SESLHD MHS DDCC Endorsed by the SESLHD MHS Clinical Council
May 2020	6.0	Minor review – update to table in Appendix A – endorsed by Executive Sponsor Processed by Executive Services prior to publishing.
February 2021	v7.0	Major review. Rewritten to comply with NSW Ministry of Health Policy Directive PD2020_047 - Incident Management using the IMS+ system
February 2021	v7.1	Reviewed by PDDO. Minor amendments prior to circulation of the DDCC for review and feedback.
March 2021	v7.1	Endorsed SESLHD MHS Document Development and Control Committee Endorsed SESLHD MHS Clinical Council
April 2021	v7.1	Draft for comment period. No feedback received. Approved by Executive Sponsor. To be tabled at Clinical and Quality Council.
June 2021	v7.1	Approved at May Clinical and Quality Council.

APPENDIX A –

INCIDENT REPORTING

Incident	Actions Required		Process for Critical Incidents, Reviews and Recommendations
<p>Harm Score (HS) 2 Incidents</p> <p>AND</p> <p>NSW Police intervention on an Inpatient Unit after “threatened/ actual physical or verbal assault”</p>	<p>Briefing to GM < 24hrs</p>	<p>Critical Incident Review (CIR)</p>	<ul style="list-style-type: none"> • Incident entered into IMS+ at the time it occurs. • ‘Incident Briefing to General Manager (GM) Mental Health Service (MHS)’ (Briefing) completed and sent to Executive Assistant (EA) and Clinical Risk Manager (CRM) within 24 hours (one working day), for approval by Mental Health Service (MHS) General Manager (GM). • Approved Briefing entered into IMS+ as a Reportable Incident Brief (RIB) at MHS SESLHD. • Draft CIR completed, approved by MHS site Service Director, and sent to EA and CRM for MHS GM’s review and approval. • GM approved CIR is sent to the Clinical Governance Unit (CGU), the MHS Site involved, and included in MHS SESLHD Clinical Governance Committee (CGC), with any recommendations actioned through the sector’s CGCs, and tracked through the MHS SESLHD CIR Register.
<p>Sexual Safety Incident</p> <p>Prone Restraint > 3 minutes</p> <p>Incident of > 24hrs in ED</p>	<p>Briefing to GM < 24 hrs</p>	<p>CIR may be required</p>	<ul style="list-style-type: none"> • Incident entered into IMS+, at the time it occurs. • Briefing to GM completed and sent to EA and CRM. • Briefing reviewed by MHS GM and if no significant adverse outcome occurred, or NSW Police intervention was requested as a proactive strategy, the incident may be assessed as not requiring a RIB in IMS+, however, may require a CIR, which would be detailed just before GMs signature on the Briefing. • Approved Briefing is uploaded onto HP Content Manager by EA, and returned to MHS site involved, via Patient Safety and Clinical Quality Managers • If a CIR is required, draft CIR completed, approved by MHS site Service Director, and sent to EA and CRM for MHS GM’s review and approval. • GM approved CIR is sent to the MHS Site involved, and included in MHS SESLHD CGC, with any recommendations actioned by the site CGCs and tracked through SESLHD MHS CIR Register.
<p>Absconding Patients Type 1 (from an IPU) not meeting HS 2 Critical Incident criteria</p>	<p>Briefing to GM < 24hrs</p>	<p>CIR</p>	<ul style="list-style-type: none"> • Incident entered into IMS+ at the time it occurs. • Briefing to GM completed and sent to EA and CRM within 24 hours (one working day), for approval by MHS GM. • Draft CIR completed, approved by MHS site Service Director, and sent to EA and CRM for MHS GM’s review and approval. • GM approved CIR is included in MHS SESLHD CGC, with any recommendations actioned by the site CGCs and tracked through SESLHD MHS CIR Register.
<p>Incidents that would benefit from a CIR (Site initiated)</p>	<p>No Briefing required</p>	<p>CIR</p>	<ul style="list-style-type: none"> • Draft CIR completed, approved by MHS site Service Director, and sent to EA and CRM for MHS GM’s review and approval. • GM approved CIR is included in SESLHD MHS CGC, with any recommendations actioned by the site CGCs and tracked through SESLHD MHS CIR Register.

INCIDENT BRIEFING TO GENERAL MANAGER MHS

Consumer Name
DOB
MRN
IMS+ Number

PART A

Harm Score?

Is this Incident Clinical or Corporate?

Reason for Reporting (one sentence – including age and gender)?

Date of Notification:

Date of Incident:

Time of Incident:

Principle Incident Type:

Facility/Location:

Description of Incident (up to six points): What happened? What actions were taken in response?

1.

Further Planned Action?

Has Clinician Disclosure been initiated?

Date initial Clinician Disclosure occurred?

If **NO** please give reason:

Any Other Immediate Concerns/Risks Addressed?

Any External Notifications (eg NSW Police, Coroner, other)?

Any Media interest?

PART B

Have the immediate needs of patient/carer/family been met?

If yes, how?

If No, why not and/or what is planned?

Confirm a STAFF MEMBER, as dedicated family contact, has been appointed (name and contact details of STAFF MEMBER for HS 1 and HS 2)

Support offered to staff?

Type of investigation Planned?

Other comments?

Contact Name:

Contact Phone Number:

1: Site Service Director MH Authorisation

Service Director Approval to Transmit to General Manager MHS SESLHD

Name:

Date:

2: General Manager, MHS SESLHD Authorisation

Is a RIB Required?

Is a CIR Required?

General Manager, MHS SESLHD approval for data entry of endorsed RIB into IMS+ to ensure electronic submission of the IMS+ draft RIB to the SESLHD Clinical Governance Unit.

Name:

Date:

APPENDIX C: SESLHD MHS Incident Review Summary (For original, click [here](#))



CRITICAL INCIDENT REVIEW SUMMARY	
Site:	Harm Score

Incident Number:		Incident Date:	
Incident Type:		Contact Person:	
Department/Unit:		Telephone No:	
Incident Description/Summary (short explanation of incident):			
Admission Diagnosis:			
Outcome for Patient:			
Incident Chronology: (sequence of events leading up to the incident – maximum 4-6 dot points)			
<ul style="list-style-type: none"> • 			
Initial Action Taken: (action taken immediately after the incident was identified)			
<ul style="list-style-type: none"> • 			
Open Disclosure: (patient / carer informed, and by whom)			
<ul style="list-style-type: none"> • 			
Identify system improvement opportunities and care delivery challenges, including any gaps in service.			
<ul style="list-style-type: none"> • 			
Identify aspects of good clinical care			
<ul style="list-style-type: none"> • 			

Policies, Procedures, Business Rules or other documents reviewed:

-

Identify Contributing Factors: (e.g. patient factors, individual factors, team factors, equipment factors etc.)

-

Rationale for any recommendations, or explanation for no recommendations

-

Actions/Recommendations for Improvement and Evaluation Plan:

Recommendation for Improvement	Responsibility	Time Frame	Evidence

Investigating Team:

Name:		Name:	
Position:		Position:	
Name:		Name:	
Position:		Position:	

Team Leader Sign-off:

Date:

Site Service Director:

Name:		Position:	
Signature:		Date:	

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General Manager MHS SESLHD:

Name:		Position:	
Signature:		Date:	

Transmitted to SESLHD Clinical Governance Unit

Name:		Position:	
Signature:		Date:	