MENTAL HEALTH SERVICE BUSINESS RULE SESLHDBR/41

Name	Consumer Missed Appointments – Management of		
What it is	It is a business rule to outline minimum standards of practice in the management of missed appointments by consumers.		
Risk Rating	Medium	**Review Date**	December 2024
What it is not	It is not a step-by-step procedure for planning and organising appointments.		
Who it applies to	This business rule applies to all staff (clinical and administrative) involved in planning and/or attending face-to-face appointments with consumers.		
General Principles	- Face-to-face appointments are an important component of providing mental health care to consumers including maintaining and developing therapeutic relationships, promoting compliance with treatment and monitoring for signs of deterioration in mental state. - Consumers may fail to attend a planned appointment for a variety of reasons. - If a consumer fails to attend a scheduled appointment at a Community Mental Health Centre, Hospital, or is unavailable at a planned home visit, this should be deemed as a missed appointment. - The clinician with whom the appointment was scheduled should be guided by the '**Response Plan**' below to ensure appropriate follow up occurs. - Refer to Appendix A for '**eMR Scheduling Procedure**': - ESM – No Show - ESM Appointment – Cancel - ESM Encounter – Dissociation		
Response Plan	In the event that a consumer has missed a planned appointment, the clinician with who the appointment was made should: - Document the missed appointment in the consumer's healthcare record. - Make an initial attempt to contact the consumer by telephone, e-mail or SMS text message, if appropriate, to make an alternative appointment. - Document a risk assessment and follow-up plan in the consumer's health record. - Where there are specific risk concerns identified (e.g. missed depot, missed Clozapine or where other acute risks are present) the management plan must address these risks with specific actions and timeframes. - In cases where risk to consumer safety is identified the clinician must notify the Senior Clinician / Clinical Manager who must review and endorse the follow-up plan, including need for further escalation or urgent action. These actions may be carried out by the clinician with whom the missed		

	appointment occurred or as delegated by the Senior Clinician / Clinical Manager.
	• Possible actions include, but are not limited to:
	    o Reschedule urgent or repeat home visit
	    o Discuss with primary carer or next of kin
	    o Repeat telephone call to consumer
	    o Write letter to consumer advising of missed appointment and offering further appointment or contact number
	    o Notify other providers such as GP, Drug and Alcohol Service, private psychologist or psychiatrist
	    o Referral to other team (e.g. Acute Care Team).
	    o Request NSW Police Welfare Check. If there are safety concerns for a consumer a request to "sight the consumer" during the Welfare Check must be clearly made, with mention of the possible use of NSW Police Rescue to use force to gain entry to residential premises in the event of serious safety concerns. NSW Police rely on the information provided by the requestor to inform the actions they take during a Welfare Check, and forced entry is not a routine element of this procedure.
	• If all possible options have been exhausted, the clinician should discuss the situation with the relevant Line Manager and/or the treating Consultant Psychiatrist, to determine further action.
	• All discussions and actions must be documented in the consumer's healthcare record according to NSW Ministry of Health Guideline - GL2014_002 Mental Health Clinical Documentation Guidelines and SESLHDPR/336 Documentation in the Health Care Record

SPECIAL CIRCUMSTANCES	Medical Appointments, Clozapine Clinics – refer below.
	Medical Appointments If a consumer fails to attend an appointment with a medical officer, the follow-up plan may be delegated to the consumer's primary mental health clinician. Where there is no primary mental health clinician, it is the responsibility of the medical officer to initiate the follow-up plan. **Clozapine Clinics** • For consumers who fail to attend a clozapine clinic appointment, the clinician coordinating the clozapine clinic is to attempt to contact the consumer during clinic hours. • If the clinician is unable to contact the consumer, then the primary clinician must be informed (or the delegate) as soon as practicable, to initiate the follow-up plan.
When to use it	This business rule is to be used when a consumer fails to attend a scheduled appointment.
How to use it	The follow-up must be initiated whenever a consumer fails to attend a scheduled appointment at a Community Mental Health Centre, hospital or home visit.

Why the rule is necessary	• To ensure consumers are appropriately and assertively engaged in treatment and are not lost to follow-up or exposed to risks including undetected deteriorating mental state. • Common law Principle of Necessity requires that reasonable steps are taken by clinicians to prevent foreseeable harms, particularly if the person's decision-making capacity may be impaired. • To evaluate the urgency and nature of follow-up required for each missed appointment during clinical discussion, and ensure this is appropriately documented on the consumer health care record. • Mental health care and treatment can be provided in short term and long term on an involuntary basis according to NSW Mental Health Act 2007.
Who is responsible	It is the responsibility of the individual clinician to ensure compliance with this business rule. It is the responsibility of Service Managers to disseminate this business rule and monitor implementation via regular audits.
Ministry of Health/ SESLHD reference	NSW Health • GL2014_002 Mental Health Clinical Documentation Guidelines • PD2019_045 Discharge Planning and Transfer of Care for Consumers of NSW Mental Health Services SESLHD • SESLHDPR/336 - Documentation in the Health Care Record • SESLHDPR/591 - Clozapine - Guidelines for Prescribing, Administration and Monitoring Other • NSW Mental Health Act 2007
Executive Sponsor	Angela Karooz, General Manager, MHS SESLHD
Author	Community Mental Health Managers, MHS SESLHD

Revision and Approval History

| Date	Revision Number	Author and Approval
March 2014	1	Ian Wilson, SESLHD MHS Quality Manager. Merge of two Sector business rules to create single District MHS business rule, including consultation with the Sectors.
April 2014	2	Ian Wilson, SESLHD MHS Quality Manager. Redrafted to better reflect actual practice in the Northern and Southern Sectors.
May 2014	3	Ian Wilson, SESLHD MHS Quality Manager. Addition of paragraph regarding notifying patients about the possible consequences of failing to attend appointments, following discussion at the SESLHD MHS Clinical Governance Committee meeting and Judge Mahoney's comments re duty of care in Janet Harris vs SESLHD.
July 2014	3	Endorsed by SESLHD MHS Clinical Council.
September 2017	4	Under consultation with Site Service Managers.
March 2018	4	Final review completed by ESMHS Community Service Manager, Robin Ellis. Included eMR instructions, update response plan, and general principles. Consulted DDDCC.
April 2018	4	Re-reviewed by MHS Policy Officer, Trinh Huynh; Incorporated feedback from site Clinical Operations Managers and Service Directors. Amended by A/ Clinical Director of Mental Health, Dr. Peter Young; included special circumstances. Revised by Robin Ellis with no further amendments.
May 2018	4	Endorsed by DDDCC (out of session). Endorsed by MHS Clinical Council with no further amendments.

June 2018	4	Processed by Executive Services prior to submission to SESLHD Clinical and Quality Council – Major review.
July 2018	4	Endorsed by SESLHD Clinical and Quality Council
April 2021	5	Routine review commenced
May 2021	5	Incorporates feedback from the SESLHD MHS Document Development & Control Committee
July 2021	5	Endorsed MHS Document Development and Control Committee Endorsed MHS Clinical Council
November 2021	6	Updated to include NSW Police sighting consumer when welfare check requested
November 2021	6.1	Feedback advised that new information regarding sighting a consumer for a welfare check wasn't strong enough to meet RCA Recommendation. Section updated to be more detailed and circulated to DDCC for further review. DDCC endorsed out-of-session
December 2021	6.1	Endorsed MHS Clinical Council. Approved by Executive Sponsor.

APPENDIX A: eMR Scheduling Procedure
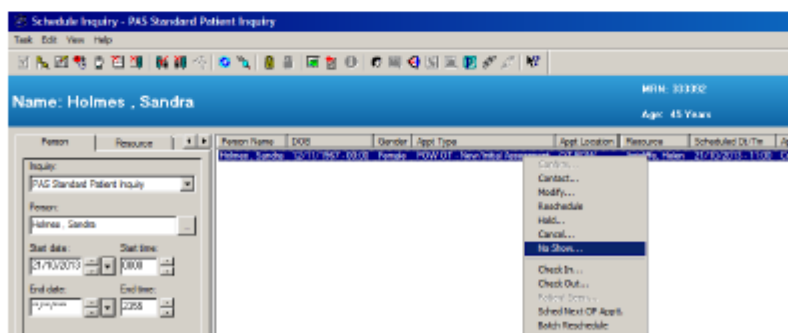
ESM Appointment – No Show

There are three different ways to record a patient did not show for an appointment - by right clicking the appointment, clicking on the no show icon or through the appointment inquiry.

1. Right click on the appointment you wish to no show. Select **Actions, No show**


Select Actions > No Show
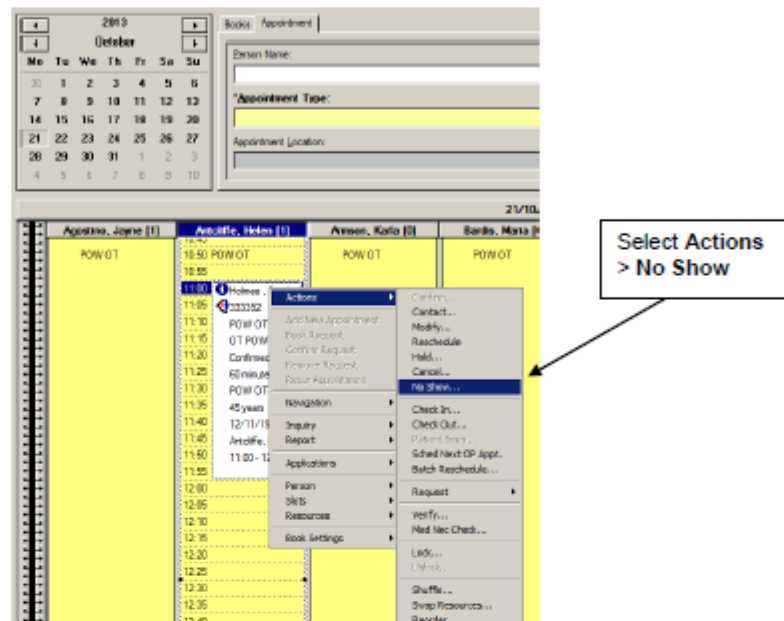
2. Select that appointment and click on the no show icon.

3. Or if you do not have the appointment book open to show the appointment you wish to check it, you can search though the **Appointment Inquiry**. Right click on the appointment and select **No Show**


4. A no show window will appear. Click ok.

5. Once the appointment has been recorded as a **no show**, it will change from **white** to grey.

ESM Appointment – Cancel

1. Find the appointment that you wish to cancel, either in the appointment book, or through the appointment inquiry, using the appointment inquiry ![icon] icon.

2. To cancel the appointment you can do it several ways. Right click the appointment and click on Actions> Cancel, or click on the cancel ![icon] icon.
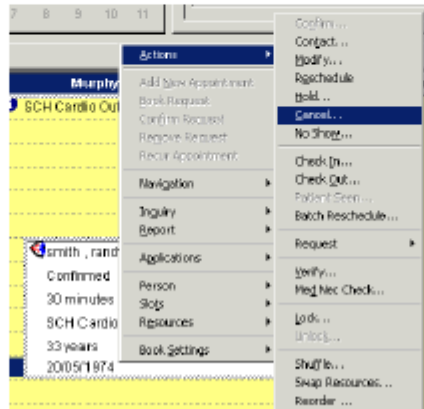
3. The Cancel screen will appear. You must enter a cancel reason as this is a mandatory field.
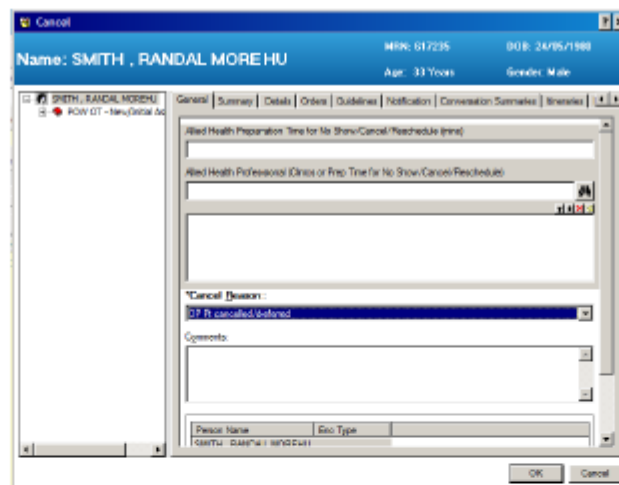
4. Click ok. The appointment will now disappear from the appointment book.

5. Click View> Cancels to turn on the cancellations to be shown in the appointment book. They appear in **red**.

Health
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Scheduling
*e*MR Quick Reference Guide

Health
NSW | Illawarra Shoalhaven
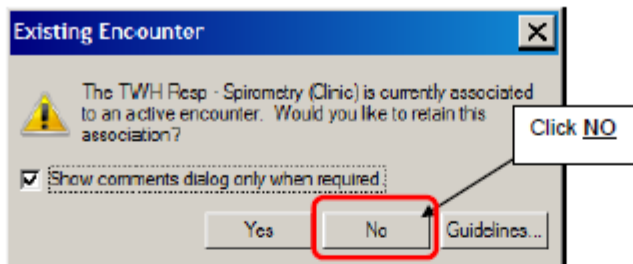Local Health District

ESM Encounter – Disassociation

If the NAP registration screen **DOES NOT APPEAR** when you Check In a Patient and the appointment immediately turns green an incorrect encounter is already attached to the appointment and *has* to be disassociated.

The only way this can be done is by rescheduling the appointment.

1. Firstly undo the check in by right clicking on the appointment and selecting Actions > Undo Check In.

Click OK
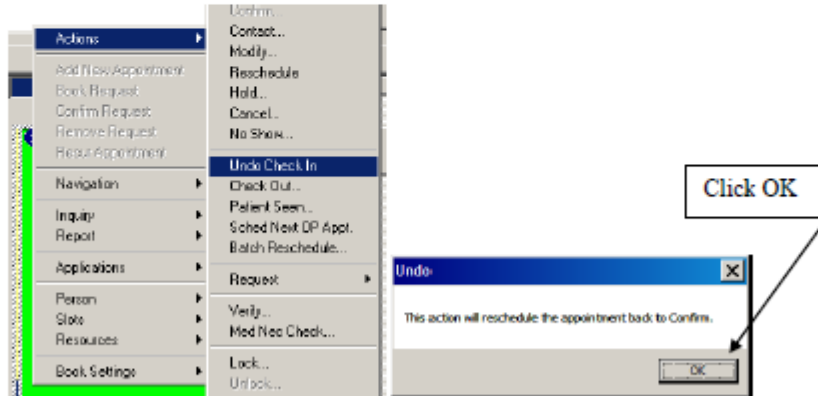
2. This action will rescheduled the appointment back to confirmed.

3. Reschedule it by right clicking, selecting Actions > Reschedule. The following screen will appear

Existing Encounter

The TWH Resp - Spirometry (Clinic) is currently associated to an active encounter. Would you like to retain this association?

☑ Show comments dialog only when required

Yes   No   Guidelines...

Click **NO**

4. The incorrect encounter is no longer attached to the appointment.

5. Reschedule the appointment back to the same date and time.

Once the appointment has been confirmed, Check In the appointment again. The NAP registration screen will now appear and the system will create the correct outpatient encounter for the appointment.

MAKE SURE THAT YOU HAVE ENTERED THE CORRECT DATE AND TIME