



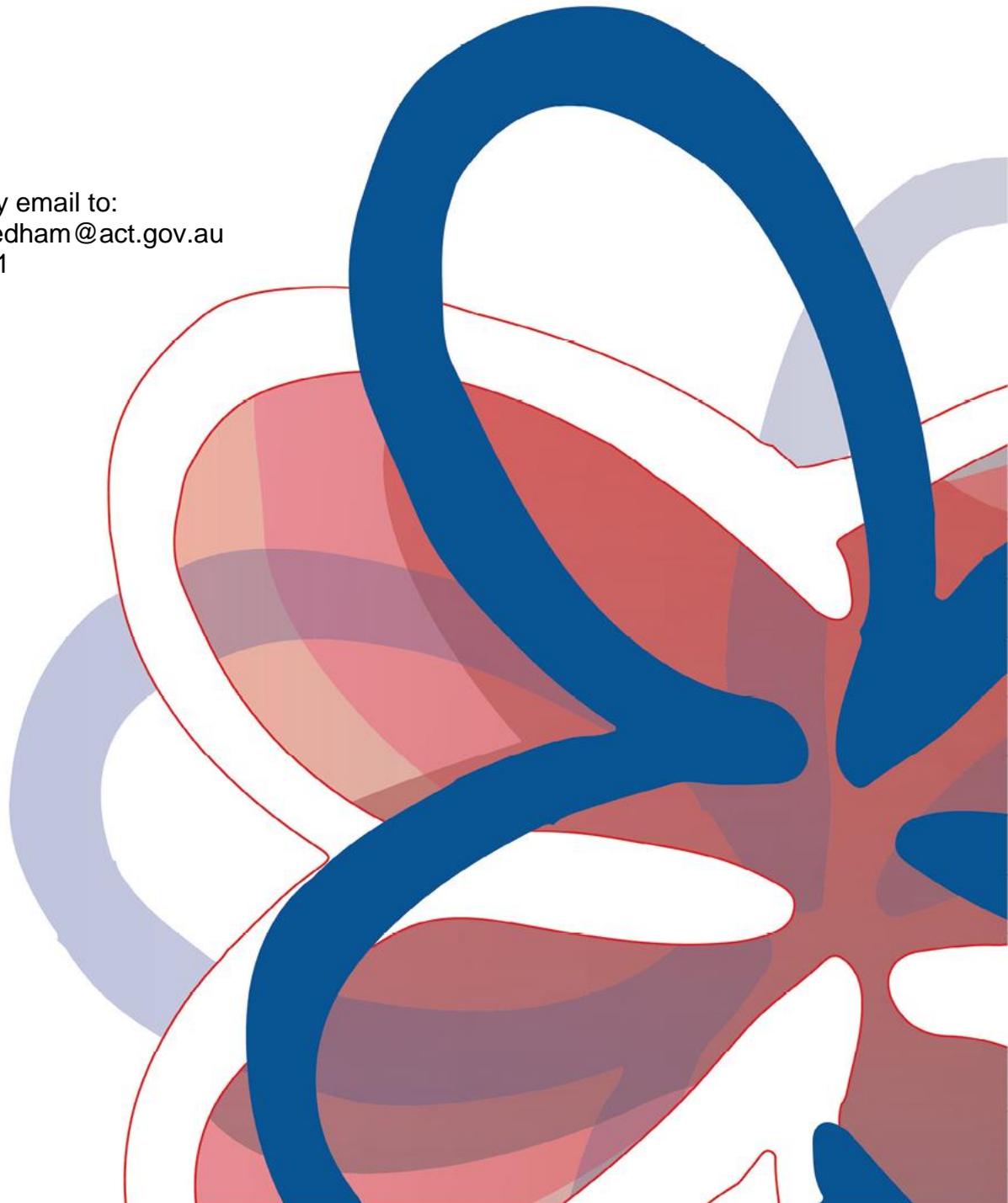
ACT  
Mental Health  
Consumer Network

ACT Mental Health Consumer Network Inc.  
The Griffin Centre, Level 2, Room 11  
20 Genge Street, Canberra City, 2601  
P.O.BOX 469, Civic Square, ACT, 2608  
Phone: 02 6230 5796 Fax: 02 6230 5790  
Email: [policy@actmhc.org.au](mailto:policy@actmhc.org.au)  
Website: [www.actmhc.org.au](http://www.actmhc.org.au)

**Submission:**

**Canberra Health Services Operational/Clinical Procedure Incident  
Management – Clinical; and  
Canberra Health Services Clinical Policy Incident Management -  
Clinical**

Submitted by email to:  
[Heather.Needham@act.gov.au](mailto:Heather.Needham@act.gov.au)  
19 April 2021



## **Submission: Canberra Health Services Operational/Clinical Procedure Incident Management – Clinical; and Canberra Health Services Clinical Policy Incident Management - Clinical**

This submission has been prepared by the ACT Mental Health Consumer Network in response to the invitation from Canberra Health Services (CHS).

The ACT Mental Health Consumer Network is a consumer-led peak organisation representing the interests of mental health consumers in the ACT in policy and decision-making forums. The Network is committed to social justice and the inclusion of people with experience of mental illness. Run by consumers for consumers, our aim is to advocate for services and supports for mental health consumers which better enable them to live fuller, healthier and more valued lives in the community.

The Network advertised a consumer forum and sought feedback via email from consumers in relation to the CHS Operational/Clinical Procedure Incident Management – Clinical and the CHS Clinical Policy Incident Management draft documents. Written feedback was received from several consumers, however, due to competing commitments and a high number of requests for feedback, members were not available to attend the forum. This submission incorporates the written feedback we received.

### **General comments**

The Network welcomes this opportunity to contribute to the CHS draft documents. Consumer feedback includes that both the Procedure document and the Policy document should ideally be written in plain language. The use of illustrations is suggested in the Policy document by one consumer and a landscape view for some graphics within the Procedure document is suggested where they are currently in portrait view.

This submission outlines recommended adjustments and a series of questions to be considered within the drafts as included below. Feedback is included in the format of two sets of recommendations. The first set of recommendations is in relation to the Procedure document and the second to the Policy document.

## **Draft Operational Clinical/Procedure Incident Management – Clinical**

Recommendation 1: Typographical adjustment in the Table of Contents  
'Evaluation' in the Contents page requires adjustment from 114 to 14.

Recommendation 2: The use of plain language throughout the Procedure  
Consumers appreciate this Policy may be written as an internal policy document but emphasise that it should be written in plain language to ensure ease of understanding for all staff.

Recommendation 3: Layout of graphics in the Procedure document  
One consumer suggests that the included graphics in the Procedure document be switched to landscape layout. These include graphics on page 4 and page 6.

Recommendation 4: Section 6 further information regarding rights  
It is suggested to include more information about links to patient rights and procedures a patient may follow to prevent further incidents.

Recommendation 5: Inclusion of a timeframe for patient and carer incident reporting needs to be clear  
Consumers question if there is a timeframe within which an incident report needs to be made from a patient perspective. In addition, the possibility of consumers having an avenue to access or feed into RiskMan was raised as well as being kept up to date regarding progress following their incident report to RiskMan.

Recommendation 6: Consideration of Post Traumatic Stress Disorder (PTSD)  
A question was raised in relation to PTSD and how it is managed within incident reporting from both a staff and a consumer perspective. Consumers noted that as PTSD may develop months to years after initial service, consideration to include PTSD is recommended in the Procedure.

Recommendation 7: Section 9, Page 13, further information regarding non-agreement, based on evidence  
Consumers question what process is to be applied if there is no agreement reached, based on the evidence.

Recommendation 8: Suggested typographical error corrections

- Page 7, Section 7, 3rd paragraph, remove space following 'Investigations/' to

read, 'Investigations/reviews'.

- Page 7, Section 7, 7th paragraph, middle line, insert a space between 'considerationof' to read, 'consideration of'.
- Page 12, last line of the Recommendation completion paragraph, correct spelling from 'Recommendaition' to 'Recommendation'.
- ATTACHMENT E: Recommendation process diagram, final box in diagram, last line, amend spelling of 'Execuitve/National', to read 'Executive/National'

Recommendation 9: Page 20, ATTACHMENT B, expand the reference to the Open Disclosure Procedure

There is no reference in 'Step 8 Feedback' regarding formal open disclosure and consumers raised the question: is formal open disclosure included in the Open Disclosure Procedure? If so, include the text 'refer to the Open Disclosure Procedure in relation to formal open disclosure' or include reference within the Procedure.

**Conclusion and recommendations Procedure draft document**

The above recommendations are based on consumer feedback to enhance the draft Procedure document.

The recommendations outlined in this submission are included in short form as follows:

1. Typographical adjustment in the Table of Contents, 114 to become 14
2. The use of plain language throughout the Procedure draft document
3. Layout of graphics in the Procedure document adjusted in some places to landscape
4. Section 6, inclusion of further information regarding patient rights
5. Inclusion of a timeframe for patient incident reporting needs to be clear, or specificity that no such limit exists, and access to Riskman reporting and progress back to patient
6. Consideration of Post Traumatic Stress Disorder (PTSD) within incident management
7. Page 13, Section 9, further information regarding the process if no agreement is reached based on evidence is needed
8. Suggested typographical error corrections within the Procedure document be adjusted. Refer to Recommendation 8 above.
9. ATTACHMENT B, Page 20, expand the reference to the Open Disclosure Procedure.

## **Canberra Health Services Clinical Policy Incident Management - Clinical**

The Policy requires expansion to outline processes for formal open disclosure, and that open disclosure training for staff be included. A link to the Open Disclosure Document may assist staff using the Policy document.

Plain language and the use of illustrations or flow charts will assist readability of the Policy.

### Recommendation 1: A clinical incident includes when healthcare directives and My Rights My Decisions have not been followed

Within the Policy Statement section, final paragraph, it is recommended that a clinical incident includes when healthcare directives, including as My Rights, My Decisions, have not been followed and other instructions.

### Recommendation 2: Use of plain language and inclusion of illustrations

The Policy document was reviewed and the use of plain language and illustrations or flow charts is strongly recommended to improve understanding for Policy users.

### Recommendation 3: Page 1, Purpose, extra text required

The first dot point in the Purpose section appears to require the word 'incidents' be inserted at the end of the point.

### Recommendation 4: Include dot point regarding formal open disclosure request

It is recommended that the Executive Directors (ED) section on page 3 should outline the process for EDs regarding formal open disclosure requests.

### Recommendation 5: Page 4, Safety and support for patients

Including safety and support for patients under the ED section is also recommended and would be a support to managers and staff when supporting patients.

### Recommendation 6: Page 4, Suggested rewording to All Staff section

The term 'familiar with', in the following dot point be replaced as follows:

- ~~Be familiar~~ **Understand and comply** with the CHS clinical incident management policy and procedures and open disclosure procedure

### Recommendation 6: Include support of patients within the All Staff section

Including support of consumers within the All Staff section of the Policy is recommended. Consumer feedback notes that it is included in the process summary

in Attachment B of the Procedure document but needs to be included in the Policy document also.

### **Summary of Recommendations – Policy Document**

1. A clinical incident includes when healthcare directives and My Rights My Decisions have not been followed
2. Use of plain language and inclusion of illustrations
3. Page 1, Extra text required within the purpose section to include 'incidents' at the end of the first dot point
4. Page 3, Include dot point regarding formal open disclosure request within the Executive Directors section
5. Page 4, Include reference to safety and support for patients within the Executive Director section
6. Page 4, Rewording within the All Staff section, replace 'Be familiar' with 'Understand and comply'
7. Page 4, Include reference to support of patients within the All Staff section