Canterbury
District Health Board
Te Poari Hauora ō Waitaha

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RE Official information request CDHB 10041

I refer to your email dated 8 February 2019 which was subsequently transferred to us from the Health, Quality and Safety Commission on 21 February 2019, requesting the following information under the Official Information Act from Canterbury DHB. Specifically:

- **Can I please request under the OIA all the Reportable Event Briefs for the last 3 years for mental health for all the DHBs?**
- **Can I also please request under the OIA what information from DHBs are sent to HQSC? (This is in case the previously question doesn't hit the sweet spot)**
- **Then I would like to request under OIA the information that DHBs usually send to HQSC and I would like that to cover the last 3 years please.**

Summary of completed reviews, sent to HQSC (AEB's)
Numbers / Categories:

Year	Number	Categories
2016	23	Suspected / Confirmed Suicide: 19 Confirmed Natural causes: 2 Serious event (not suicide): 2
2017	27	Suspected / Confirmed Suicide: 21 Sudden death: 2 Patient Accident: 1 Serious event (not suicide): 3
2018	14	Suspected / Confirmed Suicide: 11 Serious event (not suicide): 1 Suicide attempt: 2

Findings themes:

***Patient factors*:**

- History or current polysubstance dependence e.g. alcohol, illicit drug use
- Co- existing disorders
- Non-adherence to treatment
- Complex mental health difficulties contributed to high risk of self-harm and suicide
- Access to prohibited or banned items.
- Psychosocial stressors - Social stressors e.g. accommodation / relationship / financial issues, family bereavement

Staff factors:

- Over reliance on institutional knowledge
- Support for health professionals new to case management

Communication factors:

- Family support / education / involvement / engagement
- Lack of communication, pro-active contact and collaboration with family/whanau including management of disclosure
- Communication between clinical teams
- Shared understandings and expectations of clinical team and NGO providers
- standard of documentation

Environment factors:

- Changing location of residence e.g. different geographical areas
- Level of family support
- Acuity on inpatient unit
- Continuity of care
- Availability of information kits
- High demand on service / individual clinicians
- Suitability / standard of facilities

System and Process Factors

- Incomplete clinical documentation / clinical record including risk information
- Lack of transition protocol
- Limited information sharing
- Decision making expectations and processes
- Treatment processes including assessment, engagement, discharge
- Monitoring of prescribed medication

Recommendations:

1. Policy and Process review, development and improvements:
    a. Transition and discharge processes
    b. Process for communication and handover between teams
    c. Leave planning decision process
    d. Informing General Practitioner of changes in treatment and risk
    e. Strengthen risk management processes to ensure pre-existing mental health disorders are taken into account
    f. Review 'Consumer property' and 'Search for the removal of banned items' policy
    g. Process related to telephone interview and documenting calls
    h. Assessment process relating to access to weapons
    i. Guidelines to be developed for escalation of decision making

j. Process to ensure urgent maintenance requests are attended to promptly
k. Process for urgent review following missed doses of Opioid Substitution treatments

2. Documentation improvements:

a. Multidisciplinary team meetings to be documented in the electronic clinical record
b. Medication recording in electronic clinical record
c. Amend Patient Management System to enable author identification on admission letters
d. Develop and implement strategies to improve standard of nursing documentation
e. Regular reminders to ensure contact and disclosure forms are completed

3. Family involvement

a. Monitor adherence to "Family Involvement in the consumer's treatment" policy.

4. Audit activities:

a. Admission and discharge checklists and task completion to be audited
b. Adherence to risk and risk management policy and protocol
c. Audit of use of wellness / safety plans and CaSPI Suicide Risk and Initial Management Tool
d. Adherence to policies and procedures

5. Pathway development and improvements:

a. Joint management of consumers
b. Interface guidelines to be developed with NGP support providers
c. Revise Health Pathways to prioritise assessment of transferred consumers subject to the MHA.

6. Resources:

a. Improve the availability of information kits

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

Carolyn Gullery
Executive Director
Planning, Funding & Decision Support