

CRISIS ALERT

Protocol CPM.M5.5

PURPOSE

To provide clear guidelines for Bay of Plenty District Health Board (BOPDHB) Mental Health & Addiction Services (MH&AS) staff to follow in the event that they require additional after hours support for a consumer.

To ensure that within the MH&AS a system exists which promptly provides consumers with appropriate treatment and support.

To provide a mechanism by which the MH&AS facilitates access to timely and responsive services that aim to minimize psychiatric illness, prevent relapse and promote wellness for consumers and their family / whānau.

To ensure that the Crisis Service is provided with the necessary information to manage consumers' treatment outside of normal business hours when there is an issue of risk to self or others.

STANDARDS TO BE MET

	ACTION		RATIONALE	
1.	•	A Crisis Service Alert can be instigated by a MH&AS staff member (referrer) who is requesting extra and / or after hours support for a consumer.	•	The Crisis Service Alert is a process for MH&AS Staff who are engaged in an established relationship with a consumer and or the consumers nominated supports.
2.	•	A Crisis Service Alert is clearly not a crisis. A crisis is identified by urgency.	•	The Crisis Service Alert is available when the Therapist / Case Manager has clearly identified concerns (potential and/or current risk) that the client may need extra support and/or psychiatric intervention out of usual working hours i.e. after 5pm weekdays and anytime on weekends.
3.	•	Discuss the issues surrounding the identified concerns with the referrer to clarify the need and extent of the support.	•	The Crisis Service Alert is not a transfer of care, but a <u>negotiated</u> process.
4.	•	Once usefulness of the Crisis Alert is established it should be verbally accepted and signed by a member of the Crisis Service.	•	The Crisis Service Alert is actioned and monitored by the Crisis Service once documentation has been completed and verbally accepted and signed by a crisis team member.
5.	•	Referrer to fill out The Crisis Alert Form, identifying the time-frame, other issues nominated on the form and copies of relevant recent clinical notes, assessments as required by the Crisis Service. The referrer will be responsible for	•	The Crisis Service Alert will have a specific time-frame. The Crisis Alert form has an email link to the crisis team.
		emailing the <u>Crisis Alert Form</u> to the Crisis Service.		

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Protocol Steward: Team Lead	der, Authorised by: Chief Medical Office	
Acute Response Service, MH8	RAS	assumed to be the current version.



CLINICAL PRACTICE MANUAL

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	ACTION	RATIONALE
6.	The referrer will be responsible for informing any affected family / whānau members or the consumers GP that an alternative contact person is in place if they have concerns about the consumer or in the event of a crisis.	Consumer safety and relapse prevention
7.	The Crisis Alert will be instigated when the form is signed and accepted by a Crisis Service staff member (preferably the one who verbally accepted it).	The Crisis Service Alert process will cease if the situation develops into a "Psychiatric Crisis" eg. MHA proceedings, escalating level of dangerousness to self or others.
8.	 The Crisis Service member receiving the Crisis Alert will enter: a) The Crisis Alert in the active crisis and acute follow-up folder's daily running sheet to inform other Crisis Service staff that a Crisis Alert is in place. b) Open WebPAS link for Crisis Service c) Save the alert into the G:drive MHAS / Crisis Team / Alerts / Active Alerts folder. 	 To ensure the Crisis Service is aware that a Crisis Alert Plan is in place. To ensure all Crisis Service contacts are recorded in the consumers WebPAS notes. To ensure active alerts can be electronically updated and there is a tracking record.
9.	The Crisis Service to action the request, recording each contact as per established Crisis Service practice.	The Crisis Alert Plan is available as support for established therapeutic plans.
10.	Document contact and intervention in the consumers MCP health record.	As above.
12.	 The referrer will contact the Crisis Service team on completion of the Crisis Alert to handover on Crisis Service involvement. The Crisis Service shift Coordinator will contact the referrer once the event required date had ended to check if an alert extension is required or if the alert can be closed 	 To facilitate the clear transfer of responsibility for continued patient care. To ensure all Alerts are still active
13.	The consumer now returns to the referrer's caseload.	To complete the transfer of responsibility for patient care.
14	 Once closed the Crisis Service team member records the transfer of care in the consumers health record (MCP Progress notes) and closes the Crisis Service link. The Crisis Service team member saves the Crisis Alert into the G:drive / MHAS / Crisis Team / Closed Alerts folder. 	 The Crisis Service Alert is now concluded. The transfer is recorded in the consumers records The Alert is saved for tracking

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REFERENCES

• Health & Disability Services Standards NZS 8134:2008 Standards New Zealand

ASSOCIATED DOCUMENTS

• Bay of Plenty District Health Board Form FM.C24.1 Crisis Alert

Appendix 1: Crisis Alert Flowchart

TASK	ACTION	Who
	MH&AS staff member (referrer) Completes Crisis Alert Form	Any MH&AS Clinician
Establishing the	Staff member negotiates Crisis Service involvement with a Crisis Service staff member	Clinician / Crisis Service staff
Crisis Alert	Establish Timeframe of Crisis Alert	member
	Crisis Alert Form emailed to the Crisis Service	MH&AS Clinician
Crisis Alert	Referrer responsible for contacting affected family / whānau, GP or principle caregiver that an alternative contact is in place regarding concerns they may have about the consumer	MH&AS Clinician
	Crisis Service actions the Crisis Alert	Crisis Service Staff member(s)
Ending the Crisis Alert	On Completion of Crisis Alert, Crisis Service will scan documentation to referrer after discussion with referrer	Crisis Service staff member / MH&AS Clinician
Cholo Alort	MH&AS Clinician continues with the consumer on their caseload	MH&AS Clinician

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