

8th February 2022

Andrew McGregor
Private/Individual
Email: fyi-request-17710-041d40b1@requests.fyi.org.nz

Dear Andrew

Official Information Act Request for – Treatment Protocols

I write in response to your Official Information Act request received by us 9th December 2021 by way of transfer from the Ministry of Health, you requested the following information:

- 1. Please provide Guidelines/procedure differentiating subtypes of primary (idiopathic) constipation**
- 2. Please provide Guidelines/procedure in the treatment of patients after a suicide attempt and/or suicidal ideation**
- 3. Please provide Guidelines/procedure for the management/prevention of persistent Postsurgical Pain**
- 4. Please provide Guidelines/Procedures for the management of postoperative Urinary Retention (POUR)**

Counties Manukau Health Response:

For context Counties Manukau Health (CM Health) employs over 8,500 staff and provides health and support services to people living in the Counties Manukau region (approx. 601,490 people). We see over 118,000 people in our Emergency Department each year, and over 2,000 visitors come through Middlemore Hospital daily.

Our services are delivered via hospital, outpatient, ambulatory and community-based models of care. We provide regional and supra-regional specialist services i.e. for orthopaedics, plastics, burns and spinal services. There are also several specialist services provided including tertiary surgical services, medical services, mental health and addiction services.

The CM Health clinical teams have access to HealthPathways which is an online manual used by clinicians to help make assessment, management, and specialist request decisions for over 550 conditions. Rather than HealthPathways having traditional guidelines, each pathway is an agreement between primary and specialist services on how patients with particular conditions will be managed in the local context.

- 1. Please provide Guidelines/procedure differentiating subtypes of primary (idiopathic) constipation**

We do not have a written guideline or procedure for primary (idiopathic) constipation however HealthPathways has dedicated pages to assist clinicians treating for constipation in both adults and children.

2. Please provide Guidelines/procedure in the treatment of patients after a suicide attempt and/or suicidal ideation

The overarching document guiding the treatment of service users after a suicide attempt and/or suicidal ideation is the Clinical Safety and Risk Assessment Policy (attached). In addition to the Clinical Safety and Risk Assessment Policy, the following list outlines some common best practice approaches that are undertaken:

1. A reassessment of clinical risks. This may include amending the individuals care plan in collaboration with the service user and family if appropriate. This includes a review of the treatment plan and considerations on the use of the Mental Health Act if critical risks have been identified.
2. An increased frequency of reviews by the treating team which may include the responsible clinician and allocated mental health clinician.
3. Utilising the Adverse Events Framework to determine the level of review/investigation needed to identify lessons to be learnt and good practice to be commended.
4. Utilising the Post Vention protocol which is a process that wraps support around individuals and close friends and family who have increased vulnerability as a result of the incident.
5. In some circumstances following phone assessments of suicidal ideation, a face to face assessment is undertaken immediately/ within 4 hours/ within 24 hours/ within 72 hours.

Our Mental Health Service Teams follow the Clinical Safety and Risk Assessment Policy attached as appendix 1.

3. Please provide Guidelines/procedure for the management/prevention of persistent Postsurgical Pain

We do not have a written guideline or procedure for the management/prevention of persistent Postsurgical Pain. Treatment decisions for these issues are based on clinical assessment and individual patient needs.

4. Please provide Guidelines/Procedures for the management of postoperative Urinary Retention (POUR)

We do not have a written guideline or procedure for the management of Postoperative Urinary Retention (POUR). Treatment decisions for these issues are based on clinical assessment and individual patient needs.

I trust this information answers your request. You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or Freephone 0800 802 602.

Please note that this response or an edited version of this may be published on the Counties Manukau Health website. If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider this.

Yours sincerely



Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health

Policy: Clinical Safety and Risk Assessment, Safety Planning, and Risk Management with Individual Service Users

Purpose

Assisting service users and their whaanau/families to be well and safe is the central goal of all health services including mental health services. Clinical risk assessment and management is essential in order to develop plans and interventions to achieve this goal. Risk management involves developing flexible strategies aimed at preventing negative events from occurring or, if this is not possible, minimising the harm caused.

This policy defines the overarching standards to be used in Mental Health and Addiction services relating to safety and risk assessment, risk management, and safety planning with individual service users.

Scope

This policy is applicable to all CM Health mental health employees, (full-time, part-time and casual (temporary) including contractors, visiting health professionals and students working in any CM Health facility.

Policy

This policy should be considered in the context of other CM Health policies, listed at the end of this document.

- Safety is the cornerstone upon which health and wellbeing is founded.
- Safety must be understood in a broad sense that encompasses all aspects of the person's physical, mental, spiritual, and interpersonal health.
- To assess an individual's safety and risk, one must consider multiple factors that can act alone or together to adversely affect the person's health and wellbeing:
 - Intentional or unintentional harm to self,
 - Intentional or unintentional harm to others,
 - Environmental and situational risks,
 - Medical and physical vulnerability,
 - Risks associated with substance use/abuse,
 - Risks associated with neglect of needs (self or others)
 - Socioeconomic vulnerability,
 - Risks associated with MH relapse,
 - Vulnerability to harm by others,
 - Legal risks and vulnerability to rights violations,
 - Risks associated with cultural factors including racism,
 - Risks associated with treatment.
- Safety planning must directly involve the service user, the family/whaanau, and natural systems of supports. The service user and their whaanau/family must understand how

Document ID:	A11565	CMH Revision No:	3.0
Service:	Mental Health Services	Last Review Date :	26/02/2019
Document Owner:	Clinical Director - Mental Health Services	Next Review Date:	25/02/2022
Approved by:	Clinical Governance Group (CGG)	Date First Issued:	23/10/2009
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treatment recommendations support the person's safety and wellbeing, and why they are important.

- Service users and their whanau/ family must be provided with education and information in a manner that enables them to support the persons safety and wellbeing
- Assessment of safety and risk also entails an assessment of the person's strengths, resources, resilience, and other protective factors that can be built upon to increase his or her wellbeing and safety.
- Safety assessment and safety planning are part of an on-going cyclical process to improve health and wellbeing and to minimise harm. This is accomplished through a continuous systematic refinement of the individual's plan. The cycle consists of assessment, safety planning, implementation, monitoring of outcomes, then re-assessment and repetition of this process.
- Safety assessment and planning must occur within the context of the individual's cultural background and social situation.
- Risk is influenced by both static and dynamic factors and, therefore, can change rapidly and radically.
- Safety planning must reflect principles of healthful, positive risk-taking.
- Safety assessment, safety planning and monitoring of outcomes should use validated tools whenever possible.

Fundamentals of Clinical Safety and Risk Assessment

When approaching clinical risk assessment and management CM Health Integrated Mental Health & Addictions Services endorses the UK Department of Health's Best Practice in Managing Risk, (March 2009) underlying principles:

- Best practice involves making decisions based on knowledge of the research evidence, knowledge of the individual service user and their social context, knowledge of the service user's own experience, and clinical judgement.
 - Positive risk management as part of a carefully constructed plan is a required competence for all mental health practitioners.
 - Risk management should be conducted in a spirit of collaboration and based on a relationship between the service user and their carers that is as trusting as possible.
 - Risk management must be built on recognition of the service user's strengths and should emphasise recovery.
- These principles have important implications for clinical practice. Assessment of safety and risk is conducted at each and every point of contact with the service user and/or whaanau/family. It is an integral part of every clinical observation.

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Safety Assessment and Planning

- Safety includes the safety of the service user, whaanau/family and other natural supports, other service users, staff, and the community.
- When factors that affect safety adversely are identified (e.g., drug use, inconsistent treatment), these are discussed with the service user and the whaanau/family and a plan for intervention is addressed. As appropriate, the safety plan will be further developed by multidisciplinary or multiagency teams.
- Safety assessment and planning within treatment teams should be conducted in an open, equal, and transparent manner that embraces reflective practice.
 - Concerns and findings regarding safety and risk are documented
 - Concerns and findings must be communicated to others involved in the services to the individual (e.g., team members, carers, GP) as soon as is practicable.
 - Clinical interventions will appropriately reflect the acuity of risks that are identified and adhere to best practices. The effectiveness of the service user's safety plan is evaluated regularly, and safety and risks for service users, staff, and others are regularly reviewed. Appropriate changes to the safety plan are made using the assessment - safety planning – implementation - monitoring of outcomes – re-assessment cycle. Changes to the safety assessment and plan are documented clearly and timely.
 - Shortfalls in services and unmet needs are identified and addressed
 - Plans are developed to support safety and mitigate risk as the service user engages in healthy risk-taking as a part of her/his personal growth and recovery, this is documented in the Relapse Prevention Plan (or similar) document
 - All staff will implement safety assessment and planning with sensitivity and competence in relation to diversity in ethnicity, faith, age, gender, disability and sexual orientation.
 - Risk management will include an awareness of the capacity for the service user's risk level to change over time, and a recognition that each service user requires a consistent and individualised approach.
 - Safety assessment and planning will incorporate the perspectives of the service user's whaanau/family and carers.

Implementation and levels of responsibility

The Integrated Mental Health & Addictions Clinical Governance Group is responsible for monitoring implementation of and compliance with this policy.

All managers of clinical teams are responsible for ensuring staff who report to them are familiar with this policy:

- The implementation of safety and risk assessment and management procedures
- Support for monitoring, documentation, communication, and reporting in relation to risk assessment and management

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- Supporting activities that will inform the continuous process to improve practice

Staff Training and Support

Training will be available for all staff who are involved in the assessment and management of clinical risk:

All new practitioners must attend Safety Planning and Risk Assessment Training within three months of starting at CMH mental health and addiction services.

All existing practitioners should attend refresher training as frequently as deemed appropriate by their manager.

Consultation, Approval and Ratification Process

This policy was been written and subsequently reviewed by the Risk Assessment & Management Policy Review Group consisting of (Managers representatives and Clinicians).

The policy has been ratified by the Integrated Mental Health & Addictions Service Clinical Governance Group.

Policy Compliance Monitoring Process

Staff feedback, service user feedback, audit,

CMDHB Policies and Procedures	http://southnet/riskmanagement/Process.htm Staff Critical Incident defusing and debriefing policy CMDHB Patient and Whaanau Centred Care Programme Mental Health Services Service User and Family/Whaanau Participation Policy
NZ Legislation / National Standards / Programmes	<i>NZ Guidelines for managing Risk – MOH 1998</i> Assessment and Management of Risk to Others MH Workforce Development Programme Trainee Workbook (MOH and HRC, NZ)2006 <i>Health and disability services Standards - Health and disability services (core) Standards NZS 8134.1:2008</i> National Incident Management Programmes (http://nzsip.comuniogroup.com/)

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