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<td>Email 2018.09.19 from K Dixon</td>
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<td>Email 2018.09.27 from D Moen</td>
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<td>Email 2018.10.22 from A Blythe</td>
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<td>Email 2018.10.16 from T Mohan</td>
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Hi All,

There has been a change in reporting requirements from SA Health that from today all 24 hour breaches of patients in ED require notification and briefing to the CEO on the same business date of the breach. SA Health has determined a zero tolerance for 24 hour breaches and there will be penalties attached to the LHN.

As a direct result, this will require much tighter controls after hours and weekends at SALHN. In particular, this will rely on the After Hours Bed Manager to continuously review the bed management screens to review patients who have reached 18 hours in ED and have no plan to move out of ED. The Bed Manager will need to keep the Hospital Coordinator informed — as this will need to be escalated to the Executive On Call at this point to discuss the plan.

Please recognise that Monday to Friday 0800 – 5.00pm this is managed in the business hours and does not require notification, this only applies to after-hours and weekends and how we will be instrumental in reviewing and escalating the issue to the EOC to determine the next steps. I have included this as part of the EOC notification guide for your thoughts.

So in my initial thoughts, I see the process as the following:

- Bed Manager monitors patient times in ED and will review why the patient has not been moved and prioritise that move out of ED to prevent the breach.
- Hospital Coordinator/Bed Manager will email the EOC, Divisional Leads both Medical and Nursing (in the division where the breach has occurred), and the Nursing Director On Call of any patients who have reached 18 hours in ED that includes patient details, barriers to moving the to an inpatient bed, the plan to move them to an inpatient bed and the timeframe to prevent the breach.
- Hospital Coordinator/Bed Manager to contact the EOC by phone if they need assistance with formulating a plan to move the patient out of ED if the barriers relate to consideration and approval to move outside normal practice parameters — i.e. this may include working outside the normal infection control parameters, discussion about outlying a closed Mental Health Consumer in an open ward with a guard/special, discussions about the requirement for monitoring.
- Plan is implemented and a breach is avoided.
- Plan is not implemented and a breach has occurred then the EOC needs to be notified and it needs to include the reasons for the breach and the expected timeframe when the patient will move to an inpatient bed.

Happy to take feedback from all.

With kind regards

Kym Dixon
Deputy Director / Nursing Director
Nursing, Midwifery & Patient Services
Flinders Medical Centre
Southern Adelaide Local Health Network
SA Health
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Good morning,

Once again the hospital had a midnight census of 570 patients.

We have had upwards of 109 patients in ED overnight and currently have 30 admitted patients awaiting beds in ED, and

The Medical day Unit will be opened at 1330 to accommodate six patients, the sleep service will also be used to accommodate inpatients.

It is hoped that those patients will belong to the same medical team to minimise the disruption to the flow of medical work.

Could you kindly ensure that your teams round on their patients to see if any discharges can be expedited today.

Thank you,

Debra

Debra Moen RN MN MHSM
Co Director Division of Medicine Cardiac & Critical Care
SAHLN
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Hendrickx, Julie (Health)

From: slsadmin@sa.gov.au
Sent: Friday, 12 October 2018 14:12
To: Blyth, Andrew (Health)
Subject: PATNT - SLS Incident report Number SAHI-509826

An incident has been reported via the SLS web form.

The details are:

Form number: SAHI-509826

Subject of Incident: Incident affecting Patient

Health Unit: Flinders Medical Centre

Location (exact): Emergency Department - ED

Description:
Transfer to FMC inpatient bed delayed due to no AMU beds Time triaged 1159 7/10 Ref for admission 1513

Transferred to FMC ED 8/10 1430 awaiting bed AMU

SAC: SAC3


DO NOT REPLY TO THIS AUTOMATED EMAIL. If required, you can forward this email to the relevant person(s).
Dr Titus SP Mohan

Consultant Psychiatrist - Margaret Tobin Centre, FMC
Director of Neurostimulation, FMC
Senior Lecturer – University of Adelaide
Senior Lecturer – Flinders University

Flinders Medical Centre
Bedford Park SA 5042
Ph 8404 2570
Fax 8404 2567
email titus.mohan@health.sa.gov.au

From: Mohan, Titus (Health)
Sent: Tuesday, 16 October 2018 1:55 PM
To: Nance, Michael (Health)
Subject: For the FOI

Dr Titus SP Mohan

Consultant Psychiatrist - Margaret Tobin Centre, FMC
Director of Neurostimulation, FMC
Senior Lecturer – University of Adelaide
Senior Lecturer – Flinders University

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From: Nance, Michael (Health)
Sent: Thursday, 11 October 2018 12:55 PM
To: Bastiampillai, Tarun (Health); Love, Deborah (Health); Kayes, Dulcey (Health); Health:FMC SMH Flow Coordinator; Swincer, Joel (Health); Pettinger, Gary (Health); Hunstor, Rebecca (Health); Gupta, Arun (Health); Mohan, Titus (Health)
Subject: RE: Tracking pt from FMC ED to SJ 5/10/2018

There is a bed flow meeting tomorrow at 1pm. It would be good to pin down a plan reflecting our conversations about bed flow and also about pulling patients to the ward.

Dr Michael Nance
Acting Clinical Director Mental Health Services, SALHN

MBBS, MHA, FRANZCP
Senior Psychiatrist
Senior Lecturer, Flinders University
From: Bastiaimpillai, Tarun (Health)  
Sent: Friday, 5 October 2018 4:14 PM  
To: Love, Deborah (Health); Nance, Michael (Health); Kayes, Dulcey (Health); Health:FMC SMH Flow Coordinator; Swincer, Joel (Health); Pettinger, Gary (Health); Hunston, Rebecca (Health); Dhillon, Rohan (Health); Altman, Emma (Health)  
Subject: Re: Tracking pt from FMC ED to SJ 5/10/2018

Thanks Deb

Would be good if ATS aligned with actual patient arrival - saving of 20 minutes in this case?  
Who is responsible on ward for entering time on ATS?  
Could documentation be completed by registrar on MTC to allow earlier transfer if this was reason for some hold-up of transfer. Alternatively brief note facilitating earlier transfer and more comprehensive note to be completed later?

Tarun

From: Love, Deborah (Health)  
Sent: Friday, 5 October 2018 4:08 PM  
To: Nance, Michael (Health); Kayes, Dulcey (Health); Health:FMC SMH Flow Coordinator; Swincer, Joel (Health); Pettinger, Gary (Health); Hunston, Rebecca (Health); Bastiaimpillai, Tarun (Health); Dhillon, Rohan (Health); Altman, Emma (Health)  
Subject: Tracking pt from FMC ED to SJ 5/10/2018

Journey of X

4/10/18
2241 Self presented to FMC ED

5/10/18
0300 Seen by ED doctor ? medically cleared at this time – not documented clearly but I presume
0358 Changed on ATS to FMH bed card
1030 Request received for closed bed due to absconding risk. Flow aware of probable direct D/C from SJ
1115 Confirmed bed allocation with MH ED liaison nurse and SJ ANUM
1150 SJ ANUM phoned MH ED to discuss transfer of ED pt as SJ pt had been discharged, ED psyche reg still writing up patient notes.
Flow was assisting with covering staff lunch breaks in MHSSU(due to short staffing) so not actually sure what transpired over next hour but imagine
ongoing documentation was occurring...
1300 X physically arrived in SJ
1320 X transferred into ward on ATS.

Regards,
Deb Love
SMH Flow Coordinator (Acting)
Southern Adelaide Local Health Network
Mental Health Service

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