Health
Justice Health and
Forensic Mental Health Network

policy

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Clinical Application Systems – Alerts, Health Conditions, Allergies or Adverse Drug Reactions

Policy Number 4.014

Policy Function Leadership and Management

Issue Date 22 March 2022 (*eMeds minor update 19 July 2022*)

Summary The information contained within the Justice Health and Forensic Mental Health Network (the Network) Clinical Application Systems is considered an integral part of the patient's Hybrid Health Record and is used for the provision of direct care, research, quality improvement, education, analysis of data, health service evaluation, planning, workplace health/safety and legal purposes.

This policy has been developed to provide a standard framework for recording and documenting Alerts, Health Conditions and Allergies or Adverse Drug Reactions concerning a patient within the Clinical Application Systems and paper-based Health Record.

Responsible Officer Executive Director Corporate Services

Applicable Sites

☒ Administration Centres (JHAC, JHOP, D&A Central Discharge Planning Office)

☒ Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)

☒ Health Centres (Adult Correctional Centres or Police Cells)

☒ Health Centres (Youth Justice Centres)

☒ Long Bay Hospital

☒ Forensic Hospital

Previous Issue(s) Policy 4.014 (Oct 2017; Dec 2014; Nov 2013)

Change Summary

- General update including hyperlinks and legislations
- Addition of Health Conditions, Allergies and Adverse Drug Reaction definitions and data entry details
- Reflection of change in nomenclature of Justice Health & Forensic Mental Health Network (The Network) JH&FMHN to Justice Health and Forensic Mental Health Network (The Network) and Juvenile Justice NSW (JJNSW) to Youth Justice NSW (YJNSW)
- Changes to reporting requirements
- Updates to recording requirements

TRIM Reference POLJH/4014

Authorised by Chief Executive, Justice Health and Forensic Mental Health Network

1. Preface

The policy applies to all the Network staff, including agency staff, contractors, privately operated correctional facilities and other staff who have access to electronic personal health information of a patient's Health Record stored in the Network's Clinical Application Systems: iPM Patient Administration System (PAS), the Justice Health *electronic* Health System (JHeHS) and Community Health Information Management Enterprise (CHIME). This policy applies to those users who are authorised to access the system remotely and also relates to the paper-based Health Record.

Compliance is mandatory under the *Health Records and Information Privacy Act 2012* (HRIPA) and the *Privacy and Personal Information Protection Act-1998-133*-(PPIPA), for management, personnel and all persons handling electronic information, whether directly or indirectly, involved in client service delivery.

This policy has been developed to provide a standard framework within the Clinical Application Systems for documenting Alerts (Clinical and Non-Clinical), Health Conditions and Allergies or Adverse Drug Reaction. As JHeHS is the source of truth for recording Health Conditions and Allergies or Adverse Drug Reactions, and PAS is for Alerts, the flow of information across systems between the Network, Corrective Services NSW (CSNSW) and Youth Justice NSW (YJNSW) including the operational requirement for risk management of patients occurs.

The information contained within the Clinical Application Systems is considered an integral part of the patient's Health Record and are used for the provision and review of direct care, research, quality improvement, education, analysis of data, health service evaluation, planning, workplace health/safety and legal purposes. For more information relating to the Network's clinical documentation, refer to the Network's PD 4.020 *Health Records.*

All Alerts, Health Conditions and Allergies or Adverse Drug Reactions are used to ensure that clinicians record and review important information about a patient's status pertaining to their care. The Alerts, Health Conditions and Allergies or Adverse Drug Reactions must be reviewed within the Clinical Application Systems. The patient's Health Record aims to have consistent standards and content that is based on best practices while allowing flexibility to tailor systems to suit local business needs and processes. The protocols outlined within this policy is aimed at assisting the Network's clinicians in the management of Alerts, Health Conditions and Allergies or Adverse Drug Reactions towards patient care to support the efficient and effective treatment of patients.

This policy aims to:

- improve patient safety and continuity of care;
- assist with patient movement and transfer;
- provide guidelines to assist standardised documentation; and,
- assist with auditing and reporting needs.

2. Policy Content

2.1 Mandatory Requirements

All Network clinical staff must comply with recording and managing Alerts, Health Conditions and Allergies or Adverse Drug Reactions within the Clinical Application Systems.

Specific responsibilities are outlined in this policy. The NSW public health sector, as with all public sector agencies in NSW, is required to comply with the *HRIPA* and *PPIPA*. Both specify a series of rules designed to protect the privacy of personal information, including personal health information, in NSW.

It is the responsibility of all NSW Health personnel and their contractors to be aware of and comply with the requirements outlined in the *NSW Health Privacy Manual for Health Information* and NSW Health PD2015_036 *Privacy Management Plan.*

2.2 Implementation – Roles and Responsibilities

All Network Clinical Application System users must ensure they follow required procedures relating to Alerts, Health Conditions and Allergies or Adverse Drug Reactions and ensure they understand their responsibilities under policy and legislation.

Managers are responsible for:

- Monitoring Alerts, Health Conditions and Allergies or Adverse Drug Reactions to ensure that all staff are compliant with this policy and process; and,
- Ensuring that staff directly reporting to them attend mandatory Clinical Application Systems training as required (includes existing staff who may require training as a result of change of position) by contacting the Clinical Application Systems training team: JHFMHN-ClinicalAppsTraining@health.nsw.gov.au.
    - All new staff are to receive training during the orientation period.

Clinicians are responsible for:

- Managing Alerts, Health Conditions and Allergies or Adverse Drug Reactions relating to their patients;
- Assessing the impact of any Alerts, Health Conditions and Allergies or Adverse Drug Reactions by taking the appropriate action to ensure compliance with any risk reduction and management plans detailed within the patient's Health Record;
- Creating, recording, reviewing and updating Alerts, Health Conditions and Allergies or Adverse Drug Reactions in JHeHS on each occasion of patient contact;
- End-dating Alerts, updating Health Conditions and Allergies or Adverse Drug Reactions status (Active/Inactive/Resolved) that are no longer applicable to the patient;
- Discussing clinically significant patient Alerts, Health Conditions and Allergies or Adverse Drug Reactions during clinical handover; and,
- Ensuring that the Clinical Application Systems accurately reflect Alerts, Health Conditions and Allergies or Adverse Drug Reactions at all times.

Clerical Staff are responsible for:

- End-dating of certain Non-Clinical Alerts as per the local facility PAS Business Processes; and,
- Ensuring all Downtime packages are available at the Health Centre for use when required.

Clinical Applications Team are responsible for:

- Ongoing back end system maintenance of Alerts, Health Conditions and Allergies or Adverse Drug Reactions and updates to Australian Medicines Terminology (AMT).

Health Intelligence and Analytics Unit (HIAU) is responsible for:

- Providing education and assisting line managers with the determination of necessary competencies / training requirements for personnel performing work that requires them to use the Clinical Application Systems;
- Reviewing and maintaining Alerts, Health Conditions, Allergies or Adverse Drug Reactions Reference Sets and Definition documents inclusive of requests for changes and additions;
- Auditing compliance and data integrity through reports / searches of Alerts, Health Conditions and Allergies or Adverse Drug Reactions;
- Monitoring the AMT updates; and,
- Requesting updates to Clinical Application Systems as required.
- Quality checking Downtime forms within Clinical Application Systems.

3. Procedure Content

The level of access a staff member has to manage Alerts, Health Conditions and Allergies or Adverse Drug Reactions in the Clinical Application System depends on their roles and the user groups to which they are assigned. For step-by-step Clinical Application System procedures refer to the relevant Clinical Application Systems *tip sheets*.

3.1 Alert Definition Document

The *Alert Definition Document*, only available within the guidelines dropdown in PAS, categorises Clinical and Non-Clinical Alerts into further sub categories. Staff must refer to the *Alerts Definitions Document* to understand the Alerts definition / rationale for use, rules, the source of the Alert, its review cycle that includes end dating and also whether the Alert is shared with CSNSW and/or YJNSW.

Staff must be aware that the source of truth for Alerts is identified as PAS, the Alert flows into JHeHS and is displayed in the patient's Single Patient View and Conditions/Alerts tab as a read only Alert.

Staff must be aware that the source of truth for Health Conditions and Allergies or Adverse Drug Reactions is JHeHS. There are some health conditions, allergies or adverse drug reactions that are recorded within JHeHS but are mapped in the backend of the system to automatically flow and display in PAS as a read only Alert, which notes the recorded health condition and allergy within the comments field.

3.2 Patient Alerts, Health Conditions and Allergies or Adverse Drug Reactions

3.2.1 Viewing and Verifying

Clinicians must view the patient's Alerts, Health Conditions and Allergies or Adverse Drug Reactions status at reception and prior to treating the patient at each occasion of service. It is critical that this occurs to ensure the Allergies or Adverse Drug Reactions accurately appear in the patient's Medication Chart.

3.2.2 Recording

Recording health problems such as Alerts, Health Conditions and Allergies or Adverse Drug

Reactions is part of the assessment process for all patients. All Alerts, Health Conditions and Allergies or Adverse Drug reaction MUST be recorded within an appropriate Clinical Application System on each occasion of patient contact. In case of Downtime; downtime forms should be used and the data entered in respective Clinical Application System retrospectively.

Type	Clinical Application System
Alerts	PAS
Health Conditions	JHeHS
Allergies or Adverse Drug Reactions	JHeHS

Following Health conditions, Allergies and Adverse Drug Reactions details should be recorded as appropriate

- Severity: fatal, mild, mild to moderate, moderate, moderate to severe, severe
- Reaction (only for allergies and adverse drug reactions): type and severity
- Status: Effect of the health problem on patient's health and well-being
    - Active- The effects of the problem are ongoing and causing concern
    - Added in error- If selected, the problem will not be displayed in the patient's problem list. In addition, a field is displayed so you can enter the reason for error
    - Inactive- The problem is currently not affecting the patient's health and wellbeing
    - Resolved- The problem is no longer affecting the patient's health or wellbeing
    - Duplicate- The problem is a duplicate to another problem. The duplicate status allows the user to 'tidy up' the problem list if the patient has had the same problem described in different ways, for example, slightly different codes or free text descriptions.
- Onset: The earliest date from which the problem was significant for the patient
    - At Age- The age at which the patient was affected by the problem in years, month and days. This is usually caused by a discrete event that occurs at a specific age. For example, allergic reaction to metal implants
    - In Date- The date, month and year the patient was affected by the problem. This is usually caused by a discrete event that occurs at a specific time. This can be a year, a month and Year, or a complete date. For example, hip replacement in 2010 or 9 February, 2010
    - Since Age- The age at which the problem first appeared in years, months and days
    - Since Childhood- No supplementary information is required if this option is selected
    - Since date- The date, month and year when the problem was first noticed. This can be a year, a month and year, or a complete date
- Informant: the person from which the problem first identified, for example, clinic nurse, daughter, father, husband, mother, son, wife, general physician
- Comments: Further description of the nature of the health problem and the effects it is having on the patient's health and general well-being
- Importance: A checkbox to identify a health problem as one that has a significant and long-term effect on the patient's health and wellbeing.

All Allergies and Adverse Drug Reactions must be recorded to ensure they display accurately within the Medication Chart.

All recorded Mental Health Conditions in JHeHS will automatically display in CHIME for assignment at data collection review and/or discharge. The ability to add any Health Conditions in CHIME is not available.

All existing patient Alerts, Health Conditions and Allergies or Adverse Drug Reactions must be reviewed as it may be appropriate to update or end-date a previous Alert, Health Condition and Allergy or Adverse Drug Reaction before creating a new one within the appropriate Clinical Application System.

Staff must not attempt to select an Alert, Health Condition and Allergies or Adverse Drug Reactions for a purpose other than what it is intended to be selected for. Refer to s3.2.5; if an Alert, Health Condition and Allergy or Adverse Drug Reaction cannot be identified within the Clinical Application System.

Under the *NSW Health Privacy Manual for Health Information* sensitive clinical information, such as a patient's HIV status, must not be entered in the free text fields of any Alerts, Health Conditions and Allergies or Adverse Drug Reactions.

3.2.3 Editing and Deleting

The need to edit a patient's Alerts, Health Conditions and Allergies or Adverse Drug Reactions will only occur if the user wants to change any details within the comments or date fields.

If any of the patient's Alerts, Health Conditions and Allergies or Adverse Drug Reactions are incorrect, it must be end dated and the correct Alert, Health Condition and Allergy or Adverse Drug Reaction must be recorded in the appropriate Clinical Application System and documented.

A Health Condition and Allergy or Adverse Drug Reaction cannot be deleted by any Network staff. If any are applied to a patient in error, they must be end dated and noted as 'added in error'.

3.2.4 End-dating

All patient Alerts must be end-dated / inactivated, Health Conditions and Allergies or Adverse Drug Reactions must be end-dated, marked as resolved / inactivated if they are no longer applicable to the patient within the Clinical Application System.

Any inbound Alerts from CSNSW *Offender Integrated Management System* (OIMS) or YJ *Client Information System* (CIMS) must not be end-dated by Network staff.

3.2.5 Cannot Locate: Request to Add, Change or Remove

When a, Health Condition and Allergy or Adverse Drug Reaction cannot be identified, staff must complete an online JHeHS Change Request Form that is available on the intranet. Health Intelligence and Analytics Unit (HIAU) are responsible for the service request to locate the Alerts, Health Conditions and Allergies or Adverse Drug Reactions within the Clinical Application Systems Reference Sets.

When a new PAS Alert is required, staff must complete the Request for a new Alert form and submit it to HIAU.

When an existing PAS Alert requires changing, staff must complete the Request to update an existing Alert form and submit it to HIAU.

3.3 Medications

All the medications loaded within JHeHS are from the *Australian Digital Health Agency Australian Medicines Terminology* and are managed by HIAU on a regular basis pending any AMT version release. The level of access a staff member has to administer, prescribe or view medications for a patient depends on their roles and the user groups to which they are assigned by the Clinical Application Team, ICT.

3.4 Downtime

Downtime forms must be made available within all clinical areas. All downtime forms can be accessed and printed via the intranet. There are paper Downtime forms available to document patient Alerts, Health Conditions, Allergies or Adverse Drug Reactions. It is the responsibility of all clerical staff to ensure that there are numerous forms available in the event of a Clinical Application System being unavailable. These forms must be made available for clinical staff to capture information before the individual that completes it then retrospectively updates the correct Clinical Application System (JHeHS and/or PAS) when Downtime has ended. If required, this should also be communicated via Clinical Handovers.

There is an offline electronic Medication Chart to be utilised for planned and unplanned Downtime and the business processes must be complied with.

Following downtime and retrospective entry, all Downtime forms must be sent to the Health Information and Record Service for quality checking and appropriate destruction.

3.5 Reporting, Quality Control and Auditing

There is an increased importance to ensure data integrity is maintained and as a result:

- Findings from audits should be tabled at the Clinical Application Advisory Group for review and follow-up.
- Clinicians are directly informed of any activity that needs to be corrected.
- Paper-based health records are audited as per the Network's PD4.020 Health Records

The following information can be extracted to allow continuous data monitoring:

- For Alerts:
  - PAS Activity Dashboard
- For Health Conditions and Allergies or Adverse Drug Reactions:
  - JHeHS Health Conditions Dashboard (Qlikview report)
  - Conditions/Alerts Search via JHeHS.

3.6 Documentation

Any information contained within a patient's Health Record is subject to disclosure on receipt of a request under the *Health Records and Information Privacy Act 2002 (HRIPA)* or the *Government Information (Public Access) Act 2009 (GIPA)*. All information recorded must be relevant, accurate, up to date, complete and not misleading. Patient confidentiality must be maintained as per the *NSW Health Privacy Manual for Health Information*.

All Alerts, Health Conditions and Allergies or Adverse Drug Reaction Business Processes must meet *Ministry of Health PD2012_069 Health Care Records- Documentation and Management* standards.

Alerts, Health Conditions and Allergies or Adverse Drug Reactions in the Clinical Application Systems.

3.7 Permissible and Appropriate Use of Clinical Application Systems

All Clinical Application Systems must be used in a manner that complies with the principles and standards outlined in the Network's PD 4.020 *Health Records* and PD2.156 *Information Security Management System*. Users must ensure only valid information is entered.

3.8 Official Records

A patient's Health Records nature and content within the Clinical Application Systems and its use constitutes a Network record, which may be subject, inter alia, to the *State Records Act 1998 No. 17*, the *Government Information (Public Access) Act 2009* (GIPA) and the *HRIPA*.

4. Definitions

Allergies

An allergy is an immune system response to a foreign substance that's not typically harmful to your body.

Alerts

Alerts are clinical and non-clinical which provide vital, time-sensitive information; warrant immediate actions or attention by clinicians and conveys the highest level of importance.

Health Conditions

Health condition is observed or potential observable aspects of the health state at a given time.

Medication Chart

Refers to a paper-based (Long Stay Medication Chart, National Inpatient Medication Chart) or electronic medication order

Must

Indicates a mandatory action to be complied with.

Patient Health Record

A hybrid record of paper-based and electronic information pertaining to the health of the patient.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

5. Legislation and Related Documents

NSW MOH Policy Directives	PD2009_057 *Records Management Protocol* PD2012_069 *Health Care Records – Documentation and Management* PD2013_033 *Electronic Information Security Policy – NSW Health* PD2015_049 *NSW Health Code of Conduct* *NSW Health Privacy Manual for Health Information*
JH and FMHN Policies	4.020 *Health Records* 2.156 *Information Security Management System*
JH and FMHN forms	*Tip Sheets* *JHeHS Change Request Form* *Alert Definitions Document* *(PAS - Guidelines)*
Legislation	*Commonwealth Privacy Act (1988)* *(May 2020)* *Government Information (Public Access) Act 2009* *Health Services Act 1997 No. 154* *Health Records and Information Privacy Act 2012* *Privacy and Personal Information Protection Act-1998-133* *State Records Act 1998 No. 17*