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Delivering a Healthy WA
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1. Executive Summary

A Clinical Alert is a diagnosis which has the potential to be of critical importance to a patient’s management during the first 24 hours of their admission to hospital and assumes that the patient is not always capable of communicating such information. There are three classifications of clinical alerts; anaesthetic, medical and medication alerts.

By raising a Clinical Alert (also known as Med Alert) for approval to be entered onto the PAS (patient administration system –TOPAS/webPAS/HCare), critical clinical information can be immediately flagged for notification to clinicians before the medical record is retrieved.

The WA Clinical Alert Policy mandates the implementation of a standardised process of communicating clinical alerts within WA Health public health services using the PAS and strongly encourages the communication of alert information between private and public health facilities.

This policy aims to ensure and provide guidance on the following elements exist across WA hospital services:

- standardised and defined Clinical Alert codes to be used on the PAS across WA Health.
- guidance on the use of the Clinical Alert categories, including medical alerts and serious medication-related adverse drug reactions.
- process of proposals for changes to Clinical Alert Codes and supportive guidelines.
- guidance for hospital service clinical alert committees.
- standardised approach to documentation and reporting of adverse drug reactions (reactions identified when taking a patient’s medication history and those which occur during hospital admission).
2. Purpose

2.1 Objective

The objective of this policy is to reduce the risk of clients having an adverse event due to a previously identified serious anaesthetic condition, specified medical condition, or serious unexpected drug reaction.

This policy outlines the minimum requirements for the communication of clinical alerts to be recorded within client health records and associated Patient Administration Systems (PAS) throughout WA healthcare sites to ensure consistently safe and immediately available clinical alert information to clinicians.

This policy aims to ensure the following elements exist across WA hospital services:

- Standardised and defined Clinical Alert codes to be entered on the PAS across WA Health.
- Guidance on the use of the Clinical Alert categories, including medical alerts and serious medication-related adverse drug reactions.
- Improved access of Clinical Alert information for clinicians through clinical data sets such as iCM (Clinical Manager), EDIS (Emergency Department Information System), Stork and RIS. (Data sets which provide information including patient demographics, admission details, pathology results and bed management)
- Process of proposals for changes to Clinical Alert Codes and supportive guidelines.
- Guidance for hospital or health/region service clinical alert committees on acceptable processes.
- Standardised approach to documentation and reporting of adverse drug reactions (past history and during hospital admission).

Compliance with this policy will improve patient outcomes and patient experience.
2.2 Definition

A Clinical Alert (MedAlert) is a diagnosis which has the potential to be of critical importance to patients’ management during the first 24 hours of their admission to hospital and assumes that the patient is not always capable of communicating such information. Clinical alerts are currently divided into three categories: Anaesthetic Alerts, Drug Alerts, and Medical Conditions Alerts. (See Appendix II)

The Clinical Alerts (MedAlerts) are a function within the Patient Administration System (PAS) for recording vital medical information that is viewable from one hospital to another. (WA Health PAS includes TOPAS/webPAS/HCARe).

Other PAS Alerts include Micro Alerts (governed by Micro Alert Governance Group (MAG)) and patient or family member Behaviour (Risk) Alerts. These alerts are outside the scope and are not defined within this policy.

2.3 Scope

All WA Health staff providing a health service must comply with this policy, including private and privatised facilities that have access to the Clinical Alert system on the PAS.

Hospitals must convene a governing body to manage the process of Clinical (MedAlert) identification, verification and input of clinical alert information into the PAS.

Health service sites must comply with WA patient identification policy 2010 when undertaking entry of Alerts into PAS.

This policy co-exists and is in addition to the Guidelines for the WA National Inpatient Medication Chart in particular the advice for recording of Adverse Drug Reaction Alerts.

Other PAS Alerts including Micro Alerts and patient and/or family member Behaviour (Risk) Alerts are outside the scope and are not defined within this policy.

The MedicAlert Foundation (who provide consumers with MedicAlert bracelets) have a registry to identify consumers with serious allergies or conditions and this is usually organised and authorised through the consumer’s general practitioner. This system is outside the scope of this policy.
2.4 Review

This policy will be reviewed three years from initial release, and every five years following this.

2.5 Related WA Health Policies and National Standards

Clinical Handover Policy - Operational Directive OD 0484/14

WA patient identification policy - Operational Directive OD 0312/10

Recording and Communication of Adverse Drug Reactions (ADR) WAMSG /WATAG Medication Safety Alert


- National Safety and Quality Health Service Standards:

3 Policy directives

Standardising the process of identifying, verifying and documenting a clinical alert onto the PAS is important to ensure that the system is used exclusively for communication of critical care information across WA Health. Using the PAS clinical alert system for other diagnoses has the capacity to dilute the usefulness of the system.

The M.Other 4 (M Oth Med Conditions) Alert must only be used for clinical alerts that do not fulfill the criteria of other existing alerts and are life-threatening conditions that are crucial for critical care physicians to be alerted to immediately on patient presentation to hospital.

All health care services covered by the scope of this policy are required to develop and implement a standardised protocol for clinical alerts which includes:

- Roles and Responsibilities of Governance
  - Designation of a local committee / dedicated position (depending on size of institution) responsible for governance of clinical alerts.

- An expectation that the attending clinician is to raise the alert for approval by documenting on the MR ALERT 2 form at the time of current event.

- Role definition of responsible individual/s at site level for approving alerts which are added to the PAS. Any alert raised must be considered as immediately urgent and put onto the PAS as soon as possible.

- A process of differentiating whether a clinical alert will need medical or pharmacy review.

- Alternative clarification process if site does not have an anaesthetist to approve anaesthetic related clinical alerts for addition to PAS.

- Standardisation of documentation of adverse drug reactions, which may, or may not, be elevated to serious drug reactions that require a clinical alert (as outlined in Appendix IV).

- Process of queries to WA Clinical Alert Business Group for change or addition to alerts. Note: additions will not be allowable unless endorsed by the WA Clinical Business Group. Refer queries to the Secretariat safetyandquality@health.wa.gov.au.

- Review/audits of alerts on PAS to ascertain if still relevant and authorise removal if appropriate.
• Protocols need to delineate:
  o Minimum standard for documentation.
  o Process of documentation and for storage and retention of source documentation. (The Patient Information Retention and Disposal Schedule governs this process.
  o Entry of information onto webPAS / TOPAS / HCARe PMI/CMI must meet standards set for these systems.
  o How this information is to be communicated.
  o Timeframes for action.
  o Who should be involved.

Individual sites must not add ‘Clinical Alert’ categories to PAS. Proposed categories must be requested through the WA Clinical Alert Business Group via the hospital's local representative/committee.
4 Governance

4.1 State Governance

The WA Clinical Alert Business Group is responsible for governance of the Clinical Alert Policy and associated systems. The business group was established through the Office of Safety and Quality in Healthcare.

Responsibilities of this group include:

- assessment of existing Clinical Alert Codes definitions to be used on the PAS;
- assessment of any proposed changes made on WebPAS, and
- provision of guidance on standardisation of documentation of adverse drug reactions, which may, or may not, be elevated to serious drug reactions that require a clinical alert.

4.2 Site Governance

- Each site must designate a local committee / dedicated position (depending on size of institution) responsible for governance of clinical alerts. It is recommended that a medical officer, pharmacist, Health Information Manager and clinical coding representative have governance of the clinical alert policy.
- Protocols are to be developed to define roles and responsibilities of individual/s at site level for documenting, approving and data entry of alerts to the PAS.
5. Policy responsibilities

5.1 Health Service Chief Executives

- Will ensure the health services within their area of responsibility have systems in place to make sure that effective and consistent agreed processes for clinical alerts are applied whenever a clinical alert for a patient has been identified.

- Will ensure sufficient resources are in place to enable governance, timeliness of alert approval, staff training and on-going evaluation of the effectiveness of clinical alert process occurs.

- Will clearly articulate organisational and individual accountabilities for clinical alert process.

5.2 Health Service Managers, Executive Directors, Clinical Directors, Heads of Services/Departments and other senior managers

- Will ensure sufficient resources are in place to enable organisational governance, timeliness of alert approval, staff training and on-going evaluation of the effectiveness of clinical alert process occurs.

- Will develop, implement and monitor local processes that support employees and other persons providing health services on behalf of WA Health to achieve effective communication of clinical alert process.

- Will bring this policy to the attention of staff to ensure its full implementation.

5.3 All WA Health employees

- Will adhere to the principles and aims of this policy and ensure they operate in accordance with it to ensure timely and effective communication of patient clinical alert information.
6 Implementation

All WA Health sites are required to have site-specific policies and protocols in place that address the mandatory elements detailed in section 2.

Sites must develop an implementation and communication plan for these policies, and follow an agreed change management strategy, including the following:

a. ensuring executive support and endorsement;
b. adopting a team-based, collaborative approach;
c. setting small, achievable goals with a given timeframe;
d. continually measuring progress and feeding this back to teams; and
e. promoting this progress and success.

7 Education

- All relevant staff must receive education on the site/service Clinical Alert Protocol and this policy. It is recommended that this occurs at orientation and also following revisions of this policy.

- All staff should understand that they are required to comply with the site/service Clinical Alert Protocol and this policy.

Superseded by MP 0053/17
8 Evaluation and monitoring

- Health services are responsible for carrying out regular audits and evaluating compliance with the Policy. Feedback of evaluation results should be provided to staff.

- Evaluation is fundamentally connected to successful change management. Setting measurable goals can be a useful tool to enhance uptake and implementation and tracking performance against these goals in a public and meaningful manner can assist with motivation and compliance.

- Annual evaluation of the use of the PAS Clinical Alert System by WA Clinical Alert Business Group to control the quality of information entered onto the system will occur.

- A standardised audit tool will be developed. Information collected using the tool will be forwarded in a report to the WA Clinical Alert Business Group.

- Key Performance Indicators (KPIs) will be developed to audit the system.
  
  For example:
  
  o The number and percentage (%) of the patient population on the PAS with a Clinical Alert entry.
  
  o The number (value) of M.Other clinical alerts requested by local committee.
  
  o The number of new alerts that have been created within a month.
### MED ALERT / CLINICAL ALERT CODES

<table>
<thead>
<tr>
<th>ALERT CODE</th>
<th>DESCRIPTION</th>
<th>FREE TEXT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Other1</td>
<td>Difficult Intubation</td>
<td>Specify type</td>
</tr>
<tr>
<td>A02.01</td>
<td>Anaesthetic Drug Reaction</td>
<td>Specify agent and reaction</td>
</tr>
<tr>
<td>A02.04</td>
<td>Malignant Hyperthermia</td>
<td></td>
</tr>
<tr>
<td>A03.01</td>
<td>Sleep Apnoea</td>
<td>Only severe or with CPAP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Other1</td>
<td>Life Long Warfarin</td>
<td>Not related to heart valve replacement</td>
</tr>
<tr>
<td>D. Other3</td>
<td>Severe Drug Reactions</td>
<td>Specify drug and reaction</td>
</tr>
<tr>
<td>D02.02</td>
<td>Angioedema</td>
<td>Specify drug</td>
</tr>
<tr>
<td>D02.03</td>
<td>Anaphylaxis</td>
<td>Specify drug</td>
</tr>
<tr>
<td>D05.01</td>
<td>Antivenom Given</td>
<td>Name agent given</td>
</tr>
<tr>
<td>D10.01</td>
<td>Chronic Steroids</td>
<td>Specify condition requiring treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M. Other1</td>
<td>Heart Valve Replacements</td>
<td>Specify site and type</td>
</tr>
<tr>
<td>M. Other3</td>
<td>Implanted Devices</td>
<td>Specify device and site</td>
</tr>
<tr>
<td>M. Other4</td>
<td>Other Medical Conditions</td>
<td>Specify condition</td>
</tr>
<tr>
<td>M01.02</td>
<td>Streptokinase Therapy</td>
<td>Specify site, hospital and date administered</td>
</tr>
<tr>
<td>M01.03</td>
<td>Bleeding Disorders</td>
<td>Specify condition</td>
</tr>
<tr>
<td>M01.04</td>
<td>Sickle Cell Anaemia</td>
<td></td>
</tr>
<tr>
<td>M02.02</td>
<td>Severe Arrhythmia</td>
<td>Specify type of arrhythmia and treatment</td>
</tr>
<tr>
<td>M03.07</td>
<td>Hypopituitary</td>
<td></td>
</tr>
<tr>
<td>M03.08</td>
<td>Addison's</td>
<td></td>
</tr>
<tr>
<td>M04.01</td>
<td>Porphyria</td>
<td></td>
</tr>
<tr>
<td>M04.04</td>
<td>Neurecti Malignant Syndrome</td>
<td></td>
</tr>
<tr>
<td>M04.05</td>
<td>G6PD Deficiency</td>
<td></td>
</tr>
<tr>
<td>M04.06</td>
<td>Thalassaemia</td>
<td></td>
</tr>
<tr>
<td>M05.01</td>
<td>Severe Epilepsy</td>
<td>Intractable / Recurrent seizures</td>
</tr>
<tr>
<td>M05.02</td>
<td>Myaesthenia Gravis</td>
<td></td>
</tr>
<tr>
<td>M06.01</td>
<td>Munchausens</td>
<td></td>
</tr>
<tr>
<td>M09.01</td>
<td>Difficult X-Match</td>
<td>Haematology documentation required</td>
</tr>
<tr>
<td>M10.06</td>
<td>Organ Transplant</td>
<td>Specify condition, organ transplanted, hospital and date</td>
</tr>
</tbody>
</table>

Superseded by MP 0053/17
# Appendix II: Patient Alert Form

**HEALTH DEPARTMENT OF WESTERN AUSTRALIA**

**HOSPITAL**

**PATIENT ALERT FORM**

When the first alert is entered onto this form, a ‘Patient Alert’ Label is to be immediately affixed to the medical record cover, alerting users to the existence of a Patient Alert.

**GUIDELINES**

Drug Alerts, Medical Alerts, Clinical Trials and other information of enduring clinical significance are to be recorded on this sheet.

1. Affix the appropriate Alert sticker in the next available cell *(left column)*.
2. Record all pertinent information in the adjacent description cell, date and sign entry *(right column)*.

<table>
<thead>
<tr>
<th>ALERT STICKER</th>
<th>DATE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature / Designation

<table>
<thead>
<tr>
<th>2</th>
<th>DATE</th>
</tr>
</thead>
</table>

Signature / Designation

<table>
<thead>
<tr>
<th>3</th>
<th>DATE</th>
</tr>
</thead>
</table>

Signature / Designation

Additional Clinical Information regarding this patient is also available in:

Date

Date

Date

Superseded by MP 0053/17
Appendix III – Serious Adverse Drug Reactions for Inclusion on the PAS

- A serious adverse drug reaction is defined as an absolute or relative contraindication to repeat administration of the drug.
- There is a need to differentiate between serious and severe reactions - “severe” is often used to describe the intensity of a medical event. Other cases require further clarification.
- Only serious reactions are to be documented on the PAS.
- Both the drug implicated and the reaction which occurred MUST be specified.
- Medications of concern are those likely to be given without verbal consultation with the patient i.e. when the patient is too unwell. Examples include antibiotics, anaesthetics, and analgesics.

Allergic reactions for inclusion:

(Drug and Non Drug Allergies e.g. Latex, Intravenous Contrasts, Chlorhexidine):
- Rash – if thought to be serious or severe, or accompanied by swelling of the whole body (not localised).
- Anaphylaxis or Anaphylactoid reactions.
- Serum Sickness.
- Angioedema - swelling of face, throat, neck, tongue.
- Bronchospasm, asthma, other breathing difficulties.

Other serious or life threatening reactions for inclusion:

- Agranulocytosis (e.g. clozapine).
- Extrapyramidal side effects (severe dystonia / laryngospasm) to antipsychotics.
- Stevens Johnson Syndrome.
- Toxic epidermal necrolysis.
- Malignant hyperthermia.
- Scoline apnea or cholinesterase problem.
- Neuroleptic Malignant Syndrome.
- Hepatitis or Nephritis.
- Other – must be deemed serious and life-threatening/causing significant harm.
Adverse drug reactions that are NOT deemed Clinical Alerts/Med Alerts:

- **Non-dose Related Reactions** – Unpredictable and uncommon side-effects not related to pharmacological action, with a low mortality rate (e.g. Timolol causing depression, Lithium induced neutropenia).

- **Time-related Reactions** – Uncommon reactions which are usually dose-related, and occur some time after the use of the drug (e.g. Tardive dyskinesia secondary to antipsychotic medications).

- **Dose Related Reactions** – Predictable side-effects related to pharmacological action of medications (e.g. moderate extrapyramidal side-effects to antipsychotic medications, excessive nausea and vomiting with opioids, vancomycin causing Red Man Syndrome).

Mild to moderate side-effects or unknown reactions are not to be recorded as adverse drug reactions:

- mild diarrhoea, nausea and mild vomiting, itch, hayfever / blocked nose, local swelling or pain.

- Non drug allergies (e.g. bee stings) are not put on the PAS but should be recorded in the medical record.
Appendix IV: Documentation of Adverse Drug Reactions (ADRs)

Before medications are prescribed, dispensed or administered for a patient it is important that the patient’s ADR documentation is reviewed to prevent patient re-exposure to a medication which may lead to an adverse event.

On admission to hospital the patient should be interviewed to determine whether the patient has experienced any previous adverse drug reaction or allergic responses when taking medications in the past.

The treating clinician is responsible for determining whether an ADR is clinically important. For each adverse drug reaction identified the following information must be documented on all National Inpatient Medication Charts (NIMCs), in the medical record and in the patient’s discharge summary:

- The generic name of the medication implicated.
- The reaction which occurred.
- The date of the reaction.

The person documenting the ADR must sign and date the record.

In the case of ADRs involving hypersensitivity reactions or clinically important side effects the following actions are required:

- If the ADR occurs during the current admission, follow the actions below and refer to Appendix V.
- Document details on MR ALERT 1 – Patient Alert Form. An “ALERT” sticker should be placed next to the text and on the front cover.
- Document details on every National Inpatient Medication Chart (NIMC). Attach an “ADVERSE DRUG REACTION” sticker on the red “Attach ADR Sticker” box and on the back page.

ADR details must be transferred to all new medication charts that are commenced.
• Patients with a known allergy, or suspected clinically important ADR or other known risk can be issued with a RED patient identification band. No other coloured patient identification band is to be used.

• No other coloured patient identification band is to be used. Only one identification band should be used at any one time. If an allergy is identified subsequent to admission the standard white identification band will be replaced by a RED identification band by nursing/midwifery staff caring for the patient.

Whether a reaction is deemed a drug-related Clinical Alert requires clarification by either a medical officer or senior pharmacist. If the ADR meets the criteria as a Clinical Alert outlined in Appendix III, initiate Clinical Alert process outlined in Appendix VI.

Rechallenge of medication
If a previous adverse drug reaction has been identified and documented appropriately, and there is a clinical need to rechallenge the patient due to no other therapeutic option being available and/or lack of clarification of the reaction, the adverse drug reaction must be acknowledged by the clinician and reasons for rechallenge must be documented in the medical record.
Appendix V: Adverse Drug Reactions occurring during hospital admission

A new adverse drug reaction (ADR) occurring during a hospital episode requires:

- Documentation of the adverse drug reaction details (culprit drug [generic name] reaction observed and date of reaction) in the medical notes, on the medication chart, on the PAS if appropriate, and in the discharge summary.
- Provide the patient with information about the ADR.
- Supply patient with red arm band.
- Communication of information detailing a new ADR to the general practitioner at discharge.

Alternatively online reporting can be done through the TGA website.

Reports of suspected adverse drug reactions can be made:

- using a 'Blue Card' available from the TGA's Office of Product Review (1800 044 114 or adr.reports@tga.gov.au) or downloaded from the TGA website at 'Blue Card' adverse reaction reporting form, or

Adverse drug reactions meeting status of serious adverse drug reaction in this policy should be reported to the TGA - Advisory Committee of the Safety of Medicines (ACSOM).

In event of an adverse drug reaction where agent is not clearly identified, clarification from Immunology (where available) and documentation of all medications the patient is prescribed must be reported to the TGA - Advisory Committee of the Safety of Medicines (ACSOM).
Appendix VI: Recommended Process for Medical Condition and Drug Related Clinical Alerts

Information in this Appendix is provided as a recommended example of how the process may function within a hospital site. Sites may vary process to meet individual circumstances.

1. Identification of alert and completion of Clinical Alert / Med Alert Notification (MR ALERT 2) form

- Medical officers will report clinical alerts in accordance with specified medical, anaesthetic or drug-related alerts and specific detailing as per Clinical Alert / Med Alert Notification (MR ALERT 2) form. Forward to ward clerk to file in current admission file. On discharge forward to clinical coding.
- Clinical pharmacist will report adverse drug reactions in accordance with specified clinical guidelines and specific detailing as per Clinical Alert / Med Alert Notification (MR ALERT 2) form. Forward to ward clerk to file in current admission file. On discharge forward to clinical coding.
- Clinical coding staff identify records with new *Med Alert/Clinical Alert Notification (MR ALERT 2) form/s for medical, anaesthetic or drug/food alerts. Initiate Patient Alert Form (MR ALERT 1) if alert identified during coding.

2. Authorisation process

- The designated local committee / dedicated position (depending on size of institution - ideally a medical officer or clinical pharmacist (if medication related)) responsible for governance of clinical alerts for each site will review all medical alerts and drug alert queries in a timely manner, with the exclusion of anaesthetic and specified alerts.
- Some Clinical Alerts (specified alerts) can be entered without co-authorisation (i.e. organ transplant, heart valve replacements, pacemaker or other implanted devices when inserted during the admission being coded). Alerts that meet this criterion should be decided by the governing body within the hospital.
3. **Data entry and file form in medical record**
   - Once the clinical alert has been approved for entry onto PAS, forward form with the medical record (if requested) to clinical coding to be entered onto the system.

**If the proposed clinical alert is not approved for entry onto PAS**
   - The position responsible for approval of alerts should ensure the clinical alert (medical, anaesthetic or drug/food alert information) is documented on inside cover of the health record or the Patient Alert Form (MR ALERT2) if not already documented.
   - Cross the Clinical Alert/ Med Alert Notification forms through with two diagonal lines and state the reason why not approved. The MR ALERT 2 form should still be filed as a record of proposed Clinical Alert with reason why it was not approved.

**Removal of alerts from PAS**
   - If an alert is entered in error or is no longer relevant it needs to be removed from the PAS to reduce the risk to the patient.
   - When the alert codes are being reviewed and need to be updated (new ones added or obsolete ones removed) then a change request is raised by the committee to update the PAS, and the relevant communications sent to stakeholders regarding the change.
Appendix VII: Process for Alert Queries

The WA Clinical Alert Business Group is the governing body for all changes made to Clinical Alerts and relevant policy.

Any enquires for additional alerts must be directed to the secretariat of the WA Clinical Alert Business Group. (safetyandquality@health.wa.gov.au)

Recommended process for alert queries within sites -
The designated local committee / dedicated person (depending on size of institution) responsible for governance of clinical alerts for each site will review all medical alerts and drug alert queries, with the exclusion of anaesthetic and specified alerts.

Chair, Clinical Alert Committee will:

- Review medical records / Clinical Alert / Med Alert Notification (MR ALERT 2) form/s flagged as containing new alerts.
- Approve/not approve Clinical Alert/Med Alert Notification forms and adjust wording as needed.

If Clinical Alert is approved:

- Document the clinical alert information as per Appendix IV.
- Record your name, designation and date of entry.
- Place alert labels on the outside of the health record.
- Forward Clinical Alert/Med Alert Notification form (MR ALERT 2) and health record to Clinical Coding for addition onto the PAS.

If Clinical Alert Not Approved:

- Cross the Clinical Alert/Med Alert Notification form (MR ALERT 2) through with two diagonal lines and state the reason why not approved. Ensure relevant alert information is documented on inside cover of the health record and the Patient Alert Form (MR ALERT1).
- Return records/Clinical Alert/MedAlert Notification (MR ALERT 2) form to medical records.
9. Glossary

Accountability – the act of accepting, acknowledging and assuming the responsibility for action/decision, encompassing the obligation to report, explain and be answerable for resulting consequences.

Adverse Drug Reaction – A harmful or undesirable effect associated with the exposure to a medication at therapeutic or sub-therapeutic doses.

Clinical handover – refers to any situation in which responsibility and accountability for some or all aspects of a patient’s care is passed from one clinician, or group of clinicians, to another.

Clinical Alert – A diagnosis which has the potential to be of critical importance to patients’ management during the first 24 hours of their admission to hospital and assumes that the patient is not always capable of communicating such information.

Clinician – Clinicians include doctors, nurses, pharmacists and allied health professionals.

PAS – Patient Administration System (i.e. TOPAS – The Open Patient Administration System, webPAS, The Web based Patient Administration System, HCare – Health Care and Related Systems).

Patient record – the complete electronic or paper file associated with each patient.

Policy – refers to this document.

Protocol – refers to a site-specific operating guidance document based on this document.

WA Health Service – The definition of a WA Health service for the purpose of this policy means all public hospitals, public health services and multi-purpose services established under the Health Services Act 1988 which includes the following entities:

- Metropolitan Health Services
- WA Country Health Service
- Joondalup Health Campus
- Peel Health Service

Key Words: Clinical Alert, MedAlert, life threatening condition, serious drug reaction, allergies, sensitivities.
10. References

   Accessed 21/12/2012


3. Red Alert Bracelet for Patients with a Known Allergy. Operational Directive 2079/06 WA Health Accessed 21/12/2012


6. Western Australian Patient Identification Policy - Operational Directive OD 0312/10

7. Patient Information Retention and Disposal Schedule
   http://intranet.health.wa.gov.au/Records/content/records_disposal_archives_5_gda_patient.cfm
This document can be made available in alternative formats on request for a person with a disability.