

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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FUNCTIONAL GROUP(S)	Critical Care and Emergency Medicine
KEY TERMS	ED, Management Plan
SUMMARY	This procedure has been designed to standardise the storage of ED Management Plans across SESLHD, and to ensure they are accessible for ongoing patient care. To remain compliant with documentation standards.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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SESLHD PROCEDURE

Storage of ED Management Plans

SESLHDPR/709

1. POLICY STATEMENT

This procedure will assist clinicians working in SESLHD Emergency Departments (ED) to manage the storage of and access to ED Management Plans.

All sites need to be compliant with processes outlined to ensure that we are compliant to the [Health Records and Information Privacy Act 2002](#) and the [Ministry of Health Policy Directive PD2012_069 - Health Care Records – Documentation and Management](#).

Following the procedure will allow clear and consistent management of consumers presenting with related conditions. This will improve consumer outcomes and ensure clear visibility of treatment plans.

2. BACKGROUND

Historically there has been no consistent way that ED Management Plans are stored or accessed in SESLHD. In some cases there has been no record in the patient's healthcare record that a plan has been followed and plans have been stored in ways that can be altered without an audit trail. This has raised issues regarding compliance with the [NSW Health Records and Information Privacy Act 2002](#) and the [Ministry of Health Policy Directive PD2012_069 - Health Care Records – Documentation and Management](#).

3. RESPONSIBILITIES

3.1 Employees will:

Follow the process as stipulated to ensure creation/review of the plan and communicate to the client/carer. Also maintain secure storage and appropriate use of ED Management Plans.

3.2 ED Managers will:

Ensure that plans are created as per policy and that ED Management Plans are stored securely and accessible to staff.

3.3 Clinical Information/Health Records Managers will:

Ensure that processes are in place to ensure plans are uploaded and alerts are created as per policy.

3.4 District Managers/ Service Managers will:

Support sites as required to ensure that they can adhere to the procedure.

3.5 Medical staff will:

Ensure that the ED Management Plan is followed as per the procedure.

4. PROCEDURE

4.1 ED Management Plan Development

All ED Management Plans should be developed by senior medical and nursing staff from the ED and relevant specialist services working with the consumer. This should be done in conjunction with the consumer, and include carer or person responsible, NGO provider e.g. NDIS, Aged Care if possible. For Mental Health consumers the plan must be developed with Mental Health clinicians (and Community Mental Health Care Coordinator if case managed in the community). Other relevant stakeholders may include Drug and Alcohol, Chronic Pain, NSW Ambulance, NSW Police, General Practitioners (GPs) or other health professionals/facilities being involved prior to signing off. A multidisciplinary meeting is preferable to ensure that all views are taken into account and the plan is comprehensive and inclusive. The plan must be able to be shared across the District sites as required and a copy of the plan should be given to the consumer and GP if appropriate.

The plan should be saved as a PDF which is signed and dated by the site ED Director or senior medical delegate. The plan must be specific to the presentation issue indicated, and have a review date. All plans must be reviewed yearly, but may be reviewed more frequently as clinically required.

4.2 ED Management Plan Upload to eMR and Alert Initiation

The signed ED Management Plan will be sent as a PDF to the below email address for the relevant site to be uploaded into eMR. If the document is not signed or dated it cannot be uploaded into eMR. If the ED Management Plan is an updated plan, this needs to be highlighted in the email.

Sydney/Sydney Eye- SESLHD-SSEH-ClinicalInformation@health.nsw.gov.au

Prince of Wales- SESLHD-HealthInformationPOWH@health.nsw.gov.au

St George- SESLHD-STG-ClinicalInformation@health.nsw.gov.au

Sutherland- SESLHD-TSH-ClinicalInformation@health.nsw.gov.au

Clinical Information/Health Record staff will upload the ED Management Plan into the episode of care which relates to when the Management Plan was created. This should occur as soon as possible but within three business days. Clinical Information/Health Record staff will create an alert in the system and identify the date the plan was uploaded in the comments field, facilitating the future ease of access to the plan. The facility should also be added into the comments section to indicate which ED site, the management plan relates to. Other staff should not enter the alert into eMR.

The name of the alert will be '*Other Alert*' until a specific '*Management Plan*' alert is activated in the SESLHD eMR.

If this is a replacement/updated plan, the Clinical Information/Health Records staff are to deactivate the previous alert and create a new alert in replacement, as per above. The previous Management Plan will remain in eMR as a historical record.

4.3 Management Plan Storage

The electronic management plan must be stored on a secure drive on a NSW Health computer, not stored on a personal device or desktop. The file is only for use for reviews/updates and should not be printed out for the patient episode of care. Access to the file should be limited to senior ED Medical/Nursing staff.

4.4 Use of the ED Management Plans

When a patient with an ED Management Plan presents to the ED, the alert in eMR will inform the clinicians the exact date the plan can be located. The Management Plan is to be read in conjunction with the current presentation, an entry should be entered to refer to the plan which is stored in eMR they are using for clinical guidance. Management plans can provide potential guidance and treatment for a client. However there needs to be awareness that a client's presentation can change related to their current clinical presentation. The current presentation may differ from contents in management plan and therefore should be treated accordingly, not as per plan.

The plan must be checked to see if it is still valid. If the plan is out of date then a decision on clinical management will need to be made, and if required an updated plan should be sent to Clinical Information/Health Records. If the plan is no longer required an email should be sent to the relevant Clinical Information/Health Records department for the alert to be end-dated in eMR.

The plan should be followed as documented to ensure consistency of care which may involve specifics of treatment and/or specialist consultation. Any diversion from the plan has to be clearly documented, with recommendations to review the plan for future attendances.

Patients should be made aware that staff are following the plan that they agreed to or if the patient was not involved the plan that has been put in place at a specific site.

5. DOCUMENTATION

ED Management Plan

6. AUDIT

Each ED is responsible for auditing the storage and use of ED Management Plans.

7. REFERENCES

[Health Records and Information Privacy Act 2002](#)

[Ministry of Health Policy Directive PD2012_069 - Health Care Records – Documentation and Management](#)

8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
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June 2021	DRAFT	Draft for comment period.
August 2021	DRAFT	Final version approved by Executive Sponsor. To be tabled at Clinical and Quality Council for approval.
September 2021	1	Approved at September Clinical and Quality Council.