Government of Western Australia
Department of Health

Policy Frameworks
Mandatory Policy
MP 0053/17
Effective from: 14 June 2017
Amended on: 18 June 2024

Patient Alert Policy

1. Purpose

The Patient Alert Policy (the policy) mandates a standardised process for communicating patient alerts across the WA health system using the PAS (Patient Administration System), for example webPAS. A patient alert is a diagnosis which has the potential to be of critical importance to a patient's management during their episode of care, especially during the first 24 hours, and assumes that the patient is not always capable of communicating such information.

The objective of this policy is to reduce the risk of patients experiencing an adverse reaction to a previously identified anaesthetic condition, medical condition, medication, or dietary-related risk by improving communication of these risks to treating clinicians.

This policy outlines the minimum requirements for the approval and documentation of patient alerts within patient medical records and the PAS throughout the WA health system, to ensure consistent, safe, and timely patient alert information is provided to clinicians.

Other forms of PAS alerts, such as Micro Alerts, patient and/or family member Behaviour (Risk) Alerts and MedicAlerts are outside the scope of this policy.

This policy is a mandatory requirement for Health Service Providers under the *Clinical Governance, Safety and Quality Policy Framework* pursuant to section 26(2)(c) of the *Health Services Act 2016*.

2. Applicability

This policy is applicable to Health Service Providers (HSPs) that provide publicly funded patient care.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or HSP. The State of Western Australia or HSP contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

3. Policy Requirements

Each HSP must establish governance arrangements, roles and responsibilities, procedures, and education programs for all health professionals to ensure the patient alert process outlined below is followed and patient alerts are entered into the PAS as soon as possible, and at least within 24 hours, at all health care facilities.

Electronic applications used to document and communicate patient alerts within an electronic medical record must be configured to prominently display patient alerts, within an appropriate hierarchy of significant risk to the patient.

3.1 Patient Alert Process

Prior to commencement of each episode of care, the treating clinician must:

- Identify any previous adverse reactions to an anaesthetic condition, medical condition, medication and/or dietary-related risk by interviewing the patient, their carer or referencing the patient's medical record and My Health Record where possible.
- Assess previous reactions or conditions to determine whether they classify as a patient alert.
- Initiate a patient alert by completing the patient alert notification form (e.g., MR ALERT 2) or electronic equivalent when a patient alert is not identified on the PAS in accordance with the:
    - Patient Alert Procedure for Adverse Drug Reactions
    - Patient Alert Procedure for Dietary/Food Allergens.

If a new patient alert (anaesthetic condition, medical condition, medication, or dietary-related risk) is identified during an episode of care, the treating clinician must:

- Initiate a patient alert by completing the patient alert notification form or electronic equivalent in accordance with the:
    - Patient Alert Procedure for Adverse Drug Reactions
    - Patient Alert Procedure for Dietary/Food Allergens.
- Inform the patient and carer and provide information regarding the adverse reaction.
- Inform other health professionals (e.g., GP or allied health professionals) involved in the patient's care, the receiving hospital if transferring care, and include information in the discharge summary.

For medication-related patient alerts:

- Standardised documentation must be completed for adverse drug reactions which may require elevation to serious drug reactions requiring a patient alert, (as outlined in Patient Alert Procedure for Adverse Drug Reactions).
- Adverse drug reactions which occur during an episode of care must be reported to the Therapeutic Goods Administration (TGA).
- If a medication-related patient alert occurs during an episode of care, the patient must be provided with the Adverse Drug Reaction Information Brochure for Consumers, or equivalent, that has been completed by a member of the treating team.

3.2 Patient/Clinical Alert Committee

HSPs must ensure all hospitals or regions have an established Patient/Clinical Alert Committee (CAC), or equivalent authority responsible for administering local patient alert governance.

3.2.1 Role and Responsibilities

Each relevant CAC is responsible for:

- Governing requests to create, amend or retire a patient alert to be entered or updated on the PAS.
- Reviewing patient alert notification forms or electronic equivalents raised by treating clinicians.

- Training clinicians on patient alerts and its associated process. This includes how to request an alert for a patient and where to find the patient's alert information when the patient presents for an episode of care.
- Managing the change requests for patient alert categories and codes to be raised to the WA Patient Alert Business Advisory Group.
- Monitoring compliance at their site with this policy.

3.2.2 Membership

To provide appropriate and comprehensive governance, membership of each CAC must at a minimum include a:

- Medical officer
- Pharmacist
- Health information manager.

The CAC must report regularly to the site based Clinical Governance Committee as per HSP requirements. Medication-related patient alerts may also be tabled at the Medication/Drug and Therapeutics Committee/Medication Safety Committee as appropriate.

4. Compliance Monitoring

The Medicines and Technology Unit, on behalf of the System Manager will monitor compliance with this policy by accessing data entered onto the PAS. Findings will be provided to the HSPs to review and rectify as required to ensure compliance with this policy.

The System Manager will request and access reports and data from HSPs to ensure policy compliance and to determine the effectiveness of this policy.

On an annual basis by 30 September for the preceding financial year, or as required, each HSP must provide the following to the Department of Health's Medicine and Technology Unit:

a. HSP processes and procedures relating to patient alerts that are consistent with the requirements of this system-wide policy.
b. evidence (e.g., local audits or reviews) that demonstrate compliance with the policy requirements.

5. Related Documents

The following documents are mandatory pursuant to this policy:

- Patient alert notification form (MR ALERT 2), or electronic equivalent
- Patient Alert Procedure for Adverse Drug Reactions
- Patient Alert Procedure for Dietary/Food Allergens
- Raising a New Patient Alert Category
- Adverse Drug Reaction Information Brochure for Consumers

6. Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this policy:

- MR ALERT 1 Form

- Guidelines for Medical Conditions and Medication-related Patient Alerts
- Advance Health Directives

7. Definitions

The following definition(s) are relevant to this policy.

Term	Definition
Adverse Drug Reaction	A harmful or undesirable effect associated with exposure to a medication. A serious adverse drug reaction may lead to a life-threatening event and has an absolute or relative contraindication to repeat administration of the medication.
Clinician	Clinicians include doctors, nurses, midwives, pharmacists, and allied health professionals.
Patient alert	A diagnosis which has the potential to be of critical importance to a patient's management during an episode of care, especially in the first 24 hours, and assumes that the patient is not always capable of communicating such information. There are four classifications of patient alerts: anaesthetic, medical, medication and dietary alerts. By raising a patient alert (also known as a MedAlert) for approval to be entered onto the PAS (patient administration system) or webPAS, critical clinical information can be immediately flagged from the PAS for notification to clinicians.
PAS	Patient Administration System.
Patient medical record	The complete electronic or paper file associated with each patient.
webPAS	Web-based Patient Administration System.

8. Policy Contact

Enquiries relating to this policy may be directed to:
Title: Manager, Medicines and Technology Unit
Directorate: Patient Safety and Clinical Quality
Email: DOH.MedicinesandTechnologyUnit@health.wa.gov.au

9. Document Control

Version	Published date	Review date	Amendment(s)
MP 0053/17	14 June 2017	June 2020	Original version
MP 0053/17 v.2.0	18 June 2024	June 2027	Policy review and amendment, details below
• Policy title amended from WA Clinical Alert (MedAlert) Policy to Patient Alert Policy. • Purpose section amended to clarify the scope of the policy.			

- Applicability section amended to include a statement on contracted health entities.
- Policy requirements section amended to align with the approach taken in other mandatory policies.
- Compliance monitoring section amended to reflect policy requirements.
- A full policy review was undertaken, so a new cycle will commence.

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

10. Approval

Approval by	Dr David Russell-Weisz, Director General, Department of Health
Approval date	23 May 2017

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