Health
South Eastern Sydney
Local Health District

MENTAL HEALTH SERVICE BUSINESS RULE SESLHDBR/015

Name	Psychiatric Emergency Care Centre (PECC) Escalation Process for Mental Health Patients with a Length of Stay (LOS) >48 Hours		
What it is	It is an escalation process to ensure prompt communication and acceleration to relevant stakeholders regarding PECC inpatients of more than 48 hours, awaiting Mental Health Unit (MHU) inpatient care. This business rule is not applicable on weekends.		
Risk Rating	Medium	**Review Date**	January 2028
What it is not	It is not a guideline for PECC service delivery.		
Who it applies to	This business rule applies to all SESLHD MHS staff involved in the admission and transfer of care of PECC consumers.		
What to do	The PECC provides specialist mental health assessment and acute care from first contact in the Emergency Department to access to short stay (< 48 hours) PECC inpatient beds. PECC admissions require assertive discharge planning from the onset of admission. Consumers in whom a longer length of stay is expected should be admitted to the acute mental health inpatient unit. • Upon PECC admission, the Admitting Consultant Psychiatrist documents the purpose of admission, criteria for discharge and expected date of discharge (EDD) in the electronic medical record (eMR) and informs the Emergency Department (ED)/PECC Clinical Nurse Consultant (CNC) and PECC NUM. The EDD is then entered into the electronic journey board as part of the admission. The EDD must be within the 48 hour period unless exceptional circumstances apply. • The EDD and discharge criteria are reviewed at 24 hours into the consumer's admission, by the PECC Consultant Psychiatrist and/or their delegate in conjunction with the PECC team and documented. • If as a result of this review it is identified that discharge criteria cannot be met or it is necessary to extend the EDD then the EDD is to be changed accordingly in the Electronic Patient Journey Board (EPJB). A maximum of 24 hours extension may apply. • If the review indicates that the EDD is greater than 24 hours then the consumer should be transferred to a suitable acute inpatient bed. • The PECC NUM, contacts the site Patient Flow Coordinator (PFC) immediately to inform them of any changes to the EDD and if a transfer to an acute inpatient bed is required. • The PFC – in partnership with the MHU Nursing Unit Manager (NUM), Inpatient Services Manager and MHU Consultant Psychiatrists – facilitates strategies to place consumers from the PECC into the MHU. • Consumers who exceed 48 hours in PECC are to be included in the "waiting for what" on the EPJB and discussed formally in the site's daily		

	Mental Health inpatient meeting and the weekly Long Length of Stay (LLOS) meeting. • The PECC NUM will highlight barriers to site placement for consumers who exceed 48 hours in PECC with the site Inpatient Services Manager and MHS Clinical Operations Manager, assistance to be sought from the Clinical Director for intensified ward reviews or deployment of additional assessment resources. **When to seek further advice:** • When an available site MHU bed cannot be identified, strategies to create capacity such as identifying MHU consumers for leave/discharge, private hospital transfers and assertive repatriation of out-of-District consumers (to accommodate the consumer in PECC requiring a MHU bed) should be coordinated by the PFC or their delegate to enable transfer from PECC within 48 hours. • If these strategies do not yield an available site bed then the Clinical Director should be contacted and assist in identification of potential beds available and to liaise with treating teams to facilitate discharges. If unable to secure a timely transfer for the consumer, the matter should be escalated without delay to the relevant Service Director.
When to use it	For any consumer exceeding 48 hours without specific reason(s) to remain in PECC. A consumer remaining in PECC >72 hours with no identified alternative placement is considered an acute situation and requires intensive site review of strategies undertaken, clinical indicators for longer than usual stays, and barriers to transfer. **Communication and escalation to enable priority of placement for consumers anticipated to be admitted to PECC for >48 hours is non-negotiable**
Why the rule is necessary	The rationale for this business rule is to: • Improve consumer access to PECC via the ED by having available capacity • Ensure purposeful use of PECC beds • Improve consumer experience in accessing specialist holistic inpatient care • Aid in meeting the Emergency Treatment Performance (ETP) SESLHD MHS initiative targets • Aid in meeting key performance benchmarks for the PECC Average Length of Stay SESLHD MHS initiative.
Who is responsible	Responsible staff include: Site MHS Managers; Site MHS Executive; PECC NUM and Patient Flow Coordinators.
Functional Group	Mental Health
Ministry of Health / SESLHD reference	**NSW Ministry of Health** • NSW Health Project – Emergency and Patient Flow Re-Design • Emergency Department Care: The ideal Emergency Department patient journey • GL2015_009 Psychiatric Emergency Care Centre Model of Care Guideline

	SESLHD • SESLHD MHS Short Term Escalation Plan (S.T.E.P.) Matrix • SESLHD Psychiatric Emergency Care Centre Model of Care **Others** • National Standards for Mental Health Services 2010: Standard 10. Delivery of Care (10.2.1)
Executive Sponsor	Dr Nicholas Babidge, Clinical Director MHS
Author	Daniella Taylor, Access and Pathways to Care Lead, MHS

Version and Approval History

Date	Version Number	Author and approval notes
Jun 2011	0	Daniella Taylor, SESLHD MHS Access and Service Integration Manager.
Feb 2013	1	Approved by SESLHD MHS Clinical Council.
May 2014	2	Approved by SESLHD MHS Clinical Council.
July 2015	3	Reviewed and updated by Daniella Taylor, SESLHD MHS Access and Service Integration Manager. Distributed for comments to SESLHD MHS Service Directors, Chief Psychiatrists, Clinical Operations Managers, Inpatient Service Managers and PECC Consultants. Nil feedback received.
Aug 2015	3	Endorsed by SESLHD MHS Clinical Council.
September 2017	4	Distributed to STG and POWH PECC NUMS and District Clinical Nurse for initial comments. Feedback considered and incorporated by Daniella Taylor, SESLHD MHS Access and Service Integration Manager. Distributed for comments to STG and POWH MH Service Directors, STG and POWH Chief Psychiatrists, STG and POWH Clinical Operations Managers, STG and POWH Inpatient Service Managers, STG and POWH PECC Consultants, SESLHD MHS patient flow- co-ordinators, STG and POWH PECC NUMS, STG and POWH NUM 3 and District Chief Psychiatrist.
October 2017	5	Reviewed and updated by District Clinical Nurse Manager: Amended document Executive Sponsor, risk rating and review date. Reviewed by District A/ Chief Psychiatrist: updated “What to do” section.
November 2017	5	Endorsed by DDDCC and SESLHD MHS Clinical Council.
December 2017	5	Trinh Huynh, SESLHD MHS Policy and Document Development Officer: updated respective Area Health Services to Local Health District.
January 2018	5	Processed by Executive Services prior to publishing.
December 2021	6	Minor review: Links checked and updated. “patient” changed to “consumer”. Endorsed by the SESLHD MHS Document Development and Control Committee.
January 2022	6	Endorsed for publication by Executive Sponsor. Processed and published by SESLHD Policy.
15 January 2025	6.1	Routine review commenced. Minor changes only identified. Working group to consider rescinding document or merging content into another. Executive Sponsor approved for publication. 12 month review period.