NSW GOVERNMENT | Health South Eastern Sydney Local Health District

MENTAL HEALTH SERVICE BUSINESS RULE SESLHDBR/022

Name	Emergency Department (ED)/Mental Health (MH) Complex Case Conference (CCC)		
What it is	It is the formalisation of a review process which ensures: • Prompt communication with, and escalation to, relevant stakeholders and; • Development of individual management plans for and with consumers who experience recurrent MH crisis-related ED presentations and/or MH admissions.		
Risk Rating	Medium	**Review Date**	May 2025
What it is not	It is not a guideline for the clinical care of MH consumers presenting with complex needs.		
Who it applies to	This business rule applies to all clinicians involved in the assessment of consumers in the ED with recurrent MH crises.		
What to do	• The MH clinician, Clinical Director and/or MH person responsible for patient flow (PF) identifies any consumers who may benefit from a Complex Case Conference (CCC). • The Clinical Director and PF are to be informed if a consumer has six (6) MH-related ED presentations or MH admissions within a six (6) month period. • The Clinical Director determines whether a CCC Is required or takes other appropriate action. If a CCC is required, then the PF takes the lead role for coordination of the Conference and acts as the secretariat. • The CCC is to be convened within two (2) weeks of the requirement being identified. The date is to be negotiated among the attendees. • Attendees are to include the set of relevant clinicians as determined by the service Clinical Director. These may include: - Site PF - Care Coordinator - ED representative - Psychiatric Emergency Care Centre (PECC) Nurse Unit Manager - ED/MH Clinical Nurse Consultant (CNC) - Acute Care Team (ACT) clinician - Social Worker - Clinical Director - Nursing Unit Manager (NUM) 3 of Inpatient Unit (if the		

	patient has had an inpatient admission) - Inpatient, PECC, ACT or Community Consultant Psychiatrist - Inpatient, PECC, ACT or Community Psychiatric Registrar - Pathways to Community Living Clinician - Police, Ambulance and Clinical Early Response (PACER) Clinician. • Others who should be considered for inclusion are: - Service Managers and other relevant Unit Managers/ Team Leaders as required - Clinical Operations Managers - Working with Families representative - Children of Parents with a Mental Illness (COPMI) worker. • Then, as required and appropriate: - NSW Police representative - Community Managed Organisation (CMO) partners - Consumer's local Medical Officer - Alcohol and Other Drugs (AOD) clinician. • Consumers and carers are partners in care planning and as such, early contact with family and carers is expected from first assessment, unless contraindicated, and family and carers should become participants in the therapeutic team. • The consumer and the consumer's carer/s and/or family should be informed of the review process, the aim of the review and any actions/plans developed. The consumer, carers and/or family must also be given the opportunity to provide input to the review and development of individual management plans aimed to minimise distress. • Where appropriate, the consumer should be supported to develop a plan for managing thoughts of suicide and/or self-harm (commonly referred to as a "safety plan", see APPENDIX A). At a minimum, this plan should include: o Warning signs of increased suicidal distress (both internal and observable by others), and specific coping strategies. o Actions that can be taken to restrict access to lethal means and create a safe environment outside of the hospital. o Specific foreseeable changes that may lead to increased suicidal distress, and specific contingency plans to implement if a foreseeable change occurs o Identified social and professional supports that the consumer can contact in times of crisis, including contact details. • If the consumer does <u>not</u> have a Care Coordinator and is in an inpatient unit, the PF prepares the consumer profile details in partnership with the inpatient treating team. • If the consumer <u>has</u> a Care Coordinator, the PF assists the Care Coordinator in preparing the consumer profile details in partnership with the treating team. • Consider the following when developing the consumer profile: primary reason for the presentations, context, previous interventions (successful and unsuccessful),

	involvement of CMOs or other agencies, client strengths and goals etc. • The current MH Assessment in the electronic Medical Record (eMR) should be updated with content approved by the treating psychiatrist and Clinical Director. • If the consumer is managed in the community, the PECC/Acute Care MH CNC prepares the consumer profile details in partnership with the PECC, ACT or Community Consultant Psychiatrist. • The Complex Case Conference is recorded in the eMR using the MH Review template and the proposed management plan is recorded as a MH Care Plan. Documents should be labelled as MH Review - Complex Care Plan and MH Care Plan – Complex Care Plan Respectively • This plan must identify a review date and an escalation process. • The consumer's Care Plan must be accessible to all relevant stakeholders at the point of care. • The presence of a Complex Care Plan must be entered as an alert in the eMR.
When to use it	This business rule applies to any consumer who is identified by the service Clinical Director as benefitting from a Complex Care Plan. This includes where there are: - Identified specific clinical risks that would benefit from a set plan and coordinated approach. - Multiple / recurrent presentations and/or readmissions. Multiple / recurrent presentations include where a consumer has six (6) or more MH crisis-related ED presentations and/or MH admissions within a six (6) month period and identified specific clinical risks include risks of violence, self-harm, harm to others, suicide, neglect, risks to sexual safety, absconding or others and neglect. <u>Complexity</u> is indicated where standard approaches and/or existing management plans have not been effective in managing these risks or otherwise where the Clinical Director determines that a Complex Care Plan is warranted. Other considerations when identifying consumers who may benefit from a CCC and complex care plan include consumers in which there are: - Chronic treatment resistant illness and/or chronic medication non-compliance with current increased risk. - Complex family/social issues affecting treatment effectiveness and resulting in an increased risk.
Why the rule is necessary	The rationale for this business rule is to: - Provide a standardised review system for consumers identified as experiencing an increased period of risk with multiple crisis presentations and/or emergency readmissions to the Mental Health Service (MHS). - Provide a multidisciplinary board of identified professionals available for consultation and planning.

	- Reduce ongoing risk for the consumer. - Improve self-management skills. - Develop an individual management plan for immediate and longer-term use. - Assist in reducing unplanned readmission rates to the MH Unit for consumers. - Potentially reduce the ED presentation rate for a select group of consumers who may benefit from increased community supports as an alternative.
Who is responsible	Responsible staff include all SESLHD MHS clinicians involved in the management of consumers with recurrent MH crisis-related ED presentations and/or MH admissions.
Ministry of Health / SESLHD reference	NSW Health • Strategic Framework for Suicide Prevention in NSW 2018-2023 Other • SESLHDPR/709 - Storage of ED Management Plans • National Safety and Quality Healthcare Standards (NSQHS) Ed.2: NS 5.13: Comprehensive Care: Developing the comprehensive care plan • National Safety and Quality Healthcare Standards (NSQHS) Ed.2: NS 6.4: Communicating for Safety: Organisational processes to support effective communication • Australian Govt Department of Health & Ageing National Mental Health Strategy (2000). 'Toward a national approach to information sharing in mental health crisis situations'
Functional Group	Mental Health
Executive Sponsor	Sharon Carey A/General Manager, Mental Health Service
Author	Daniella Taylor, Access and Pathways to Care Lead, Mental Health Service

Revision and Approval History

Date	Revision Number	Author and Approval
November 2012	0	Approved by SESLHD MHS Policy Devt Committee.
May 2013	1	Approved by SESLHD MHS Clinical Council.
September 2014	2	Endorsed by MHS Clinical Council.
August 2015	3v1	Scheduled review by Marni Cudmore, Acting SESLHD MHS Access and Service Integration Manager.
September 2015	3v2	Reviewed by SESLHD MHS Service Directors, Clinical Operations Managers, Inpatient Service Managers and Patient Flow Coordinators. Comments incorporated.
November 2015	3v2	Endorsed by SESLHD MHS Clinical Council.
November 2018	4	Reviewed by Dr Peter Young, A/Clinical Director SESLHD MHS with references to include Site Clinical Directors in process and governance structure to recording of complex care plans, Reviewed by Access and Service Integration Manager SESLHD MHS, addition of PCLI, PACER clinician and community psychiatrists to attendees list
December 2018	4	Reviewed by SESLHD MHS Service Directors, Clinical Operations Managers, Inpatient Service Managers, PACER clinicians, PCLI Clinician, Clinical Directors and Patient Flow Coordinators. Comments incorporated.
February 2019	4	Endorsed DDCC 6 February 2019.

May 2019	4	Minor review approved by A/Director Operations, SESLHD Mental Health Service. Inclusion of Site Clinical Directors, PCLI Clinician, PACER Clinicians and Community Psychiatrists in the meeting process. Process to document in eMR included and updated definition of 'complexity'. Processed by Executive Services prior to publication.
March 2022	v5.0	Routine review commenced.
April 2022	v5.1	Reviewed by Access and Pathways to Care Lead and Project Manager, Zero Suicides In Care. Minor changes to language (Case Manager now Care Coordintor), inclusion of statement to involve consumer/carer in safety plan. Inclusion of recommendation to develop a safety plan. Sent to DDCC for review and feedback.
May 2022	v5.2	Circulated to DDCC for review/feedback. Minor changes only. Endorsed by Executive Sponsor for publication.
June 2022	V5.2	Processed and published by SESLHD Policy.