

MENTAL HEALTH SERVICE BUSINESS RULE SESLHDBR/029

Name	Referral to the Mental Health Service (MHS) Complex Care Review Committee.		
What it is	It is a guide to making a referral to the MHS Complex Care Review Committee.		
Risk rating	Medium	Review date	July 2023
What it is not	It is not a guide to the clinical care of consumers with complex care needs.		
Who it applies to	This business rule applies to MHS clinicians and other staff involved in planning for transfer of care of mental health consumers with complex care needs.		
What to do	<ul style="list-style-type: none"> • The Committee will consider consumers who have no transfer of care or transition pathway available due to ongoing complex care needs. Site Committees and/or Executive are to refer the patient to the Clinical Partnerships Coordinator to determine the most appropriate lead to arrange consideration by the Committee eg PCLI or Access and Pathways to Care lead. • An email referral to the Clinical Partnerships Coordinator must include: <ul style="list-style-type: none"> - A clearly stated purpose and desired outcome for the review. - Proposed least restrictive treatment options to be considered by the Committee. - Synopsis of outcomes of care and unresolved actions. - A case history, including a risk history and current management plan, with the authority of the treating Psychiatrist and site Clinical Director. - Details of current or previous partnerships with Community Managed Organisations (CMOs) in relation to the client (eg Independent Community Living Australia, Partners in Recovery). - All previous second opinions and case conference minutes. At least two second opinions are required, with one being from the site Clinical Director. Refer to SESLHDPD/269 Obtaining a Second Opinion from a Consultant Psychiatrist within Acute Inpatient Mental Health Units for more information. - Critical investigation and assessment reports which assist in getting to know the person and understanding their needs and requirements. These reports can include: strengths assessments, wellness plans, personal recovery plans, Family and Carer assessment and perspective, 		

	<p>neuropsychiatry/cognitive assessments and functional assessments.</p> <ul style="list-style-type: none"> - Results of previous routine physical health screening and assessments, as well as appropriate interventions offered. - Any Advance Care Plans for the client, as well as current aspirations and concerns of the client (if practical), designated career and family. <ul style="list-style-type: none"> • The Committee is to receive presentations – in writing and in person – from senior clinicians (endorsed by the site Mental Health Service Director) who wish to present issues to be discussed and resolved. • The Terms of Reference (TOR) for the Committee are contained in Appendix A. The TOR lists a membership for the meeting and it also states “or delegate” to ensure the meeting attendees are the most relevant for the Consumer’s care. Delegates should be nominated by the local site Mental Health Service Director.
When to use it	All MHS inpatients with a length of stay (LOS) of >75 days are to have an automatic case review by the site Complex Care Review Committee. If there is no transition plan or separation pathway available, and there are ongoing, or unmet, complex care needs that have not been successfully resolved by the site case review, the case is to be escalated to the SESLHD MHS Complex Care Review Committee.
Who is responsible	Responsible staff include Consultant Psychiatrists, the site Mental Health Executive, the site Patient Flow Coordinator, the Access and Pathways to Care Lead SESLHD MHS and the PCLI SESLHD MHS.
Ministry of Health/ SESLHD reference	<ul style="list-style-type: none"> • PD2019_045 Discharge Planning and Transfer of Care for Consumers of NSW Mental Health Services • SESLHDPD/269 Obtaining a Second Opinion from a Consultant Psychiatrist within Acute Inpatient Mental Health Units • SESLHDBR/071 Consumers in the Community with Complex Needs (including high risk civil clients) <p>Other References</p> <ul style="list-style-type: none"> • National Safety and Quality Health Service Standards (Second Edition): Standard 6 Communicating for Safety • National Standards for Mental Health Services 2010: Standard 9. Integration (9.4)
Executive Sponsor	Angela Karooz, General Manager, SESLHD MHS
Author	Marcie Debaets A/Clinical Partnerships Coordinator
Appendix	SESLHD MHS Complex Care Review Committee Terms of Reference.

Revision and Approval History

Date	Revision Number	Author and Approval
Sept 2013	0	Endorsed by SESLHD MHS Clinical Council.
Aug-Oct 2016	1v1	Initial review by Victoria Civils-Wood, SESLHD MHS Policy & Document Development Officer, with additions by Danielle Coppleson, SESLHD MHS Access Manager.
Dec 2016	1v3	Circulated to Service Directors, Clinical Operations Managers, Chief Psychiatrists and frontline staff. Minor grammar/terminology feedback incorporated.
Feb 2017	1v4	Endorsed at SESLHD MHS District Document Development and Control Committee
April 2017	1v4	Reviewed and approved by Manager Executive Services for publishing following a minor review.
December 2019	2.0	Routine review commenced. Links checked and updated. Reviewed for gender neutrality, "Chief Psychiatrist" replaced with "Clinical Director", "patients" replaced with "consumers", NSQHS updated and aligned with Second Edition, Executive Sponsor updated, Author updated. Incorporates feedback from A/Clinical Nurse Manager. Incorporates feedback from A/Clinical Partnerships Coordinator
January 2020	2.1	Broader feedback requested and received.
February 2020	2.2	Factors in feedback and clarifies that the Terms of Reference allow for delegates to attend the meeting.
May 2020	2.3	Document endorsed by DDCC pending endorsement of TOR.
June 2020	2.3	TOR endorsed by SESLHD MHS Clinical Governance Committee (governing committee of the SESLHD MHS Complex Care Review Committee). Progressed to SESLHD MHS Clinical Council for endorsement. Endorsed by SESLHD MHS Clinical Council.
July 2020	2.3	Minor review. Amendments noted above. Approved by Executive Sponsor. Published by Executive Services.

TERMS OF REFERENCE

SESLHD MHS Complex Care Review Committee

1. MEMBERSHIP

- SESLHD MHS Director (Chair)
- Referring site Service Director
- Referring site Clinical Director/site Medical Superintendent (or delegate)
- Referring site treating Consultant Psychiatrist
- Referring site Clinical Operations Manager
- Referring site Psychologist (member of the Multidisciplinary Team)
- Referring site Social Worker (member of the Multidisciplinary Team)
- Referring site Occupational Therapist (member of the Multidisciplinary Team)
- SESLHD MHS Risk Manager
- SESLHD MHS Access and Pathways to Care Lead
- SESLHD MHS Coordinator for Older Adults (where applicable)
- SESLHD MHS Rehabilitation Coordinator (where applicable)
- SESLHD MHS Partnerships Coordinator (where applicable)
- SESLHD Clinical Ethics Consultant.

2. OFFICERS IN ATTENDANCE

- SESLHD MHS Pathways to Community Living Initiative Clinician
- SESLHD MHS NDIS and Mental Health Project Officer

3. QUORUM REQUIREMENTS

The Chair (or delegate), treating Psychiatrist and at least two other members (or delegates).

4. ROLE

The SESLHD MHS Complex Care Review Committee reviews individual treatment plans of patients with no transfer of care or transition pathway available due to ongoing and unmet complex care needs that have not been successfully resolved by the site Complex Care Committees.

5. TERMS OF REFERENCE

- Review the assessment and treatment planning for patients referred to the Committee.
- Review the monitoring of process, including any available second opinions.
- Review outcomes of treatment.
- Review the issues which prompted referral to the Committee.
- Consider all relevant opinions as to appropriate treatment plans.
- Provide advice on further treatment aimed at addressing the issues which prompted the referral.
- Provide advice on a transition plan where applicable.
- Escalate unresolved complex care needs to NSW Mental Health Drug and Alcohol Office (MHDAO) Complex Care Committee.

6. FREQUENCY OF MEETINGS

Meetings are to be held on an 'as needed' basis.

7. EXECUTIVE SPONSOR

SESLHD MHS Director.

8. SECRETARIAT

SESLHD Access and Pathways to Care Lead.

9. METHOD OF COMMITTEE EVALUATION

- Minutes of meetings are to be circulated to the SESLHD MHS Clinical Governance Committee and the site MHS Clinical Governance Committee.
- The outcomes of cases considered by the Committee are to be communicated to the referring Medical Officer and/or the treating team.

10. AUTHOR AND APPROVAL

Date	Revision No	Author	Approval
November 2016	1	Policy & Document Development Officer	SESLHD MHS Clinical Governance Committee
May 2020	2	Document Development and Control Committee	Endorsed by DDCC – for progression to SESLHD MHS Clinical Governance Committee
June 2020	2	Document Development and Control Committee	SESLHD MHS Clinical Governance Committee - endorsed