

MENTAL HEALTH SERVICE BUSINESS RULE SESLHDBR/051

Name	Transfer of Mental Health Patients to other Public Mental Health Facilities and Private Hospitals		
What it is	This business rule aims to promote sufficient information exchange prior to the transfer of mental health patients. This includes repatriation transfers (the transfer of patients whose permanent residence is outside the catchment area of the facility in which they are currently situated) and overflow transfers (where insufficient local bed capacity requires that patients be temporarily placed in a facility outside their local catchment). It also includes mental health patients transferred from a SESLHD Emergency Department or SESLHD Mental Health Service (MHS) inpatient setting to a private hospital.		
Risk Rating	Medium	Review Date	January 2028
What it is not	It is not a guideline for transporting and escorting patients.		
Who it applies to	This business rule applies to all SESLHD MHS staff involved in the transfer of patients between facilities.		
What to do	<p>After completing and documenting a comprehensive mental health assessment, medical review, and risk assessment, the clinical team may identify the need to transfer a patient to another venue within SESLHD MHS, to another Local Health District, or to a Private Hospital.</p> <p>NOTE: SESLHD residents should be placed in their local catchment facility wherever possible.</p> <p>Should the need to transfer be determined because:</p> <ul style="list-style-type: none"> • The patient's (confirmed) permanent residence is outside the catchment area and/or • There is no local capacity and/or • The patient requires transfer to a private hospital and/or • The patient is a 'special needs' patient then the following procedure should be followed (see Appendix A) <p>Business Hours:</p> <ul style="list-style-type: none"> • The referring team contacts its site Patient Flow Coordinator (PFC) to communicate the requirement for patient transfer, and provides all relevant paperwork including: <ul style="list-style-type: none"> – A complete mental health assessment – Current risk assessment and additional modules (if available) – Care and behaviour management plans – Historical information (if available) – Medication/PRN (pro re nata) chart – The past seven days' progress notes (if the destination does not have the electronic Medical Record (eMR) patient data system) – Original legal papers stipulated under the NSW Mental Health Act (2007). 		

- The PFC contacts the receiving venue PFC to ascertain whether a vacant bed is available for the patient. Details for transfer to be placed on the patient flow portal
- The PFC faxes or scans all relevant paperwork to the receiving venue (if the receiving venue does not have eMR) and telephones to confirm receipt.
- A transport risk assessment should be completed, confirming the patient's clinical suitability for transfer, and the level of supervision/escort/medication required, to ensure the patient can be safely transported. If the patient is deemed unsuitable for safe transport, then local placement arrangements must be made.
- The Consultant Psychiatrist (Consultant)/Private Hospital Medical Officer (MO) at the receiving venue reviews the eMR data and/or relevant paperwork.
- It is a requirement that there is a Consultant to Consultant/MO discussion of a requested patient transfer between two MH sites.
- After Consultant to Consultant discussion, both Consultants need to communicate to their site PFCs whether the request to transfer the patient to another venue is confirmed, or denied.
- The referring PFC MUST contact the receiving site PFC to confirm the transfer.
- The PFCs at both sites must ensure that appropriate ED MH Clinical Nurse Consultants (CNCs), Psychiatric Registrars (Registrars), and Nursing Unit Managers (NUMs), are all informed of the outcome of the discussions.
- Transport can then be booked by the referring facility. Original NSW Mental Health Act (2007) paperwork must accompany the patient including completed Section 78-80. Copies of original document to be kept by referring site.
- A comprehensive nurse to nurse handover, from the NUM/delegate, or ED MH CNC, is to be given by the referring MH Service to the appropriate receiving unit nursing staff. This handover should occur as close as possible to the patient departing the facility and must include details of the transport arrangements and the expected time of arrival at the destination facility and details of any PRN medication required prior to transfer.
- Telephone contact details are to be exchanged between the referring facility, the escorting team and the receiving facility.
- Referring site to ensure nominated carer is contacted (or attempted to contact) to inform of transfer and that this contact (or attempted contact) is documented in the consumer's eMR.

After Hours:

- The requesting MH CNC/Registrar/Nurse In Charge (NIC) (dependent on staffing out of hours) contacts other MHUs to request availability of a bed for a transfer, after completion of a risk assessment to ensure that the patient is clinically suitable for transfer. The level of supervision/escort/medication required should also be assessed at this time to ensure the patient can be safely transported.

PLEASE NOTE: To establish bed capacity **after hours** at The Sutherland Hospital (TSH) MHS, the enquiring site will liaise directly by phone with the Nurse In Charge of Shift on the TSH Mental Health Unit.

	<ul style="list-style-type: none"> • The referring MH CNC/Registrar/NIC alerts the site on-call Consultant of the transfer requirement, and gives details of the patient. • If the receiving venue does not have eMR the referring ED MH CNC/Registrar/ NIC must ensure that all relevant paperwork is faxed or scanned to the receiving MHU (see business hours list), telephoning to confirm receipt of this paperwork. • The referring site on call Consultant must then discuss the transfer request with the receiving site on call Consultant. • It is a requirement that there is a Consultant to Consultant discussion, and acceptance, of a requested patient transfer between MH facilities. • The receiving Consultant <u>must</u> advise the NIC of the receiving site that they have accepted the patient for transfer. • It is also a requirement that the referring site MH CNC/Registrar/NIC contacts the receiving site MHU after the Consultant to Consultant acceptance. • The After-Hours Nurse Managers of the referring and receiving hospital should be notified by default, and the on-call Mental Health Executives only informed if there is an incident, dispute, or significant delay in transfer. IMS+ to be completed if required. • Transport can then be booked by the referring facility (original Mental Health Act paperwork must accompany the patient) including completed Section 78-80. Copies of original document to be kept by referring site. • A comprehensive nurse to nurse handover MUST be given to all the NIC of the receiving facility, including details of transport arrangements and expected time of arrival at the receiving facility. • Telephone contact details are to be exchanged between the sending facility, the escorting team and the receiving facility. <p>PLEASE NOTE:</p> <ol style="list-style-type: none"> 1. Transfer to private facilities should only occur when patients have the capacity to enter into contracts regarding charging arrangements for private medical treatment as per NSW Health Policy Directive PD2021_046 - Admitted Patient Election Processes. 2. This business rule should be read in conjunction with SESLHDBR/033 - On-call Responsibilities for Mental Health Service Registrars and Consultants in Psychiatry. 3. Return repatriation costs are often negotiated at the point of acceptance for planned admissions/transfer, such as Neuro Psychiatry Unit and general hospital ICUs (before transfer to the MHU), and these are usually covered by the referring hospital.
<p>Factors to consider</p>	<p>Factors to consider prior to transfer:</p> <ul style="list-style-type: none"> • When a patient transfer is for the reason of repatriation, the address of the patient must be verified by the patient, his/her carer, previous medical history, eMR and other care providers, as far as possible. • Mental health assessments must be completed in full, including a risk assessment and additional components where available, and documented in eMR. • Mental Health Act (2007) Sections 78, 80 and 81, must be acknowledged, particularly Section 78 – Notifications to Principal Care Providers of Events Affecting Patients or Detained Persons.

	<ul style="list-style-type: none"> • Consultant Psychiatrist to Consultant Psychiatrist handover is mandatory. • Referring site contact with the NIC of the receiving MHU is also mandatory. <p>Factors which may prevent, limit or defer transfer:</p> <ul style="list-style-type: none"> • The patient has a complex medical condition requiring local specialist care or is intoxicated with alcohol or illicit substances. • The address of the patient is unclear and transfer to another venue may be unnecessary and not in the patient’s best interests. • The patient presents a high risk of absconding or violence, in which case all local options should be exhausted before considering transfer. This may entail identifying a suitable alternative patient to be transferred off-site temporarily. <p>NOTE: Clinical handover should not be a forum for debate regarding clinical decisions or acceptance for admission, but rather a communication of the assessment and management plan for an individual patient. Any instances of inappropriate patient transfers should be notified to local management for investigation.</p>
<p>When to seek further advice</p>	<p>Where disputes regarding local catchment area or site acceptance for transfer of a patient occur.</p> <ul style="list-style-type: none"> • The referring facility’s Consultant Psychiatrist (or delegate) should contact the Consultant Psychiatrist in the receiving facility. • If the Consultant Psychiatrists (or delegates) require further clarification, then discussions should take place between the referring Medical Superintendent at the facility and the receiving Medical Superintendent (or delegates) at the facility. • Should the matter remain unresolved, discussion should then occur between the two site MHS Service Directors, or on call MH Executives after hours.
<p>Why the rule is necessary</p>	<p>This business rule is necessary to:</p> <ul style="list-style-type: none"> • Ensure patients are treated with dignity and respect • Ensure patients receive care in the least restrictive environment, consistent with their needs and available resources • Ensure patients are transported safely between facilities • Ensure that sufficient information exchange occurs prior to the transfer of patients and that both sites are in agreement regarding the transfer • Minimise preventable delays in communication and transfer • Minimise any preventable trauma and re-traumatisation to patients • Provide a pathway for negotiation and resolution of disputes regarding transfer of patients during business hours and after hours.
<p>Who is responsible</p>	<p>Responsible staff include all those involved in the transfer of mental health patients between facilities.</p>
<p>Ministry of Health / SESLHD reference</p>	<p>NSW Ministry of Health</p> <ul style="list-style-type: none"> • NSW Mental Health Act (2007) • Memorandum of Understanding between NSW Health (including NSW Ambulance) and NSW Police Force 2018 • PD2021_046 - Admitted Patient Election Processes

	<p>SESLHD</p> <ul style="list-style-type: none"> • SESLHDBR/019 - Referral to Intensive Psychiatric Care Unit (IPCU) or Mental Health Intensive Care Unit (MHICU) External to SESLHD Mental Health Service • SESLHDBR/033 - On-Call Responsibilities for Mental Health Service Registrars and Consultants in Psychiatry – District Mental Health Service <p>Others</p> <ul style="list-style-type: none"> • National Safety and Quality Health Service (NSQHS) Second Edition: Standard 6. Communicating for Safety Standard • National Standards for Mental Health Services 2010: Standard 2. Safety (2.11); Standard 10. Delivery of Care (10.5.9)
Functional Group	Mental Health
Executive Sponsor	General Manager, Mental Health Service
Author	Service Directors, Mental Health Service

Version and Approval History

Date	Version Number	Author and approval notes
April 2010	1	AMHBR 002_10 – Endorsed by Area Director Mental Health Drug and Alcohol of South Eastern Sydney and Illawarra Area Health Service.
July 2014	2	Updated to better articulate information about public to private hospital transfers due to RCA incident investigation.
January 2015	3v3	Endorsed by SESLHD MHS Clinical Council.
June 2015	4v1	Reviewed and updated to reflect process at Sutherland MHS overnight due to nil on-site After Hours On-Call MH Psychiatric Registrar. Endorsed by SESLHD MHS Clinical Council.
November 2015	5v1	Reviewed and updated by Daniella Taylor, SESLHD MHS Access and Service Integration Manager, to reflect mandatory requirement for Consultant Psychiatrist to Consultant Psychiatrist discussion.
December 2015	5v2	Further potential benefits of the business rule removed and language tightened by Victoria Civils-Wood, SESLHD MHS Policy Officer.
January 2016	5v2	Endorsed by SESLHD MHS Clinical Council.
February 2016	5v2	Revised Business Rule published
July 2017	5v3	Revised by SESLHD MHS District Acting Clinical Risk Manager, Policy Officer and Clinical Nurse Manager.
September 2017	6v1	Additional amendment under 'What to do' relating to paper work. Endorsed by DDDCC.
October 2017	6v2	Feedback accepted by Author from District MHS Clinical Council. Updated 'Please note' under After Hours.
September 2020	v7.0	Routine review commenced.
October 2020	v7.1	Incorporates feedback from Patient Flow Managers and author. Links checked and updated
December 2021	v7.2	Minor review, update standards and minor working and endorsed by SESLHD MHS Document Development and Control Committee
January 2022	v7.2	Endorsed by Executive Sponsor
15 January 2025	7.3	Routine review commenced. All links checked – nil requiring update. Endorsed for publication by Executive Sponsor.

APPENDIX A:

