

**SESLHD MENTAL HEALTH SERVICE BUSINESS RULE SESLHDBR/090**

<b>Name</b>	National Disability Insurance Scheme (NDIS) Provider service provision to current MHS inpatients		
<b>What it is</b>	This is a business rule to facilitate safe and quality practice within SESLHD MHS. It provides information for NDIS providers and associated contractors (Providers), SESLHD Mental Health Service (MHS) staff and facilities.		
<b>Risk Rating</b>	Low	<b>Review Date</b>	April 2026
<b>What it is not</b>	This business rule is does not replace existing NSW Health and SESLHD work protocols.		
<b>Who it applies to</b>	<p><u>SESLHD MHS staff</u> This business rule is to provide SESLHD MHS Managers and Staff with information on how to coordinate Providers working within SESLHD MHS Inpatient Units.</p> <p><u>Providers</u> This business rule also applies to service providers registered with The National Disability Insurance Agency (NDIA) and those contracted by the NDIS to deliver assessment and support services.</p>		
<b>What to do</b>	<p><u>Confirmation of Service</u> When the Provider arrives at the Inpatient Unit, the Nursing Unit Manager (NUM) or their delegate is required to confirm with the Consumer that the service has been requested and that the Consumer is willing to participate at that time.</p> <p><u>Verification</u> The Provider will need to provide the following evidence which will be sighted by the NUM or their delegate:</p> <ul style="list-style-type: none"> <li>• The Provider's NDIS registration number</li> <li>• The Provider's Working with Children Check Clearance</li> <li>• The Provider's Current National Police Check Clearance</li> </ul> <p><u>Orientation</u> The NUM or their delegate will orientate the Provider to the Inpatient Unit as per the local visitor orientation processes. The NUM or their delegate will also explain the leave procedure to the Provider as per <a href="#">SESLHDPR/484 - Patient Leave from an Acute Inpatient Unit</a>.</p> <p><u>Communication</u> On arrival, the Provider is to identify themselves to the NUM. If the Provider is taking the consumer off the Inpatient Unit, they are required to advise the NUM or their delegate the following:</p>		

	<ul style="list-style-type: none"> <li>• Length of time consumer will be off the Unit with the Provider</li> <li>• Provider’s contact number</li> </ul> <p>The NUM or their delegate will ensure the Provider has the Inpatient Unit number and check that the consumer is not due for medication while they are on leave with the Provider.</p> <p>On return from leave, the Provider is to give the NUM or their delegate feedback regarding support provided and advise any concerns regarding the consumer’s mental state or behaviour.</p> <p><u>Injury or Incidents</u></p> <p>In the event that a consumer is injured or there is an incident while on leave, the Provider will contact the Inpatient Unit for further instructions.</p> <p>An IIMS should be completed as soon as possible and in consultation with the Provider to gather details of the incident.</p> <p>If the Provider is injured while on Inpatient Unit, normal procedures for visitors should be followed:</p> <ul style="list-style-type: none"> <li>• Provide first aid as required</li> <li>• Provider to report injury to NUM or their delegate</li> <li>• NUM or their delegate to complete IIMS</li> </ul> <p>The Provider should follow the claims procedure as per their organisation’s policy.</p> <p><u>Complaints or Concerns</u></p> <p>Issues relating to the performance of the Provider are to be reported to the NUM, who is required to make a report to the NDIA Quality and Safeguard Commission.</p>
<b>Risk assessment</b>	<p>Standard risk assessment procedures should be completed prior to the Provider making contact with the consumer as per <a href="#">SESLHDGL/082 - Clinical Risk Assessment and Management - Mental Health</a>.</p> <p>The NUM or their delegate is required to brief the Provider of any risks associated with the consumer.</p>
<b>When to use it</b>	<p>When the Provider is contracted by an NDIS participant to conduct services within the SESLHD MHS Inpatient Units.</p>
<b>How to use it</b>	<p>To assist Service Managers and relevant staff with the process of coordinating Providers working on SESLHD MHS Inpatient Units.</p>
<b>Why the rule is necessary</b>	<p>To ensure all Providers, SESLHD MHS staff, and consumers are working and participating in a safe environment.</p> <p>To ensure all Providers are screened for their professional standard and comply with SESLHD safety practices and professional standards.</p>

<b>Who is responsible</b>	SESLHD MHS Inpatient Unit Managers who will assess the Providers' suitability prior to engagement.
<b>Ministry of Health / SESLHD reference</b>	<b>NSW Health</b> <a href="#">PD2018 013 - Work Health and Safety: Better Practice Procedure</a>  <b>SESLHD</b> <a href="#">SESLHDHB/021 - SESLHD Work Health &amp; Safety Contractor Safety Handbook</a> <a href="#">SESLHDPR/484 - Patient Leave from an Acute Inpatient Unit</a> <a href="#">SESLHDGL/082 - Clinical Risk Assessment and Management - Mental Health.</a>
<b>Executive Sponsor</b>	Angela Karooz, General Manager, Mental Health Service, SESLHD
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### Revision and Approval History

<b>Date</b>	<b>Revision Number</b>	<b>Author and Approval</b>
<b>September 2018</b>	Draft v0.1	Gemma Ferraretto, Pathway to Community Living Mental Health Clinician, SESLHD MHS. Revised by Trinh Huynh, Policy and Document Development Officer, SESLHD MHS.
<b>April 2019</b>	Draft v0.2	Reviewed and incorporated feedback received from T Huynh, Policy and Document Development Officer and Nicola Dimichiel Risk Manager SESLHD MHS
<b>January 2020</b>	Draft v0.3	Reviewed and updated by Monica Qiao
<b>March 2020</b>	Draft v0.4	Feedback from DDCC incorporated. Amended responsibility to "NUM or their delegate", clarified BR applies to Inpatient Units
<b>May 2020</b>	Draft v0.41	Endorsed by SESLHD MHS DDCC for progression to SESLHD MHS Clinical Council Endorsed by SESLHD MHS Clinical Council.
<b>July 2020</b>	Draft v0.41	Published on Draft for Comments page. No feedback received.
<b>January 2021</b>	Draft v0.41	Published on Draft for Comments page. No feedback received.
<b>February 2021</b>	Draft v0.41	Approved by Executive Sponsor. To be tabled at March Clinical and Quality Council for approval.
<b>April 2021</b>	Draft v0.41	Approved at Clinical and Quality Council.