MENTAL HEALTH SERVICE GUIDELINE COVER SHEET

Health
South Eastern Sydney
Local Health District

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EXECUTIVE SPONSOR	General Manager, Mental Health Service, SESLHD
AUTHOR	Director of Nursing, Mental Health Service
POSITION RESPONSIBLE FOR DOCUMENT	Policy and Document Development Officer, Mental Health Service SESLHD-MentalHealth-PoliciesandDocuments@health.nsw.gov.au
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SUMMARY	This document provides a framework for safe, high quality, transitions of care. Standardised operations aim to enhance mental health consumers' experiences and outcomes and the document should be used as a reference tool by mental health staff.

Feedback about this document can be sent to SESLHD-MentalHealth-PoliciesandDocuments@health.nsw.gov.au

Access and Patient Flow Operational Framework for Mental Health Service

Section 1 – Background

This document provides a framework for high quality, safe, effective and coordinated access and transfer of care for consumers within SESLHD Mental Health Service (MHS) – and for consumers who are being transitioned to or from SESLHD MHS.

Aims

This document should be used as a reference tool by all MHS staff. Patient flow is a dynamic process not limited to business hours and this framework provides consistency for transitions of care both within, and outside of, business hours. This framework complements the processes outlined in Mental Health for Emergency Departments - A Reference Guide.

Patient Flow Coordinator (PFC)

The term “Patient Flow Coordinator” (PFC) is used throughout this document. This refers to the person responsible for the journey of consumers throughout the Mental Health Service. In some Services this role is also identified as a “Nurse Navigator” or a “Community Pathways Coordinator”. After hours this role is delegated to the Nurse In Charge or other appropriate staff member by the site executive. For ease of reference, this document uses the term “Patient Flow Coordinator” to describe all of these roles.

Section 2 – Principles

Patient Flow Philosophy

The Garling Report (2008)[1] identified the link between efficient use of inpatient beds and improvement in the quality of care provided to consumers. The core principle of patient flow is to provide sustainable access to inpatient beds and community treatment at the best possible time and is identified as a State-wide standard. Consideration must be given at all times to ensure that people requiring mental health care "receive the best possible care and treatment in the least restrictive environment enabling the care and treatment to be effectively given" (*Mental Health Act 2007* (NSW)).

Standard 8.1 (Governance and Leadership) of the National Standards for Mental Health Services (2010) states: "The governance of the MHS ensures that its services are integrated and coordinated with other services to optimise continuity of effective care for its consumers and carers", while Standard 10.2 (Access) requires that a mental health service is "accessible to the individual and meets the needs of its community in a timely manner".

The Three Rs of Patient Flow

Remember the Three Rs before recommending placement of a patient:

Right Patient
Consider the consumer's presenting issues, age, risk factors, illness, physical health, gender, history and social supports – Do they need admission? What is the purpose of admission? Is the admission planned? What is the expected date of discharge (EDD) from the inpatient facility?

Right Environment
Consider the environment you are recommending placement into: Unit acuity/patient mix, sexual safety risks, staffing resource issues, clinical skill mix, specialist medical and multidisciplinary services, relationships or history with other consumers or staff, physical security of the environment (e.g. risk of absconding, falls risk).

Right Time
Consider whether the consumer has any physical health requirements which necessitate investigation and resolution prior to transfer. How does the consumer feel about going to a particular Unit? Is there staff available to admit the consumer? Is transport available or additional escort staff available? Has the bed become physically vacant (even if the bed is not yet physically available, the consumer may, in an emergency, be moved to the Unit while the bed is being prepared)?

It is important to note that admission or transfer should not be delayed for the sake of staff convenience (e.g. meal breaks, clinical handover). Mitigation strategies should be implemented to ensure consumer transfer is not delayed other than for safety reasons.

[1] Final Report of the Special Commission of Inquiry: Acute Care Services in NSW Public Hospitals Overview, Peter Garling SC 27 November 2008, Pg 30 (1.193)

Section 3 – Definitions and Scope

What is Transition of Care?

'Transfer of Care' refers to the consumer's journey and transition through a health service. SESLHD MHS strives to ensure that all Mental Health Unit (MHU) inpatient beds are accessible to consumers requiring care. Daily transfers of care out of MHUs must be coordinated, predicted and planned to reduce harm, and effect safe patient care and timely daily admissions. Consumers and their families need to be included and at the centre of all decision making regarding transfer of care.

'Admissions' refers to admission to an inpatient facility. To achieve safe patient care, all consumers requiring mental health admission should be transferred to an appropriate facility as soon as assessment and/or treatment processes are completed. Multiple sources of referral and differing levels of acuity can make patient flow coordination more complex and heighten the need for predictive and collaborative transfer of care planning around the clock.

All consumers admitted to a mental health facility must have a clearly defined admission/transfer of care pathway documented, including the plan and EDD from hospital.

SESLHD Hospitals and Health Services (*Mental Health Inpatient Unit/s on site) (+Mental Health assessment service in ED)	
Northern	Southern
Prince of Wales Hospital*+	St George Hospital*+
Royal Hospital for Women	The Sutherland Hospital*+
Sydney Hospital	The Garrawarra Centre
Sydney Eye Hospital	

SESLHD MHS Facilities

Acute Mental Health Inpatient Units (MHU)			
Site	**Name**	**Total Beds**	**Bed Configuration**
Prince of Wales Hospital	Kiloh Centre	46	16 x observation, 30 x general acute
St George Hospital	MHU	28	9 x observation, 19 x general acute
Sutherland Hospital	IPU	28	10 x observation, 18 x general acute

MHUs are 'declared facilities' under the *Mental Health Act 2007* (NSW), to accommodate people who are acutely unwell and require either voluntary or involuntary treatment and care.

Psychiatric Emergency Care Centres (PECCs)	
St George	6 PECC beds
Prince of Wales	6 PECC beds

Psychiatric Emergency Care Centres (PECCs) provide timely access to mental health extended assessment and short stay admissions up to 72 hours. Admissions are designed to reduce consumer harm in the ED and can be used when complex ED discharge planning is required. Consumers must have a manageable level of risk in all domains. Admissions are direct from the ED following mental health assessment and authorisation by the Medical Superintendent, or delegate. Appropriate consumers may be transferred from an acute mental health inpatient facility to PECC and, on occasion at some facilities, may be admitted directly from the community to PECC.

Mental Health Rehabilitation Units (MHRUs)		
Site	**Name**	**Beds + Configuration**
Prince of Wales	MHRU	14 non acute beds - non-declared
Sutherland	MHRU	5 non acute beds - declared

Two Mental Health Rehabilitation Units (MHRUs) are also available in SESLHD. These non-acute facilities provide a range of programs supporting consumers to develop or regain skills for living independently or in supported accommodation. Where capacity exists during times of peak bed demand, a MHRU bed may be considered as a temporary venue for a limited number of ‘transition’ consumers from an acute or sub-acute facility. Wherever possible, consumers who have already been referred to and/or are awaiting a MHRU bed and who have minimal risk factors should be considered.

Specialist Mental Health Service for Older People			
Site	**Name**	**Total Beds**	**Configuration**
Prince of Wales	Euroa	6 (declared)	+ 2 neuro-psychiatry beds
St George	OPMHU	16 sub-acute (declared)	

Older Persons Mental Health Units (OPMHUs) provide specialist mental health assessment and treatment for older people with acute mental illness. Consumers with a primary organic or physical health condition leading to disturbed behaviour are generally outside the referral criteria for OPMHUs. Where capacity exists, OPMHU beds may be considered during periods of peak bed demand as a temporary venue for limited number of ‘transition’ consumers from an acute or sub-acute facility.

Tertiary Intensive Psychiatric Care Units (IPCU or MHICU)		
Prince of Wales MHICU	South Eastern Sydney Local Health District	Ph: 9382 0977
Hornsby MHICU	Northern Sydney Local Health District	Ph: 9477 9500
Cumberland IPCU	Western Sydney Local Health District	Ph: 9840 3864
Concord IPCU	Sydney Local Health District	Ph: 9767 8852

SESLHD MHS has a 12 bed Mental Health Intensive Care Unit (MHICU) based at the Prince of Wales Hospital Campus, which provides acute treatment for consumers with complex mental health issues. PFCs need to facilitate admission to a MHICU within their own Local Health District (LHD) along with the MHICU clinical team. Where this is not possible due to lack of available beds, an out of LHD MHICU can be contacted by the MHICU team to discuss a swap or placement within the statewide network as per NSW Health Policy Directive PD2019_024 Adult Mental Health Intensive Care Networks.

For referrals **to** SESLHD MHICU please see SESLHDBR/017 Referral to SESLHD Mental Health Intensive Care Unit (MHICU)

For referrals **out of** SESLHD please see SESLHDBR/019 Referral to Intensive Psychiatric Care Unit (IPCU) or Mental Health Intensive Care Unit (MHICU) External to SESLHD Mental Health Service

Tertiary Child and Adolescent MHS Inpatient Units (CAMHS) – Acute		
Shellharbour	Ph: 4295 2820	Shellharbour Hospital
Gna Ka Lun	Ph: 4634 4444	Campbelltown Hospital
Redbank House	Ph: 9845 7950	Westmead Hospital
Hall Ward	Ph: 9845 2009	Children's Hospital, Westmead
Nexus Unit	Ph: 4985 5800	John Hunter Hospital
Brolga Unit	Ph: 9485 6150	Hornsby Hospital
Saunders Unit	Ph: 9382 0097	Sydney Children's Hospital, Randwick

The eight beds available at Sydney Children's Hospital are gazetted beds. SESLHD MHS can make referrals to the declared tertiary CAMHS beds listed above.

Consultation Liaison

SESLHD provides a Consultation Liaison Psychiatry (CLP) service at each site for people in medical wards requiring mental health assessment and/or review, with the exception of persons under the care of a geriatrician. These consumers are to be referred to Older Persons Mental Health, and young people admitted to the paediatric ward under a paediatrician are referred to the local Child, Youth and Adolescent Service.

Child, Youth and Adolescent MH Community Services (CAMHS)		
Child, Youth and Adolescent Services	Community	All sites, (Sutherland, St George, Eastern Suburbs)
Children of People with a Mental Illness – COPMI	Community	All sites
School Link	Community	All sites

SESLHD MHS provides services to people and their carers in the community. Teams are structured to provide treatment and rehabilitation across the population spectrum to include older adults, children, youth and adults.

From General Hospital

The CLP teams will inform the PFC of any consumers in a general hospital bed awaiting mental health admission. The same criteria as per ED apply. It is imperative that all medical investigations and treatments have been completed and the consumer has been reviewed by the CL team for least restrictive care options prior to transfer to a MHU.

Community Mental Health Services		
ESMHS	Community	5 x Adult Non-Acute Teams, including rehabilitation (3x Maroubra Centre, 2x Euroa Centre Prince of Wales). 1 x Acute Care Team 1 X Brief Life Interventions Program DBT Service (BLIP) 1 x Youth Brief Intervention Service (yBIS) PACER
Sutherland	Community	3 x Adult Non-Acute Teams (Team 1-3), including rehabilitation 1 x Acute Care Team (ACT) 1 x Suicide Prevention Outreach Team (SPOT) PACER Gold Card Clinic
St George	Community	4 x Adult Non-Acute Teams, including rehabilitation (Teams 1-4) 1 x Acute Care Team PACER SafeHaven Gold Card Clinic
Family and Carer Program	Community and Inpatient	All sites
Perinatal	Community	All sites
Older Persons	Community	All sites
Aboriginal and Torres Strait Islander MH Services	Community	All sites

Section 4 – Responsibilities

The Role of the Access and Pathway to Care Leads (APCL)

The APCL provides leadership, strategic planning and expert support to the Mental Health Service Executive and teams in the development, implementation, monitoring and coordination of systems and processes to improve the consumer experience in relation to access and transitions of care. The APCL is responsible for the extraction, review, interpretation and reporting of data for SESLHD MHS in relation to transitions of care and associated Key Performance Indicators (KPI). The APCL has an interface with the Patient Flow Coordinator to review barriers to discharge, ensure regular reporting and address systemic issues via escalation pathways. The APCL provides advice to teams for consumers with complex mental health needs to ensure timely transitions of care from hospital to community via collaborative partnerships internally and externally.

The Role of the Patient Flow Coordinator or Equivalent (PFC)

The PFC is the central point of contact for information and access to site mental health beds in SESLHD during business hours Mondays to Fridays. After hours and on weekends, the role is delegated at each site for continuity of patient flow coordination.

Site	Contact	
Prince of Wales	Patient Flow Coordinator	Ph: 0411 653 463
St George	Mental Health Nurse Manager Navigator	Ph: 0411 658 967
Sutherland	Community Pathways Manager	Ph: 0477 247 509

The core responsibility of the PFC is centred on the care coordination of consumer services. Planning for discharge and transfer of care is initiated as soon as possible after admission, including the allocation of an estimated date of discharge (EDD). This includes the orchestration of services to meet consumer needs after discharge, liaison with all health care disciplines for the provision of services to meet consumer needs including reviews/care planning with relevant stakeholders, and the operational requirements of synchronising capacity and demand. Demand refers to the number of consumers from all sources (including ED, Police, Community Mental Health, other inpatient services and other MHS) that require admission at any given time.

To remain in touch the PFC must review relevant databases including the Electronic Patient Journey Board, waiting for what within the NSW Health patient flow portal, attend clinical meetings and liaise routinely with NUMs, ED clinicians, inpatient clinicians, Community Mental Health Teams (CMHT) and peer PFCs (general and MH) regarding:

- Number of consumers physically present on the unit(s)
- Number of consumers on leave and for how long and consumers for potential leave following further review and mobilization of additional supports.
- Consumers absent without leave (AWOL) and whether they are expected to return and, if not, when the bed will be confirmed as available
- Consumers who could have early transfer of care with additional supports or overnight leave with acute CMHT follow-up.
- Consumers in ED awaiting assessment and/or likely to require admission
- CMHT consumers being assessed and likely to require admission (direct to unit or via ED).

- Consumers from outside of SESLHD requiring repatriation to their local MHS
- MH consumers on a medical ward who potentially require a transfer of care.

The PFC records capacity/demand details in twice-daily Profile Reports. Updates are sent to site stakeholders.

Prioritisation for Admission

When there are consumers in the ED and General Hospital awaiting mental health placement at the same time, especially when bed capacity is limited, priority for placement should be discussed with the hospital Patient Flow Manager in consultation with the Mental Health Patient Flow Coordinator, Mental Health Inpatient Services Managers and Duty Consultant (or delegate).

Communication/Escalation processes related to consumers in the Emergency Department (ED) awaiting Mental Health (MH) admission

Placement of mental health consumers in the ED is required within identified Hospital Access Targets. Emergency Treatment Performance (ETP) breaches must be reported to the site MH Executive and other relevant stakeholders to enable assertive support and escalation to be mobilised.

The current Hospital Access Target is that 95% of mental health admitted patients should have an Emergency Department Length of Stay no greater than 12 hours.

The PECC service in the ED aims to provide the shortest assessment and patient journey time for Mental Health consumers by meeting the ETP KPI of ≥ 60% admitted to a PECC have an ED length of stay ≤ 4 hours to align with measure: ≥ 60% admitted to an ED Short Stay Unit (EDSSU) have an ED length of stay ≤ 4 hours.

Demand Planning

The aim of demand planning is to maximise the use of mental health inpatient beds using a non-reactive, predictive approach to patient flow. EDDs are to be entered into the NSW Health patient flow portal and should be reviewed daily, with local systems in place to review expired EDDs. Proactive and predictive planning ensures site self-sufficiency and reduces waiting time for consumers in the ED.

Weekend Demand Planning

Weekend demand planning strengthens site capacity, maintains self-sufficiency and minimises reliance on neighbouring services over the weekend.

Each site holds a local demand and capacity planning meeting each week and prior to a long weekend or a public holiday. Local site sufficiency plans are documented on a Demand Plan template to ensure sufficient capacity in line with predicted weekend demand. This information is also shared amongst the sites at the joint SESLHD Mental Health huddle held on a Friday afternoon and coordinated by the Clinical Director, Mental Health Service. SESLHD MHS Short Term Escalation Plan (S.T.E.P.) Matrix.

Section 5 – Mental Health Inpatient Length of Stay

Long Length of Stay (LLOS) meetings

Long Length of Stay (LLOS) meetings are held weekly or fortnightly to discuss and determine actions for consumers with a length of stay in the MHU of greater than 28 days, and in the MHRU for consumers reaching length of stay thresholds of 100, 150 and 180 days. PECC consumers with actual or upcoming LOS >72 hours should also be discussed, as well as identification of any consumers– regardless of LOS – who have identified or potential barriers to discharge. Meetings should be attended by the Clinical Director, Allied Health, CMHT Team Leaders, NUM, IPSM, Service Director, PFC/NAV and SESLHD Access and Pathway to Care Lead. Representatives from the SESLHD MHS Rehabilitation Team are invited to attend the MHRU LLOS meetings when required. Consumers are discussed from an MDT and holistic perspective, aiming to remove any barriers to transfer of care or leave. See also the Terms of Reference for the SESLHD MHS LLOS meeting.

'Obtaining a Second Opinion' Policy

SESLHDPD/269 - Obtaining a second opinion from a Consultant Psychiatrist within Acute Inpatient Mental Health Units outlines the length of stay thresholds for obtaining a second opinion:

Thresholds for Obtaining a Second Opinion	
LOS >28 Days	Flexible format, may seek opinion from another Consultant Psychiatrist within the unit or within the service
LOS >49 Days	Second opinion and face-to-face review to be sought from the Clinical Director / Medical Superintendent. Review may be conducted by the Clinical Director / Medical Superintendent of the treating facility or another facility
LOS >75 Days	Automatic referral to site *Complex Care Committee*
Thresholds for Obtaining a Second Opinion – Acute Older Persons Mental Health Units	
There should be a graded sequence of opinions sought in relation to lengths of stay in Acute Older Persons Mental Health Units exceeding specific thresholds as follows:	
LOS>=49 days	Second opinion may be sought from another Consultant Psychiatrist within the unit or within the service
LOS>=75 days	A further second opinion is required. This is to be sought from the Clinical Director/Medical Superintendent of that treating facility
Referral to the SESLHD Complex Care Review Committee is to be made after the site Complex Care Committee meeting and local escalation to the site Mental Health Executive. This is detailed in SESLHDBR/029 Referral to the Mental Health Service (MHS) Complex Care Review Committee	

The thresholds should be routinely reviewed during LLOS meetings and action to obtain a second opinion initiated if required.

Section 6 – Mental Health Admission and Transfer of Care

Accepting Consumers for a Mental Health Admission

Acceptance of consumers for admission to an Acute Mental Health Inpatient Unit is a collaborate process between the Mental Health clinician assessing the consumer and the duty Consultant Psychiatrist. The principles outlined in SESLHDPR/735 Admission and Discharge/Transfer of Care Processes for Acute Mental Health Inpatient Units (including Direct Admissions for Consumers linked with Community Mental Health) should be followed.

Section 7 – Repatriation of Out of SESLHD Consumers

Establishing Catchment Area

The consumer's catchment area is determined by their confirmed residential address.

When the address is unclear, other factors may be taken into consideration to determine which catchment area the consumer is best serviced by such as:

- Has the consumer had any previous psychiatric treatment? If so, where and how recently?
- Does the consumer have relatives or support networks? If so, where?
- Where does the consumer want to live?
- Does the consumer have an identified care provider or a Primary Clinician?
- Does the consumer have a complex medical condition requiring local specialist care?

Repatriation

Repatriation discussions occur between site PFCs in the first instance. This can be escalated to Consultant Psychiatrists and/or Service Directors if there is uncertainty about the suitability of a consumer for repatriation. It is useful to confirm all negotiations via email with relevant parties to avoid misunderstandings.

When negotiating repatriation, the requesting service must email copies of the following documents to the receiving venue or ensure they have access to review via the electronic Medical Record (where available):

- Assessment module and/or another recent assessment if available (usually in the medical record). Include confirmation of address of relatives/carers, or most recent residential address
- Mental Health Act papers/recent clinical nursing notes/current risk assessment/plan for admission/medication chart
- Details of Primary Clinician (if available) and whether the consumer is known to the Acute Care Team.

Cost associated with repatriation

All cost associated with repatriation must be approved as set-out in SELSHDHB/027 Delegations of Authority Manual.

Repatriating within SESLHD MHS

Where a consumer is from within the SESLHD catchment area, negotiations for inter-site transfers are undertaken by the relevant PFCs

Repatriating within NSW

Negotiations for repatriation of consumers who are from outside of SESLHD MHS are between local PFC and other receiving MHS PFCs, NUMs, NICs or on-call Psychiatry Trainees/Consultant Psychiatrists, dependent on local practices.

NSW Metropolitan PFC Contact Numbers	
South Western Sydney LHD	Ph: 0427 874 940
Central Coast and Northern Sydney LHDs	Ph: 0404 830 169
Sydney West LHD	Ph: 9840 3864 0429 926 174
Illawarra Shoalhaven LHD	Ph: 0403 571 299
St Vincent's Hospital	Ph: 0416 141 026
Nepean Blue Mountains LHD	Ph: 0427 567 138

Repatriating Interstate

There are various factors to be considered when transferring a consumer interstate.

- Is the consumer suitable for transfer, eg in terms of risk and clinical presentation? Logistically how will the consumer be transferred (eg air, train, relative/carer assistance, hospital vehicle and escort).
- Mental Health Act status – each State has its own Mental Health Act, and the consumer's status may become altered once over the border. The issue is complex and requires the direct involvement of the site Clinical Director, the MHS General Manager and/or MHS Clinical Director.

International Repatriation

A SESLHD MHS consumer may require transfer to their residence overseas. Where relevant, the consumer's travel insurance may cover the cost of repatriation. Alternatively, the family/carers may be able to escort the consumer. Where unclear, it is useful to contact the relevant Embassy/Consulate to advise what repatriation options can be provided.

If the initial repatriation costs need to be paid by SESLHD, then a travel quote and invoice must be obtained through the MHS Finance Department. Approval is required from the MHS General Manager via a briefing signed and submitted by the local site executive. The Access and Pathway to Care Lead must be informed of the request for international repatriation by the PFC. Following General Manager MHS SESLHD approval it may then require approval from the SESLHD Chief Executive.

International repatriation requires an MDT approach to consider risk factors and clinical presentation. Most airlines require an assessment form confirming suitability of the consumer to fly, usually obtainable via their websites.

MHICU

Costs for repatriation need to be negotiated between site executives with requests for the referring LHD to cover costs especially for interstate and international travel.

Section 8 – Transport

Transport

All consumers requiring transportation must have a comprehensive assessment undertaken by an appropriate clinician to determine that the consumer is at low risk of deterioration during transportation. Transport arrangements and escort level will depend on the outcome of the assessment. In the case that the sending facility has no Mental Health clinicians, the level of escort required should be determined by the sending Medical Officer.

Consumer transport needs to be booked with Patient Transport Service (PTS) via the Patient Flow Portal (internal to NSW Health) (Please refer to Patient Transport Service (PTS) information for staff for further information).

Consumers deemed as high risk are out of the scope of NEPT. Medium risk consumers will require Mental Health escort and may also require an additional security escort.

Consumers under the Mental Health Act must be assessed for risk by the attending Medical Officer and a collaborative transport and escort plan formulated. Clinical handover must be given at the receiving destination at the time the consumer arrives.

SESLHD MHS Priority Transport Options

Patient Transport Service (PTS) is responsible for providing non-emergency patient transport between public hospitals and health facilities in greater metropolitan Sydney and parts of regional and rural NSW.

The following is taken from NSW Ministry of Health Policy Directive PD2024_008 Service Specification for Non-Emergency Transport Providers.

When a consumer who requires transport is high risk and/or Class A:

- Consider admitting a high risk consumer to the local MHU and transferring a low risk consumer to another SESLHD hospital
- Consider delaying transport until acuity settles
- Consider temporarily placing a stable low risk consumer in a transitional PECC / low acuity bed, to facilitate high risk MHU admission
- Consider assertive CMHT engagement to expedite low risk MHU consumer transfer of care to community to facilitate capacity to accept high risk admission
- Contact Consultant Psychiatrists to review Mental Health inpatients to create capacity
- Consider involvement of NSW Ambulance/NSW Police where a public safety issue is identified in consultation with Site/SESLHD Mental Health Executives, Security Manager and/ or Corporate Services Manager.

When a high risk consumer requires transfer to or from a facility such as MHICU

When a SESLHD high risk consumer requires transport, potentially requiring mechanical restraint, St Vincent's Hospital will provide transport and is to be contacted via the SESLHD MHICU, which is to be the central point of contact. Transport can be provided by St Vincent's Hospital Transport between 6:00 am to 8:00 pm and on weekends 8:00 am to 6:00 pm. The Patient Flow Coordinator is also to be notified during business hours, and the MH Executive after hours. This is also the case for consumers in the MHICU requiring transfer to another facility or venue for treatment, such as ECT.

Hospital Vehicle / Taxi

Based on risk and following discussions with a Consultant Psychiatrist and a senior operational clinician (either the Clinical Operations Manager at ESMHS or the Inpatient Service Manager

at SGMHS and TSMHS), voluntary consumers may be transferred in the Unit car driven by nursing staff.

Aero-Medical Transport of Consumers

Where distance prohibits the use of a motor vehicle, aero-medical transport may be considered. Patient Transport Service (PTS) via the Patient Flow Portal (internal to NSW Health) is used for all bookings. (Please refer to Patient Transport Service (PTS) information for staff for further information). Healthshare can also be contacted for information and assistance on 9685 4545.

The accepting hospital will usually arrange to collect the consumer from the destination airport. In exceptional circumstances Wing-away will also transfer from the airport to the destination hospital. In appropriate circumstances, provision may be made for a relative to accompany the consumer on the flight. Authorisation must be obtained from the site Service Director and Clinical Director prior to organising the transfer.

Referral to Private Hospitals

Private psychiatric hospital admission criteria may vary slightly. These hospitals do not accept consumers who are involuntary under the Mental Health Act or who have high levels of risk. Therefore, consumers must be voluntary prior to transfer and have a current risk assessment demonstrating low-moderate levels of risk. Consideration must be given to risks such as suicidality, deliberate self-harm, aggression, AWOL, sexual safety and self-neglect. Private psychiatric hospitals also vary in their referral requirements.

Referral to Medium Term Rehabilitation Services

Bloomfield Mental Health Services offers a comprehensive range of services on its campus in Orange, NSW.

The rehabilitation units at Bloomfield include:

Bloomfield		
Manara Clinic – male gender – 16 beds	Rehabilitation	All referrals for Bloomfield Rehabilitation go through the Western NSW Patient Flow Coordinator on 02 6369 7542
Turon House – female gender – 16 beds	Rehabilitation	
Castlereagh Unit	Longer Term Rehabilitation	

Campbelltown		
The Stack – 16 beds	State-wide Civil Medium Secure Rehabilitation Unit	All referrals are to go through South Western Sydney PFC.

Special Needs Referrals

'Special Needs' refers to consumers who are unable to be treated in their local catchment due to actual or potential risk or conflict of interest. This can include consumers who are employed within the hospital, a member of the local NSW Police, Security or NSW Ambulance Officers or relatives of consumers or staff employed within the hospital. It can also relate to consumers who have a clinical presentation that precludes admission to the local hospital, such as delusional thoughts regarding a member of staff or past threats of harm toward a staff member.

When this situation occurs, the issue should be escalated to the site Service Director to confirm whether a transfer to another venue is required and to negotiate with another venue where appropriate as per SESLHDBR/047 Managing Mental Health Service Access and Admissions where there is an Employment or Service Relationship with South Eastern Sydney Local Health District.

References

NSW Ministry of Health

- Mental Health for Emergency Departments - A Reference Guide
- PD2022_012 Admission to Discharge Care Coordination
- PD2024_008 Service Specification for Non-Emergency Transport Providers
- NSW Ministry of Health Whole of Health Program 'Winter 2015 – Maintaining Performance' Background Paper
- PD2019_024 Adult Mental Health Intensive Care Networks

SESLHD

- SESLHDBR/051 - Transfer of Mental Health Patients to other Public Mental Health Facilities and Private Hospitals
- SESLHDPD/269 - Obtaining a second opinion from a Consultant Psychiatrist within Acute Inpatient Mental Health Units
- SESLHDBR/015 - Psychiatric Emergency Care Centre (PECC) Escalation Process for Mental Health Patients with a Length of Stay (LOS) >48 Hours
- SESLHDPR/735 Admission and Discharge/Transfer of Care Processes for Acute Mental Health Inpatient Units (including Direct Admissions for Consumers linked with Community Mental Health)
- SESLHDBR/047 Managing Mental Health Service Access and Admissions where there is an Employment or Service Relationship with South Eastern Sydney Local Health District
- SESLHDPD/269 - Obtaining a second opinion from a Consultant Psychiatrist within Acute Inpatient Mental Health Units
- SESLHDBR/017 - Referral to SESLHD Mental Health Intensive Care Unit (MHICU)
- SESLHDBR/019 - Referral to Intensive Psychiatric Care Unit (IPCU) or Mental Health Intensive Care Unit (MHICU) External to SESLHD Mental Health Service
- SELSHDHB/027 Delegations of Authority Manual
- SESLHD MHS Short Term Escalation Plan (S.T.E.P.) Matrix
- Mental Health Intensive Care Unit (MHICU) Referral Form

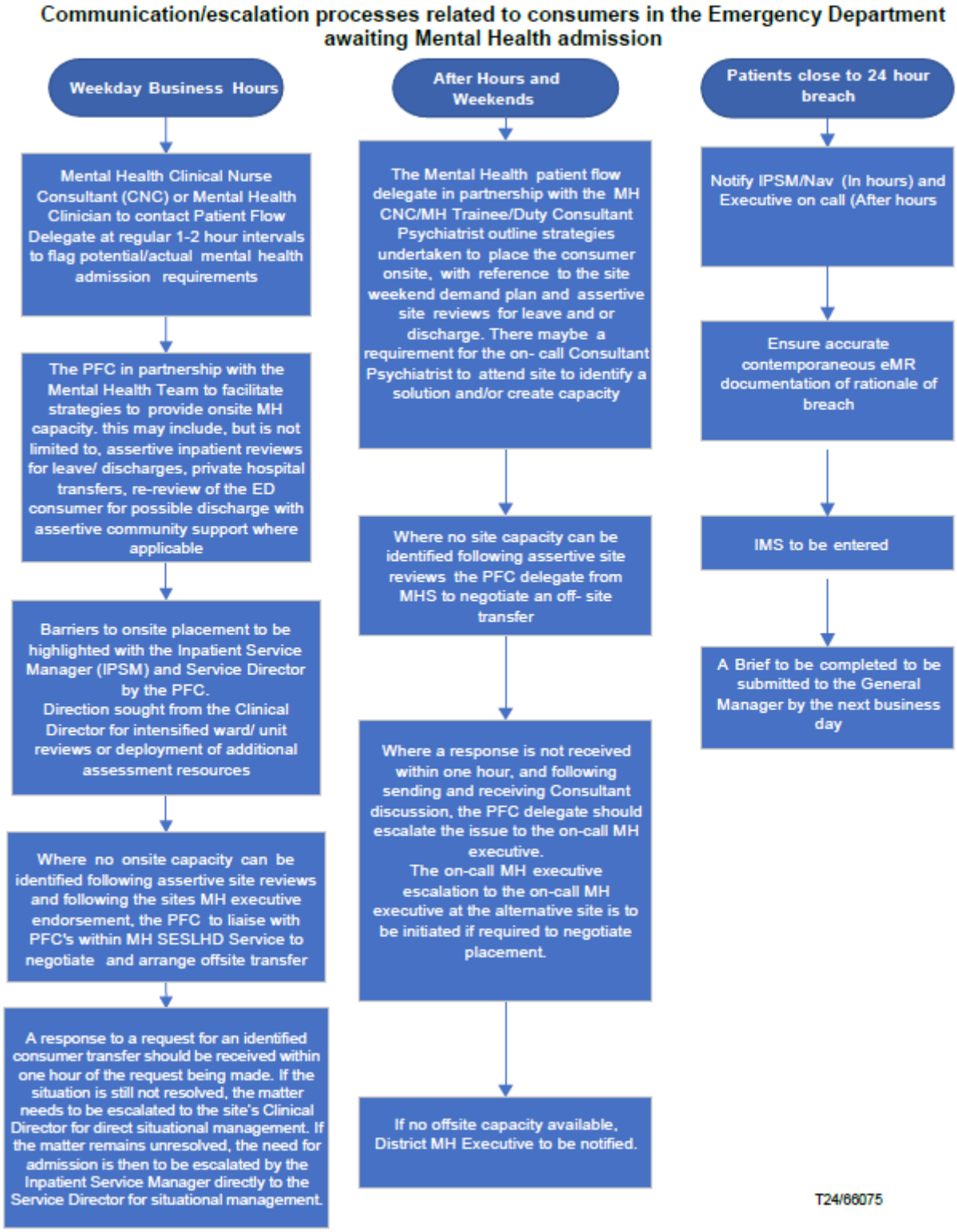
Others

- Garling, P. Final Report of the Special Commission of Inquiry. Acute Care Services in NSW Public Hospitals Overview 27 November 2008, pp. 30 (1.193)
- NSW Health Patient Transport Service (PTS). Information for NSW Health hospital staff
- National Safety and Quality Health Service Standards Second Edition: Standard 6 Communication at Clinical Handover (6.8 Clinical Handover)
- National Safety and Quality Health Service (NSQHS): Standard 6. Clinical Handover (6.2)
- National Standards for Mental Health Services 2010: Standard 10. Delivery of Care (10.2.1)

Version and Approval History

Date	Version	Version and approval notes
Nov 2012	0	Updated and changed from previous SESIAHS Procedure. Gayle Jones, Acting Access and Service Integration Manager, SESLHD MHS. Approved by SESLHD MHS Clinical Council.
May 2016	0v1	Scheduled review. Converted to Guideline. Updated by Access and Service Integration Managers, SESLHD MHS. Multiple changes made to reflect the contemporary patient flow framework, including revision of strategic and operational responsibilities. Multiple contacts updated; services added; referral forms added; profile sample reports updated; bed capacity updated; acronyms updated; references to ensure the framework encompasses effective, safe, patient care delivery. Circulated to MHS Service Directors, Clinical Operations Managers, Inpatient Service Mangers, Chief Psychiatrists, Patient Flow Coordinators, Nursing Unit Managers and District Clinical Nurse Manager.
July 2016	0v2	Feedback from Clinical Nurse Manager and STG Clinical Operations Manager incorporated, including addition of phone numbers, rewording of content/language plus format changes.
Aug 2016	0v3	Feedback from Service Directors, District and site Quality Managers, Intellectual Disabilities Clinical Coordinator and STG Clinical Operations incorporated. Changes include addition of phone numbers, rewording of content/language plus format and grammatical changes.
Oct 2016	0v3	Approved by SESLHD MHS District Document Development and Control Committee (DDDCC).
Nov 2016	0v4	Reformatted by MHS Access and Service Integration Team from a Procedure to a Guideline. Endorsed by SESLHD MHS Clinical Council.
March 2017	0v4	Endorsed by SESLHD Clinical and Quality Council for publishing.
September 2017	0v4	Executive Services updated links to the Mental Health Intensive Care Unit (MHICU) Referral Form.
January 2018	1	Unscheduled review. Included Extraordinary Event Management and Demand Plan for Acute Inpatient Bed: SESLHD Mental Health Service within reference list.
April 2018	1	Endorsed by DDDCC. Updated reference list.
May 2018	1	Endorsed by SESLHD MHS Clinical Council with no further amendment. This document will replace SESLHDGL/022.
May 2021	2	Routine review commenced. Review placed on hold due to COVID Operational requirements
November 2021	2.1	Review recommenced. All links checked and updated. Repetitive content streamlined. Circulated for feedback
December 2021	2.2	Minor feedback received and updated within document. Endorsed DDCC.
January 2022	2.2	Endorsed by Executive Sponsor for publication.
February 2022	2.2	Processed and published by SESLHD Policy.
February 2024	3.0	Review commenced by working group.
April 2024	3.1	Circulated to DDCC for review and feedback. Feedback incorporated – further review from Working Group requested.
June 2024	3.2	Circulated to DDCC for feedback. Feedback suggested further refinement for APCL.
September 2024	3.3	APCL role redefined and clarified.
October 2024	3.4	Circulated to DDCC and Clinical Council for review and out-of-session endorsement.
November 2024	3.4	Endorsed by Executive Sponsor for publication

Appendix A: Communication/escalation processes related to consumers in the Emergency Department awaiting Mental Health Admission



Appendix B: SESLHD MHS Inpatient and Emergency Department Contacts

SESLHD MHS Inpatient and Emergency Department Contacts			
TSH MHU	9540 7506 / 7485	TSH ED	9540 7115
TSH MHRU	9540 8200	TSH MHRU NUM	9540 8231
STG MHU	9113 2559	STG ED	9113 1516
STG PECC	9113 1419	STG PECC Fax	9113 1499
STG OPMHU	9113 4859	STG OPU NUM	9113 4870
POWH General	9382 4319 / 4357	POWH ED	9382 8400
POWH Obs	9382 4333 / 4356	Kiloh Reception Fax	9382 4399
POWH PECC	9382 7772 / 7770	POWH Euroa	9382 3796
POWH MHRU	9382 3798	POWH MHRU NUM	9382 3495
SVH Caritas	8382 1590	SVH ED	8382 2473