

# MENTAL HEALTH PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

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<b>EXECUTIVE SPONSOR</b>	General Manager, Mental Health Service
<b>AUTHOR</b>	MHICU Document Consolidation Working Group
<b>POSITION RESPONSIBLE FOR THE DOCUMENT</b>	Policy and Document Development Manager <a href="mailto:SESLHD-MentalHealth-PoliciesandDocuments@health.nsw.gov.au">SESLHD-MentalHealth-PoliciesandDocuments@health.nsw.gov.au</a>
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<b>SUMMARY</b>	This procedure is to standardise the referral and repatriation process of the SESLHD MHICU and the extended admission protocol for the SESLHD MHICU after an admission duration of one calendar month.

## COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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### 1. POLICY STATEMENT

This procedure aligns with NSW Health [PD2019\\_024 Adult Mental Health Intensive Care Networks](#) and supports the [Mental Health Intensive Care Unit \(MHICU\) Model of Care](#).

### 2. BACKGROUND

The South Eastern Sydney Local Health District (SESLHD) Mental Health Intensive Care Unit (MHICU) is a Statewide facility. The SESLHD MHICU “**local priority network**” includes the Mental Health Services (MHS) of the following Local Health Districts (LHD) and Specialty Health Networks:

- SESLHD
- Illawarra Shoalhaven LHD; and
- St Vincent’s Health Network.

All **non-priority** catchment MHICU referrals must be received via State Wide MHICU as per NSW Health [PD2019\\_024 Adult Mental Health Intensive Care Networks](#)

For the safe and efficient operation of the MHICU, it is important that consumers referred to the MHICU are rapidly assessed, evaluated and admitted. It is equally important that when the level of care provided by MHICU is no longer required, consumers are rapidly stepped down to a less intensive setting.

For more information about the SESLHD MHICU, please read the [Mental Health Intensive Care Unit \(MHICU\) Model of Care](#).

#### 2.1. Definitions

ASBD	Acute Severe Behavioural Disturbance
CE	Chief Executive
EPJB	Electronic Patient Journey Board
ESMHS	Eastern Suburbs Mental Health Service
MHA	NSW Mental Health Act (2007)
MHICU	Mental Health Intensive Care Unit
MHS	Mental Health Service
PFC	Patient Flow Coordinator / Manager
PFP	Patient Flow Portal
SESLHD	South Eastern Sydney Local Health District

### 3. PRINCIPLES

- Ensure consumers receive the right care, in the right place and for the right amount of time.
- Ensure sufficient information exchange occurs prior to the transfer of consumers.
- Ensure consumers are transported safely between facilities.
- Providing appropriate and timely advise to any service for a consumers care when a referral is not accepted.

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### 4. OVERVIEW

#### 4.1. Complex care needs of consumers including high risk presentations from Emergency Departments or Community Mental Health Services

To avoid further deterioration, and in cases of significant and ongoing risk of acute severe behavioural disturbance (ASBD) and aggression, NSW Health [PD2019 024 Adult Mental Health Intensive Care Networks](#) provides a pathway for referral and possible direct admission to MHICU from an Emergency Department or a Community MHS (located within the local priority network) after a Consultant Psychiatrist assessment.

Additionally, [SESLHDBR/029 Referral to the Mental Health Service \(MHS\) Complex Care Review Committee](#) may be used to identify consumer centred solutions for the care of existing consumers who present specific complex issues and risks. Care plans endorsed by the Complex Care Review Committee may include expedited MHICU referral pathways where this is considered appropriate and necessary to prevent delays to MHICU treatment.

#### 4.2. Patient flow through the use of Patient Flow Portal (PFP) and Electronic Patient Journey Board (EPJB)

- The PFP and EPJB are electronic patient flow tools that support teams to manage **their** units demand and capacity planning by providing a highly visual tool to facilitate multidisciplinary care, standardizing inter-facility transfer processes and supporting the implementation of demand escalation.
- At a minimum, **each MHICU is required to update the EPJB every four hours**, including the Estimated Discharge Date and Waiting for What functions.
- Consumers identified as ready for return transfer to their referring inpatient unit will be highlighted using the Inter Ward Transfer or Inter Hospital Transfer functions.
- The MHICU EPJB includes the “MHICU Bed Status tool”, which is used to provide **detail** of MHICU bed status (staffed and available beds), the on-call details of the MHICU consultant, and consumer acuity to assist in the location and access of beds for consumers in the greatest need of higher level care.
- A daily “MHICU Bed Status” report can be automatically generated and emailed to LHD mental health executive, Patient Flow Coordinators (PFC) and Clinical Directors.

### 5. REFERRAL AND INTAKE PROCESS

#### 5.1. Inclusion Criteria

As per NSW Health [PD2019 024 Adult Mental Health Intensive Care Networks](#) the SESLHD MHICU inclusion criteria is for consumer's:

- aged 18 to 65 years;
- who are detained under the NSW Mental Health Act (2007) (MHA);

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- who require an intensive level of observation and care to manage deterioration of mental health, increased acuity of mental health symptoms and significant risk of ASBD, suicide or vulnerability;
- who present with behaviour that severely compromises the consumer's or another person's physical or psychological wellbeing and safety; and
- who are medically stable.

### 5.2. Exclusion Criteria

As per NSW Health [PD2019\\_024 Adult Mental Health Intensive Care Networks](#) consumers should not be referred to the SESLHD MHICU if they:

- have a diagnosis of dementia, intellectual disability, substance misuse or intoxication in the absence of a primary diagnosis of a mental illness;
- have a physical frailty that affects the Consumers care in an intensive care environment; or
- have medical conditions, including intoxication or detoxification from alcohol or other substances that cannot be safely managed in a MHICU.

### 5.3. Exceptional Circumstances Referrals

As per the SESLHD [Mental Health Intensive Care Unit \(MHICU\) Model of Care](#), referrals will be considered after all other management options/settings have been considered and exhausted, and where the MHICU team support consideration of the referral. Considerations include:

- consumers younger than 18 years old or older than 65 years;
- consumers who require a higher level of security by virtue of the risk profile. Such consumers may require admission to forensic services;
- consumers with a primary diagnosis of a personality disorder should not routinely be admitted to the MHICU. Such consumers are unlikely to benefit, (in the medium term), from a MHICU admission;
- consumers who are pregnant would only be admitted to the MHICU in absolutely exceptional circumstances.

Such an admission would be for the **shortest period possible, with active plans being sought for referral out from the first day of admission** to the MHICU.

### 5.4. How to refer to SESLHD MHICU

- a. The **referring site Consultant Psychiatrist** must contact the SESLHD MHICU Consultant Psychiatrist to make an initial referral.

The SESLHD MHICU Consultant Psychiatrist can be contacted via switchboard, on business days between 0900 hours and 1700 hours. Referrals to SESLHD MHICU cannot be initiated outside of these hours, due to there being no available Consultant Psychiatrist.

- b. The **MHICU Consultant Psychiatrist** advises the referring site Consultant Psychiatrist of the need to fax the:

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- MHICU Referral Form (Appendix A)
- Legal paperwork
- Additional documentation to be faxed **only** when the Electronic Medical Record (eMR) is unavailable is:
  - current assessment by a psychiatrist
  - medication chart
  - care plan, including the expected goal of admission
  - management and medication strategies trialed and outcomes
  - current risk assessment
  - current physical examination
  - Physical Health form (Appendix B)
  - contact details of family/carers and support people
  - previous seven days of progress notes including Discharge Summary.

If the above steps are not completed, the MHICU team **cannot progress the referral**. Without the above information, no decision will be made regarding accepting/deferring care.

### 5.5. What happens when a MHICU referral is submitted

- The MHICU team must confirm receipt of referral and supporting documentation.
- The time between receipt of referral and referral outcome should be no longer than **four hours**, or next business day if referral is received after 1100 hours (Appendix C).

### 5.6. MHICU Referral - Deferred

- A MHICU referral can be deferred for a maximum of 48 hours, after this time, the referring [home] team will be required to submit a new referral as per Section 5.4 How to refer to SESLHD MHICU
- The MHICU Consultant will inform the referring Consultant of the referral outcome and provide clinical advice to ensure the safe care and management of the consumer.
- The MHICU Consultant will ensure the referral outcome is documented in the consumer's eMR.

### 5.7. How to dispute a MHICU deferred referral

- Should the referring [home] team disagree with the referral outcome, the referring site Clinical Director can escalate via the Eastern Suburbs Mental Health Service (ESMHS) Clinical Director.
- If there is no agreed resolution, the referring site can escalate via the respective Service Director.
- Further escalation can be made via MHS General Manager.



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### 5.8. MHICU Referral - Accepted

- The referring consultant has formally agreed to accept return transfer of care, when the MHICU team have determined the consumer care is suitable for step-down care in a general or high dependency unit.
- The MHICU consultant has conveyed the referral outcome to the referring Consultant
- The MHICU team has conveyed the decision to the referring [home] team.
- The time between the MHICU team conveying a referral outcome and the consumer arriving at MHICU should be **no longer than 48 hours**.
- MHICU welcomes admissions between 0900 hours and 1700 hours, while the medical team is available, to facilitate a safer and optimal admission process.
  - There may be exceptions in which a consumer can arrive after 1700 hours. In these rare circumstances, request for after-hours transfer must be escalated to the ESMHS Clinical Director.

### 5.9. MHICU Intake / Transport process

#### a. SESLHD MHICU:

- If a MHICU bed is available, the MHICU Nurse in Charge should coordinate transport with St Vincent's Transport Service, or if unavailable, Ambulance Service of NSW.
- If there is no MHICU bed available, see escalation of MHICU intake processes.

#### b. Referring [home] team is recommended to:

- Allocate clinical staff and pending risk assessment, security staff if required, to escort the consumer to the MHICU.
- Ensure the consumer's family/carers and support network are contacted and informed of the transfer arrangements.
- Ensure all original MHA paperwork accompanies the consumer being transferred.

### 5.10. Escalation of MHICU intake processes, including if nil MHICU beds available

In the event that the SESLHD MHICU receives a referral from within the local priority network that is considered appropriate for admission, however a bed isn't available, NSW Health [PD2019\\_024 Adult Mental Health Intensive Care Networks](#) directs the SESLHD MHICU to:

- actively assess each current MHICU consumer against the referred consumer, to consider if a current consumer may be transferred to create capacity (this is conducted in consultation with LHD PFCs) If, following this assessment, there is still no capacity for the consumer, the MHICU will:
  - access the Emergency Access View and request transfer to State Wide MHICU via PFP. The MHICU will then use the Emergency Access View of the MHICU Dashboard to identify an available MHICU bed outside of the

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SESLHD MHICU and then link the referring inpatient unit with the receiving MHICU to facilitate the transfer and care of the consumer

- if a resolution for transfer is not reached with the identified MHICU, the referring MHS Service Director and/or referring Service Clinical Director should escalate to the SESLHD MHS General Manager and/or SESLHD MHS Clinical Director
- if a resolution has been unable to be reached at a local level, the General Manager should consider escalating to the Chief Executive (CE) for a discussion to occur between the referring CE and the CE for the identified MHICU. The MHICU Clinicians should offer clinical advice to safely care for the consumer while awaiting transfer to MHICU

When a consumer is admitted to MHICU, staff to follow SESLHD [Mental Health Intensive Care Unit \(MHICU\) Model of Care](#)

## 6. REPATRIATION

### 6.1. Repatriation from MHICU to referring unit

- Repatriation to the referring unit occurs when the MHICU team determines that the consumer's condition, including clinical risks, can be suitably managed in a less intensive setting.
- The time between the MHICU team conveying a repatriation referral and the referring site physically receiving the consumer should be **no longer than 48 hours**.

#### **Between 0900 hours and 1700 hours Monday to Friday:**

- The MHICU Consultant should discuss the consumer's repatriation with the referring [home] team Consultant, who then accepts transfer of care.
- The MHICU consultant will ensure that the repatriation plan is documented within the consumer's eMR.
- The MHICU NUM informs the consumer's referring [home] team PFC and updates the PFP.
- The MHICU team inform the consumer's family/carers and support network of the transfer arrangements.

#### **After hours - including weekends:**

- Due to the absence of key clinical management, repatriation should not occur after-hours. This including weekends.
- A request for after-hours transfer must be approved by the ESMHS Clinical Director in consultation with the ESMHS Executive On-call. Such a request will only be accepted in very limited circumstances.

### 6.2. MHICU repatriation / transport process

- Appropriate Clinical Handover occurs at the point of transfer as per [SESLHDBR/040 Clinical Handover for MHS \(ISBAR\)](#).



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- MHICU will provide a comprehensive clinical handover to the inpatient unit, including the following:
  - Successful management strategies
  - Outcomes of agreed care goals
  - Medication changes
  - Discharge summary including recommendations for ongoing management
- MHICU will provide a package of documents to the inpatient unit, including:
  - Original MHA documentation
- In addition to the above, if the referring site does not have access to the consumer's eMR, the package of documents will also include:
  - Current assessment by treating psychiatrist
  - Medication Charts
  - Care Plan
  - Contact details of family and carers

### 6.3. Escalation of MHICU repatriation processes

- When timely repatriation cannot be resolved between the MHICU and referring site, escalation is initiated by the ESMHS Clinical Director to the referring site Clinical Director.
- If the matter remains unresolved, then escalation is initiated via ESMHS Service Director to the referring site Service Director.
  - If the matter continues to be unresolved, then escalation via SESLHD MHS General Manager to the referring site General Manager is initiated.

When a consumer is discharged from MHICU, follow up is completed by the referring [home] site. To ensure optimal transfer of care, SESLHD MHICU team will provide consultation to the home site, when requested.

## 7. EXTENDED ADMISSION

### 7.1. Length of stay longer than one calendar month:

- Once a MHICU consumer has been continuously placed within the MHICU for **over one calendar month**, the MHICU team should implement the Extended Admission Protocol.
- The Extended Admission Protocol is not for consumers who have been referred out of MHICU and accepted by the referring [home] team.
- The treating MHICU Consultant should make an entry in the consumer's eMR at **one calendar month** and then **monthly thereafter**, which summarises the consumer's diagnosis, treatment plan and ongoing need for MHICU.
- The MHICU team should review the progress and consider the need for referral to another specialist service.
- The MHICU Consultant should obtain a second opinion as per [SESLHDPD/269 Obtaining a Second Opinion from a Consultant Psychiatrist within Acute Inpatient Mental Health Units](#) and consider escalation to both the ESMHS Clinical Director who can escalate to the SESLHD MHS Clinical Director if required.

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- The MHICU NUM should inform the ESMHS PFC and referring service about the extended admission.

### 7.2. Length of stay longer than three calendar months

- The MHICU team should liaise with the ESMHS Senior Executive team, (COM, Clinical Director and Service Director) to identify and resolve any obstacles to the consumer's progress.
- The ESMHS Senior Executive team can escalate to SESLHD MHS Clinical Director and General Manager as required.
- Further unresolved difficulties should be referred to the complex state-wide care committee via the MHS Complex Care Review Committee as per [SESLHDBR/029 Referral to the MHS Complex Care Review Committee](#).

## 8. REFERENCES

### NSW Health

- [PD2019\\_024 Adult Mental Health Intensive Care Networks](#)

### SESLHD

- [SESLHDPD/269 Obtaining a Second Opinion from a Consultant Psychiatrist within Acute Inpatient Mental Health Units](#)
- [SESLHDBR/029 Referral to the Mental Health Service \(MHS\) Complex Care Review Committee](#)
- [SESLHDBR/040 Clinical Handover for MHS \(ISBAR\)](#)
- [Mental Health Intensive Care Unit \(MHICU\) Model of Care](#)

## 9. VERSION AND APPROVAL HISTORY



Date	Version	Version and approval notes
27 August 2025	1.0	Merged four existing MHICU business rules into one procedure. Endorsed by DDCC out-of-session. Endorsed Clinical Council out-of-session. Endorsed by Executive Sponsor for publication.

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### Appendix A: MHICU Referral form

 SEI025091 Holes Punched as per AS2828.1: 2019 BINDING MARGIN - NO WRITING	 <b>South Eastern Sydney Local Health District</b> <b>Illawarra Shoalhaven Local Health District</b>		FAMILY NAME		MRN
	Facility:		GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
			D.O.B. ____/____/____		M.O.
			ADDRESS		
	<b>MENTAL HEALTH INTENSIVE CARE UNIT REFERRAL</b> Phone: 9382 0977 Fax: 9382 0950				
			LOCATION / WARD		
			COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		
	Referring Facility				
	Referring Team				
	Phone Number				
Primary Diagnoses:					
Reasons for MHICU referral: (see MHICU Referral Procedure for referral criteria)					
Proposed goals of MHICU referral:					
Essential documentation to accompany referral: <b>Facilities with eMR</b> <input type="checkbox"/> All Mental Health Act paperwork, including Designated Carer Form <input type="checkbox"/> Medication Chart <b>Facilities without eMR. The above documentation as well as:</b> <input type="checkbox"/> A1 Assessment <input type="checkbox"/> Current risk assessment (with additional detail on past risk events) <input type="checkbox"/> Current Physical Examination (including relevant pathology/investigations) <input type="checkbox"/> 7 days of progress notes					
Physical Health Concerns:					
PLEASE NOTE: Consultant-to-Consultant referral and receipt of the completed MHICU Referral Form, with associated paperwork, constitutes a referral to MHICU. I certify that the information requested above is complete and correct. I agree to provide to MHICU any other information available which may be necessary to complete the assessment of this referral or for consumer management if accepted. I will accept return of this consumer to this unit when assessed by MHICU as suitable.					
Name:		Signature: <i>Print and Sign</i>		Designation:	Date: ____/____/____
For MHICU use					
Time referral received: ____:____ Time referral discussed: ____:____ <input type="checkbox"/> Consultant to Consultant discussion					
Outcome:					
Reason for decision:					
Communicated to: Time of feedback to referrer: ____:____					
Name:		Signature: <i>Print and Sign</i>		Designation:	Date: ____/____/____

MENTAL HEALTH INTENSIVE  
CARE UNIT REFERRAL

SEI025.091

NO WRITING

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### Appendix B: MHICU Physical Health Form

MHICU Physical Health Form									
<b>Physical observations</b>									
Frequency of observations									
Has the patient refused observations?									
In the last 48 hours has the patient had observations outside the flags?									
If yes, please detail <ul style="list-style-type: none"> <li>- What observation</li> <li>- When</li> <li>- Intervention</li> <li>- Has it resolved</li> </ul>									
Has there been an Altered Calling Criteria? Please detail									
<b>If there is a new observation outside of the flags between the referral being accepted and transfer to MHICU the treating team must discuss this with the accepting MHICU consultant prior to transfer</b>									
<b>Medical History</b>									
Past Medical History									
Current medical problems									
Has the patient had a physical exam? If yes, details of positive findings									
<b>Investigations</b>									
<b>Blood tests must have been taken within 72 hours of referral</b> Date:	Hb	WCC	K	Na	Cr	U	eGFR	CK	Others (BBV screen, etc)
		Bili	ALP	GGT	AST	ALT	Alb	CRP	TSH
Drug levels (e.g. Lithium/ Valproate)									
UDS Date:									
ECG Date:									
Imaging performed (CT/MRI/ XR/ EEG/ LP etc)									

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### Appendix C: MHICU Referral Flowchart

Bed manager will contact NUM or ward to inform of referral. MHICU referral received via email/fax from referring facility, including all requirements identified in the MHICU Referral Form. Additional documentation includes completed legal paper work including schedule, x2 Form x1s and designated carer. Referrals can only be made during 0900hrs-1700hrs.

Please note: incomplete referrals cannot be assessed. If external to SESLHD, please complete physical health referral form. Any MHICU admission outside 0900hrs to 1700hrs on any day of the week may occur in exceptional circumstances only with the agreement of the ESMHS Service Director or ESMHS Clinical Director. The referral process must be followed.

Confirmation of receipt of referral by NUM/delegate to referring facility via email/text as soon as practical

Referral assessed by MHICU team  
Please note: a decision will be made within no longer than 4 hours of receipt of referral, or next day in business hours if the referral is received after 1100hrs. (Referrals can be discussed after 1100hrs if ward demands allow)

**Accepted:**  
Consumer requires  
treatment in MHICU

**Deferred:**  
Assessed as not for MHICU at current time and/or  
referral not in keeping with inclusion/exclusion criteria  
as set out in MHICU statewide policy

NUM/delegate will liaise with the  
referring facility to communicate  
acceptance, organise handover  
and the safe transfer of consumer

- The MHICU Consultant Psychiatrist/delegate contacts the referring facility Consultant Psychiatrist by phone to provide feedback/treatment recommendations
- The NUM/delegate will document feedback/treatment recommendations in the consumer's eMR progress notes if referral from within SESLHD
- If external to SESLHD, the NUM/delegate will document feedback/treatment recommendations in the 'For MHICU use' section of the MHICU referral form and return the form to the referring facility via email. Form to then be placed in the consumer's file notes in referring facility.
- The referring facility is encouraged to contact the MHICU team if there is a change to clinical picture and requiring further recommendations/support

If more than 48hrs since initial referral  
then please complete a new referral

If the referring facility would like to re-refer the consumer within 48hrs of the initial deferral, they are required to contact the NUM/delegate to notify of re-referral and rationale. If external to SESLHD, updated progress notes/medication charts are required to be sent to NUM/delegate via email

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### Appendix D: MHICU Bed Management Escalation Pathway

#### Adult Mental Health Intensive Care Networks



**Figure 1: Escalation Pathway**

