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<tr>
<th>NAME OF DOCUMENT</th>
<th>Cost Allocation for General Hospital Patients with Multi-Service Needs and Mental Health Patients Accommodated in General Hospital Beds</th>
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<tr>
<td>TYPE OF DOCUMENT</td>
<td>Policy</td>
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<tr>
<td>DOCUMENT NUMBER</td>
<td>SESLHDPD/294</td>
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<tr>
<td>DATE OF PUBLICATION</td>
<td>November 2015</td>
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<td>RISK RATING</td>
<td>Medium</td>
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| LEVEL OF EVIDENCE | NSQHS Standards 12.1, 15.1  
National Standards for Mental Health Services 2010 – 10.3.3, 10.5.9  |
| REVIEW DATE       | November 2018                                                                       |
| FORMER REFERENCE(S) | SESIAHS Policy No 2005/04V3                                                                                                         |
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| KEY TERMS         | Financial responsibility, budget, allocation, resources                                                                            |
| SUMMARY           | This policy describes the points at which patients in an emergency department or in a general hospital bed become the financial responsibility of the Mental Health Service (MHS), and limited circumstances in which the Mental Health Service budget allocates resources to patients accommodated in general hospital beds. |
1. POLICY STATEMENT
This policy has been developed in consideration of the Extraordinary Event Management and Demand Plan for Acute Inpatient Beds 2015-2016: South Eastern Sydney Local Health District (SESLHD) Mental Health Service (MHS), SESLHD MHS Procedure ‘Patient Flow Operational Framework for Mental Health Service’ SESLHDPR/245 and SESLHD MHS Guideline ‘Acute Patient Flow and Sustainable Access Management for Mental Health’ SESLHDGL/022.

It complies with the NSW Work Health and Safety Act (2011) objective to achieve a healthier and safer working environment (through the appropriate allocation of patients) and the NSW Mental Health Act (2007) principle of the best possible care and treatment in the least restrictive environment.

2. AIMS
The aim of this policy is to describe the points at which patients in an emergency department or in a general hospital bed become the financial responsibility of the MHS. It should be used to inform negotiations at the site mental health service/site Executive level.

3. TARGET AUDIENCE
This policy applies to all staff of the SESLHD, whether clinical or managerial, when determining cost allocations for patients whose medical condition may include mental health concerns.

4. RESPONSIBILITIES
It is the responsibility of all MHS staff to refer to this policy and bring it to the attention of SESLHD staff from other services/specialties in determining cost allocations for patients with mental health concerns. Negotiations should occur at unit level wherever possible; if a successful outcome cannot be reached, negotiations should then be escalated to a site and/or District Executive level.

5. POLICY COMPONENTS
5.1 General Principles
The designated SESLHD Mental Health budget is quarantined as a matter of NSW Ministry of Health policy and is allocated specifically for the provision of specialised mental health services in designated units including Acute Mental Health Inpatient Units, Psychiatric Emergency Care Centres (PECCs) and the Mental Health Intensive Care Unit (MHICU).

The MHS budget allocates resources primarily to managing peak/high acuity and risk events within mental health services. This includes temporary increases in staffing in
inpatient units, and continuous care ‘special’ staffing for individual patients in Acute Mental Health Inpatient Units, PECCs and the MHICU.

The general hospital budget also allocates resources for the management of patients with risk related to behavioural disturbance. In addition to standard services provided, some general hospital patients require additional resources to manage these risks. This may include patients demonstrating challenging behaviours related to delirium, brain injury, dementia, sepsis or other disorders.

Provision of safe care and a timely response to challenging behaviours within the general hospital remains the responsibility of the general hospital budget. The MHS budget is not responsible for addressing behavioural or risk issues in patients admitted for physical health issues in general hospital wards/units or in emergency departments.

There are some limited circumstances outlined below in which the MHS budget allocates resources to patients accommodated in general hospital beds.

5.2 Emergency Department Presentations

- The Emergency Department is the portal for a significant proportion of presentations for admission to the general hospital, including Mental Health admissions.
- Costs incurred in the initial phase of assessment and care in an emergency department are the responsibility of the general hospital, as for all categories of medical and surgical patients.
- Section 20 of the NSW Mental Health Act (2007) allows the Ambulance Service of NSW to transport a person against his/her will for a mental health assessment and Section 22 of the NSW Mental Health Act (2007) allows NSW Police to transport a person against his/her will for a mental health assessment.
- A high percentage of patients transported to emergency departments under Section 20 or 22 are found – on specialist clinical examination – not to be suffering from mental illness but often from a mix of intoxication, substance abuse, antisocial behaviour, domestic conflict and/or homelessness.
- Once a patient has been clinically assessed as requiring acute inpatient mental health care and transfer to an inpatient Mental Health Unit, PECC or MHICU, the costs of care become the responsibility of the MHS.

5.3 Patients with Multiple Service Needs (i.e. Patients transferred from a Mental Health Unit to the General Hospital for Medical Reasons)

- This applies to Mental Health Unit inpatients transferred to a general hospital bed for medical reasons and ongoing physical health treatment.
- On transfer to a general hospital bed, a patient’s status changes to ‘General Hospital Patient’, until medical clearance for discharge (or, if required, repatriation to a Mental Health Unit) is obtained.
- While the patient is a general hospital patient, his/her mental health care is supervised by MHS clinicians.
Individual patients may have specific management needs associated with acute mental illness (e.g. risk of self harm, risk of harm to others, behavioural disturbance). The MHS budget contributes to the psychiatric management of acute patients in these circumstances through the provision of specialist mental health services provided by Consultation Liaison clinicians. Requirements are determined on an individual basis by a joint clinical management plan.

5.4 General Hospital Inpatients requiring Transfer to a Mental Health Unit for Mental Health Care and Treatment

- Standard risk and safety procedures apply to general hospital patients displaying behavioural disturbance, resulting in concern about immediate risk to the patient or others.
- Resources for risk management prior to a Mental Health assessment are allocated from the general hospital budget.
- The scheduling of a patient under the Mental Health Act or the presence of Mental Health Act documentation does not represent a mental health assessment and is not a referral tool. A formal request for mental health assessment is still required. The presence of Mental Health Act documentation (including Schedule 1) does not indicate transfer of care or funding to the MHS.
- General hospital patients requiring transfer to a Mental Health Unit for inpatient Mental Health treatment must first be medically cleared and accepted for inpatient care by the admitting Consultant Psychiatrist. This medical clearance and the Consultant Psychiatrist’s acceptance of care should be indicated by relevant documentation in the patient’s medical record.
- Patients with continuing and significant physical health needs or serious mobility restrictions may be considered unsuitable for transfer to a Mental Health Unit for safety reasons.
- A general hospital patient who has been medically cleared and assessed as requiring transfer to a Mental Health Unit, and who cannot be transferred within 24 hours of the decision being made due to lack of bed availability, is classified for funding purposes as an over-census overflow Mental Health patient accommodated in a general hospital bed. The MHS budget costs of this overflow (i.e. a mental health inpatient accommodated in a general hospital bed) are limited to additional mental health nursing and supervision costs.
- Mental Health inpatients occupying a general hospital bed for accommodation purposes do not generate non-Mental Health related medical costs (e.g. drugs or procedures).

6. REFERENCES

- Extraordinary Event Management and Demand Plan for Acute Inpatient Beds 2015-2016: South Eastern Sydney Local Health District Mental Health Service
- SESLHD MHS Procedure ‘Patient Flow Operational Framework for Mental Health Service’ SESLHDPR/245
Cost Allocation for General Hospital Patients
with Multi-Service Needs and MH Patients
Accommodated in General Hospital Beds

- SESLHD MHS Guideline ‘Acute Patient Flow and Sustainable Access Management for Mental Health’ SESLHDGL/022
- NSW Work Health and Safety Act (2011)
- NSW Mental Health Act (2007)
- National Standards for Mental Health Services 2010: Standard 10: Delivery of Care (10.3.3, 10.5.9)

8. REVISION & APPROVAL HISTORY

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<tr>
<th>Date</th>
<th>Revision No.</th>
<th>Author and Approval</th>
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<td>Feb 2009</td>
<td>2</td>
<td>Endorsed by Area Mental Health Executive.</td>
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