

## MENTAL HEALTH BUSINESS RULE SESLHDBR/065

Name	Justice Health and Forensic Mental Health Network Transfer of Care Referrals to and from South Eastern Sydney Local Health District Mental Health Service		
What it is	It is a guide to the minimum standards and communication responsibilities to support collaborative coordination of patient flow and transfer of care between the Justice Health and Forensic Mental Health Network (JHFMHN) and the South Eastern Sydney Local Health District (SESLHD) Mental Health Service (MHS).		
Risk Rating	Medium	Review Date	July 2023
Who it applies to		• •	
For referrals between SESLHD MHS and JHFMHN	This business rule applies to all staff involved in transfer of care referrals between the JHFMHN and the SESLHD MHS.  Staff of the JHFMHN and SESLHD MHS are to ensure that transfer of care communications occur as per APPENDIX A.  Section 5.8 of the Service Level Agreement between the JHFMHN and SESLHD (referred to in APPENDIX A) states:  "Provide the LHD with comprehensive clinical documentation and history when patients are transferred from JHFMHN care to LHD care."  At the point of transfer, a verbal handover following Identify, Situation, Background, Assessment and Recommendation (ISBAR) principles as detailed in SESLHDBR/040 - Clinical Handover for Mental Health Services (ISBAR) is required.  To provide a verbal handover to JHFMHN, the SESLHD MHS is to call 1800 222 472 (this number is available 24 hours a day 7 days a week) (refer to APPENDIX B).  The following clinical information needs to be provided at the point of transfer to support clinical handover:  • Completed mental health documentation including current:  • Mental Health Assessment  • Care Plan  • Review  • Standard Outcome Measures  • Discharge Summary		

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Author	Danielle Coppleson, Access and Pathways to Care Lead, SESLHD MHS	
Executive Sponsor	Angela Karooz General Manager MHS SESLHD	
Ministry of Health / SESLHD reference	<ul> <li>NSW Ministry of Health Policy - PD2012_050 Forensic Mental Health Services</li> <li>NSW Ministry of Health Policy - PD2019_045 Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services</li> <li>NSW Ministry of Health Privacy Manual: For Health Information</li> <li>National Safety and Quality Health Service (NSQHS): Standard 6. Clinical Handover (6.1, 6.2)</li> <li>National Standards for Mental Health Services 2010: Standard 10. Delivery of Care (10.5.9)</li> <li>SESLHDBR/040 Clinical Handover for Mental Health Services (ISBAR)</li> </ul>	
Why the rule is necessary	<ul> <li>transfer of care between the JHFMHN and the SESLHD MHS.</li> <li>This business rule is necessary to ensure staff are aware of: <ul> <li>The Service Level Agreement between the JHFMHN and SESLHD MHS.</li> <li>To provide the SESLHD MHS with a single phone number to provide verbal handover to JHFMHN</li> <li>Minimum standards and communication responsibilities to support the collaborative coordination of transfer of care.</li> </ul> </li> </ul>	
When to use it	<ul> <li>Police documentation (if available from JHFHMN - record of interview at time of arrest; police fact sheets; criminal record/history - adult and juvenile)</li> <li>Court documentation (if available - court reports, crown case summary, judgements, psychiatrist's reports, presentence reports, judge's comments, victim's statements)</li> <li>Patient and family view of the referral.</li> <li>With respect to the sharing of health information, Clause 7 of the Health Records and Information Privacy Regulation 2012 provides that JHFMHN and LHDs may be treated as a single agency for the purposes of all of the Health Privacy Principles and any health privacy codes of practice.</li> <li>This business rule is to be used whenever planning for a</li> </ul>	
	<ul> <li>HCR20 risk assessment - recent (if available)</li> <li>PCL-R (if available)</li> <li>Other structured risk assessments (if available)</li> <li>Neuropsychological assessment (if available)</li> <li>Occupational Therapy Functional Assessment (if available)</li> <li>Social Work report (if available)</li> </ul>	

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## **Revision and Approval History**

Date	Revision Number	Author and Approval	
October 2012		Original Flowchart developed.	
August 2014	1v1	Reviewed by MHS District Document Development and Control Committee (DDDCC). Request for review of flowchart and addition of risk rating and review date. Recommendation to convert from currently listed Guideline (containing only the flow chart) to Business Rule.	
September 2014	1v2	Reviewed by Daniella Taylor, SESLHD MHS Access and Service Integration Manager. Addition of risk rating/review date.	
September 2014	1v2	Document sent to SESLHD MHS Service Directors, Clinical Nurse Manager and Clinical Operations Managers.	
October 2014	1v3	Minor feedback/comments from STG/TSH Clinical Operations Managers and ESMHS Patient Flow Coordinator, including change from MH-OAT A1 & A2 to recent MH-OAT ASSESSMENT	
December 2014	1v3	Document for discussion in December ESMHS Access meeting. Meeting was cancelled.	
December 2014	1v3	Document re-sent to ESMHS Service Director and Clinical Operations Manager. No feedback received.	
January 2015	1v3	Document resent to ESMHS Service Director, Clinical Operations Manager, Inpatient Service Manager, Chief Psychiatrist, Medical Superintendent and Quality Manager. No feedback received/no changes recommended.	
January 2015	1v4	<ul> <li>Reviewed and amended by SESLHD MHS Access and Service Integration Manager, including:</li> <li>Removed details and mobile number for SESLHD MHS Director of Operations.</li> <li>Addition of contact details for Site Service Directors.</li> <li>Removal of requirement for SESLHD MHS Risk Management team involvement.</li> <li>Addition of reference to electronic Medical Record.</li> <li>Change of contact sequence from SESLHD MHS Access and Service Integration Manager to local site Patient Flow Coordinators.</li> <li>Addition of revision history.</li> </ul>	
January 2015	1v5	Reviewed by SESLHD MHS Clinical Nurse Manager. Changes attended including:  • Formatting.  • Contact sequence revised from Patient Flow Coordinator to SESLHD MHS Access and Service Integration Manager.	
January 2015	1v5	Document re-sent to SESLHD MHS Service Directors, Clinical Operations Managers, Inpatient Service Managers, Chief Psychiatrists, Medical Superintendents, Nursing Unit Managers, Patient Flow Coordinators and Quality Managers. No feedback received/no changes recommended.	
July 2015	1v5	Document sent to JHFMHN. Feedback received and incorporated.	
July 2015	1v6	Document re-sent to JHFMHN for final comments. No feedback received/no changes recommended.	
August 2015	1	Endorsed by SESLHD MHS Clinical Council.	
September 2017	2	Message sent to Director of MOH Regulatory & Clinical Services to clarify if any changes made to NSW Health Forensic policy. No response.	

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		Revised and amended by Access manager, included: community, Appendix A Flowchart.	
October 2017	2	Comments provided by Dr Peter Young, A/Chief Psychiatrist; feedback incorporated by author.	
November 2017	2	Endorsed by DDDCC with minor format changes to the flowchart. Endorsed by SESLHD MHS Clinical Council.	
January 2018	2	Processed by Executive Services prior to publishing.	
May 2018	2	Risk rating changed from High to Medium – approved by Executive Sponsor.	
August 2019	3	Document reviewed as per RCA SESRI19/29. Minor amendments made to include referrals between JHFMHN and SESLHD MHS, SESLHDBR/040 Clinical Handover For Mental Health Services (ISBAR) added, Executive Sponsor and Author updated	
March 2020	3.1	Addition of Appendix B – contact number for LHDs to provide JHFMHN with verbal handover – RCA requirement.	
May 2020	3.2	Removal of JHFMHN memo as Appendix B. Update Appendix A to include 24/7 JHFMHN phone number Creation of Appendix B for referrals from SESLHD to JHFMHN	
June 2020	3.3	Removal of reference to MHOAT	
July 2020	3.4	Amendment to risk rating in Appendices Endorsed by the SESLHD MHS DDCC Endorsed by the SESLHD MHS Clinical Council	
March 2021	3.4	Approved by Executive Sponsor.	

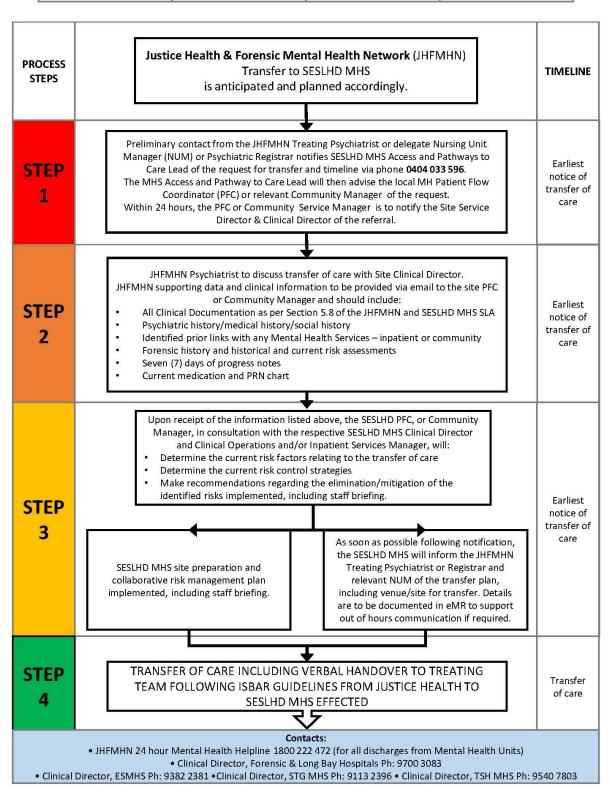
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## **APPENDIX A:**

Trim No.: T17/62873

Appendix A: Justice Health Referral to SESLHD Mental Health Service (MHS) Patient Flow Process into Inpatient Mental Health Bed and/or Community Team.



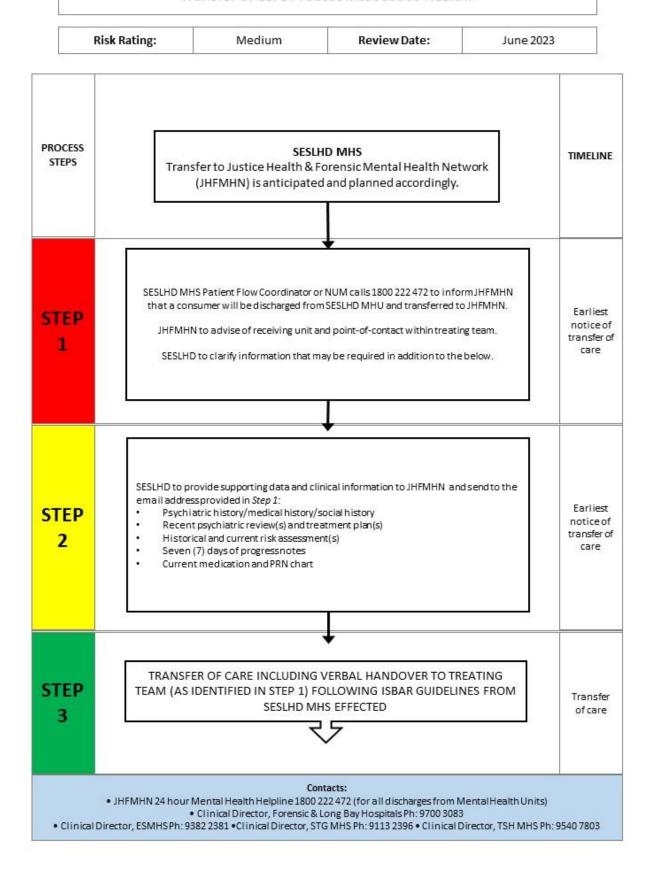


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## **APPENDIX B:**

Trim No.: T20/32137

Appendix B: SESLHD Mental Health Service (MHS) to Justice Health
Transfer of Care Process into Justice Health.



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