Health
South Eastern Sydney
Local Health District

MENTAL HEALTH SERVICE BUSINESS RULE SESLHDBR/017

Name	Referral to SESLHD Mental Health Intensive Care Unit (MHICU)		
What it is	It is an outline of the process for appropriate referral to MHICU 365 days a year.		
Risk Rating	Medium	**Review Date**	February 2025
What it is not	It is not a guide to appropriate clinical care for patients with complex mental health needs including clinical handover It is not a guide to determining patient suitability or criteria for MHICU referral.		
Who it applies to	This business rule applies to all staff who are responsible for referral of patients to the SESLHD MHICU.		
Background	MHICU is a seven days a week, 365 days a year, 9:00am to 5:00pm referral service, not a 24-hour-a-day referral service. MHICU Admission criteria are detailed in Appendix A. The SESLHD MHICU is a State Wide facility – its "local priority network" includes: SESLHD Mental Health Service; Illawarra Shoalhaven LHD Mental Health Service; and St Vincent's Mental Health Service. All **non-priority** catchment MHICU referrals must be received via State Wide MHICU as per PD2019_024 Adult Mental Health Intensive Care Networks For the safe and efficient operation of the MHICU, it is important that patients referred to the MHICU can be rapidly assessed, evaluated an admitted. **It is equally important that MHICU levels of care are stepped down to a less intensive setting when MHICU is no longer required.**		
What to do	Referrals to SESLHD MHICU from the local priority network: 1. The referring team identifies the need for a potential MHICU referral. 2. The Mental Health Service (MHS) (on-call) Psychiatric Registrar attends to conduct a clinical assessment of the patient, review their medications, risk and care plan. 3. If the (on-call) Registrar agrees with the need for MHICU referral, the (on-call) Registrar must contact the (on-call) MHS (Consultant) Psychiatrist. 4. If the (on-call) MHS Psychiatrist agrees with the need for MHICU referral, the MHS Psychiatrist must contact the (on-call) MHICU Consultant Psychiatrist to make an initial referral. The MHICU Consultant Psychiatrist can be contacted through switchboard or identified by contacting the MHICU Nursing Unit Manager (NUM) or Nurse in Charge. 5. The MHICU Consultant is available between 9.00am and 5.00pm 365 days a year, but not outside of these hours. Therefore		

	referrals to MHICU cannot be made outside of 9.00am – 5.00pm, but can be made during these hours at weekends and on public holidays. 6. The (on-call) MHICU Consultant advises the referring on-call MHS Consultant of the need to fax the MHICU Referral Form (Appendix B), legal paperwork and the patient's medication chart. If the referring organisation does not use the electronic Medical Record (eMR) data system, then other documentation also needs to be faxed as detailed in the referral form 7. The on-call MHS Consultant requests the site MHS Nurse in Charge of Shift to fax the MHICU Referral Form, legal paperwork, including the designated carer form, and a copy of the medication chart to the MHICU. If the referring organisation does not use eMR, then other paper documentation also needs to be faxed as detailed in the referral form 8. The correct documentation, (if eMR is unavailable), in addition to the MHICU Referral Form, legal paperwork, including the designated carer form, and a copy of the medication chart includes: a current comprehensive psychiatric assessment by psychiatrist; a care plan, including the expected goal of admission and a plan for return transfer to the referring inpatient unit; details of management and medication strategies trialled and outcomes of these; current risk assessment; current physical examination; contact details of family/carers and support people; and the last seven days' of progress notes. 9. Consultant-to-Consultant referral and receipt of the completed MHICU Referral Form, with associated paperwork, constitutes a referral to MHICU. 10. Referrals will not be considered without written agreement from the referring consultant that the patient will be accepted for repatriation when determined by MHICU as suitable for step-down care see SESLHDBR/018 Repatriation from SESLHD Mental Health Intensive Care Unit (MHICU). 11. The MHICU Nurse in Charge then needs to contact St Vincent's Transport Service and inform the Service that there is a tentative referral so that transport can be planned. The referring site's Nurse in Charge can also call St Vincent's Transport Service to ascertain transport timeframes. All transport is to be booked by MHICU once the referral is accepted. If the referral does not proceed, the MHICU Nurse in Charge must inform St Vincent's Transport Service that it is no longer required. 12. The MHICU team assesses the referral and provides timely feedback to the referring Consultant and Nurse in Charge of Shift on the outcome of the referral and/or suggested interventions. 13. The time between receipt of referral to the MHICU, assessment of suitability and a decision should be no longer than **four hours**, or next day in business hours if the referral is received after 11am. 14. If there is no bed on the MHICU, a plan will be made with the MHICU team for the referring team to manage the patient during the interim period while waiting for an available bed. 15. Once a referral is accepted by MHICU. The MHICU Nurse in Charge contacts St Vincent's Transport Service and informs the Service of the need for transport and organises a mutually convenient time. All transport is to be booked by MHICU. 16. If there is a delay in a decision greater than **four hours** and/or no bed availability on the MHICU, then the referring site Patient

	Flow Coordinator (PFC) can contact the SESLHD MHS Access and Service Integration Manager, who will assist the referring team in liaising with the SESLHD MHICU. 17. 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, the process detailed within SESLHDBR/019 Referral to Intensive Psychiatric Care Unit (IPCU) or Mental Health Intensive Care Unit (MHICU) External to SESLHD Mental Health Intensive Care Network is to be followed 18. The referring site MHS Nurse in Charge of Shift is to inform the referring site MHS executive of the progress of the MHICU referral. The Clinical Operations Manager (COM) or Inpatient Service Manager, in consultation with the referring site Clinical Director can escalate inappropriate delays to the referring site MHS Director as required.
Complex care needs of consumers including high risk presentations from Emergency Departments or Community	To avoid further deterioration, and in cases of significant and ongoing risk of acute severe behavioural disturbance and aggression, NSW Ministry of Health PD2019_024 Adult Mental Health Intensive Care Networks provides a pathway for referral and direct admission to MHICU from an Emergency Department or a Community Mental Health Service (located within the local priority network) after a psychiatrists assessment. Additionally, SESLHDBR/029 Mental Health Service Complex Care Review Committee may be used to identify patient centred solutions for the management of known patients who present specific complex issues and risks. Care plans endorsed by this Committee may include expedited MHICU referral pathways where this is considered appropriate and necessary to prevent delays to MHICU treatment.
MHICU Declined Referral	The MHICU team should decide upon one of two outcomes: Declined or Accepted for MHICU transfer 1. If the MHICU team declines the referral, the rationale is to be clearly outlined to the referring Consultant, who documents the decline reason in the patient's eMR. The ESMHS COM is also to be informed of the decline by the MHICU team (such as the patient has a physical condition, which cannot be safely managed in the MHICU – see Appendix A). 2. If the MHICU team declines the referral, or decline to receive the patient transfer after 5.00pm, the MHICU team should provide clinical advice, to safely care for the patient, to the referring Consultant. 3. As an alternative to a MHICU admission, the MHICU team may offer the referring team interim advice with a plan to further review at a certain point in the future (the referring team can re-refer prior to the re-review). 4. If the MHICU team declines the referral or transfer and this is disputed by the referring Consultant, then escalation to the referring site Clinical Director can be initiated 5. The referring site's Clinical Director should then escalate the matter to the ESMHS Clinical Director as appropriate. 6. If the ESMHS Clinical Director supports the decline, or declines to receive the transfer after 5:00pm then the matter can be

	escalated to the referring site's Service Director for referring Service Director discussion with the ESMHS Service Director. 7. If the matter is unresolved at a Service Director level, then escalation to the SESLHD MHS General Manager can occur.
MHICU Accepted Referral	The patient is only deemed accepted by the MHICU once the decision is conveyed to the referring consultant and referring team by the MHICU consultant and MHICU team; and the referring consultant has formally agreed to accept transfer of care for the patient when determined by MHICU as suitable for step-down care in a general or high dependency unit as per SESLHDBR/018 Repatriation from SESLHD Mental Health Intensive Care Unit (MHICU). The time between conveying a suitability decision and physically receiving the consumer at MHICU for admission should be no longer than 24 hours. If the patient is unable to be transported to be received by MHICU by 5pm of that day it generally safer for the patient to be transported the following day. MHICU admission outside of 9am to 5pm on any day of the week may occur in exceptional circumstances only with the agreement of the ESMHS Service Director or ESMHS Clinical Director
Transfer to MHICU	The following is a guide to the process once a patient has been accepted by the MHICU: 1. If a MHICU bed is available, the MHICU Nurse in Charge of Shift should coordinate the transfer with the St Vincent's Transport Service (or Ambulance Service of NSW if St Vincent's Transport Service is not readily available). 2. The referring site MHS Nurse in Charge of Shift should allocate clinical staff and/or security staff to escort the patient to the MHICU, based upon clinical need and risk assessment. 3. The referring team/facility must ensure that all family/carers and other identified significant persons are contacted and informed of the transfer arrangements. 4. The accepted MHICU patient must leave the referring facility by 5.00pm on the day of transfer, to facilitate a safe transfer. If it is anticipated that the patient will not arrive at MHICU by 5.00pm then the referring unit must advise the MHICU Nurse in Charge of Shift and in most circumstances the transfer must be discussed with the MHICU team, MHICU Consultant and the ESMHS COM, who will decide if the transport must be rearranged for the following day. 5. Transport and admission during working hours when the medical team are on site is much safer for the patient, although, there may be exceptional circumstances in which a patient may be safer if transferred later in the evening. For example if the referring facility is unable to contain the patient because they do not have a seclusion room. In these circumstances request for after-hours transfer should be escalated to the ESMHS Service Director or ESMHS Clinical Director. 6. Appropriate Clinical Handover must occur at the point of patient transfer.

When to use it	This business rule should be consulted whenever transfer of patients to the SESLHD MHICU is considered, 365 days a year.
Why the rule is necessary	This business rule is required to ensure consistent management of patients with severe and complex mental health conditions.
Ministry of Health/ SESLHD reference	NSW Health • PD2019_024 Adult Mental Health Intensive Care Networks SESLHD • SESLHDBR/019 Referral to Intensive Psychiatric Care Unit (IPCU) or Mental Health Intensive Care Unit (MHICU) External to SESLHD Mental Health Intensive Care Network • SESLHDBR/018 Repatriation from SESLHD Mental Health Intensive Care Unit (MHICU) • SESLHDBR/029 Mental Health Service Complex Care Review Committee Others • National Safety and Quality Health Service (NSQHS) second edition: Standard 8 Recognising and Responding to Acute Deterioration Standard,- 8.10, 8.12 Responding to deterioration
Executive Sponsor	Sharon Carey, A/General Manager, Mental Health Service
Author	Dr Eugene Jung, Trainee Psychiatrist, Mental Health Service Jarrad Hickmott, A/Consumer Partnerships Coordinator and MHICU Peer Worker, Mental Health Service

Revision and Approval History

Date	Revision Number	Author and Approval
Mar 2013	0	Angela Karooz, SESLHD MHS Risk Manager. Endorsed by MHS Clinical Council.
Sept 2014	1	Endorsed by MHS Clinical Council.
Jan-Feb 2016	2v3	Endorsed by SESLHD MHS Clinical Council.
April 2016	3v1	Endorsed by SESLHD MHS Clinical Council.
May 2016	3v1	Approved by Executive Sponsor to publish.
November 2016	4v1	Edits made by District MHS Access and Service Integration Managers in response to MHICU feedback regarding MHICU referrals, consultation points and escalation processes. Discussed at SESLHD MHS Clinical Council meeting. Additional feedback incorporated.
February 2017	4v2	Endorsed at SESLHD MHS District Document Development and Control Committee
January 2018	5	Revised Clinical Nurse Manager SESLHD MHS
February 2018	5	Endorsed by DDDCC. Endorsed by MHS Clinical Council.
May 2018	6	Unscheduled review; revised by Dr. Peter Young.
June 2018	6	Endorsed by DDDCC. Endorsed by MHS Clinical Council.
July 2018	6	Processed by Executive Services prior to publishing.
January 2022	7	Routine review commenced. Document updated to align with PD2019_024 Adult Mental Health Intensive Care Networks. Circulated for feedback.
February 2022	7.1	No changes identified. Endorsed by the Document Development and Control Committee. Endorsed by the Executive Sponsor.

APPENDIX A:

MHICU Admission Criteria:

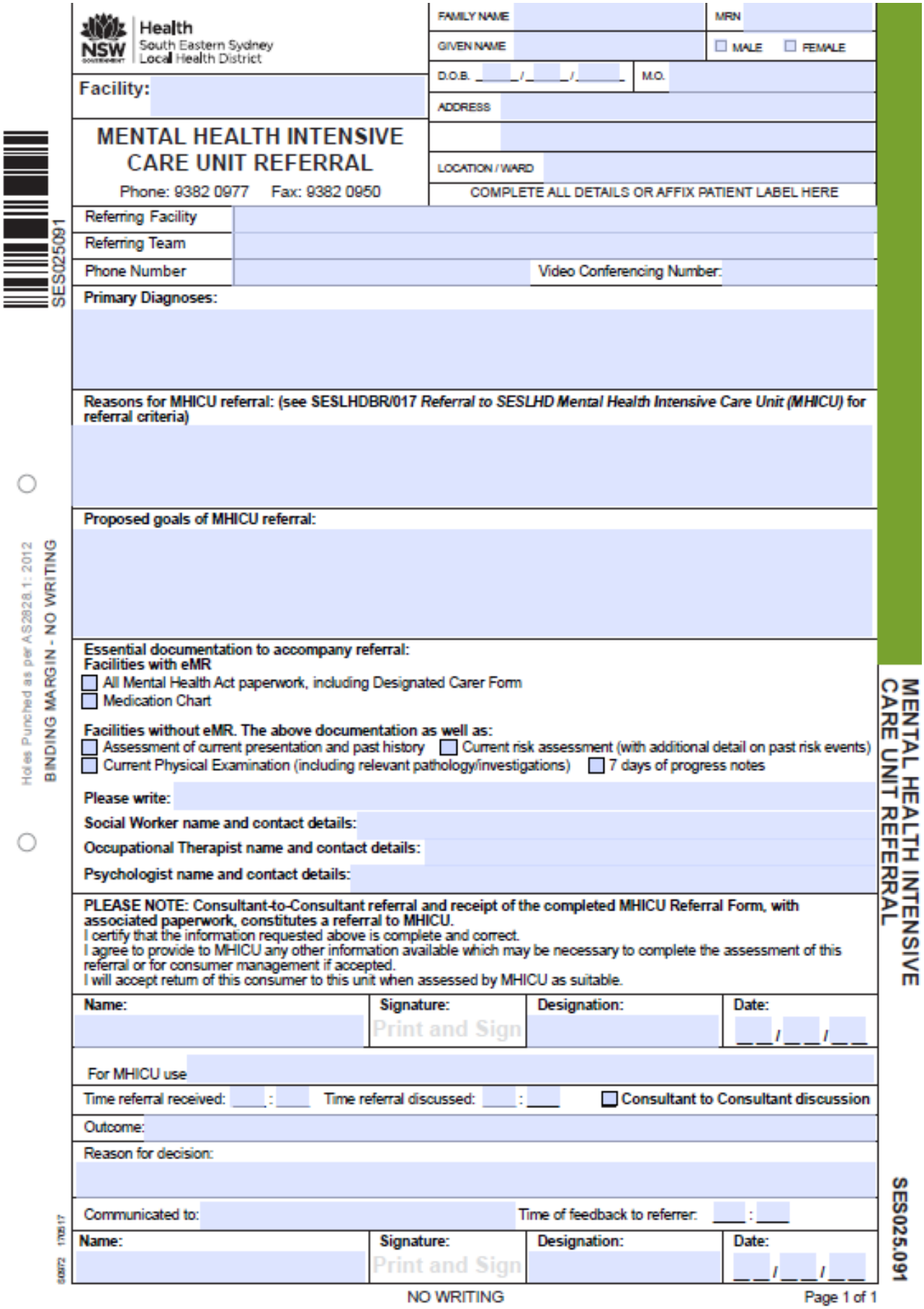
1. The patient is suffering with a mental disorder or illness which may have complex co morbidity.
2. The patient is presenting with behavioural difficulties, which seriously compromise the patient's physical wellbeing, psychological wellbeing, the physical wellbeing of others or the psychological wellbeing of others.
3. The patient's risk profile includes some or all of: a significant risk of aggression; absconding with associated serious risk; suicide; or vulnerability.
4. It has been demonstrated that multidisciplinary management strategies have not succeeded in containing the presenting problems in the referring Mental Health Service.
5. The patient is detained under a Section of the NSW Mental Health Act (2007).
6. The patient's risk profile is such that he/she does not require a higher level of security than that offered by the MHICU.

MHICU Exclusion Criteria:

Categories of patients who should not be treated on the MHICU are as follows:

1. Patients younger than 18 years should only be admitted to the MHICU in absolutely exceptional circumstances. All other management options/settings would have been considered / exhausted, and the local MHICU Consultant, after consultation with the MHICU NUM, would need to authorise MHICU transfer. Such an admission would be for the shortest period possible, with active plans being sought for referral out from the first day of admission onto the MHICU.
2. Patients older than 65 years should only be admitted to the MHICU in absolutely exceptional circumstances. All other management options/settings would have been considered/ exhausted, and the local MHICU Consultant, after consultation with the MHICU NUM, would need to authorise MHICU transfer. Such an admission would be for the shortest period possible, with active plans being sought for referral out from the first day of admission onto the MHICU.
3. Patients who require a higher level of security by virtue of the risk profile. Such patients may require admission to forensic services. In absolutely exceptional circumstances such patients could be considered for MHICU admission. All other management options/settings would have been considered / exhausted, and the local MHICU Consultant, after consultation with the MHICU NUM, would need to authorise MHICU transfer. Such an admission would be for the shortest period possible, with a clear plan instigated for appropriate longer term placement within the shortest possible time period.
4. Patients with a primary diagnosis of substance misuse, where the current presenting behaviour is a direct result of the substance misuse and not an exacerbation of a mental illness.
5. Patients with a primary diagnosis of a personality disorder should not routinely be admitted to the MHICU. Such patients are unlikely to benefit, (in the medium term), from a MHICU admission. However, brief inpatient admissions for crisis' can require a short time-limited MHICU admission if the risks are not being contained in a less secure setting.
6. Patients with a primary diagnosis of dementia.
7. Patients with a primary diagnosis of a learning disability.
8. Patients with an exacerbated physical condition, which cannot be safely managed in the MHICU. This may be due to the MHICU lacking the medical and nursing expertise to manage the particular physical condition or due to the frailty of the patient, or both.
9. Pregnant women, would only be admitted to the MHICU in absolutely exceptional circumstances. All other management options/settings would have been considered/ exhausted, and the local MHICU Consultant after consultation with the MHICU NUM would need to authorise MHICU transfer. Such an admission would be for the shortest period possible, with active plans being sought for referral out from the first day of admission onto the MHICU.

APPENDIX B:



Health
South Eastern Sydney
Local Health District

Facility:

MENTAL HEALTH INTENSIVE CARE UNIT REFERRAL

Phone: 9382 0977 Fax: 9382 0950

FAMILY NAME | MRN
GIVEN NAME | ☐ MALE ☐ FEMALE
D.O.B. __/__/__ | M.O.
ADDRESS
LOCATION / WARD
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Referring Facility
Referring Team
Phone Number | Video Conferencing Number:

Primary Diagnoses:

Reasons for MHICU referral: (see SESLHDBR/017 *Referral to SESLHD Mental Health Intensive Care Unit (MHICU)* for referral criteria)

Proposed goals of MHICU referral:

Essential documentation to accompany referral:
Facilities with eMR
☐ All Mental Health Act paperwork, including Designated Carer Form
☐ Medication Chart

Facilities without eMR. The above documentation as well as:
☐ Assessment of current presentation and past history ☐ Current risk assessment (with additional detail on past risk events)
☐ Current Physical Examination (including relevant pathology/investigations) ☐ 7 days of progress notes

Please write:
Social Worker name and contact details:
Occupational Therapist name and contact details:
Psychologist name and contact details:

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:	Designation:	Date:
	Print and Sign		__/__/__

For MHICU use

Time referral received: __:__ Time referral discussed: __:__ ☐ Consultant to Consultant discussion

Outcome:

Reason for decision:

Communicated to: Time of feedback to referrer: __:__

Name:	Signature:	Designation:	Date:
	Print and Sign		__/__/__

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MENTAL HEALTH INTENSIVE CARE UNIT REFERRAL
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Appendix C

Intensive Mental Health Care Referral and Escalation Pathway Flowchart