<table>
<tr><td>Title</td><td colspan="3">Repatriation from SESLHD Mental Health Intensive Care Unit (MHICU)</td></tr>
<tr><td>What it is</td><td colspan="3">It is an outline of the process following notification from South Eastern Sydney Local Health District (SESLHD) MHICU of consumer readiness for repatriation to an acute Mental Health Unit.</td></tr>
<tr><td>Risk Rating</td><td>Medium</td><td>Review Date</td><td>February 2025</td></tr>
<tr><td>What it is not</td><td colspan="3">It is not a guideline for transporting and escorting mental health consumers, to or from, any MHICU. It is not a guideline for clinical handover.</td></tr>
<tr><td>Who it applies to</td><td colspan="3">The business rule applies to all SESLHD MHS staff involved in the repatriation of mental health consumers MHICU.</td></tr>
<tr><td>What to do</td><td colspan="3">Repatriation from MHICU to referring unit.

Repatriation to the referring unit occurs when the MHICU treating team determine that the consumer’s condition including clinical risks can be suitably managed in a less intensive inpatient setting.

SESLHD MHICU team is to undertake a daily Multi-disciplinary Team handover to review Expected Date of Discharge, care strategies, clinical incidents and care plans for each consumer. Handover meetings must include prioritisation of consumers for transfer or return transfer in the case of a higher acuity referral and identification of consumers ready for return transfer to referring inpatient units. Following the daily handover meeting, MHICU updates Emergency Access View to accurately reflect bed status and vacancies.

Regular (at least weekly) communication must occur between MHICU clinical team and the referring inpatient unit clinical team of admitted inpatients. Ideally, a member of the referring inpatient unit team is invited to the MDT clinical review. If this is not feasible, an identified MHICU clinical team member is to liaise with the referring inpatient team regarding treatment progress, achievement of care plan goals, changes to the EDD and plans for the return transfer of the consumer to the referring inpatient unit.

Weekday Business Hours:
The following is a guide to the process once a consumer has been deemed not to require a MHICU bed any longer:
• The referring MHICU medical and nursing staff identify that the consumer is assessed as not requiring a MHICU bed any longer, and that consumer should be referred out of the MHICU.
• The time between the MHICU decision to refer out and transfer to the referring MHS should be no longer than 24 hours.
• Decisions to refer out a consumer from the MHICU can be made in multidisciplinary meetings, (e.g. ward rounds, management rounds, and complex case review meetings), or following individual consumer reviews by a psychiatrist and nurse, and/or psychiatrist and allied health staff member on the MHICU.</td></tr>
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	• Once the decision has been made to refer out a MHICU consumer, the following steps should be undertaken: a) The MHICU Consultant should discuss the consumer's repatriation with the referring Consultant. b) The referring Consultant accepts transfer of care. c) An entry to record the decision outcome is made in the Electronic Medical Record (eMR). d) The MHICU nursing team should alert the referring MHS Patient Flow Manager to the consumer being referred out. e) The MHICU nursing team and referring MHS Patient Flow Manager should seek to transfer the consumer out of MHICU as soon as possible. f) The referral out decision and notification process is only complete after steps (a) to (d) above have been undertaken. Once the referral out decision and notification process is complete, the MHICU consumer is referred out and awaiting transfer. g) The MHICU team should ensure the consumer, primary carer and principal care provider are appropriately informed regarding the transfer process and progress. h) In some cases, it may be considered necessary to provide additional resources at the receiving unit to ensure the consumer is adequately supported immediately following their return from the MHICU. The receiving unit should ensure that these resources are in place at the time of clinical handover. i) Appropriate Clinical Handover occurs at the point of transfer as per SESLHDBR/040 Clinical Handover for Mental Health Services. j) MHICU will provide a comprehensive clinical handover to the inpatient unit, including the following: • Successful management strategies • Outcomes of agreed care goals • Medication changes • Therapeutic interventions • Recommendations for ongoing management k) MHICU will provide a package of documents to the inpatient unit, including: • Original MHA documentation • Medication Charts • Care Plan • Contact details of family and carers l) In addition to the above, if the referring site does not have access to the consumer's eMR which was created by MHICU, the package of documents will also include: • Current assessment by treating psychiatrist • Patient History • Risk Assessment • 7 days of progress notes m) When timely repatriation is unable to be negotiated and the issue cannot be resolved between the MHICU Consultant and the consultant from the referring unit then escalation to the referring site Clinical Director is initiated. n) If the matter remains unresolved then Service Director to Service Director escalation occurs. o) If the matter continues to be unresolved at a Service Director Level, then escalation to the SESLHD MHS General Manager occurs.

	After hours and weekends: Due to the absence of key coordinating and clinical management roles on weekends and after hours, repatriation of consumers from the SESLHD MHICU is to take place during weekday business hours only. SESLHD MHS staff members who are contacted after hours or on weekends by the state-wide MHICU, advising that a consumer is ready for repatriation, are to inform the site on call Mental Health Executive immediately by phone and send an email to the Patient Flow Manager, advising them of the request and the need for repatriation within 24 hours of the next business day.
How to use it	• The business rule applies to all requests for repatriation of consumers from MHICU. The original referring site is the venue for repatriation in all instances. • **Prioritisation of bed availability for MHICU repatriations within 24 hours should occur.**
Why the rule is necessary	• The business rule is necessary to standardise and articulate responsibilities of staff to ensure consumers are repatriated from SESLHD MHICU within 24 hours of a request. • Ensure consumers should receive the right care, in the right place and for the right amount of time. • Ensure consumers are transported safely between facilities. • Ensure sufficient information exchange occurs prior to the transfer of consumers.
Who is responsible	MHS Site Managers, MHS Site Executive, MHS Access and Pathways to Care, MHS Patient Flow Coordinators, site and MHS Clinical Director and MHS General Manager.
Ministry of Health / SESLHD reference	**NSW Health** • PD2019_024 Adult Mental Health Intensive Care Networks • GL2020_005 Mental Health Transfers - Non Emergency Patient Transport **SESLHD** • SESLHDBR/040 Clinical Handover for Mental Health Services • SESLHDBR/051 Transfer of Mental Health Patients to other Public Mental Health Facilities and Private Hospitals • SESLHDBR/017 Referral to SESLHD Mental Health Intensive Care Unit • SESLHDBR/019 Referral to Intensive Psychiatric Care Unit (IPCU) or Mental Health Intensive Care Unit (MHICU) External to SESLHD Mental Health Service **Others** • NSW Mental Health Act (2007) • National Safety and Quality Health Service (NSQHS) second edition: Standard 6 Communicating for Safety – 6.4b Organisational processes to support effective communication
Functional Group	Mental Health
Executive Sponsor	Dr Nicholas Babidge, Clinical Director, Mental Health Service
Author	Dr Eugene Jung, Trainee Psychiatrist, Mental Health Service Daniella Taylor, Access and Pathways to Care Lead, Mental Health Service

Revision and Approval History

Date	Revision Number	Author and Approval
June 2010	0	Angela Karooz, SESIMHS Risk Manager – preparation of document for SESIMHS operational review.
July 2010	1	Dr Rajiv Singh. Revision for Chief Psychiatrist Forum sign-off.
Nov 2011	2	Daniella Taylor, SESLHD MHS Access and Service Integration Manager – revision of document.
Dec 2012 – March 2013	3	Gayle Jones, SESLHD MHS A/Access and Service Integration Manager. Annual review. Approved by MHS Clinical Council.
August 2015	4	Document reformatted/references updated by Victoria Civils-Wood, SESLHD MHS Policy and Document Development Officer (4v1). Sent to ESMHS Service Director, SESLHD MHICU Director, POWH Chief Psychiatrist, MHICU NUM, POW IPSMs and ESMHS COM. Feedback from SESLHD MHICU Director re aligning with SESLHDBR/017. Document amended (4v2) and re-sent for feedback. Nil received.
November 2015	4v3	Document amended following consultation with ESMHS Service Director to stipulate the business rule is applicable to all state-wide MHICU repatriations. Endorsed by SESLHD MHS Clinical Council.
January 2018	5	Revised Access and Service Integration Manager SESLHD MHS
February 2018	5	Endorsed by DDDCC with minor amendment. Removed delay transfer protocol and incorporated content into business rule SESLHDBR/017 Referral to MHICU. Endorsed by MHS Clinical Council with no further amendments.
May 2018	6	Unscheduled review; revised by Dr. Peter Young. Endorsed by DDDCC.
July 2018	6	Endorsed by MHS Clinical Council.
October 2018	6v1	Unscheduled minor review by Trinh Huynh, SESLHD MHS: initial revision to support Service Level Agreement, no major changes to the content. Endorsed by A/Director Operations.
November 2018	6	Processed by Executive Services prior to publishing.
January 2022	7.0	Routine review commenced. Statements regarding MDT review and weekly clinical communication to referring site added and sections j, k, l added to comply with requirements outlined in PD2019_024 Adult Mental Health Intensive Care Networks. Sent for review and feedback.
February 2022	7.0	No changes identified. Endorsed by Document Development and Control Committee. Endorsed by Executive Sponsor.