Health
South Eastern Sydney
Local Health District

MENTAL HEALTH SERVICE BUSINESS RULE SESLHDBR/033

Name	On-Call Responsibilities for Mental Health Service Trainees and Consultants in Psychiatry		
What it is	It is an outline of the after-hours clinical and communication responsibilities between on-call Psychiatry Trainees and Consultant Psychiatrists.		
Risk rating	Medium	**Review date**	January 2025
What it is not	It is not a comprehensive overview of the role of Medical Officers within the South Eastern Sydney Local Health District (SESLHD) Mental Health Service (MHS).		
Who it applies to	This business rule applies to all Medical Officers and Service Directors of the SESLHD MHS.		
What to do	**Consultant Psychiatrists' responsibilities:** • To provide senior medical oversight supporting clinical care and decision making after-hours including telephone discussions and on-site presence when required. • To accept handover of any clinically relevant issues or concerns from the duty or treating psychiatrist(s) at the commencement of the on-call period. • Provide handover of any clinically relevant issues or concerns to the duty or treating psychiatrist(s) at the conclusion of the on-call period. • To provide consultation and support to the Psychiatry Trainee or mental health professionals regarding the assessment and management of persons presenting or referred to the mental health services and existing patients. • To authorise, all inpatient admissions to a MHU after an assessment has been made by the Psychiatry Trainee or mental health professional. • To provide support, advice and approval of initial inpatient management plans for all inpatient admissions and patients discharged. • To provide support, advice and/or approval (where required) of proposed changes to patient management including choice and dosages of medication, changes in care level and leave, and/or discharge. • To approve all discharges. • On weekends and public holidays, to receive a daily summary of current clinical issues on the MHUs, from the on-call Trainee including reviews of unwell or unstable patients. • The on-call Consultant Psychiatrist is responsible for the decision to provide remote support, rather than attendance in person. • Examples of where attendance may be required include: a) In accordance with other policies, procedures and business		

rules including;

i SESLHDBR/037 - Communication / Escalation Processes related to patients in the Emergency Department (ED) awaiting Mental Health (MH) Admission

ii SESLHDGL/051 - Access and Patient Flow Operational Framework for Mental Health Service

iii NSW Health Policy Directive PD2020_047 - Incident Management, in the case of critical incidents.

b) Assessment or review of a patient experiencing escalating levels of risk or a complex diagnostic picture.

c) When there are any other situations in which there is a high degree of clinical risk and/or uncertainty where, in consultation with the executive and/or trainee on call, remote advice from the on call psychiatrist does not seem sufficient.

Consultant Psychiatrists' responsibilities for patient transfers:

- To ensure patient safety and to assist in the process of clinical transfer of patients between units or hospitals, all patients requiring SESLHD MHS admission should be transferred to a mental health facility as soon as possible.
- Where there is no capacity on site and the duty or on-call Consultant Psychiatrist **has accepted a patient for mental health admission**, **and this admission is to occur at a different site,** then Medical Officer clinical handover should occur from one venue to the other.
- Handover will occur in accordance with SESLHDBR/051 - Transfer of Mental Health Patients to other Public Mental Health Facilities and Private Hospitals.

Psychiatry Trainees' responsibilities:

- The direct line of clinical responsibility for the on-call Psychiatry Trainee is to the on-call Consultant Psychiatrist.
- The Psychiatry Trainee must be available to discuss with the assessing clinician and/or assess as necessary:
  a) All persons presenting by NSW Police, or from court under Section 19 (NSW Mental Health and Cognitive Impairment Forensic Provisions Act 2020)
  b) Any referral for mental health assessment/advice from the inpatient medical/surgical wards, or emergency department
  c) If, in accordance with local protocols, these referrals are initially assessed by a non-medical mental health clinician, the Psychiatry trainee should be available to provide support/ additional assessment as necessary, and/or at the request of the on call Consultant Psychiatrist
  d) Any management issue on the MHUs, e.g. patients seeking to abscond or self-discharge, acute agitation or a newly identified risk of harm, or where current management needs to be reviewed, eg leave status, observation level etc.
- Attendance in person is required except in circumstances in which the Psychiatry Trainee has a high degree of confidence that clinical risks are low.

	• The Psychiatry Trainee must contact the on-call Consultant Psychiatrist in the following circumstances: a) On weekends and public holidays daily to provide a summary of current clinical issues on the campus, including the MHUs, ED and Acute Care Team. The discussion should include reviews of unwell or unstable patients, proposed changes in care level and leave, and discussion of patients with potential for leave and/or discharge. b) To discuss all new assessments immediately after their assessment in order to establish the initial management plan including all decisions to admit or discharge. c) In any other circumstances where there is clinical concern, uncertainty or where the Psychiatry Trainee Registrar lacks confidence or deems support by a consultant is required.
Why the rule is necessary	This business rule is necessary to ensure an appropriate level of after-hours clinical support and supervision by Consultant Psychiatrists to Psychiatry Trainees.
Who is responsible	Responsible staff include the SESLHD MHS Director, Site Service Directors and Chief Psychiatrists.
Ministry of Health/ SESLHD reference	**NSW Ministry of Health** • PD2019_020 - Clinical Handover • PD2020_047 - Incident Management **SESLHD** • SESLHDBR/037 - Communication / Escalation Processes related to patients in the Emergency Department (ED) awaiting Mental Health (MH) Admission • SESLHDBR/040 - Clinical Handover for Mental health Services (ISBAR) • SESLHDBR/051 - Transfer of Mental Health Patients to other Public Mental Health Facilities and Private Hospitals • SESLHDGL/051 - Access and Patient Flow Operational Framework for Mental Health Service **Others** • NSQHS (second edition) Standard 1. Clinical Governance; 1.25-1.26 Safety and Quality Roles and Responsibilities • NSQHS (second edition) Standard 6. Communicating for safety; 6.4 Organizational processes to support effective communication and 6.9-6.10 Communicating critical information • NSQHS (second edition) Standard 8. Recognising and responding to acute deterioration; 8.4 & 8.5 Recognising acute deterioration and 8.6 Escalating Care and 8.10-8.13 Responding to deterioration • National Standards for Mental Health Services 2010: Standard 9. Integration (9.3)
Functional Group	Mental Health
Executive Sponsor	Angela Karooz, General Manager, MHS

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Revision and Approval History

Date	Revision Number	Author and Approval
October 2013	0	Endorsed by SESLHD MHS Clinical Council.
September 2016	1v1	Initial review undertaken by Victoria Civils-Wood, SESLHD MHS Policy and Document Development Officer. Sent to Service Directors and Chief Psychiatrists for review. Acting ESMHS Service Director had no changes. Nil other feedback received.
November 2016	1v2	"Suggested direct admissions" added to range of patients/scenarios which may require the provision of telephone consultation by Consultant Psychiatrists, at request of MHS District Document Development and Control Committee (DDDCC).
November 2016	1v2	Endorsed by SESLHD MHS Clinical Council.
July 2017	1v3	Updated by SESLHD District Consultant Psychiatrist.
September 2017	2v0	Revised and amended by A/Chief Psychiatrist to meet best practice standards; included relevant NSW Ministry of Health policy directive, guideline and SESLHD policies.
October 2017	2v0	Endorsed by SESLHD MHS District Document Development and Control Committee (DDDCC) and SESLHD MHS Clinical Council.
November 2017	2v0	Processed by Executive Services prior to submission to SESLHD Clinical and Quality Council for endorsement of major review.
December 2017	2v0	Approved by Clinical and Quality Council
September 2020	v3.0	Routine review commenced
December 2021	v3.1	Feedback from site Clinical Directors incorporated
December 2021	v3.2	Reviewed by MHS Clinical Director. Section 33 (NSW Crimes Act 1900) changed to Section 19 (NSW Mental Health and Cognitive Impairment Forensic Provisions Act 2020). Circulated to DDCC for review/feedback.
January 2022	v3.3	Aligned to NSQHS Second Edition Endorsed Document Development and Control Committee Endorsed Executive Sponsor