

MENTAL HEALTH SERVICE BUSINESS RULE SESLHDBR/037

Name	Communication/Escalation processes related to consumers in the Emergency Department (ED) awaiting Mental Health (MH) admission		
What it is	It is a process to ensure prompt communication and escalation to relevant stakeholders regarding people who are in the ED awaiting MH inpatient admission.		
Risk Rating	Medium	Review Date	June 2023
What it is not	It is not a guideline for transporting and escorting mental health consumers from the ED.		
Who it applies to	This business rule applies to South Eastern Sydney Local Health District (SESLHD) staff involved in identifying and/or negotiating bed capacity for ED MH consumers.		
What to do	<p>As soon as it is confirmed or highly anticipated that an ED consumer requires an inpatient mental health admission:</p> <p>Weekday Business Hours</p> <ul style="list-style-type: none"> The MH Clinical Nurse Consultant (CNC) or MH Clinician contacts the site Patient Flow Coordinator (PFC) at regular one to two hourly intervals (dependent on volume) and flags actual/potential MH admission requirements. The PFC, in partnership with the Nursing Unit Manager, Inpatient Nurse Unit Manager and the Duty Consultant Psychiatrist, facilitates strategies to provide on-site MH capacity. This may include, but is not limited to, assertive inpatient reviews for leave/discharges, private hospital transfers and the re-review of the ED consumer by the ED MH team for possible discharge with assertive community support where applicable. Barriers to on-site placement are to be highlighted with the Inpatient Services Manager and Clinical Operations Manager by the PFC, with direction sought from the Clinical Director for intensified ward/unit reviews or deployment of additional assessment resources. Where no on site capacity can be identified following assertive site reviews, and following the site's MH Executive endorsement, the PFC liaises with PFCs from within SESLHD MHS to negotiate an off-site transfer as per SESLHDBR/051 Transfer of Mental Health Patients to other Public Mental Health Facilities and Private Hospitals. A response to a request for an identified consumer transfer should be received within one hour of the request being made. This ensures that acceptance delays do not adversely impact on consumer care and/or the Emergency Treatment Performance (ETP) for the MHS. If the situation 		

is still not resolved, the matter needs to be escalated to the sites' respective Clinical Director for direct situational management. If the matter remains unresolved, the need for admission is then to be escalated by the site Clinical Operations Manager directly to the Service Director for situational management.

After Hours and Weekends

- The site Patient Flow delegate – in partnership with the MH Registrar, In Charge of Shift on Inpatient Units and the Duty Consultant Psychiatrist – outlines strategies undertaken to date to place the consumer on site, with reference to the site weekend demand plan and assertive site reviews for leave and or discharge. There may be a requirement for the on-call Consultant Psychiatrist, in tandem with the on-call Psychiatric Registrar, to attend the site to identify a solution and/or create capacity.
- Where no on site capacity can be identified following assertive site reviews, the site Patient Flow delegate liaises with Patient Flow delegates from within the SESLHD MHS to negotiate an off-site transfer as per [SESLHDBR/051 Transfer of Mental Health Patients to other Public Mental Health Facilities and Private Hospitals](#).
- Where a response is not received within one hour, and following sending and receiving Consultant to Consultant discussions surrounding clinical summary, the PFC or delegate should escalate the issue to the on-call MH Executive. On-call MH Executive escalation to the on-call MH Executive at the alternate site is to be initiated if required to negotiate placement.

After Hours and Weekends Consumers Remaining in the ED > four Hours

- Where it is confirmed or anticipated that a consumer will remain overnight in the ED with no site or other capacity identified, the site Patient Flow delegate must seek direct authorisation for the consumer to remain in the ED from the on-call site MH Executive (by SMS if post 10:00pm) and the relevant After Hours site General Hospital Nurse Manager.
- The Patient Flow delegate completes the electronic CNC handover report at 10:00pm for the PFC or delegate to access the next shift. This should also be emailed to the on-call site MH Executive and Service Director.
Consumers remaining in the ED overnight with no identified placement is an extreme situation requiring intensive site review of the strategies undertaken and barriers to placement.
- Where a consumer is still awaiting placement in the ED the following morning without a bed having been identified, a report is to be prepared for the on-call site MH Executive

	<p>and Service Director by the <u>outgoing</u> site Patient Flow delegate reflecting:</p> <ul style="list-style-type: none"> - Strategies undertaken to place the consumer on site or in an alternate site overnight. - Barriers to placement, including the outcome of site reviews and negotiations offsite. - A plan for assertive placement from 8:00am. <ul style="list-style-type: none"> • The above information is to be documented clearly in the consumer's medical record and conveyed verbally to the oncoming site Patient Flow delegate and on-call site MH Executive as early as possible to enable additional support and resources to be deployed as required to enable placement.
<p>When to use it</p>	<p>Placement of consumers within four hours of triage in the ED is a NSW Health Key Performance Indicator. ETP breaches must be reported to the site MH Executive and other relevant stakeholders to enable assertive support and escalation to be mobilised.</p> <p><u>Consumers remaining in the ED overnight with no identified placement is an extreme situation requiring intensive site review of the strategies undertaken and barriers to placement.</u></p> <p>Communication and escalation to enable priority of placement for consumers anticipated to be waiting in the ED for > four hours is non-negotiable.</p>
<p>24 Hour Emergency Department Access Breach</p>	<p>A Reportable Incident Brief (RIB) is required to be submitted to the General Manager, Mental Health Service SESLHD (by the next business day) in every instance of a 24 hour Mental Health Emergency Department Access Breach.</p> <p>A RIB note prepared by the responsible Site Executive and/or the Executive On-Call and then endorsed by Service Director for transmission.</p> <p>The brief will outline details of:</p> <ul style="list-style-type: none"> • The events surrounding the breach. • The escalation process followed. • Action undertaken by the Executive. • Any other service actions taken including lessons learnt. <p>An IIMs is also required to be entered.</p>
<p>How to use it</p>	<p>Where an available site bed cannot be identified, strategies such as leave, discharge or surge to other wards/units should be coordinated by the PFC or delegate to enable transfer from the ED within four hours. Where these strategies do not yield an available site bed, an off-site transfer should be initiated as a matter of urgency. Inter-site negotiations regarding transfer of appropriate consumers should be undertaken between PFCs or their delegates in the first instance.</p>

	<p>If agreement is unable to be reached the matter should be escalated without delay to the respective Service Directors or on call MH Executives for prompt resolution.</p> <p>Should the matter remain unresolved, immediate escalation to the General Manager MHS SESLHD via the relevant organisation management structures to is required to ensure transfer to a MH bed without further delays.</p>
Why the rule is necessary	<p>This business rule is necessary to:</p> <ul style="list-style-type: none"> • Improve consumer's experience in accessing specialist inpatient care. • Ensure stakeholders receive sufficient information to enable prompt support and escalation. • Improve communication and cooperation between venues and more efficient use of resources. • Ensure consumers are treated with dignity and receive care in an environment consistent with their needs. • Ensure compliance with the SESLHD MHS obligation to consistently meet Key Performance Indicators.
Who is responsible	<p>Responsible staff include all Mental Health Nurses, PFCs and after hours delegates, CNCs, Nurse Practitioners, Registrars and Consultant Psychiatrists, as well as other Mental Health clinicians involved in the placement of mental health consumers from the ED.</p>
Ministry of Health / SESLHD reference	<ul style="list-style-type: none"> • SESLHDGL/051 Access and Patient Flow Operational Framework for Mental Health Service • SESLHDBR/051 Transfer of Mental Health Patients to other Public Mental Health Facilities and Private Hospitals • SESLHD Mental Health Service: Event Management and Demand Escalation Plan • Structure for the Management of Mental Health Patient Flow SESLHD (and Contact Details) • NSW Mental Health Act (2007) • National Safety and Quality Health Service Standard (NSQHS) Second Edition: Standard 6.1 Integrating Clinical Governance • National Safety and Quality Health Service Standard (NSQHS) Second Edition: Standard 6.2 Applying Quality Improvement Systems • National Safety and Quality Health Service Standard (NSQHS) Second Edition: Standard 6.8 Clinical Handover • National Standards for Mental Health Services 2010: Standard 10. Delivery of Care (10.2.3)
Executive Sponsor	<p>Dr Murray Wright, SESLHD MHS Director.</p>
Author	<p>Daniella Taylor, Access and Pathway to Care Lead, MHS, SESLHD.</p>

Revision and Approval History

Date	Revision Number	Author and Approval
April 2012	Revision 0	Michelle Bradley, Clinical Nurse Manager. Policy Development Committee. Endorsed with formatting changes.
May 2012	Revision 1	Daniella Taylor, SESLHD MHS Access and Service Integration Manager. Addition of risk rating.
May 2012	Revision 2	Endorsed by SESLHD MHS Clinical Council.
June 2012	Revision 3	Edit by Angela Karooz, SESLHD MHS Risk Manager.
February 2014	Revision 4	Endorsed by SESLHD MHS Clinical Council.
March 2014	Revision 5	Edits by Daniella Taylor, SESLHD MHS Access and Service Integration Manager. Edits approved by SESLHD MHS District Document Development and Control Committee Chair.
June-October 2016	Revision 6v1	Daniella Taylor, SESLHD MHS Access and Service Integration Manager. Scheduled review. Updated version sent to site Service Directors, Clinical Operations Managers, Inpatient Services Managers, Chief Psychiatrists, Nursing Unit Managers, Patient Flow Coordinators and SESLHD Clinical Nurse Manager. Limited feedback received and incorporated.
November 2016	Revision 6v2	Endorsed by SESLHD MHS Clinical Council.
December 2016	Revision 6	Approved by Executive Sponsor to publish.
April 2017	Revision 6v3	Edited by Trinh Huynh, SESLHD MHS Policy and Document Development Officer. Approved by Executive Sponsor to publish. Endorsed by SESLHD MHS Clinical Council Committee.
May 2017	Revision 6	Executive Services processed prior to publishing.
May 2018	6	Risk rating changed from High to Medium – approved by Executive Sponsor
February 2020	Version 7	Document endorsed for routine-review by the SESLHD MHS Document Development and Control Committee Language updated: patient/consumer, discharge/transfer of care
March 2020	Version 7.1	Daniella Taylor, SESLHD MHS Access and Pathway to Care Lead. Commenced scheduled review. Updated version sent to site Service Directors, Clinical Operations Managers, Inpatient Services Managers, Chief Psychiatrists, Nursing Unit Managers, Patient Flow Coordinators and SESLHD Clinical Nurse Manager.
March 2020	Version 7.2	Minor review, including language change from Chief Psychiatrist to Clinical Director. Removal of reference to escalation point for Access and Service Integration Manager. Change of Author title. Change of breach reporting process from a Self Initiated Brief to a Reportable Incident Brief. Replaced Director Operations with General Manager.
June 2020	Version 7.2	Approved by Executive Sponsor. Published by Executive Services.