

MENTAL HEALTH SERVICE BUSINESS RULE SESLHDBR/019

Name	Referral to Intensive Psychiatric Care Unit (IPCU) or Mental Health Intensive Care Unit (MHICU) External to SESLHD Mental Health Intensive Care Network.		
What it is	It is a guide to the referral and escalation pathways for seeking a mental health intensive care placement for care of high risk patients when the SESLHD MHICU is full or if it is inappropriate for the patient to be admitted to the SESLHD MHICU facility.		
Risk Rating	Medium	Review Date	February 2025
What it is not	It is not a guide to the clinical care of mental health patients with associated high risks.		
Who it applies to	This business rules applies to all South Eastern Sydney Local Health District (SESLHD) Mental Health Service (MHS) staff.		
What to do	<p>All referrals to the SESLHD MHICU from the “local priority network” as defined by PD2019_024 - Adult Mental Health Intensive Care Networks are to comply with the referral criteria outlined in SESLHDBR/017 - Referral to SESLHD Mental Health Intensive Care Unity (MHICU).</p> <p>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, NSW Ministry of Health Policy PD2019_024 - Adult Mental Health Intensive Care Networks directs the SESLHD MHICU to:</p> <ol style="list-style-type: none"> 1. Actively assess each current MHICU patient against the referred patient to see if a current patient may be transferred to create capacity (this is conducted in consultation with LHD patient flow managers) <p>If, following this assessment, there is still no capacity for the patient, the MHICU will:</p> <ol style="list-style-type: none"> 2. Access the Emergency Access View and request transfer to State Wide MHICU via Patient Flow Portal <p>The MHICU will then use the Emergency Access View of the MHICU Dashboard to identify an available MHICU bed outside of the SESLHD MHICU and then link the referring inpatient unit with the receiving MHICU to facilitate the transfer and care of the patient.</p> <ol style="list-style-type: none"> 3. If a resolution for patient transfer is not reached with the identified MHICU, the referring MHS Service Director and/or referring Service Clinical Director should escalate to 		

	<p>the SESLHD MHS General Manager and/or SESLHD MHS Clinical Director.</p> <p>If a resolution has been unable to be reached at a local level, the General Manager should consider escalation to the Chief Executive (CE) for a discussion to occur between the referring CE and the CE for the identified MHICU.</p> <p>The MHICU Clinicians should offer clinical advice to safely care for the patient while awaiting transfer to MHICU.</p>
When to use it	When the SESLHD MHICU receives a referral from within the local priority network that is considered appropriate for admission, however a bed isn't available.
How to use it	This business rule should be used in conjunction with SESLHDBR/017 - Referral to SESLHD Mental Health Intensive Care Unity (MHICU) and PD2019_024 - Adult Mental Health Intensive Care Networks
Why the rule is necessary	To provide an escalation pathway for when a patient is appropriate for MHICU admission, however the SESLHD MHICU is full.
Who is responsible	Responsible staff include: Consultant Psychiatrists; Site MH Executive; the MHS staff responsible for Patient Flow
Ministry of Health/ SESLHD reference	<ul style="list-style-type: none"> • PD2019_024 - Adult Mental Health Intensive Care Networks • SESLHDBR/017 - Referral to SESLHD Mental Health Intensive Care Unity (MHICU) • National Safety and Quality Health Service (NSQHS) second edition: <ul style="list-style-type: none"> • Standard 6 Communicating for Safety – 6.4 Organisational processes to support effective communication • Standard 8 Recognising and Responding to Acute Deterioration Standard - 8.10, 8.12 Responding to deterioration
Functional Group	Mental Health
Executive Sponsor	Dr Nicholas Babidge, Clinical Director, Mental Health Service
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Revision and Approval History

Date	Revision No.	Author and Approval
April 2010	1	Developed
Jan 2013	2	Gayle Jones, SESLHD MHS Acting Access and Service Integration Manager
Mar 2013	2	Approved by SESLHD MHS Clinical Council
Feb 2014	3	Scheduled review by Daniella Taylor, SESLHD MHS Access and Service Integration Manager, incorporating

		review by several MHS senior staff
May 2014	3	Endorsed by SESLHD MHS Clinical Council
June 2017	4	Scheduled review by Daniella Taylor, SESLHD MHS Access and Service Integration Manager. Circulated to Service Directors, Clinical Operations Managers, Chief Psychiatrists, Inpatient Service Managers, MHICU NUM, MHICU Director, MHICU Consultant, District Consultant Psychiatrist, District Clinical Nurse manager, District Access and Service Integration Manager and patient Flow co-ordinators
August	4	Endorsed by SESLHD MHS District Document Development and Control Committee. Endorsed by SESLHD MHS Clinical Council
January 2022	5	Routine review commenced. Document updated to make it clearer that this document is to be used when a referral is accepted, but the patient cannot/should not be admitted to the SESLHD MHICU. Circulated for feedback.
February 2022	5.1	No changes identified. Endorsed by the Document Development and Control Committee. Endorsed by the Executive Sponsor.

APPENDIX A: Escalation Pathway

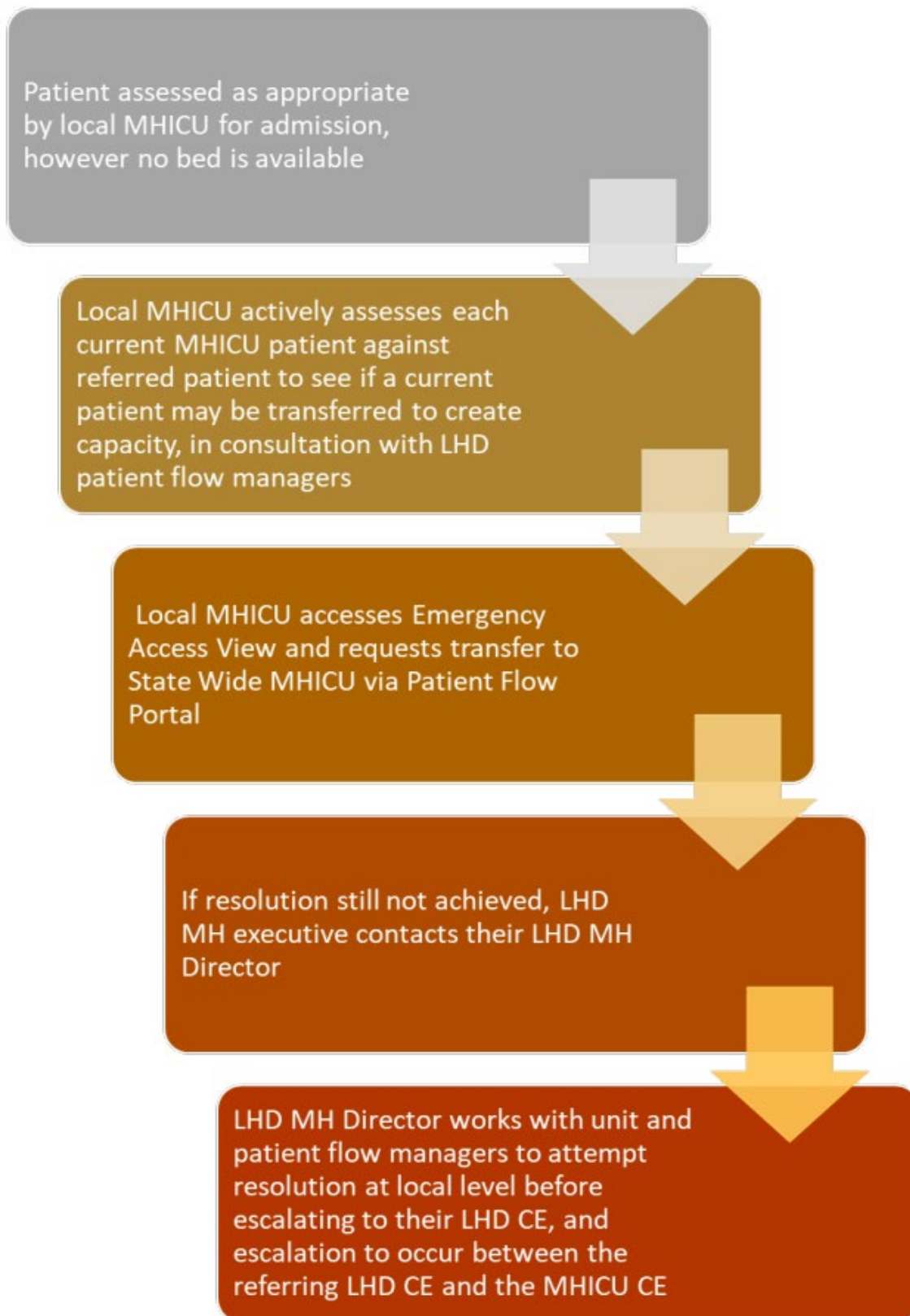


Figure 1: Escalation Pathway (p16) NSW Ministry of Health [PD2019_024 Adult Mental Health Intensive Care Networks](#)