SESLHD PROCEDURE COVER SHEET

NAME OF DOCUMENT	State Mental Health Telephone Access Line (SMHTAL) – Mental Health Procedure
TYPE OF DOCUMENT	Procedure
DOCUMENT NUMBER	SESLHDPR/500
DATE OF PUBLICATION	March 2021
RISK RATING	Medium
LEVEL OF EVIDENCE	National Safety and Quality Health Service Standards Second Edition: Standard 1 Clinical Governance National Standards for Mental Health 10.2.3
REVIEW DATE	March 2024
FORMER REFERENCE(S)	N/A
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	General Manager, Mental Health Service
AUTHOR	Andrew Whalan Clinical Manager Eastern Suburbs Mental Health Service
POSITION RESPONSIBLE FOR THE DOCUMENT	Alison McInerney Policy and Document Development Officer SESLHD Mental Health Service Alison.McInerney@health.nsw.gov.au
KEY TERMS	State Mental Health Telephone Access Line (SMHTAL), Queue Master, Phone Answer Points (Agents), Intake, Triage, Acute Care
SUMMARY	This Procedure is a guide for clinicians working on the South Eastern Sydney Local Health District (SESLHD) SMHTAL line.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

This Procedure is intellectual property of South Eastern Sydney Local Health District.
Procedure content cannot be duplicated.

Feedback about this document can be sent to seslhd-executiveservices@health.nsw.gov.au

State Mental Health Telephone Access Line (SMHTAL) SESLHDPR/500

1. POLICY STATEMENT

NSW Ministry of Health Policy Directive – PD2012_053 Mental Health Triage defines mental health triage, the mental health triage process and the standards for NSW Health mental health telephone triage services. Its companion document is the NSW Ministry of Health Guideline GL2012_008 - Call Handling Guidelines for Mental Health Telephone Triage Services. Each Local Health District in NSW is required to develop a district-wide procedure to support the overarching State Policy Directive and accompanying guideline.

2. BACKGROUND

The SMHTAL is a state-wide, 24 hour single access point for persons seeking information and support for mental health issues. SMHTAL is operated by experienced mental health clinicians who facilitate referrals to local mental health services, provide telephone triage and/or relevant information about appropriate services.

The SESLHD SMHTAL is operated centrally by the Eastern Suburbs Mental Health Service SMHTAL team. The SMHTAL team answers calls on behalf of the three sites across SESLHD (Eastern Suburbs, St George and Sutherland) and the St Vincent's Mental Health Service.

3. RESPONSIBILITIES

3.1 Clinicians:

- Undertake SMHTAL specific training
- Understand the operating protocols of SMHTAL
- Conduct themselves in accordance with the NSW Ministry of Health Policy Directive PD2015_049 - NSW Health Code of Conduct and in an empathic, professional and client centred way
- Complete clinical documentation inclusive of all available information
- Additional information should be obtained from Next of Kin/General Practitioner to assist in determining risk, priority and appropriateness of referral
- Where appropriate conduct a comprehensive risk assessment
- Provide a Identify, Situation, Background, Assessment and Recommendations (ISBAR) verbal handover to the receiving team or clinician.

3.2 Director Operations Mental Health Service SESLHD; Service Director and Community Service Manager Eastern Suburbs Mental Health Service; Service Director and Community Service Managers St George and Sutherland Mental Health Service; Service Director and Community Service Manager St. Vincent's Mental Health Service; and SMHTAL Manager SESLHD:

- Attend the quarterly SESLHD SMHTAL Operations Meeting (see section 4.4 Reporting for reporting details and meeting format)
- Prepare a quarterly report for the NSW Ministry of Health (to be drafted by the SMHTAL Clinical Manager, SESLHD) for approval and submission by Director Operations, MHS SESLHD.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
This Procedure is intellectual property of South Eastern Sydney Local Health District. Procedure content cannot be duplicated.

4. PROCEDURE

4.1 Answering calls

- When a call is taken by the SMHTAL it should be triaged as per NSW Ministry of Health Policy Directive PD2012_053 – Mental Health Triage Policy, regardless of the caller's location (see also NSW Ministry of Health Guidelines GL2012_008 – Call Handling Guidelines for Mental Health Telephone Triage Services)
- The call handling guidelines provide advice about certain types of calls (see APPENDIX B for a list of the types of calls).

4.2 Transfer of care to another mental health service

- Transfer of care to relevant specialty services and/or to local Acute Care Teams should occur as soon as possible as per local processes. It is the responsibility of local sites to inform the SMHTAL manager of amendments to local process that might impact SMHTAL referral pathways
- A transfer of care for calls received overnight must take place the following morning.
- All handover is to be verbal clinician-to-clinician with relevant documentation emailed or faxed as per the numbers detailed below
- Transfer of care occurs only when verbal handover via telephone as per ISBAR is complete.

- Eastern Suburbs Mental Health Intake phone number 9382 2950

- The Fax numbers for the Acute Care Teams are:
  - Sutherland 9540 7107
  - St George 9553 2517
  - Prince of Wales 9382 2944
  - St Vincent's 8382 1997

- If the client is under the age of 16 years, SMHTAL will ensure that the caller has obtained appropriate consent from the family or guardian prior to progressing the referral to the relevant mental health service
- It is the responsibility of the receiving team to provide ongoing care, support and/or information to the caller once a transfer of care has occurred. If further consideration is required regarding the suitability of a referral, this should take place at the local site
- When an urgent response is required the local Acute Care Team should be phoned during working hours (0830 – 2200 hours) via the local hospital switchboard, then handover should occur:
  - Sutherland Hospital 9540 7111
  - St George Hospital 9113 1111
  - Prince of Wales Hospital 9382 2222
  - St Vincent's Hospital 8382 1111

- For calls received **from outside of the SESLHD,** consumer demographic information and a brief summary of the situation should be taken then referred to the relevant local mental health service via a warm transfer. An ISBAR handover should follow, with information transferred to the relevant service. This process is outlined in more

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
This Procedure is intellectual property of South Eastern Sydney Local Health District. Procedure content cannot be duplicated.

detail in the NSW Ministry of Health Policy Directive NSW Ministry of Health Policy Directive PD2012_053 – Mental Health Triage Policy.

4.3 Queue Master Failure Plan

- In the event of an emergency where the Queue Master at the Eastern Suburbs site fails, notification will be received via phone from the Communications Department. The contingency plan is a second Queue Master located at the Eastern Suburbs site
- In the event of a failure of the Queue Master, the SMHTAL Clinical Manager (business hours) or the In-Charge of Shift (after hours) is responsible for liaising with the Prince of Wales Hospital Communications Manager and NEC Technical support, notifying all sites of the problem and informing them when the problem has been rectified.

4.4 Reporting

- The SMHTAL is responsible for providing a service across SESLHD and St Vincent's Health Network. A quarterly meeting oversees the operation of the service, monitors Key Performance Indicators (KPIs) and addresses problems as they arise (see Section 3.2 for meeting membership)
- Three reports are run from the Desktop program: Queue Performance Report, X Seconds Report, and Agent Summary Report. These reports are reviewed at the quarterly SESLHD SMHTAL Operations Meeting to analyse results against the State KPIs. The minutes of the meeting are tabled at the monthly SESLHD MHS Performance meeting.

5. DOCUMENTATION

Not required

6. AUDIT

The SMHTAL has KPIs set by the NSW Ministry of Health. Those KPIs relate to both telephony and non-telephony standards (see APPENDIX C). A quarterly report is prepared by the SESLHD SMHTAL Coordinator for submission to the NSW Ministry of Health by the SESLHD MHS Director of Operations.

7. REFERENCES

- NSW Ministry of Health Policy Directive PD2012_053 - Mental Health Triage
- NSW Ministry of Health Guideline GL2012_008 - Call Handling Guidelines for Mental Health Telephone Triage Services
- NSW Ministry of Health Policy Directive PD2015_049 - NSW Health Code of Conduct
- NSW Health Guideline GL2020_008 - Complaint Management Guidelines
- SESLHDBR/040 - Clinical Handover for Mental Health Services (ISBAR)
- SESLHDGL/074 - Clinical Documentation in Mental Health
- National Safety and Quality Health Service (NSQHS) Second Edition: Standard 1. Clinical Governance
- National Standards for Mental Health Services 2010: Standard 10. Delivery of Care (10.2.3)

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
This Procedure is intellectual property of South Eastern Sydney Local Health District. Procedure content cannot be duplicated.

8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
July 2013	0v1	Document drafted by Sutherland Mental Health Service Clinical Nurse Consultant Duncan Howard. Edits received by St George/Sutherland MHS Service Director Evelyn Chandler.
Aug 2013	0v2	Draft document converted from Business Rule to Procedure by SESLHD MHS Policy Officer Victoria Civils-Wood.
Feb 2016	0v3	Draft document updated by Duncan Howard and Victoria Civils-Wood to reflect new terminology and policy documents. Endorsed by SESLHD MHS Clinical Council.
March 2016	0	Executive Services registered document with new number and published.
May 2019	1	Review conducted by SMHTAL Clinical Manager, ESMHS
June 2019	1.1	Feedback incorporated from COMs, Community Service Managers and ACT Team Leaders Circulated to DDCC for review
July 2019	1.2	Incorporates feedback from DDCC
August 2019	1.2	Minor review. Physical relocation of the service from TSH campus to the POWH campus. Approved by the Executive Sponsor. Endorsed by SESLHD MHS DDCC Endorsed by SESLHD MHS Clinical Council. Published by Executive Services.
January 2021	2	Minor review. Updated reference table to include NSW Health GL2020_008 Complaint Management Guidelines and removal of reference to EQuIP standards
February 2021	2	Endorsed by SESLHD MHS DDCC Endorsed by SESLHD MHS Clinical Council.
March 2021	2	Approved by Executive Sponsor.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
This Procedure is intellectual property of South Eastern Sydney Local Health District. Procedure content cannot be duplicated.

APPENDIX A: DEFINITIONS FROM THE QUEUE MASTER

Supervisor Break Mode

When a phone is put into Supervisor Break mode by the Queue Master, three things happen on the Desktop program:

- A red or blue coffee cup will appear next to the phone line that the clinician is logged into.
- The green light on the phone will flash.
- At the bottom of the computer screen, a textbox will appear telling the user that they are in Supervisor Break Mode.

Supervisor Break Mode has been set up so that calls are not bouncing between two lines that have been left logged in, even though there is no clinician there to answer the call. This recovering of calls can lead to an increase in call wait times and an increase in abandoned calls.

Recovered Call

These are calls that go unanswered and are then transferred by the Queue Master to another logged in phone line.

Work Time Break

After a call has been answered and completed by a clinician, the Queue Master automatically puts the phone into Work Time Break mode to allow clinicians to complete paperwork from the call they have just received. This work time is set for five minutes and will appear as a clock next to the phone line that took the call.

Abandoned Call

This is a call that is not answered by any site, regardless of whether the call is recovered and sent to another line and the caller hangs up the phone.

Queue

Queue is the line on which the calls come from the Telstra Cloud, regardless of where the call may be answered.

Agents

These are individual answer points. eg, POW1 is an agent.

Chat Function

This is where a message is able to be sent to one of the other agents via the Desktop application. This function is not to be used for clinical handover.

Desktop

The Desktop is the computer program that runs the Queue Master and allows staff to see, in real time, what calls are coming into the Queue Master and where these calls are coming from. It has an in-built ‘Help’ program.

Unanswered Call

This is a call that comes directly to a phone extension, not via the Queue Master, and is not answered. Such calls cannot be recovered like the calls that come from the Queue Master when the phone is not answered.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

This Procedure is intellectual property of South Eastern Sydney Local Health District. Procedure content cannot be duplicated.

APPENDIX B: WHAT TYPE OF CALLS?

The NSW Ministry of Health Guideline GL2012_008 - Call Handling Guidelines for Mental Health Telephone Triage Services provide advice about the following types of calls:

1. Caller Complaint Management.
2. Callers from Aboriginal and Torres Strait Islander Backgrounds.
3. Callers from Culturally and Linguistically Diverse Backgrounds.
4. Callers from other Local Health Districts.
5. Callers with a Hearing or Speech Impairment.
6. Child at Risk.
7. Crisis Call Management.
8. Domestic Violence.
9. Drug and Alcohol Withdrawal.
10. Frequent Callers.
11. Handover of Clinical Responsibility of Consumers Accepted for Care.
12. Information or Advice about Medication.
13. Intoxicated Callers.
14. Malicious or Problem Callers.
15. Mental Health Referrals from *healthdirect* Australia.
16. Mobile Phone Callers.
17. Referrals to Other Services.
18. Reports of Sexual Assault of Adults.
19. Third Party Referrals.
20. Threats of Harm to Self and/or Others.
21. Urgency of Response.
22. Urgency of Response Escalation.
23. Weapons Notification.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
This Procedure is intellectual property of South Eastern Sydney Local Health District. Procedure content cannot be duplicated.

APPENDIX C: SMHTAL STANDARDS (KEY PERFORMANCE INDICATORS)

a) Telephony Standards

1. Grade of Service
   (70% of calls answered in 30 seconds averaged over a calendar month.
   Measured by percentage of calls answered in 30 seconds or less per month)

2. Maximum Speed to Answer (MSA)
   (Not more than 5% of calls waiting over two minutes)
   (Percentage of calls waiting over two minutes per month)

3. Call Abandonment rate
   (Not more than 5% of calls are abandoned)
   (Percentage of calls abandoned)

b) Non-Telephony Standards

1. Callers across NSW are able to access Mental Health (MH) services by calling a one number, state-wide MH telephone triage service. This service is to operate 24/7.
2. Mental Health Telephone Triage Service (MHTTS) operators are experienced MH clinicians who are appropriately trained in conducting standardised telephone MH triage and have a working knowledge of the operating protocols of the service.
3. MHTTS operators have, when possible, access to the history and recent status of current and past clients of the MHTTS, and access to resources about referral points. In the interim, they are to have access to the record of clients' previous contact with MHTTS.
4. Each MHTTS is governed by detailed polices and operational protocols, which can be reliably interpreted.
5. Each MHTTS systematically monitors the accuracy of the telephone triage decision.
6. Each MHTTS is integrated with local services and permitted to mobilise emergency assistance and local MH assessments within the specified response time.
7. Each MHTTS is able to:
   (a) Provide advice and information relating to the availability of public or private MH services.
   (b) Provide direction to callers who raise non-MH concerns.

c) Quality Monitoring

Each MHTTS conducts routine quality monitoring and improvement processes. Performance against standards, complaints monitoring and outcomes, benchmarks and other quality improvement activities are made publicly available. Each MHTTS is subject to sophisticated cost and output determination to measure its efficiency.

1. Call Activity
2. Complaints
3. Incidents

For further details refer to the SMHTAL Reporting Template (see page 21).

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
This Procedure is intellectual property of South Eastern Sydney Local Health District. Procedure content cannot be duplicated.