



Admission to Goldfields Mental Health Inpatient Service Procedure

Effective: 27 March 2018

1. Background

The Goldfields Mental Health Inpatient Service (GMHIS) provides assessment, care and treatment for people experiencing acute symptoms and/or behavioural change due to mental illness or psychiatric crises that cannot be managed in the community.

Patients accessing psychiatric inpatient treatment do so on the basis that care and treatment is provided in the least restrictive manner possible, consistent with the [Mental Health Act 2014](#) (WA) [MHA] and with regard to the safety of patients, staff, carers, visitors and the general public.

2. Procedure

2.1 Referral, Admission and Assessment

- If a person is referred to the GMHIS under the MHA it is the responsibility of GMHIS to receive the person referred.
- A psychiatrist's acceptance is required prior to the admission of any patient to the authorised unit as per MHA s.256 (1). This is to be documented in the patients' medical record. If a member of the on call psychiatry team approves the patient's admission, the name of the approving doctor is to be documented in the patient's medical record.
- If the person in charge of GMHIS decides that the facility is unable to accommodate the person due to a shortage of beds or for some other reason, GMHIS must then arrange the transfer of the referred person to another authorised facility, either in WACHS or to a metropolitan service.
- All potential admissions are to be seen by a mental health practitioner and documentation completed according to [Appendix 1 -Triage to Discharge Mental Health Statewide Standardised Clinical Documentation Pathway](#). Preadmission, this includes the Mental Health Triage and Brief Risk Assessment (BRA)/Risk Assessment and Management Plan (RAMP), but may also include the more detailed MH Assessment, especially when the patient is referred from a community mental health service.
- Admission of children (below the age of 18 years) will only occur under exceptional circumstances and must be specifically approved by Mental Health Clinical Director and in accordance with MHA (2014) s.303.
- If the Medical Practitioner (MP) or Authorised Mental Health Professional (AMHP) refers the patient for examination to a psychiatrist under the MHA they are to refer to the [Flowchart for Referring Practitioners](#) All patients are to be medically cleared prior to admission to the GMHIS, including appropriate medical history, examination and investigations. The clearance is to be documented by Emergency Department (ED) staff and is to be checked on admission by the receiving nurse.

- Appropriate further medical history, medical examinations and investigations are to be decided on as part of the ED medical clearance process. This can be arranged prior to admission, by mutual agreement with ED staff, or following an admission by GMHIS medical staff.
- Patients who manifest signs of behavioural intoxication are not to be admitted to the MHIS until the intoxication has resolved sufficiently for completion of a mental health assessment. This is a clinical judgement and cannot be determined solely on the basis of blood alcohol readings or other investigation results.
- GMHIS post-admission documentation includes the MH Assessment, Physical Examination and Physical Appearance forms, as well as the Treatment, Support and Discharge Plan, as detailed in [Appendix 1 -Triage to Discharge Mental Health Statewide Standardised Clinical Documentation Pathway](#).. When a patient is transferred within the same catchment area, and an assessment was recently completed it is deemed unnecessary to repeat the assessment/form. However, if the patient's condition and circumstances have changed, then a new assessment is required and the information is to be recorded on a new form. (Refer page 6 [Triage to Discharge Mental Health Statewide Standardised Clinical Documentation](#)).
- Recommendations about nursing observations and security arrangements, if required, are to be discussed with the admitting doctor in consultation with the GMHIS Shift Coordinating Nurse and included in the admission care plan.
- The need for security is to be discussed prior to the patient arriving at the MHIS between the admitting/referring psychiatrist, Shift Coordinating Nurse and/or Hospital Coordinator (HC).
- The psychiatrist or on call Senior Medical Officer (SMO) receiving the patient to the ward, must consult with the ED Medical Officer and advise on appropriate interim medication sufficient for safe care until further psychiatric assessment on the GMHIS.
- The Admission and Discharge Coordinator (ADC) or HC is to contact the GMHIS Shift Coordinating Nurse once confirmation of admission is received to determine bed availability, appropriate staffing levels and security requirements if necessary.
- The ED clinicians responsible for the patient are to provide a clinical (ISOBAR TMR41) handover of the case from the ED to the GMHIS staff with an approximate time of admission. During office hours, the clinical handover may be undertaken by the Case Manager/ Psychiatric Liaison Nurse (PLN) where they have been involved in the admission.
- Search and seizure can only be conducted as per the MHA s.162. This is to be recorded on [Form 8A - Record of Search and Seizure](#).
- GMHIS staff are to review any current [PSOLIS](#) alerts, PSOLIS Management Plans and psychiatric history.
- During office hours, or at the first available opportunity, GMHIS staff are to request the patient's CMH file if available.
- The admitting/referring psychiatrist, SC and HC are to provide input into admissions for pregnant women and mothers with babies.

- During periods of high demand for admissions or increased ward acuity GMHIS must comply with the [Assertive Patient Flow and Bed Demand Management for Adult Services Policy and Practice Guidelines](#).
- If necessary and when clinically safe to do so, voluntary patients may be transferred to or from a general ward of Kalgoorlie Health Campus (KHC) to the GMHIS following negotiation with the treating psychiatrist.
- Discharge planning must commence at admission and developed in accordance with requirements for discharge planning [MP 0058/17 Admission, Readmission, Discharge and Transfer Policy](#).

2.2 Admission Criteria

- Priority is to be given to:
 - adults, aged between 18-65. Older adults may be admitted depending on the presenting problem and if medical and nursing care can be safely provided in the MHIS
 - Patients referred for assessment and/or receiving involuntary treatment under the [Mental Health Act 2014](#) (WA) [MHA].
 - patients who are experiencing moderate to severe mental illness as determined by presenting symptoms and significant impairment of function, and/or those at risk of serious self-harm or harm to others.
- Those less likely to benefit from admission to the GMHIS include:
 - individuals whose primary diagnosis is substance use related
 - individuals whose primary diagnosis an intellectual disability or acquired brain impairment without evidence of a psychiatric disorder
 - individuals without evidence of a psychiatric disorder but with social difficulties e.g. accommodation, financial, welfare
 - individuals whose primary problem is anti-social behaviour where there is no associated psychiatric disorder or psychiatric disorder
 - chronic organic brain disorders
 - individuals with a significant forensic history.

2.3 MHIS Admission Process

- The Shift Coordinator allocates the patient's bed and a receiving nurse to the new patient.
- On arrival at the GMHIS, the allocated nurse ensures a clinical handover process is completed
- The allocated nurse completes the [MR111 WACHS Nursing Admission, Screening and Assessment Tool – Adults](#)
- All documentation is to be completed in accordance with the WACHS Documentation – Clinical Practice Standard
- The Medication Chart completed in accordance with the WACHS Medication Administration Policy is checked by the receiving nurse to ensure appropriate interim medication has been prescribed until the psychiatrist can review the patient.

- Admission documentation is to be completed including the time of arrival to the GMHIS; mandatory documents according to the [Triage to Discharge Mental Health Statewide Standardised Clinical Documentation](#) MHA status and the patient's diagnosis if known.
- GMHIS staff are to notify the Advocacy Service if the patient is receiving involuntary treatment.
- GMHIS routines, policies and procedures are to be clearly explained to the patient (i.e. property, search, visitors, smoking etc.) and the patient oriented to the MHIS; and the patient's understanding confirmed.
- GMHIS staff are to ensure the patient is given an explanation and copies of appropriate verbal and written information, including information about MHA Rights and Responsibilities. Documentation in the patient's medical record is to confirm that this has occurred.
- Patients are advised they have a right to have a personal support person/s or a nominated person under the MHA 2014. (GMHS Carer Support Person and/or Advocate Consent and Form 12A – Nomination of Nominated Person)
- GMHIS staff are to notify the next of kin of the patient's admission if consent has been given.
- The patient's possessions are to be recorded as required in the ward property book and any cash is to be registered. Searching of a patient and or property is to be done in accordance with the MHA 2014 s.164
- GMHIS staff are to notify the kitchen of the patient's meal preferences.
- GMHIS staff are to complete PSOLIS and HONOS
- The on duty/on call psychiatrist is to be notified of the patient's arrival to the GMHIS.
- MHIS staff are to ensure the patient has been issued with a Patient Identity Bracelet by ED staff (red if the patient has allergies).
- Ward clerk/hospital admissions clerk is to complete all administration tasks.

2.4 Determination of risk level and safety planning

Refer to the [Clinical Risk Assessment and Management \(CRAM\) in WA Mental Health Service Policy and Standards](#) and the [Clinical Risk Assessment and Management Procedure - Goldfields Mental Health Service](#). Reassessment of risk is to occur whenever there is a significant change in the patient's presentation and when a significant change to treatment is made.

2.5 Coordination and Communication

- All staff at GMHIS must be made aware, both verbally and at hand-over and in the ISOBAR review, of the patient's assessment, and the current management plan
- Details of all assessments, management plans, and observations are to be clearly documented in the patient's medical record according to the CRAM Procedure, [Triage to Discharge Mental Health Statewide Standardised Clinical Documentation](#) and the [Documentation Standards Procedure – Goldfields MHS](#).
- Family and personal support person/s are to be consulted in the assessment and development of the management plan, with appropriate consents.
- The patient's discharge planning is to include input from the MDT and other supporting agencies.

3. Definitions

At Risk	Risk in mental health has been defined as the likelihood of an event happening with potentially harmful or beneficial outcomes for self and others (Morgan, 2000). ¹
Treatment	Treatment means the provision of a psychiatric, medical, psychological or psychosocial intervention intended (whether alone or in combination with one or more other therapeutic interventions) to alleviate or prevent the deterioration of a mental illness or a condition that is a consequence of a mental illness, and does not include bodily restraint, seclusion or sterilisation. ²

4. Roles and Responsibilities

Clinical Staff

All clinical and clinical support staff are required to:

- ensure that a comprehensive assessment of the patient's presenting problems and health care needs is performed
- comply with requirements of laws, regulations, professional standards and industry codes of practice, WA Health and WA Country Health Service (WACHS) policies and procedures
- be aware of and comply with, site procedures and policies relevant to their area of practice
- maintain patient records in accordance with WACHS [Health Record Form Management Policy](#) requirements.

Clinical Nurse Manager

The CNM is responsible for:

- the implementation and monitoring of this procedure by MHIS staff
- reporting of any issues or problems that arise in the use of this procedure to the Clinical Director and/or Regional Manager Mental Health
- ensuring a safe patient mix and ensuring pending admissions are prioritised appropriately.

Regional Director

The Regional Director delegates the responsibility to the Regional Manager Mental Health (RMMH) for ensuring that services are delivered in accordance with this procedure and other associated policies and procedures, and for monitoring compliance through a regular audit cycle.

¹ Clinical Risk Assessment and Management in WA Mental Health Services Policy and Standards

² The *Mental Health Act 2014 (WA)*

Clinical Director

The Clinical Director is responsible for:

- overseeing and ensuring clinical governance within the GMHS
- assisting the CNM MHIS and RMMH in the resolution of any issues or problems that arise in the use of this procedure.

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) [HSA] and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

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6. Evaluation

All processes and practices of this procedure are to be monitored, evaluated, and developed as part of an overall quality improvement process at least every two (2) years.

7. Standards

[National Safety and Quality Healthcare Standards](#) (Second edition 2017):

5.4, 5.7 a, 5.9, 5.10, 5.11, 5.12, 5.13, 5.14

[EQUIPNational Standards](#) (11-15): 12.1, 12.2, 12.3, 12.4

[National Standards for Mental Health Services](#): 10.3.1, 10.3.3

8. Legislation

[Mental Health Act 2014](#) (WA)

9. References

[Guidelines for the Management of under 18 year old Mental Health Patients in Non-Child and Adolescent Mental Health \(CAMHS\) Emergency and Inpatient Settings.](#)

[Flowchart for Referring Practitioners](#) (see information sheet for referring practitioners located in the [Mental Health Act 2014 resources - list](#))

[PSOLIS alerts](#)

10. Related Forms

[Mental Health Act Approved Forms](#)

- [Form 1A - Referral for Examination by Psychiatrist](#)
- [Form 8A - Record of Search and Seizure](#)

[MR111 WACHS Nursing Admission, Screening and Assessment Tool – Adults](#)

11. Related Policy Documents

[Enhanced Observation Procedure - Goldfields Mental Health Service](#)

[Admission to Kalgoorlie Hospital Procedure](#)

[Clinical Risk Assessment and Management Procedure - Goldfields Mental Health Service](#)

[Documentation Standards Procedure – Goldfields MHS.](#)

WACHS [Assessment of Mental Health Presentations to Hospitals Guideline](#)

WACHS [Assessment, Admission, Treatment and Discharge Of Mental Health Patients In Emergency Departments And General Wards Guideline](#)

WACHS [Interhospital Patient Transfer of Mental Patients Policy](#)

WACHS [Adult Psychiatric Inpatient Services – Referral, admission, Assessment, Care, Treatment and Discharge Policy](#)

WACHS [Health Record Form Management Policy](#)

12. Related WA Health System Policies

[OD 0484/14 Clinical Handover Policy](#)

[Clinical Risk and Management \(CRAM\) in Western Australian Mental Health Services Policy and Standards](#)

[Clinicians Practice Guide for the Mental Health Act 2014](#)

[Assertive Patient Flow and Bed Demand Management for Adult Services Policy and Practice Guidelines](#)

[OD 0526/14 Statewide Standardised Clinical Documentation for \(SSCD\) for Mental Health Services](#)

- [Triage to Discharge SSCD Guidelines](#)

[MP 0058/17 Admission, Readmission, Discharge and Transfer Policy](#)

13. Policy Framework

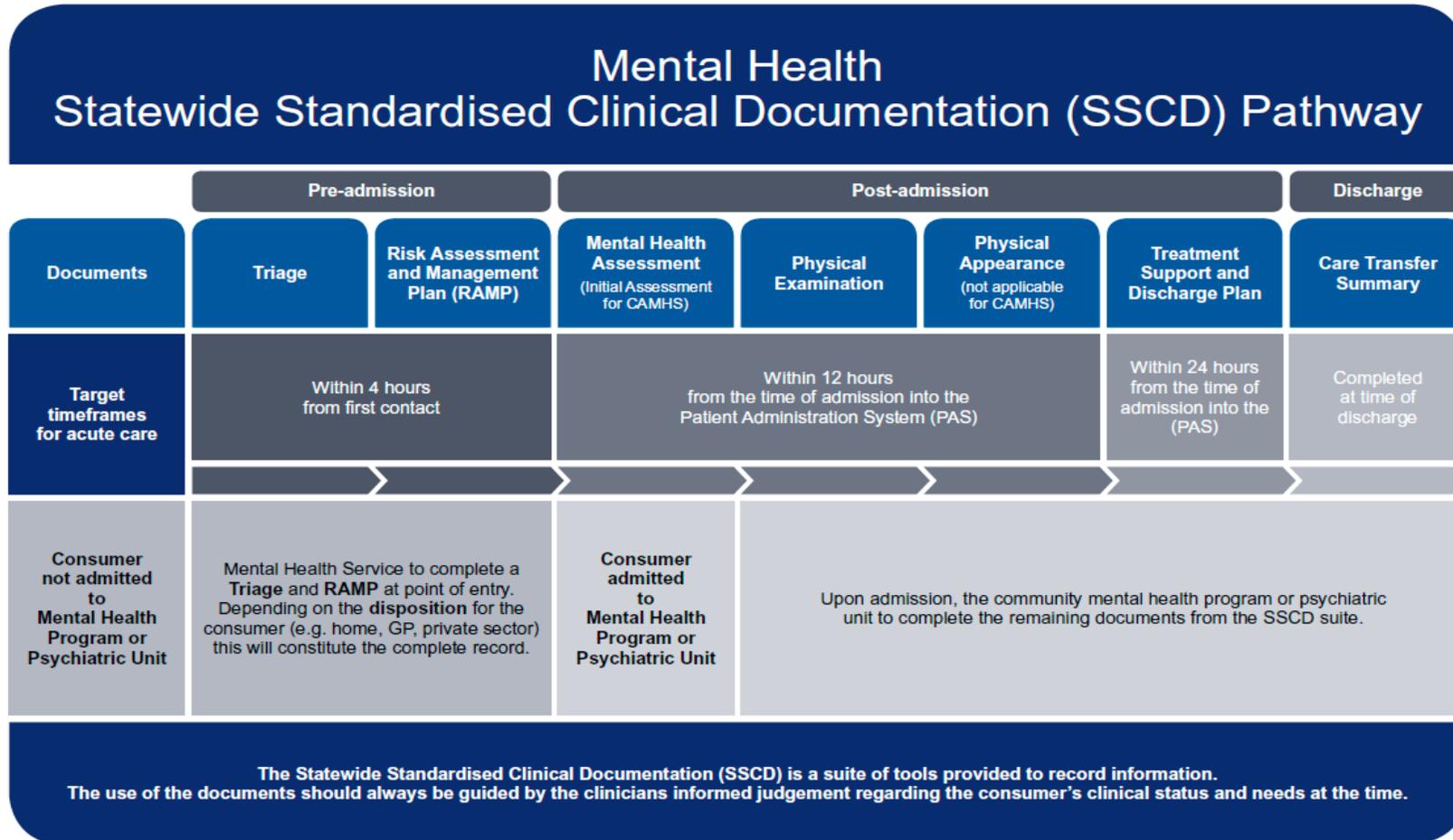
Mental Health Policy Framework

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Contact:	Business Support Officer Special Projects (V. Le Tang)		
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Appendix 1 Triage to Discharge Mental Health Statewide Standardised Clinical Documentation Pathway



[Printable version available via this link](#)