Admission to the Kalgoorlie Health Campus Procedure

Effective: 2 July 2018

1. Guiding Principles

The scope of this procedure is to cover admission of patients to the Kalgoorlie Health Campus (KHC) from the Emergency Department (ED), Outpatients Department, inter hospital transfers and remote communities.

The purpose of this and related documents is to ensure the admission process meets:

- the needs of each patient through the provision of quality care in a safe environment.
- the organisation's needs through the efficient use of health service resources, and compliance with the *Health Services Act 2016* - sections 26 and 27, and the WA Health Admission Readmission, Discharge and Transfer Policy for WA Health Services).

Every patient admitted to hospital must be under the care of a local based medical practitioner who:

- accepts clinical responsibility, either by direct admission , or on-call responsibility for ED presentations, or interhospital transfer **and**
- has appropriate clinical privileges **and**
- has admitting rights to the KHC.

2. Procedure

2.1 Direct Admissions

- General Practitioner surgery admissions - are to come via ED – no direct admissions
- Outpatients can be admitted via physicians or surgeons directly to the ward using best practise ISOBAR model endorsed by the WA Country Health Service (WACHS).
- Outpatients (either from clinics or following booked ward review) can be admitted via the paediatric team directly to the ward using best practice ISOBAR model endorsed by WACHS.
- Dialysis patients - need to be assessed via ED for admission.
- If a patient is being dialysed, a Code Blue is called and they require admission to High Dependency Unit (HDU) - direct admission is acceptable under the on-call physician.
- Palliative Care patients from the community may have direct admission.
- Inter-hospital transfers from metropolitan sites with acceptance by the appropriate team.
- Obstetrics patients - direct admission from obstetrician or GP (with appropriate credentialing) to the Maternity Ward.

When the doctor needs to admit a person to the KHC, the following process is to occur:

- Contact the Clinical Nurse Manager Patient Flow (CNMPF) during business hours or Clinical Nurse Manager After Hours (CNMAH) after 3.00 PM on week days and anytime on weekends and Public Holidays on **0427 087 147** or via switchboard on **9080 5888.**
- Information required from the doctor includes; the patient's name and date of birth, provisional diagnosis, observations (TPR, BP, SaO_2, BSL and Pain Score), relevant past medical history an interim management plan and treatment orders. This information requirement is best practice for Clinical Handover using the iSoBAR model endorsed by WACHS.
- The doctor needs to indicate when the patient is to be reviewed on the ward once admitted.
- If a specialist review / referral is required, the doctor admitting the patient is responsible for initiating and informing the specialist.
- Ward and bed is to be allocated by the CNMPF/CNMAH following the admission call.
- The CNMPF/CNMAH is to notify the Admissions Clerk for appropriate admission documents to be prepared and for the retrieval of previous stored health records.
- All patients being admitted via the Outpatient Clinic (OPC) must have a nurse escort and a clinical handover given to the receiving nurse.

2.2 Admissions via ED

When the doctor needs to admit a person to the KHC via the ED, the following process is to occur:

- Any doctor referring a patient for specialist care, who needs to be seen in the ED prior to admission to hospital, is responsible for initiating and informing the specialist prior to presentation.
- The admitting specialist must notify the ED of the pending presentation of the patient to the ED.
- The ED Medical Officer is required to contact the specialist team to accept ongoing care.
- If an ED patient is to be transferred to another hospital, the patient can be admitted under the ED FACEM. If there is a delay in transfer, the patient must be admitted under the appropriate inpatient team.
- If agreement cannot be reached, the situation is escalated to the Regional Medical Director on **0427 198 657**.
- The ED shift co-ordinator is to contact the CNMPF during business hours or CNMAH after 3.00pm on week days and at any time on weekends and Public Holidays on **0427 087 147** or via switchboard on **9080 5888**.
- RN completes the Admission Notification form to provide the appropriate clinical information (Clinical Handover model iSoBAR.)
- The CNMPF/CNMAH contacts the appropriate Ward and discusses with the Shift Coordinator using the Admission Notification Form to provide a clinical handover (iSoBAR) with a bed to be allocated and patient transfer time allocated.

- The ED staff are to notify the Admissions Clerk for appropriate admission documents to be prepared and for the retrieval of previous stored health records.
- The Ward Shift Coordinator is to allocate a nurse to accept the patient referring to the Admission Notification form and provide a clinical handover (iSoBAR).
- The admitting medical officer must ensure that a completed medication chart and plan of care is completed prior to the patient being transferred to the ward.

2.3 Specialised Areas

2.3.1 Renal Dialysis

When a patient is being treated for renal issues (renal dialysis, peritoneal dialysis, home dialysis or a renal transplant) is admitted to hospital, the following processes is to occur.

- Any doctor wishing to admit an adult renal patient under the specialist medical team must initiate referral by informing the Medical Registrar on-call who needs to agree to accept care and admit the patient under the on-call Consultant Physician prior to admission to hospital.
- The Renal Nurse Unit Manager is to be informed of the admission.
- WAHDiP Home Therapies on-call nurse **1800 159 117** is to be informed of peritoneal dialysis and home haemodialysis patients being admitted.
- If a nephrologist's review / referral is required, the admitting doctor(s) is responsible for initiating and informing the on-site nephrologists.

2.3.2 Paediatrics

When the doctor needs to admit a child or adolescent to the Kalgoorlie Hospital, the same process as described in section **2.1 Direct Admissions** is to be followed.

- Children and adolescents between the 0 - 16 years of age are admitted to the Paediatric Unit.
- Adolescent female and male patients between 12 - 16 years of age are to be admitted following consultation between the admitting doctor and the CNM or most senior Nurse of the Paediatric Unit on duty at the time.
- Paediatric patients being admitted for psychiatric reasons are to be admitted to an appropriate Adult ward with a guard .
- Female patients over the age of 16 years of age can be admitted to the Paediatric Unit if they meet the following admission criteria:
  - Clinically stable. No positive Medical Emergency Response (MER) criteria evident, nor any signs of clinical deterioration or unstable blood glucose in the past 24hrs.
  - Orientated to time and place.
  - Ambulant and not requiring any walking aids or assistance.
  - No evidence of alcohol or substance use and no previous record of alcohol or substance use.
  - No history of aggression or violence.
  - No known criminal history.
  - No history of or current serious psychiatric illness or disturbance, any confusion or behavioural disorders.

- Body mass index < 25 due to the smaller size of bathroom facilities available on the Paediatric Unit.
- Prior to admission, the adult female patient is to be informed about their admission destination, the size difference in the bathroom facilities.
- Any adult patient requiring hospitalisation who is accompanied by an infant or child boarder is to be admitted to the appropriate adult ward (as per KHC – Boarders Procedure).

2.3.3 Maternity

Pregnant women can present to, or be referred directly to the Maternity Ward from 20 weeks pregnancy onward.

When the doctor needs to admit a pregnant woman to the KHC, the same process as described in section **2.1 Direct Admissions** is to be followed.

- Neonates may be admitted back to the Maternity ward from the community up to 10 days of age (for feeding issues, weight loss or further investigations), with the mother admitted as a boarder.
- They must be accommodated in a single room and have no obvious signs of infection (otherwise they are to be admitted to Paediatric Ward)
- NETS retrievals of newborn infants (that have never been home) from hospital of birth.
- Neonates may be transferred back from KEMH or PCH NICU directly to the Maternity Ward as long as they meet the following criteria:
  - Weigh at least 1.8kg.
  - >34 weeks CGA (corrected gestational age).
  - be tolerating enteral feeds (via either NGT or suck).
  - require no ongoing respiratory support or monitoring.
- Any pregnant women presenting to the ED with pregnancy related issues are to be seen by a midwife either in ED or transferred to the Maternity Unit if there is not a life threatening situation.
- The ED Medical Officer must contact the obstetrician caring for the pregnant woman, prior to transfer to the Maternity Ward.
- Pregnant women presenting with a non-pregnancy related issue are to be seen in the ED by the medical officer. A midwife is to be contacted to review the patient either in the ED or the patient is to be transferred to the Maternity Unit for an assessment.

Admission of non-maternity patients must comply with the following criteria:

- Patients recognised as the most appropriate admission to Maternity Ward.
- All women with pregnancy related issues.
  - ERPOCS / Ectopic / intra uterine deaths / termination of pregnancy (in consultation with the patient who is to be offered another ward, in addition to Maternity Ward, prior to admission).
- Elective pre and post gynaecological surgical patients.
- Low acuity female surgical/medical patients. Ideally, these patients are to be short stay only and are to not have complicated medical issues.

2.3.4 Palliative Care

When the doctor needs to admit a patient to the KHC for palliative care, the same process as described in section **2.1 Direct Admissions** is to be followed.

The following criteria also need to apply for admission to the Palliative Care Extension of the Medical Ward:

- Admitted under the care of a medical officer who has admitting rights to the KHC.
- A written requirement for a medical or nursing intervention for symptom management or terminal care.
- The patient's Home Notes from any community based agency are to be brought to the ward.

2.3.5 Mental Health Inpatient Unit (MHIU)

- A psychiatrist's acceptance is required prior to the admission of any patient to the MHIU as per *Mental Health Act* (MHA) s.256 (1) which is to be documented in the patient's medical record.

- Priority is to be given to:
  - Adults aged 18-65. Older adults may be admitted depending on the presenting problem and if medical and nursing care can be safely provided in the MHIU
  - Patients referred for assessment and/or receiving involuntary treatment under the MHA 2014.
  - 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 MHIU include:
  - individuals whose primary diagnosis is substance use related
  - individuals whose primary diagnosis is 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.

- If necessary and when clinically safe to do so, voluntary patients may be transferred to another Kalgoorlie Health Campus (KHC) ward when a bed is required for a referred, involuntary or more acutely unwell patient.
- Admission of children (below age of 18 years) will only occur under exceptional circumstances and must be specifically approved by Mental Health Clinical Director or delegated on-call psychiatrist, 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 Referrals for Examination by Psychiatrist flowchart.

- If a member of the on call psychiatry team approves the patients' admission, the name of the approving doctor is to be documented in the patients' medical record
- All patients are to be medically cleared prior to admission to the MHIU, including appropriate medical history, examination and investigations. The documentation is to be completed by Emergency Department (ED) staff and checked on admission by the receiving nurse.
- It is mandatory that all patients must have a completed SMHMR903 Mental Health Physical Examination in the ED prior to or as soon as possible after admission.
- Appropriate further medical history, examination and investigations which include Full Blood Picture (FBP); Urea and Electrolytes (U&E); Thyroid Function Levels (TFL) and Liver Function Tests (LFT) are to be completed in the ED prior to or as soon as possible after admission.
- Recommendations about nursing observations and security arrangements, if required, are to be discussed with the admitting doctor in consultation with the MHIU 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 MHIU between the admitting/referring psychiatrist, Shift Coordinator and Clinical Nurse Manger Patient Flow (CNMPF) and/or Clinical Nurse Manager After Hours (CNMAH).
- The Psychiatrist or on call Senior Medical Officer (SMO) accepting the patient to the ward, must consult with the ED Medical Officer and give a verbal order for medication.
- The CNMPF and/or CNMAH are to contact the MHIU Shift Coordinating Nurse to determine bed availability, appropriate staffing levels and security requirements if necessary.
- The CNMPF or CNMAH is to provide a clinical (ISOBAR TMR41) handover of the case from the ED to the MHIU staff with an approximate time of admission. During office hours, the clinical handover may be undertaken by the Case Manager/Psychiatric Liaison Nurse (PLN) or nursing staff 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
- Patients with a blood alcohol level (BAL) greater than 0.05 mmol/L will not be admitted to the MHIU until the level of intoxication has been resolved and a mental health assessment can be completed.
- ED staff are to review any current PSOLIS alerts, PSOLIS Management Plans and psychiatric history. Assistance can be sought from MHIU staff.
- During periods of high demand for admissions or increased ward acuity MHIU must comply with the Assertive Patient Flow and Bed Demand Management for Adult Services Policy and Practice Guidelines.
- Voluntary patients may be transferred from a general ward of KHC to the MHIS following negotiation with the treating psychiatrist. The same may occur from MHIU to a general ward of KHC, following negotiation with treating doctors.

- If an Medical Officer or ED staff member wishes to refer a patient to the PLN during business hours (8.30-3.30pm office adjacent to the CNMAH/CNMPF), a Mental State Examination (MSE) and a SMHMR905 Mental Health Risk Assessment and Management Plan is to be completed and attached to the MR52 Consult Request Form then faxed to Community Mental Health on 9088 6201.
- The admission process to the MHIU is to be conducted in accordance with the Admission to Goldfields Mental Health Inpatient Service Procedure and documentation as required for admission under the MHA 2014

2.4 Specialised Care for Seriously Ill Patients.

Prior to transferring a seriously ill patient to the KHC, the RFDS or outlying centre medical officer must liaise with the ED FACEM on **08 9080 5610** to determine whether the hospital has the clinical resources and expertise to manage the patient. However, if a patient requires stabilisation before continuing to be transferred to the tertiary facility, interim treatment can be provided in the ED.

3. Definitions

Direct Admission	Those patients being admitted via GPs' and Specialists' surgeries, OPC and inter-hospital transfer from metropolitan services.
Admission via ED	Those patients seen in the ED and the ED medical officer decides the patient requires admission.
Admitted patients	Includes both overnight and same day patients and may include different types of episodes of patient care such as acute care, rehabilitation and palliative care.
Non-admitted patients	Those patients who are treated in the ED but are not admitted to a holding ward, treated in an outpatient department and services provided in the community or by outreach services.
BGHS	Bega Garnbirringu Health Service
CNMAH	Clinical Nurse Manager After Hours
CNMPF	Clinical Nurse Manager Patient Flow
ED	Emergency Department
FACEM	Fellow of the Australian College of Emergency Medicine
GP	General Practitioner
HDU	High Dependency Unit
iSoBAR	Clinical Handover model
KEMH	King Edwards Memorial Hospital

KHC	Kalgoorlie Health Campus
MHA	Mental Health Act
MHIU	Mental Health Inpatient Unit
NETS	Neonatal Emergency Transport Service
OPC	Outpatient Clinic
PLN	Psych Liaison Nurse
PCH NICU	Perth Children's Hospital Neonatal Intensive Care Unit
RFDS	Royal Flying Doctor Service
RN	Registered Nurse
WACHS	WA Country Health Service

4. Roles and Responsibilities

The **Medical Officer** is responsible for:

- making the clinical decision to admit the patient
- designating and document each Episode of Care
- documenting in the patient's Health Record, the reasons for admission, physical assessment, medications, allergies and a plan of care
- **medical care of the patient during their hospital safety and clinical** handover to an appropriate on-call or practice colleague in their absence
- visiting inpatients and document in health record at least daily
- completion of a medical discharge summary.

The **CNMPF/CNMAH** is responsible for:

- receiving notification of request to admit and records information about the provisional diagnosis, baseline observations, relevant past history and treatment plan
- determining suitable bed allocation and ward
- conveying the information to the Shift Coordinator for the allocated ward
- negotiating a suitable transfer time for the patient to arrive on the ward.

The **ED** / **OPC Nurse** is responsible for:

- notifying the CNMPF/CNMAH of patient to be admitted
- providing clinical handover (iSoBAR model)
- ensuring all documentation is completed
- escorting patient to ward at time negotiated by the CNMPF/CNMAH
- assisting the ward staff to transfer the patient into the bed
- giving clinical handover (iSoBAR model) to the Ward Nurse at the patient's bedside.

The **Ward Shift Coordinator** is responsible for:

- recording on the Admission Notification form the all of the information provided by the CNMPF/CNMAH
- allocating a suitably skilled nurse to receive and admit the patient
- liaising with, and review of the patient with the admitting nurse to ensure that the patient's condition is stable
- assisting in the development of an appropriate Nursing Care Plan.

The **Ward Nurse** is responsible for:

- preparing the patient room environment and documentation for the patient's admission to the ward
- receiving clinical handover (iSoBAR model) from the ED Nurse or OPC Nurse at the patient's bedside
- completing patient assessment and documentation
- developing an individualised Nursing Care Plan in consultation with the Shift Coordinator
- filing Admission Notification form in Health Record.

5. Compliance

Failure to comply with this policy 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* (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.

6. Evaluation

Number of clinical incidents documented due to inappropriate clinical handover every six months.

7. Standards

National Safety and Quality Healthcare Standards (First edition 2012) - 1, 2, 5, 6
National Safety and Quality Healthcare Standards (Second edition 2017) - 1, 2, 5, 6
EQuIPNational Standards - 11, 12, 14, 15
Aged Care Accreditation Standards - 1, 2
National Standards for Mental Health Services - 1, 2, 3, 4, 8, 9, 10
National Standards for Disability Services - 1, 5

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

Clinicians Practice Guide for the Mental Health Act 2014

10. Related Policy Documents

WACHS Assessment, Admission, Treatment and Discharge of Mental Health Patients in Emergency Departments and General Wards Policy

WACHS Assessment Admission Treatment and Discharge of Mental Health Patients in Emergency Departments and General Wards Guideline

WACHS Screening and Assessment of MH Patients in WACHS Hospitals Flowchart

WACHS 'BACPAC' Mental State Assessment Addendum

WACHS Interhospital Patient Transfer Policy

WACHS Adult Psychiatric Inpatient Services – Referral, Admission, Assessment, Care and Treatment Policy

Enhanced Observations Procedure - Goldfields Mental Health Service

Clinical Risk Assessment and Management Procedure – Goldfields Mental Health Service

11. Related WA Health System Policies

WA Health Clinical Handover Policy

Clinical Risk and Management in Western Australian Mental Health Services Policy and Standards

Assertive Patient Flow and Bed Demand Management for Adult Services Policy and Practice Guidelines

12. WA Health Policy Framework

Mental Health Policy Framework

This document can be made available in alternative formats on request for a person with a disability

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