



Canberra Health Services Operational Guideline Management of Mental Health beds in the General Hospital.

Contents

Contents

Contents	1
Guideline Statement	3
Key Objective.....	3
Alerts	3
Scope	3
Section 1 – Accepting people in to a mental health bed within a General Hospital environment.....	4
Section 2 – Care and responsibility	5
2.1 Nursing.....	5
2.2 Administration Support	5
2.3 Psychiatry Support.....	5
2.4 Allied Health	6
2.5 Medication and Medical interventions	6
Section 3 – Risk Assessment and Review	6
3.1 Risk Assessment.....	7
3.2 Leave under the Mental Health Act 2015	7
3.3 Increasing the level of observation	8
3.4 Decreasing the level of observation.....	8
3.5 CRA Review	9
3.6 Observation Forms	9
Section 4 – Management of challenging behaviour or at risk situations	10
4.2 Absent Without Leave or unauthorised leave.....	11
4.2.1 Notifications	12
4.2.2 Return from AWOL or unauthorised leave.	13
Section 5 – Clinical Handover.....	14
5.1 Verbal Handovers	15

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	1 of 18



5.2 Documentation of Clinical Interventions 15

Section 6 – Discharge/Transfer 16

Implementation..... 17

Related Policies, Procedures, Guidelines and Legislation..... 17

References..... **Error! Bookmark not defined.**

Definition of Terms (if applicable)..... **Error! Bookmark not defined.**

Search Terms 18

Attachments..... **Error! Bookmark not defined.**

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	2 of 18

Do not refer to a paper-based copy of this policy document. The most current version can be found on the ACT Health Policy Register



Guideline Statement

The use of General Hospital beds for the short-term management of mental health patients is a practice that has been used over time.

Mental Health Justice Health, Alcohol and Drugs Service (MHJHADS) supports the use of General Hospital Beds for mental health consumers in instances where it is safe to do so and that the person receives the optimum level of care and treatment as they would if they were in ED or in a Mental Health Unit.

There may be occasions where it may be suitable to place a person who is detained under the Mental Health Act 2016, within a General Hospital bed. The risk of harm to self or others should be considered and following the completion of a Clinical Risk Assessment (CRA). Only consumers with a Low or Low/Medium risk will be admitted to a General Hospital bed. Under no circumstances should a person with a CRA indicating Medium/High or High risk be admitted to a General Hospital bed.

Key Objective

The key objectives of the document are to provide safe and equitable access to inpatient beds at times of high peak demand when the usual access to inpatient mental health beds are unavailable due to extreme bed pressure.

Alerts

- People who are admitted to General Hospital beds for mental health care and treatment, care and support must not pose any significant or serious risk to themselves, other patients within the same environment or to staff working within the General Hospital wards.
- The option to use mental health beds in a General Hospital environment is a last resort when all other avenues for securing an appropriate mental health bed have been exhausted and only where certain conditions in relation to the appropriate and safe clinical care of the patient can be ensured.

[Back to Table of Contents](#)

Scope

These guidelines apply to all staff in the following areas:

- The Canberra Hospital Emergency Department
- Adult Mental Health Unit
- Mental Health Short Stay Unit
- Mental health Consultation Liaison Unit
- Canberra Hospital Patient Flow Unit
- All staff accepting co-located admitted people under the responsibility of the Mental Health team.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	3 of 18



[Back to Table of Contents](#)

Section 1 – Accepting people into a mental health bed within a General Hospital environment

Operational Responsibility:

The responsibility to open mental health beds located in General Hospital wards is the sole responsibility of the Adult Acute Mental Health Services (AAMHS) Clinical Director in discussion with the AAMHS Operational Director (in hours), or the On-call Psychiatrist in discussion with the CHS Executive on Call (out of hours).

Once the decision is made to open general hospital beds for mental health patents, the clinical and operational governance of these spaces is the responsibility of the AAMHS.

Delegation to open General Hospital beds:

It is the preference of the AAMHS that the opening of General Hospital beds to support care of Mental Health consumers occurs within business hours on weekdays or morning shifts on weekends where additional supports proficient in the utilisation of General Hospital Beds for Mental Health consumers are available. This includes the expertise of the Territory Wide Mental Health Access Coordinator or the Weekend AMHU/MHSSU CNC.

Ultimately however, the delegation to open General Hospital beds sits with the Chief Operation Office or delegate (in ours) and the Executive on Call (after hours) in alignment with CHHS16/235 Capacity Escalation Procedure.

A decision to open mental health bed in the General Hospital environment will only occur if there is a physical bed available in the allocated area and following discussion with the AAMHS Operational Director or CHS Executive on-call.

Due to high peak demand, the Canberra Hospital Patient Flow Unit (Business Hours) or After-Hours Hospital Manager (AHHM) (After-Hours) request that a person be considered for transfer to a General Hospital bed. To facilitate this, the;

- CHS Patient Flow Unit will contact the Mental Health Access Coordinator (business hours) who in turn will escalate as per the CHS Capacity Escalation Procedure.
- The AAHM should contact the CHS Executive On-Call (After Hours), to discuss and seek approval.

Patient identification:

Suitability for admission to general hospital beds is to be determined following specialist psychiatrist review (e.g. patients who are known to AMHU/MHSSU teams and deemed suitable or patients who have been reviewed by the MHCL psychiatrist and have been found suitable for admission). Patients cannot be admitted to general hospital beds after an initial assessment by the psychiatry registrar only.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	4 of 18

Do not refer to a paper-based copy of this policy document. The most current version can be found on the ACT Health Policy Register



[Back to Table of Contents](#)

Section 2 – Care and responsibility

2.1 Nursing

The identified General Hospital Beds at the Canberra Hospital fall under the responsibility of the Mental Health Short Stay Unit (MHSSU) with regards to nursing and administrative support.

The required establishment for staffing the clinical area allocated for mental health beds in the General Hospital environment based on a 1:4 ratio and includes at a minimum A full-time equivalent (FTE) of one Registered Nurse per shift and one Assistant in Nursing per shift over a twenty four hour, seven day per week period.

The MHSSU Clinical Nurse Consultant (CNC) has clinical and management responsibility of mental health staff working in the General Hospital ward. Responsibilities of the CNC includes ensuring that the staff are supported and have a direct reporting line to the CNC for any concerns or clinical issues.

The CNC must provide a visible presence in the location where people have been admitted and provide supervision of nursing practice including compliance with Canberra Health Service (CHS) Policies and Procedures pertinent to the General Hospital environment as well as any MHJHADS Policies, Procedures and Guidelines.

The MHSSU CNC reports directly to the Adult Mental Health Unit AMHU Assistant Director of Nursing.

2.2 Administration Support

The MHSSU Administrative Support Officer (ASO) is responsible for providing administrative support for people admitted to mental health beds in the General Hospital beds exactly as is current practice with MHSSU admitted people. The nursing staff will be able to contact the MHSSU ASO as required to complete administrative requirements. It will be expected that the ASO attends the location where the people are receiving care and treatment at a minimum of once per day to collect any paperwork, files, or Mental Health Act 2016 documents.

2.3 Psychiatry Support

The person is formally admitted under the care of a designated Consultant Psychiatrist who is responsible for the ongoing psychiatric care of the person.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	5 of 18
Do not refer to a paper-based copy of this policy document. The most current version can be found on the ACT Health Policy Register					



Clinical responsibility for patients admitted to general hospital beds lies with the MHCL team psychiatrist as the default. The only time that this is not the case is when patients are transferred from AMHU/MHSSU and the previous treating team agree to continue care for the patient.

The medical care (medical/surgical or otherwise) is provided by the Junior Medical Officer (JMO)/ Registered Medical Officer (RMO) of the admitting team (MHSSU, AMHU or MHCL).

Psychiatric reviews on business days will be daily by the treating team. On weekends, reviews will occur as required. Out of hours medical cover is provided by the JMO assigned to mental health inpatient units.

2.4 Allied Health

People admitted to the General Hospital beds are able to access the therapeutic program in AMHU accompanied by the RN and AIN allocated to the General Hospital environment.

The Allied Health Assistant in AMHU will facilitate the transfer of people to and return from AMHU.

Lunch for people attending AMHU from the General Hospital will be provided in AMHU.

If it is considered unsuitable for people to attend the therapeutic group program or a person refuses to attend then the transfer of all people will not occur and lunch will be provided in the area where the people are located in the General Hospital.

In addition, the Allied Health Professionals allocated to MHSSU will also be responsible for coordinating and facilitating any allied health supports for those people in General Hospital Beds. This extends to the Consumer Consultant who will attend each person daily.

2.5 Medication and Medical interventions

Medication and other medical supplies will be provided by the ward where the people were originally admitted and stored in a Computer on Wheels. The administration of medication or medical interventions will be carried out by the AAMHS assigned Registered Nurse allocated to provide care to the people admitted to the area allocated.

Where required any medical interventions outside of the scope of the RN will be provided in discussion with the MHSSU CNC and the Psychiatry Registrar responsible for the person admitted to the General Hospital beds.

Section 3 – Risk Assessment and Review

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	6 of 18
Do not refer to a paper-based copy of this policy document. The most current version can be found on the ACT Health Policy Register					



A thorough Mental Health and Clinical Risk Assessment is mandatory to establish the suitability of people being admitted to a mental health bed in the General Hospital. Patients can only be admitted to general hospital beds if their risk profile allows treatment in such an environment. This is a clinical decision that includes discussion with medical, nursing, and allied health staff as required. Typically, patients will be a maximum ARC level 2. Some patients on ARC 3 may still be suitable for these beds, although this decision has to be weighed up carefully.

People who have been admitted to a mental health bed in the General Hospital must be reviewed daily and receive a Clinical Risk Assessment Review during each nursing shift. The At-Risk Category (ARC) will be reviewed each shift and discussed with the treating team or on-call Registrar if required.

Risk assessments are an integral part of the care provided to people admitted to a mental health bed in a General Hospital environment and are best done collaboratively with the person, family/carer/nominated person, and the treating team. Risk assessments are recorded on the Clinical Risk Assessment (CRA) form to inform a decision about the level of risk management that the person requires (See *AMHU Operational Procedure*).

Engagement and interaction with the person is a clinically valid, therapeutic tool used to manage, contain and more accurately monitor issues of risk. In a mental health setting, the CRA reinforces this important concept through the use of therapeutic engagement and observation throughout admission to Hospital, based on assessed level of risk and principle risk concern(s).

3.1 Risk Assessment

Arc Level	Level of Risk	Description
Level 1	Low risk	General Engagement and Observations every 2 hours
Level 2	Low to Medium risk	Intermittent Engagement and Observation every 50-60 minutes
Level 3	Medium risk	Frequent Engagement and Observation every 20- 30 minutes
Level 4	Medium to High risk	Close Engagement and Observation every 10- 15 minutes
Level 5	High risk	Continuous Engagement and Observation

3.2 Leave under the Mental Health Act 2016



There are several leave provisions in the Mental Health Act 2016 that are applicable to involuntary person detained in a mental health facility. Providing a person with leave is recognised as an important and integral part of the care and rehabilitation process.

No provision for leave for any reason will be permissible until reviewed by the Psychiatrist responsible for the consumers care and treatment. The On-call Psychiatrist is not authorised to approve leave for consumers admitted to a mental health bed in the General Hospital environment unless they have sighted and reviewed the consumer and documented in the Mental Health, Alcohol, Justice Health Integrated Care Electronic Record (MAJICeR).

If the person has been granted unescorted leave, they are to have a risk assessment prior to leaving the unit. They are also to be aware of the limits of the leave are (such as time allowed, location etc).

It is the responsibility of the allocated nurse to document in the person’s eMR: when a person proceeds on leave, when they return and the outcome of that period of leave including contact details. This documentation should occur for every episode of leave and should include a current description of their clothes, where they are on leave to and legal status.

3.3 Increasing the level of observation

The Registered Nurse responsible for the area identified for caring for people admitted to mental health beds in the General Hospital environment has the authority to increase an ARC score however the MHSSU CNC must be involved in the decision-making process. Such decisions and the rationale must be recorded within the person’s clinical file notes and a CRA re-assessment form completed. The person is to be reviewed by their treating team as soon as practicable.

Changes within the level of observation must be communicated to the person and efforts made to engage their cooperation within their treatment, care, and support. In addition, the change in the person’s level of observation has to be communicated to other clinicians during the hand over process and documented in the ECR and bed list.

3.4 Decreasing the level of observation

Evidence to support a decrease in level of observation must be based upon documentation, verbal reports and observed behaviour to suggest that the level of risk has reduced.

Note:

Any reduction in the ARC category and level of observation can only take place after the Registered Nurse and the Psychiatric Registrar or Consultant Psychiatrist have completed a CRA and downgraded the ARC score.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	8 of 18
Do not refer to a paper-based copy of this policy document. The most current version can be found on the ACT Health Policy Register					



Once the decision to reduce the level of observation has been agreed in consultation with the treating Psychiatrist, the rationale for this decision must be fully documented within the person’s clinical file notes and on the Clinical risk re-assessment form.

All changes within the level of observation must be communicated to the person and efforts made to engage their cooperation within their prescribed care. In addition, the change in the person’s level of observation has to be communicated to other clinicians during the hand over process.

The results of the review are to be communicated to the clinicians during the hand over process and also to the person who it affects.

3.5 CRA Review

A review of the CRA is to take place during the Multi-Disciplinary Team (MDT) meeting when the person’s care is being discussed. The result of the review and rationale for the decision is to be documented in the person’s clinical notes.

Additionally, CRA reviews are to be completed by medical staff in consultation with nursing staff on the following occasions:

- If a person’s risk factors are perceived to have changed due to changes in their mental state or behaviour, and
- Prior to a person’s discharge.

If the consumer’s CRA increases to Medium Risk, a decision on whether the patient is still suitable for general hospital beds must be reached within the MDT. If the consumer’s CRA increases to Medium High or High Risk, the RN must immediately contact the ACT Wide Mental Health Access Co-ordinator (Business Hours) or the Patient Flow Unit (After Hours) to arrange an urgent transfer to an inpatient mental health unit bed either MHSSU or AMHU. If an immediate bed is unable to be located the MHSSU CNC must be contacted to request a Security person or Wards person assistance in the area and the person placed on either ARC 4 or 5 as discussed with the treating team.

The Patient Flow Unit/After Hours Hospital Manager and the ACT wide Access Co-ordinator will continue to identify the first available inpatient mental health bed.

3.6 Observation Forms

An ARC Observation form must be completed for each person by the Registered Nurse or the medical team.

All observations are to be recorded at the actual time stating the date, the actual time sighted, (not an approximation), location/activity and the name of the staff member sighting the person.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	9 of 18
Do not refer to a paper-based copy of this policy document. The most current version can be found on the ACT Health Policy Register					



If the ARC score is 3 or higher, the clinician must involve the MDT with the development of a care plan to mitigate and manage the risk. This is to be documented in the person’s notes in addition to being communicated to the staff during the hand over process.

All completed ARC Observation Charts are to be filed in the person’s clinical file.

Section 4 – Management of challenging behaviour or at-risk situations

During the course of the persons admission to a mental health bed in a General Hospital environment there may be occasions when a person may pose a significant risk to themselves or others.

Registered Nursing staff should be available within the area to identify any escalation in at risk situations or notable deterioration in mental state.

It is important to recognise potential for violence and aggression that may be due to treatment, social factors, illness/health issues, and put strategies in place to manage risk.

Rapid assessment and early intervention can prevent or reduce the risk of harm in a violent or aggressive incident.

If it is identified that the person is becoming a risk to themselves or others the Registered Nurse must attempt de-escalation techniques to defuse any further deterioration or increase in risk. The registered nurse should request that the assistant in Nursing (AIN) seek assistance from the ward staff in the immediate location and contact the MHSSU CNC to attend the area where the Nurse and person is located (see *CHHS Violence and Aggression by Patients Consumers and Visitors Policy* and *MHJHADS Clinical Guideline Identification, Mitigation and Management of Aggression and Violence in MHJHADS Bed Based Services* for more information).

On occasions where the person becomes aggressive and threatening the Nurse should leave the immediate area but be able to maintain visual contact with the person and request a code Grey or Code Black is called, by either the ward staff in the area or by the AIN.

The MHSSU CNC must attend all Code Grey and Code Black situations within the area, unless a similar or higher risk code is called in the MHSSU.

If the CNC is unable to attend, they should present themselves to the area following de-activation of the code in MHSSU to support and review the incident.

4.1 Immediate Response to Actual or Potential Patient, Consumer or Visitor Violence or Aggression

At all times staff safety and the safety of patients, consumers and the public are paramount. The response to violence and aggression should be proportionate to the level of violence and aggression being displayed (see *CHHS Violence and Aggression by Patients Consumers and*

Doc Number	Version	Issued	Review Date	Area Responsible	Page
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	10 of 18

Do not refer to a paper-based copy of this policy document. The most current version can be found on the ACT Health Policy Register



Visitors Policy and MHJHADS Clinical Guideline Identification, Mitigation and Management of Aggression and Violence in MHJHADS Bed Based Services for more information).

Options for action include:

- Attempting to de-escalate the situation where possible using defusing techniques learnt in training such as Predict, Assess and Respond to Challenging/Aggressive Behaviour (PART), or the e-Learning package on Capabiliti 'Personal Safety and Conflict Awareness training'.
- Involving a carer or support person in de-escalation if available and as appropriate
- Consideration of review of the patient or consumer by a clinician e.g. violence due to pain, impairment
- Advise the violent person that assistance has been requested and seek support from other staff, and
- If the person is a visitor, or not an inpatient, request that the person leave the immediate area.

If unable to de-escalate the situation follow the Code Black procedures for your location. Emergency Plans for all CHS and ACT Health Directorate locations are available on the ACT Health intranet by going to HealthHub Home - Emergency & Safety - Emergency Plans

To call a Code Black staff should:

- Dial 2222 and call a Code Grey or Code Black
 - Provide details of the incident
 - Attempting to de-escalate the situation where possible using defusing or de-escalation techniques
 - Involving a carer or support person in de-escalation if available and as appropriate
 - Consideration of review of the patient or consumer by a clinician e.g. violence due to pain, impairment.
 - Advise the violent person that assistance has been requested and seek support from other staff, and
 - If the person is a visitor, or not an inpatient, request that the person leave the immediate area.

4.2 Absent Without Leave or unauthorised leave

When a person cannot be located or has not returned from approved leave, the following procedures are to be followed:

- Attempt to contact the person by their mobile or other phone number.
- Establish that the person has not been granted leave by the treating team (e.g. by reviewing clinical notes).

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	11 of 18
Do not refer to a paper-based copy of this policy document. The most current version can be found on the ACT Health Policy Register					



- Implement a search to ensure the person is not within the immediate area, typically commencing from their bedroom and then moving through ward areas including bathrooms, toilets and offices, in order of decreasing accessibility (unless information to suggest the person more likely to be in one particular location).
- Canberra Hospital Health Services (CHHS) Security should also be contacted as they may also be able to assist in search and also have access to Closed-Circuit Television (CCTV) video surveillance from the hospital to help establish the location or most recent known location of the person.

4.2.1 Notifications

Once it is established that the person is missing,

- The Registered Nurse on the shift and the treating team are to be advised, or if it is after hours the Psychiatry Registrar on call is to be contacted.
- After hours, the After-Hours Hospital Manager for the Canberra Hospital is to be informed.
- The CNC of MHSSU will be informed during business hours who in turn will advise the ADON of AMHU.
- The Unit Operational Director or Mental Health Director on call (after hours) must also be informed of all unauthorised absences from any inpatient units.

After discussion with the Treating Psychiatry Registrar or the on-call Psychiatry Registrar, and based on identified risk factors, follow-up action is planned, implemented, and documented in the clinical notes by the Registered Nurse on the shift. This may include leave being granted or extended as a result of risk review. Medical staff and nursing staff are to review and update the Clinical Risk Assessment (CRA) for the person.

If the person is deemed by the treating team to be at acute or immediate risk, staff will attempt to contact the person and request that they return to the ward offering them assistance to do so. The person’s carer, nominated person, guardian or family should be contacted to advise them of the current situation and establish if they are aware of the person’s whereabouts.

If the person is deemed to be at significant risk and does not agree to return, ACT Policing (ACTP) must be notified immediately by the Registered Nurse and asked to provide an emergency response.

The Registered Nurse should complete the Unauthorised Leave Risk Assessment Form should be completed and staff must scan and email the Risk Assessment form to actcommunications@afp.gov.au. Staff must then telephone ACTP on 0-131444 and ask to discuss the risk assessment with the Police Operations Sergeant. Staff should also discuss the unauthorised leave with ACTP mental health clinician in operations (MHCiOPs) if they are on duty.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	12 of 18
Do not refer to a paper-based copy of this policy document. The most current version can be found on the ACT Health Policy Register					



When ACTP receives an unauthorised leave notification, a joint decision will be made between ACTP, the treating team and the senior nurse on duty on how to triage the referral based on an assessment of the risks. ACTAS may need to be consulted as part of the decision-making process in cases where the person may be medically compromised.

N.B. Cases where the Registered Nurse of the shift in consultation with the on-call Psychiatry Registrar assesses a person as low risk, including persons subject to a Psychiatric Treatment Order (PTO) or Community Care Order (CCO), do not have to be reported to ACTP. However, the decision not to report these to ACTP must be clearly documented in the person’s electronic medical record (EMR) including the rationale for not reporting the unauthorised leave to ACTP and the clinicians involved in reaching that decision. The Operational Director (Director on call after hours) and the treating Consultant (Consultant on call after hours) must be informed by the RN when a person is on unauthorised leave, is assessed as low risk and doesn’t require follow up by ACTP. If the person is not deemed to be at immediate risk and not requiring ACTP assistance, the RN will still attempt to contact the person and request that they return offering them assistance to do so. When the person cannot be contacted, the RN will inform the person’s carer, nominated person, guardian, next of kin, or close family to advise them of the current situation and establish if they are aware of the person’s whereabouts.

During business hours when the person cannot be located or, if located and cannot be persuaded to return to the ward, the clinical manager or community team responsible for the care of the person is to be contacted by the Registered Nurse of the shift and informed of the situation. The inpatient treating team will liaise with the community team around a possible plan to assist in locating and returning the person to the inpatient facility (e.g. home visit). As part of the discussion, both teams will determine who is responsible for taking any agreed course of action.

In the event that the person is not managed by a regional community team, or it is after hours, the Registered Nurse of the shift will contact the Mental Health Access Team to discuss a possible plan to assist in locating and returning the person to the inpatient facility (e.g. home visit).

4.2.2 Return from AWOL or unauthorised leave.

If the person returns to the hospital in the company of ACT Police or ACT Ambulance Service i.e. they have not voluntarily returned, they are to be not to return to the mental health bed in the General Hospital, but should be presented to the Emergency Department for a thorough Mental Health and Clinical Risk Assessment by the ED Psychiatry Registrar and the process for review commenced as if they were a new presentation to ED.

The person is to be statistically discharged from the hospital at this point and the bed is deemed available for an otherwise suitable person as per the criteria above.

[Back to Table of Contents](#)

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	13 of 18

Do not refer to a paper-based copy of this policy document. The most current version can be found on the ACT Health Policy Register



Section 5 – Clinical Handover

Clinical Handover refers to the transfer of professional responsibility and accountability for some or all aspects of care for a consumer, or group of consumers, to another person or professional group on a temporary or permanent basis

Clinical Handovers will occur at the consumer’s bedside where possible. This should occur on every shift as a minimum. Opportunity should be provided at each handover for consumers/carers to be involved. The involvement of carers or visitors in handover can only occur following consent from the consumer.

Whilst it is preferable that handover occur at the persons bedside, it is recognised that some private or sensitive information may need to be discussed that may cause distress or deterioration in the persons mental state. Matters related to confidentiality should also be recognised.

At times when privacy and confidentiality are a concern and need to be recognised the handover may take place elsewhere, such as a common private area on the ward or office space.

When on occasions the handover needs to take place in an area away from the persons clinical area there should be one (1) member of the clinical team or AIN present at all times.

At each point of handover during the consumer journey:

- Use the consumer record to cross-check information, using the three unique identifiers (see *Patient Identification and Procedure Matching Policy and Procedure* for more information).
- Communicate all important findings or changes of condition/care, including reference to medication, Mental State, infection status and relevant precautions, all clinical risks and risk of deterioration and estimated date of discharge.
- Ensure clinician receiving handover understands and accepts the handover.
- Ensure, where relevant a multidisciplinary approach is taken.
- Ensure, where possible, that people and carers are included in handover discussions.
- Ensure accountability and responsibility for a persons care is assigned and understood.
- Document in the clinical record when handover of care has occurred

Clinical handovers can vary depending on consumer circumstance; points of handover include but are not limited to:

- During a shift change
- When consumers are transferred within a health facility and/or between health facilities

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	14 of 18

Do not refer to a paper-based copy of this policy document. The most current version can be found on the ACT Health Policy Register



- During admission, referral, or discharge
- In a ward round setting or multidisciplinary meeting where patient care and accountability is transferred e.g. Nursing Staff to Allied Health or Medical staff.

5.1 Verbal Handovers

All verbal handovers will use the ISBAR (introduction, situation, background, assessment, recommendation/read back) method of handover. This ensures that handover includes the following information at a minimum in the handover process.

Note: ISBAR refers to the minimum amount of information that must be contained in every clinical handover. Clinical areas may choose to utilise ISOBAR instead where the ‘O’ stands for Observation.

This data set must include the following:

- **Introduction:** Use three unique identifiers (Name, DOB, URN or address) to identify the consumer, introduce yourself and the clinician taking over the consumer’s care
- **Situation:** State the immediate clinical situation of the consumer and list the most important and recent observations including interpretation of observations
- **Background:** Provide relevant background/history to the consumer's clinical situation, i.e. reason for admission and other health and risk factors including allergies and infection status
- **Assessment:** Identify assessments, including risks and actions that need to occur, i.e. anticipated consults, test results, risk of falls, risk of deterioration, medications etc.
- **Recommendations/ Read back:** identify timeframes and requirements for handover of care. Read back is an opportunity for staff/consumer/carers to ask questions or comment. Ask receiver to repeat key information to ensure a shared understanding.

5.2 Documentation of Clinical Interventions

For written handover ISOAP (Identification of those present including staff/consumer/others, subjective information, objective information, analysis/ action/ advice, and plan) is recommended and should follow these principles:

- All clinical interventions must be documented and include any relevant information that is likely to impact on the clinical care of the consumer.
- Clinical documentation should be completed at the time of intervention. If this is not possible, documentation must be completed before the end of the shift in which the intervention occurred.
- All clinical documentation should comply with the Clinical Record Management Procedure.
- Documentation is to be organised according to the (I)SOAP tool headings:

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	15 of 18

Do not refer to a paper-based copy of this policy document. The most current version can be found on the ACT Health Policy Register



- **I:** Intervention/Introduction - Identify yourself and give your reason for the clinical handover or interventions planned. Identify consumer using unique identifiers and others present such as carer, advocate, or interpreter.
- **S:** subjective information - Presentation of the consumer’s viewpoint – their story, how they may feel
- **O:** objective information - Objective observations of the consumer – factual, unbiased, and measurable
- **A:** analysis/action/advice - Analysis and interpretation of subjective and objective information followed by action implemented and any related advice or education provided
- **P:** plan - Plan of care to incorporate any required changes to interventions and time frames – includes changes to care plans

Section 6 – Discharge/Transfer

All people admitted to a mental health bed in a General Hospital environment must be transferred to a mental health inpatient bed as soon as is practicably possible depending on acuity, risk, and bed availability.

The ACT Wide Mental Health Access Co-ordinator is responsible for identifying a suitable bed within a timely manner (see *ACT Wide Bed Access and Management Operational Guidelines*). The Acuity and Clinical Risk of the person including staff and the environment are considerations when determining bed availability and transfer.

There may be occasions that the person admitted to a mental health bed in a General Hospital environment only requires a short period of care and treatment to enable stabilisation of treatment or symptoms. On these occasions the person may be discharged home directly from the area without requiring a transfer to a mental health inpatient unit.

All people admitted to a mental health bed in a General Hospital environment are required to have an Estimated Discharge Date (EDD) recorded in their clinical file. The EDD may be moveable, in that the EDD is dependent on mental state improvements or deteriorations, which may change from the initial EDD.

When a decision is made to discharge a person within 24 hours, including the day of discharge, the RN must immediately inform the ACT Wide Mental Health Access Co-ordinator.

The ACT Wide Mental Health Access Co-ordinator must also be informed when a person has left the area on discharge.

The Registered Nurse responsible for coordinating the discharge of a person must also inform the MHSSU CNC and Admin Support Officer either immediately prior to or when the person has left the area.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	16 of 18
Do not refer to a paper-based copy of this policy document. The most current version can be found on the ACT Health Policy Register					



Pre-transfer observations, for arranging the transfer, and for ensuring adequate communication of clinical and risk information that would include all relevant documentation of the persons management plan, should accompany the patient.

The bed area should immediately be made ready for the next admission by following usual CHS procedures.

[Back to Table of Contents](#)

Implementation

Implementation of the Canberra Health Services, Operational Guideline, Management of Mental Health beds in the General Hospital will be communicated to all staff through usual communication strategies:

- Email to all Heads of departments in MHJHADS
- Introduction at tier 1 Quality meetings
- Email to all clinical staff in MHJHADS
- Introduction and Discussion at staff meetings

[Back to Table of Contents](#)

Related Policies, Procedures, Guidelines and Legislation

What ACT Health policies/procedures/guidelines and ACT legislation are related to this body of work

Policies

- Canberra Health Services, Operational Policy, Violence and Aggression by Patients, Consumers or Visitors

Procedures

- Canberra Hospital and Health Services, Operational Procedures, Adult Mental Health Unit (AMHU)
- Canberra Health Services, Operational Procedure, Violence and Aggression by Patients, Consumers or Visitors
- Canberra Hospital and Health Services, Clinical Procedure, Clinical Handover
- Canberra Health Services, Absconding or missing patient
- Canberra Health Services, Capacity Escalation Procedure

Guidelines

- Canberra Health Service, ACT wide mental Health Bed Access and Management Operational Guidelines (Draft)

Legislation

- *Health Records (Privacy and Access) Act 1997*

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	17 of 18

Do not refer to a paper-based copy of this policy document. The most current version can be found on the ACT Health Policy Register



- *Human Rights Act 2004*
- *Work Health and Safety Act 2011*
- *ACT Mental Health Act 2016*

[Back to Table of Contents](#)

Search Terms

Bed Management
MHJHADS
Adult Acute Mental Health Services
AAMHS
Mental Health Short Stay Unit
MHSSU
Adult mental Health Unit
AMHU
Mental Health beds

[Back to Table of Contents](#)

Policy Team ONLY to complete the following:

<i>Date Amended</i>	<i>Section Amended</i>	<i>Divisional Approval</i>	<i>Final Approval</i>

This document supersedes the following:

<i>Document Number</i>	<i>Document Name</i>

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<i><xxxxx/xxx></i>	<i>X</i>	<i><XX/XX/XXXX></i>	<i><XX/XX/XXXX></i>	<i>XXXX</i>	<i>18 of 18</i>
Do not refer to a paper-based copy of this policy document. The most current version can be found on the ACT Health Policy Register					