Mental Health Short Stay
Model of Care

January 2016

Extracted from “Improving Unplanned Emergency Access pathways (IUEAP)”

Model of Care: Mental Health Short Stay
July 2015
Mental Health Short Stay (SS)

The Mental Health Short Stay Model of Care describes the service delivery for consumers requiring acute mental health care and/or assessment, who have been assessed as not requiring emergency medical or toxicology care.

| Target group | • Targeted consumers are 18 to 65 years old, requiring mental health care, whose assessed presentation requires a short period of stabilisation, which may include further assessment, diagnosis and may lead to acute inpatient care, Intermediate Care and/ or transfer of care to Community Mental Health Service or their GP.  
• It does not include people requiring a medical pathway for any reason including toxicology at that time. |
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<td>Outcomes</td>
<td>• The consumer’s recovery is supported by specialised mental health assessment, care and treatment which stabilises presenting problems and enables decision-making regarding transfer for further care.</td>
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<td>Hours of service</td>
<td>• 24 hour care, 7 days per week.</td>
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<td>Length of stay</td>
<td>• Based on clinical need using individualised criteria, expected average length of stay is 24-48hrs.</td>
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Entry Consumer Experience

**Planned presentation**

• Community Mental Health Teams drive the stepped system of care.  
• Through clinical assessment and discussion, the consumer and community team care coordinator determine that an admission is required to support the consumer’s recovery.  
• This may be through a voluntary or involuntary pathway.  
• The community care coordinator undertakes relevant communications in order to secure a bed for direct admission.  
• A psychiatric medical practitioner is consulted and confirms that an admission is appropriate at this time.  
• The treating community team provide the treatment plan and where possible the completed National Inpatient Medication Chart (NIMC). If not possible to provide a completed NIMC the treating community team must ensure that the current medications are correct on the CBIS Medication Record (MEDsREC) screen.  
• The consumer, community care coordinator work together with carers and other services as appropriate, to plan the transfer process. This includes preparation of belongings and transport arrangements, along with making arrangements for dependent children, property and pets.  
• The consumer may travel to the hospital in their own / support person’s vehicle, a government vehicle or an ambulance – based on preference and clinical need.

**Unplanned presentation**
- The consumer has self-presented to the hospital’s Emergency Department.
- They are engaged in a collaborative triage process.
- Medical assessment is requested if acute physical health problems are identified in the screening. Shift Coordinator alerted of requirement for MH input and assessment.
- MHSS staff, may commence gathering collateral information, liaising with Community Care Coordinator or GP if involved.
- Once established there are no presenting problems requiring urgent medical care (including toxicology), the Mental Health clinician undertakes a brief risk assessment.
- Provided risks can be managed, as assessed by MH clinician, the consumer is transferred to Mental Health Short Stay.

**All consumers**

- The consumer is accompanied to the MHSS to commence the admission process.
- A mental health nurse greets the consumer on arrival at the service desk and supports them to settle in an interview room (with support people and / or clinician as appropriate). The nurse receives an ISBAR handover from the ED Mental Health clinician, community care coordinator and other agencies as appropriate, including planned observation intervals.
- Where involved, the community care coordinator ensures relevant clinical information is available to the Mental Health team before advising the consumer and clinicians of their intended review contact date and time and leaving the ward.

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<th>Care and treatment</th>
<th>Consumer Experience</th>
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<td>The mental health nurse provides the consumer with an orientation to the SS space, settles the consumer in their allocated room (bed) and commences the admission checklist.</td>
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<td>If it is not immediately established that the consumer requires a bed, the consumer is supported to wait in the Mental Health Short Stay lounge area (if the assessing mental health nurse is delayed) prior to continuing their assessment in an interview room. This assessment will guide the establishment of the pathway for the consumer.</td>
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<td>The consumer and their support people are advised of the immediate care plan and the anticipated trajectory of the admission or episode.</td>
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<td>To support coordinated care across the team the consumer’s journey is included on the journey board at admission and regularly updated by the team throughout their admission.</td>
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<td>Within 24 hours of arrival, the consumer will receive an assessment, including a physical health assessment, from a psychiatric medical practitioner confirming the mental health care plan, in consultation with the community team, and the criteria for discharge, along with completion of a medical assessment.</td>
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<td>The consumer shares mealtimes with other consumers in a</td>
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**Managing behaviours of concern**

- Consumers presenting unplanned who are assessed as likely to require a psychiatric intensive care (PIC) bed are most likely to present behaviours of concern and will receive care and treatment on the Medical and Toxicology Pathway, within the Emergency Department rather than Mental Health Short Stay.
- All consumers in Mental Health Short Stay will have the option of utilising Sensory Modulation strategies in their bedroom or in a Comfort Room situated in the Acute Care space to prevent and/or reduce behaviours of concern. This is supported by access to occupational therapy resources. (Sensory Modulation – Mental Health OWI03722.)
- Consumers in Mental Health Short Stay subsequently identified as at-risk of having behaviours of concern present in Mental Health Short Stay, who have a Discharge Disposition Pathway of Inpatient, should have their transfer requirements escalated as soon as possible as per the Emergency Department Mental Health Flow Escalation OWI.
- Consumers who unexpectedly experience behaviours of concern will be offered primary and secondary measures aimed at de-escalation and management (Restraint & Seclusion Minimisation OWI03230). If behaviour continues to deteriorate in spite of these measures, a Code Black Personal Threat may be called according to OWI00495.
- The Code Black team will respond and assist. The treating team will review and identify further care and treatment required to support the consumer with managing behaviours of concern.
- Consumers will not be transferred from Mental Health Short Stay to the Emergency Department.

- Should psychiatric or physical deterioration occur, the Mental Health treating team make arrangements for review and transfer into an appropriate bed (if required), consulting with the treating community team and medical officer. (Code Black Personal Threat and Medical Deterioration OWI000495).
- The consumer is offered inpatient care and treatment through a collaborative and ongoing process of planning and reviewing care.
- During the admission the consumer and carers have access to psychiatric review, medication, monitoring, therapy, sensory modulation, lived experience liaison, psychoeducation.
- Involvement of relevant consultation-liaison clinicians is engaged in response to assessed co-morbid acute medical problems.

**Observation**

- Consumers will be assigned a criteria-led visual observation category as per the Observation – Bedded Units OWI.
- The visual observations are undertaken and reviewed upon change in presentation.
- The visual observation category is documented on the journey board.
Managing medical deterioration

- Consumers experiencing clinical deterioration of their physical health will be able to access emergency medical care within Mental Health Short Stay.
- Consumers requiring medical consultation-liaison will be able to access this within Mental Health Short Stay through referral from a medical officer to the relevant specialty.
- Consumers will not be transferred from Mental Health Short Stay to the Emergency Department.
- Nursing staff working within the mental health unit will be confident and competent in physical health requirements eg. IVT, IV antibiotic administration and simple wound management.
- Co-morbidity care pathways with specialist services are to be established to ensure adequate physical health assessment and treatment within the Mental Health Unit including transfer pathway to a specialty unit in the case of deterioration to a point where the consumer can no longer be managed within the MH unit.
- If the consumer is transferred to a specialist unit CL will occur from the mental health SS/CL team.

Managing demand

- Mental Health Short Stay staff will be involved in the two journey board huddles that will occur each day.
- Consumer numbers actively receiving treatment and support within Mental Health Short Stay will be capped, plus additional ambulatory consumers who may be accessing short term support and not requiring bedded care.
- In the event that there are additional consumers in the Emergency Department assigned a Mental Health Only Presenting Problem Pathway, consumers will be transferred to Mental Health Short Stay as soon as possible through use of the Emergency Department Mental Health Flow Escalation OWI 0304 – White escalation steps.
- Escalating prior to reaching capacity provides more time to mobilise capacity elsewhere in the system for receiving transfers out of ED and Mental Health Short Stay.

Transfer of care

- Planning for Transfer of Care commences at assessment, a set of criteria are documented at assessment which clearly identify when the Consumer can transition out of the Emergency Department and Mental Health Short Stay.
- Transfer criteria are considered against the Consumer’s current presentation at each review completed by Mental Health clinicians – this may be at psychiatric, nursing or community team review.
- Contact with intended destination services is made early in order to overlap service entry waiting time with the time taken to for the Consumer’s presenting problem to stabilise within the Emergency Department or Mental Health Short Stay.
- If being transferred to another bed within the MH unit (Acute Care or PIC) a full comprehensive assessment is to be completed to avoid the consumer having to re tell their story and aid in a smooth an efficient transfer of care.
- An estimated discharge date is allocated upon admission and reviewed regularly. Upon reviewing that the consumer is approaching their discharge criteria, the consumer and their carer are advised of the likely discharge date and time involved in making.
• Arrangements for transfer out and continued care and treatment (including medication and community follow-up) are prepared in conjunction with the community care coordinator.

• Consumers and their carers are offered the opportunity to provide feedback about their experience.

• The consumer is supported to package up personal items and valuables are retrieved. Community care coordinator and / or support people greet the consumer at the service desk and support their transfer to suitable accommodation.

• The consumer’s discharge summary is finalised within 24 hours of their discharge and sent to their community care coordinator and General Practitioner in addition to other clinicians involved in continuing their care.

• The consumers MEDsREC on CBIS is updated with any medication changes and the CBIS care plan updated with any relevant information informing their ongoing care.