Health
Justice Health and
Forensic Mental Health Network

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# Long Bay Hospital Admission Policy (Referral, Admission and Assessment)

**Policy Number** 1.037

**Policy Function** Continuum of Care

**Issue Date** 10 January 2019

**Summary** This Policy provides guidance on the processes of referral, admission and assessment to Long Bay Hospital clinical units: Aged Care and Rehabilitation Unit, Medical Sub-Acute Unit and Mental Health Unit.

**Responsible Officer** ED Clinical Operations

**Applicable Sites**

- ☐ Administration Centres
- ☐ Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- ☐ Health Centres (Adult Correctional Centres or Police Cells)
- ☐ Health Centres (Juvenile Justice Centres)
- ☒ Long Bay Hospital
- ☐ Forensic Hospital

**Previous Issue(s)** Policy 1.030 *Referrals for Admission: Long Bay Hospital Mental Health Unit (Adults)* (November 2014);
Policy 1.034 *Admission and Assessment: Medical Subacute Unit, Long Bay Hospital* (July 2014); and
Policy 1.035 *Admission & Assessment: Aged Care & Rehabilitation Unit, Long Bay Hospital* (July 2014).

**Change Summary**

- Amalgamation of Admissions Policies for the Long Bay Hospital precinct: Policy 1.030, 1.034 and 1.035.
- Update of Appendices 1, 2 and 3, and amendment of operational procedures.
- Update of Ministry of Health policy, Justice Health and Forensic Mental Health Network policy and legislation.
- Reconfiguration of policy layout.

**HPRM Reference** POLJH/1037

**Authorised by** Chief Executive, Justice Health and Forensic Mental Health Network

# 1. Preface

The Long Bay Hospital (LBH) (Custodial Health) is an 85 bed purpose built facility that provides services through three separate Units:

**Aged Care and Rehabilitation Unit (ACRU)**

The LBH ACRU is a 15 bed clinical unit that provides inpatient (speciality) aged care assessment and aged care rehabilitation services for patients in the Justice Health and the Forensic Mental Health Network (the Network).

**Medical Sub-Acute Unit (MSU)**

The LBH MSU is a 29 bed clinical unit (29 inpatient beds and 2 ambulatory [haemodialysis] chair/s) that provides inpatient medical and post-surgical services, inclusive of ambulatory haemodialysis services for patients of the Network.

**Mental Health Unit (MHU)**

The LBH MHU is a 40 bed unit that provides acute and sub-acute, inpatient (specialty) mental health services for patients in the Network and the New South Wales Correctional System. The MHU is comprised of three separate wards (E, F Sub-Acute and G Acute). Patients are stepped-down in acuity dependent on their mental health status. Patients can enter the MHU through acute or sub-acute admission pathway.

# 2. Policy Content

## 2.1 Mandatory Requirements

The Network patients may be referred and admitted to LBH from other correctional centres, or from Court and Police Cell Complexes. This includes privately operated correctional health centres. The decision to transfer and the determination of the clinical urgency (medically agreed timeframe) of the Inter-Network/Inter Hospital Transfer (IHT) must be made through discussion between the referring Medical Officer (MO) and the accepting MO, in alignment with the Ministry of Health (Ministry) PD2011_031 *Inter-Facility Transfer Process for Adults Requiring Specialist Care*. The Clinical Director Forensic and Long Bay Hospital (CDFLBH) may also accept patients, using his authority as the Medical Superintendent.

For all referrals and admissions to the MSU at LBH, all patients must be accepted to Long Bay Hospital by the Senior Medical Officer (SMO) (business hours) or Clinical Director/Deputy Clinical Director, Primary Care (CDPC/DCDPC) (outside business hours). Furthermore, in the case of patients with a communicable disease, the Service Director, Population Health (SD PopH) may make a referral for admission to the MSU.

For the MHU at LBH, the CDFLBH or delegate must convene the weekly (Monday), or extraordinary, LBH – MHU Admissions Committee (Bed Demand) Meeting to review referrals and prioritise patients accepted for admission across the Network. A person must not be transferred to the MHU unless the Secretary of the Ministry of Health or delegate has made the appropriate order under section 55 of the *Mental Health (Forensic Provisions) Act 1990* (*MHFP Act*), or another legal order is in force. The flowchart of the procedure for obtaining section 55 and 56 of the *MHFP Act* is set out at Appendix 2.

The Nurse Manager Operations, Access and Demand Management (NMOA&DM) or delegate and After Hours Nurse Manager (AHNM), in partnership with the accepting MO and Nursing Unit Manager (NUM) in

the accepting clinical unit should coordinate with the referring Clinicians/Patient Flow Managers to identify a transfer timeframe that best meets the patient's clinical needs.

## 2.2 Implementation - Roles and Responsibilities

**Multidisciplinary Team (MDT)**

- All patients should be admitted to LBH in the *Patient Administration System* (PAS) within one hour of arrival, wherever possible.
- All patients must be assessed clinically by a Registered Nurse (RN) on admission.
- All patients (excluding those requiring pre-planned colonoscopy work-up) must receive a comprehensive medical assessment within 24 hours of admission.
- All patients should have a comprehensive assessment by the MDT within 48 hours of admission, wherever possible, pending the availability of relevant staff.
- All patients' health records (paper and electronic format) must be updated contemporaneously (inclusive of the PAS administrative process to identify patients that are accommodated as Corrective Services NSW (CSNSW) placements).
- All patients (new admissions and patients identified by the MDT for review on MSU) must be reviewed by the SMO or CDPC/DCDPC (outside business hours).
- All patients that meet the criteria for the deteriorating patient must be transferred to Prince of Wales Hospital (POWH), Emergency Department. The MO on-duty or ROAMS MO (if reviewing the patient) must contact the Emergency Department Staff Specialist/Admitting Team at POWH. Refer to Policy 1.322 *Recognition and Management of Patients who are Clinically Deteriorating* and PD2013_049 *Recognition of Patients who are Clinically Deteriorating*.
- Any Patients requiring 'end of life'/palliative care must have pre-release planning in partnership with a community palliative care facility/team.
- All patients of Aboriginal and Torres Strait Islander background should be offered referral to the Integrated Care Service (ICS) Aboriginal Chronic Care Program (ACCP) Enrolled Nurse and/or Aboriginal Health Worker (AHW) on Admission.
- For all patients that are identified and require services of a health care interpreter, please refer to Policy 1.230 *Health Care Interpreter Services – Culturally and Linguistically Diverse Patients* prior to commencing the assessment.

**Nurse Manager Operations Access and Demand/Statewide After Hours Nurse Manager**

The Nurse Manager Operations, Access and Demand Management (NMOA&DM) or delegate and Statewide After Hours Nurse Manager (SAHNM) (outside business hours) should be the 'single point of contact' to facilitate and coordinate the IHT.

**Referring Senior Medical Officers** *(for example Consultant, Staff Specialist, VMO or Senior Registrar) in accord with* PD2011_031 *Inter-Facility Transfer Process for Adults Requiring Specialist Care*

Prior to transfer, the Referring Senior Medical Officer (RSMO) should:

1. Determine transfer clinical urgency in consultation with the receiving MO to identify a transfer timeframe that best meets the patient's needs.

2. For patients likely to require consultation during admission by the Prince of Wales Infectious Diseases Department, the RSMO should contact POW Infectious Diseases Clinical Fellow via POWH Switchboard (02) 9382 2222 and ensure clinical handover is provided prior to transfer.

   *[Please Note: Clinical handover does not replace the responsibility of the admission decision of the Network receiving MO if staff of the POW Infectious Diseases Department recommend against admission to the MSU. Patients transferred to MSU from the Infectious Diseases Department without clinical handover or agreement from POW Infectious Diseases Department must be formally referred by a Network MO to the next available clinic keeping in mind the potential risk of delayed specialist assessment]*

3. Ensure the transfer is made in a timeframe that is appropriate to the patient's clinical condition and provide an estimated time of transfer.
4. Provide copies of appropriate documentation with the patient which must include the patient's clinical notes, medication chart, current investigation results and referring MO contact details.

**Network Medical Officers**

Prior to transfer, the receiving MO must:

- Confirm the referral is complete and contains appropriate information
- Determine the immediate needs of the patient
- Determine the clinical priorities and urgency of the referral
- Make the decision for admission (For MSU: SMO, MSU or CDPC/DCDPC)
- Notify the referring MO if a referral is refused, stating reason for a refusal
- Contact the NMOA&DM or delegate for bed management at LBH

**Clinical Directors, Aged Care, Primary Care, Forensic and Long Bay Hospitals**

The Clinical Directors provide clinical governance and support for the referral and admission process at LBH.

**LBH Nursing Unit Managers**

Coordinate and support patient transfer/patient flow/bed management in collaboration with referring NUM/s (or delegates) including:

- Maintenance of the Waitlist in PAS, including coordinating clinical reviews with the multidisciplinary team
- Provide a Network Acceptance Form to CSNSW and the referring Correctional Centre when a bed is available and a patient can be admitted from the waiting list
- Update PAS to reflect when patients have been discharged from MSU
- Discuss with the Operational Nurse Manager, (ONM LBH) and Manager of Security (MoS) CSNSW patients who have been discharged from the Network and who are waiting to be moved from LBH

# 3. Procedure Content

## 3.1 Referral Process

**Aged Care and Rehabilitation Unit (ACRU)**

All standard referrals to the ACRU are made by the Clinical Director, Aged Care (CDAC) or through the Aged Care Bed Demand (ACBD) Meeting. The ACBD meeting convenes fortnightly (2nd and 4th Thursday of the month). Extraordinary referrals must be made by contacting the NUM, ACRU, who will further consult with the CDAC to provide a plan of care and/or transfer for the patient.

In addition, the NUM (or other clinician including the GP, Nurse Practitioner (NP) or CNC) should complete form JUS060.831 *Basic Aged Care Assessment Tool* (BACAT) containing recent and relevant documentation and should email the form to AgedCare.BedDemand@justicehealth.nsw.gov.au.

The NUM or delegate from the referring centre must present the referred patient at the ACBD meeting.

A decision will be made at the meeting regarding the plan of care or transfer of care to:

1. ACRU or
2. Kevin Waller Unit (located in the Long Bay Complex)

If the ACBD committee recommends the patient's transfer to ACRU, a PAS referral must be completed by a MO.

All care planning for patients must be commenced in the referring centre prior to transfer/admission to LBH.

An interim plan of care will be developed by the ACBD committee if a patient has been accepted but no beds are available.

**Medical Sub-Acute Unit (MSU)**

Referrals are accepted for adult patients from Court and Police Cell Complexes, Correctional Centres and the Network patients returning from treatment in NSW Health LHD facilities.

Referrals can be made by:

- All Network MOs
- Medical Officers or their delegate from Local Health District facilities
- Service Director Population Health (for communicable diseases)

Patient referrals to MSU from the Network MOs must be generated in PAS.

The MSU SMO or CDPC/DCDPC (outside business hours) must be contacted for acceptance to the MSU at LBH or to discuss individual cases and support the patient's interim management.

The details of both these handovers must be documented in the patient's health record. Refer to PD2009_060 *Clinical Handover – Standard Key Principles* and Policy 1.075 *Clinical Handover*.

**Mental Health Unit (MHU)**

The MHU at LBH provides inpatient care for male and female patients who are admitted subject to the *MHFP Act*.

Patients may be admitted to the MHU under the *MHFP Act* as:

- Correctional patients
- Forensic patients, where there is an order from a Court or the Mental Health Review Tribunal (the Tribunal) requiring the person to be detained in a mental health facility

This policy applies to patients admitted to the MHU under the *MHFP Act* or other legal order.

The CDFLBH or delegate must convene the LBH MHU Admissions Committee. The committee will review referrals and prioritise patients accepted for admission.

The Admissions Committee normally meets weekly (Monday) and may hold extraordinary meetings by teleconference or as convened by the CDFLBH or delegate.

The MHU inpatient waiting list must be maintained in PAS and the Admissions Committee must manage the list by:

- Reviewing the case of each patient on the waiting list at least weekly
- Assigning a priority for admission to patients on the waiting list

When an Acute Bed and/or Sub-Acute Bed becomes vacant, the NUM or delegate must forward an Acceptance Form to the referring Health/Correctional Centre. When the centre has received the Acceptance Form, the NUM of the referring Health Centre should ensure that all documentation listed in the JUS010.000 *Transfer In and Out Form (Adults)* is transferred to the MHU in accord with Policy 1.395 *Transfer and Transport of Patients*. On admission, nursing staff must complete the JUS010.000 *Transfer In and Out Form (Adults)*, also in accord with Policy 1.395 *Transfer and Transport of Patients*.

Handover of patient care should occur at the time of referral for admission and in the Admissions Committee Meeting. Principles for handover are outlined in NSW Health and the Network policy documents. Refer to PD2009_060 *Clinical Handover – Standard Key Principles* and Policy 1.075 *Clinical Handover*.

**Patients in Correctional Centres**

Clinical staff may refer patients in correctional centres to the MHSUs at the Metropolitan Remand & Reception Centre (MRRC) and Silverwater Women's Correctional Centre (SWCC) to provide a pathway to the MHU at LBH for admission. This pathway, titled the 'Process for Transfer and Admission to the MHSU, MRRC' is attached as Appendix 2.

A patient can only be transferred to the MHU when the Secretary of the Ministry of Health or delegate has made the appropriate order under section 55 of the *MHFP Act*, or another legal order for such transfer is in force. The flowchart of the procedure for obtaining section 55 and 56 of the *MHFP Act* is set out at Appendix 3.

Patients in a Health/Correctional Centre should be transferred to the male or female MHSU before being admitted to MHU at LBH, unless for reasons of security classification, non-association or protection the person cannot be transferred to the MHSU, whereupon, with the agreement of the CDFLBH or delegate the patient may be transferred directly from another correctional centre to the MHU at LBH. Exceptions may exist for patients requiring immediate transfer to the MHU at LBH for clinical reasons or who have specific legal orders for detention at LBH. The CDFLBH or delegate may, in consultation with the Clinical Director Custodial Mental Health (CDCMH) or Nurse Manager Custodial Mental Health (NMCMH) authorise an admission without convening an Admissions Committee meeting.

**Urgent Referrals Pending a Section 55 Order**

In the case of a patient who is in urgent need of admission but for whom a section 55 of the *MHFP Act* order has not yet been made but has been applied for and is being processed, the referrer must contact the NMCMH, or SAHNM outside business hours, who may arrange with CSNSW for the patient to be transferred to the MHSU whilst awaiting a section 55 order of the *MHFP Act* and a bed in the MHU at LBH.

**Forensic Patients**

Persons who are found not guilty by reason of mental illness (NGMI), unfit to plead, or subject to a limiting term and who become forensic patients may already be under the care of the Network in either:

- A Correctional Centre
- The Forensic or Long Bay Hospitals

For a patient to be detained in the MHU, a valid order must be made by a Court, the Tribunal or a delegate of the Secretary of the Ministry of Health under section 55 and 56 of the *MHFP Act*.

A Court or the MHRT may make an order for a forensic patient to be transferred to or detained in LBH. A patient ordered to be admitted in this way should be placed on the PAS waitlist and discussed at the LBH – MHU Admissions Committee (Bed Demand) Meeting. If the Court or Tribunal has imposed time constraints around when the patient is to be transferred, then the CDFLBH or delegate, NUM, MHU, Forensic Legal Advisor and Co-Director Forensic Mental Health (Clinical) should confer to facilitate compliance with the order.

**Referral Documentation: Long Bay Hospital, Mental Health Unit Waiting List**

All referrals to the MHU must be made through the Network PAS. This requirement is in addition to any other documentation that is required by this policy or legislation.

## 3.2 Delegates

As detailed in the *Delegations Manual Public Health: Department of Health NSW* (Chapter 10, *Mental Health Act*), the Secretary of the Ministry of Health has delegated authority under section 21 of the *Health Administration Act 1982* as follows:

> Power to order, or revoke an order, that a person imprisoned in a correctional centre who is a mentally ill person, or who is suffering from a mental condition, be transferred to a mental health facility.
>
> Power to make such orders without the person's consent if the delegate is of the view that the person is a mentally ill person or, with the person's consent if the person is suffering from a mental condition for which treatment is available in a mental health facility (refer to section 55 of the *MHFP Act*).
>
> Power to:
>
> - Transfer a correctional patient (previously transferred from a correctional centre to a mental health facility) back to a correctional centre at any time; or
> - Determine that such a person may remain in a mental health facility for treatment for more than 7 days (refer section 56 of the *MHFP Act*).

In addition, section 21 of the *Health Administration Act 1982* enables the Secretary of the Ministry of Health to delegate their authority. Within the Network the following positions have delegated authority to grant section 55 and 56 orders under the *MHFP Act*:

- Chief Executive, Justice Health and Forensic Mental Health Network
- Executive Director Clinical Operations (Forensic Health)
- Statewide Clinical Director Forensic Mental Health

- Service Director Custodial Mental Health

## 3.3 Admission Criteria

Male and Female adult patients can be admitted to the LBH. Female patients must be placed in same gender accommodation, wherever possible, in accord with PD2015_018 *Same Gender Accommodation*.

**Aged Care and Rehabilitation Unit (ACRU)**

**Inclusion Criteria**

- Patients with an identified decreased level of function, requiring comprehensive physical and cognitive assessment by a MDT
- Patients with chronic complex conditions that cannot be appropriately managed elsewhere in the custodial environment
- Patients in need of specialist investigation and/or treatment at POWH and whose health care needs cannot be met in a Health/Correctional Centre for the duration of the intervention
- Patients requiring long term accommodation due to increasing frailty and requiring assistance with Activities of Daily Living (ADLs)
- Patients requiring end of life care to facilitate pre-release planning to a community palliative care Hospice

**Medical Sub-Acute Unit (MSU)**

**Inclusion Criteria**

- Medical and surgical rehabilitation
- Patients with acute difficulties with ADLs rendering them unsuitable for accommodation in a correctional centre
- Patients with suspected or confirmed communicable diseases requiring isolation and accommodation in negative pressure rooms for assessment and/or treatment
- Patients in need of multiple or urgent ambulatory investigations at POWH
- Patients with acute health care needs that cannot be met in a Health/Correctional Centre
- Patients with chronic conditions who are at risk of an adverse clinical event and require inpatient general management and stabilisation (e.g. management of congestive cardiac failure)
- Patients requiring care whilst receiving chemotherapy or radiotherapy at POWH that cannot be managed in a normal correctional environment
- Patients requiring intensive wound management
- Patients requiring haemodialysis / peritoneal dialysis
- Other patients as accepted by the SMO and the CDPC
- Other patients identified by NMOA&DM or delegate and supported by the SMO/CDPC

All directorates may admit into the MSU at LBH through a joint admission process, following consultation and approval from the CDPC. This includes an admission team comprising:

1. Drug and Alcohol
2. Mental Health
3. Population Health

Primary Care will provide support for the patient during their admission, but the above admission team is responsible for the medical management of patient care (which must include daily (on-site) review), case management, and medication prescribing.

**Mental Health Unit**

**Inclusion Criterion**

- Forensic patients and inmates subject to a section 55 transfer order. Patients are accepted and prioritised at the LBH Admissions Committee (Bed Demand) Meeting.
- Persons referred by a Tribunal Order
- Persons referred by a Court Order

### 3.4 Documentation

All admissions to LBH must be made through the Network PAS. This requirement is in addition to any other documentation that is required by this policy or legislation.

All assessments, reviews, considerations and decisions regarding a patient referred for admission must be documented and filed in the patient's health record and the relevant items recorded in PAS and JHeHS.

All admissions require completion of LBH Admission Packages (from local Unit) for:

1. ACRU
2. MSU
3. MHU

The patient health record is kept in both paper and electronic formats. To obtain a full clinical picture of the patient health status, staff must review both the paper-based and the electronic health record.

## 4. Definitions

**Must**

Indicates a mandatory action to be complied with

**Should**

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action

**Correctional Patients**

Under section 41 of the *MHFP Act*, a correctional patient means a person (other than a forensic patient) who has been transferred from a correctional centre to a mental health facility while serving a sentence of imprisonment, or while on remand, who has not ceased to be a correctional patient under section 64 or 65, and who has not been classified by the Tribunal as an involuntary patient.

**Forensic Patients**

A person who:

1. is found unfit to be tried pursuant to section 14 of the *MHFP Act* or subject to a limiting term (section 24 of the *MHFP Act*) after a qualified finding of guilt, and detained in a hospital, prison or other place, or granted conditional release.
2. is subject to a special verdict of not guilty due to mental illness (NGMI) and detained in a hospital, prison or other place, or granted conditional release (section 39 of the *MHFP Act*).
3. in respect of whom an extension order or interim extension order is in force.
4. is a person who is a member of a class of persons prescribed by the regulations (currently includes a person found not guilty of an offence by reason of mental illness or mental impairment under the law of Norfolk Island, and who is held in custody in NSW).

# 5. Legislation and Related Documents

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|---|---|
| Legislations | *Criminal Appeal Act 1912*<br>*Health Administration Act 1982*<br>*Mental Health Act 2007*<br>*Mental Health (Forensic Provisions) Act 1990*<br>*Mental Health (Forensic Provisions) Regulation 2017*<br>*Mental Health Regulation 2013* |
| Network Policies and Procedures | 1.075 *Clinical Handover*<br>1.230 *Health Care Interpreter Service – Culturally and Linguistically Diverse Patients*<br>1.322 *Recognition and Management of Patients who are Clinically Deteriorating*<br>1.395 *Transfer and Transport of Patients* |
| Network Forms | JUS010.000 *Transfer In and Out (Adults) Form*<br>JUS060.805 *Comprehensive Assessment Inpatient Form*<br>JUS060.810 *Falls Risk Assessment*<br>JUS060.815 *Falls Risk Recommended Interventions*<br>JUS060.831 *Basic Aged Care Assessment Tool*<br>*JH&FMHN/CSNSW Joint Acceptance Form* |
| Ministry of Health Policy Directives and Guidelines | PD2007_059 *Aboriginal Mental Health and Well Being Policy 2006-2010*<br>PD2009_060 *Clinical Handover – Standard Key Principles*<br>PD2011_031 *Inter-facility Transfer Process for Adults Requiring Specialist Care*<br>PD2012_011 *Waiting Time and Elective Surgery Policy* |

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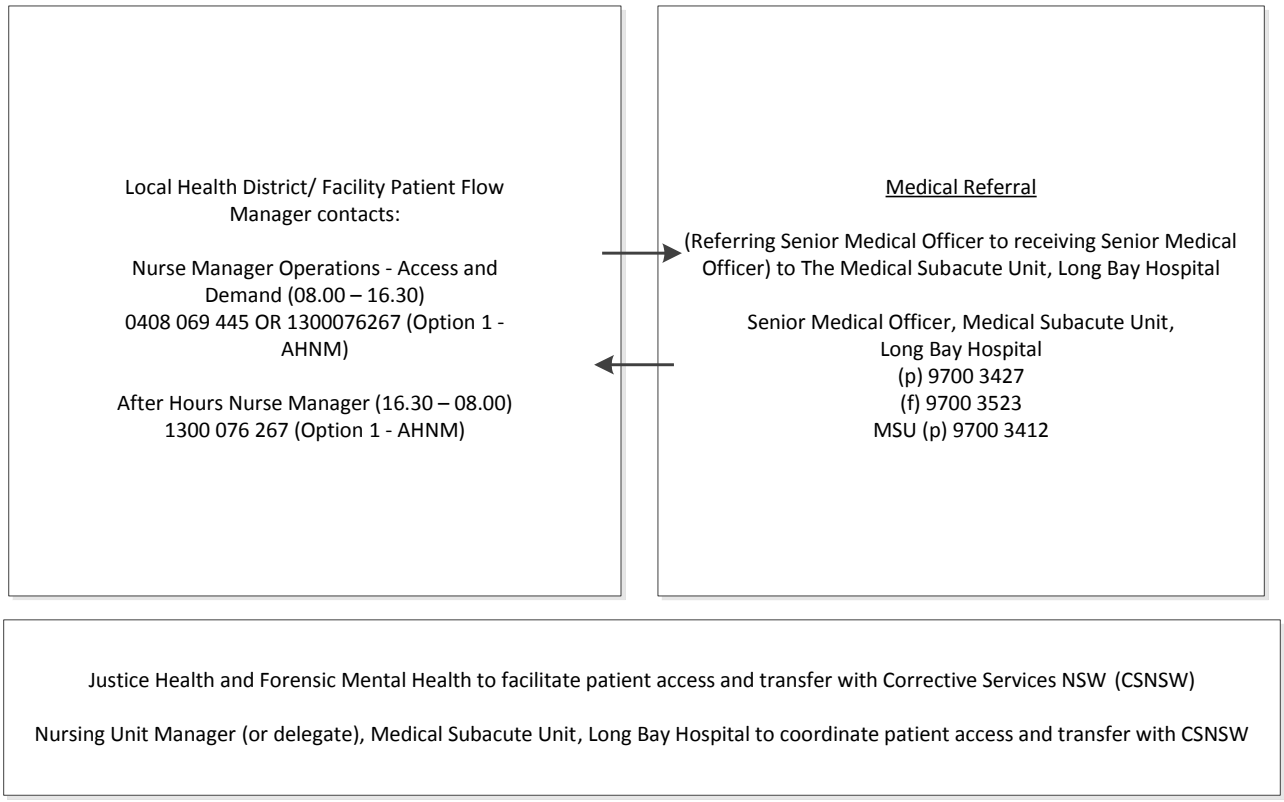
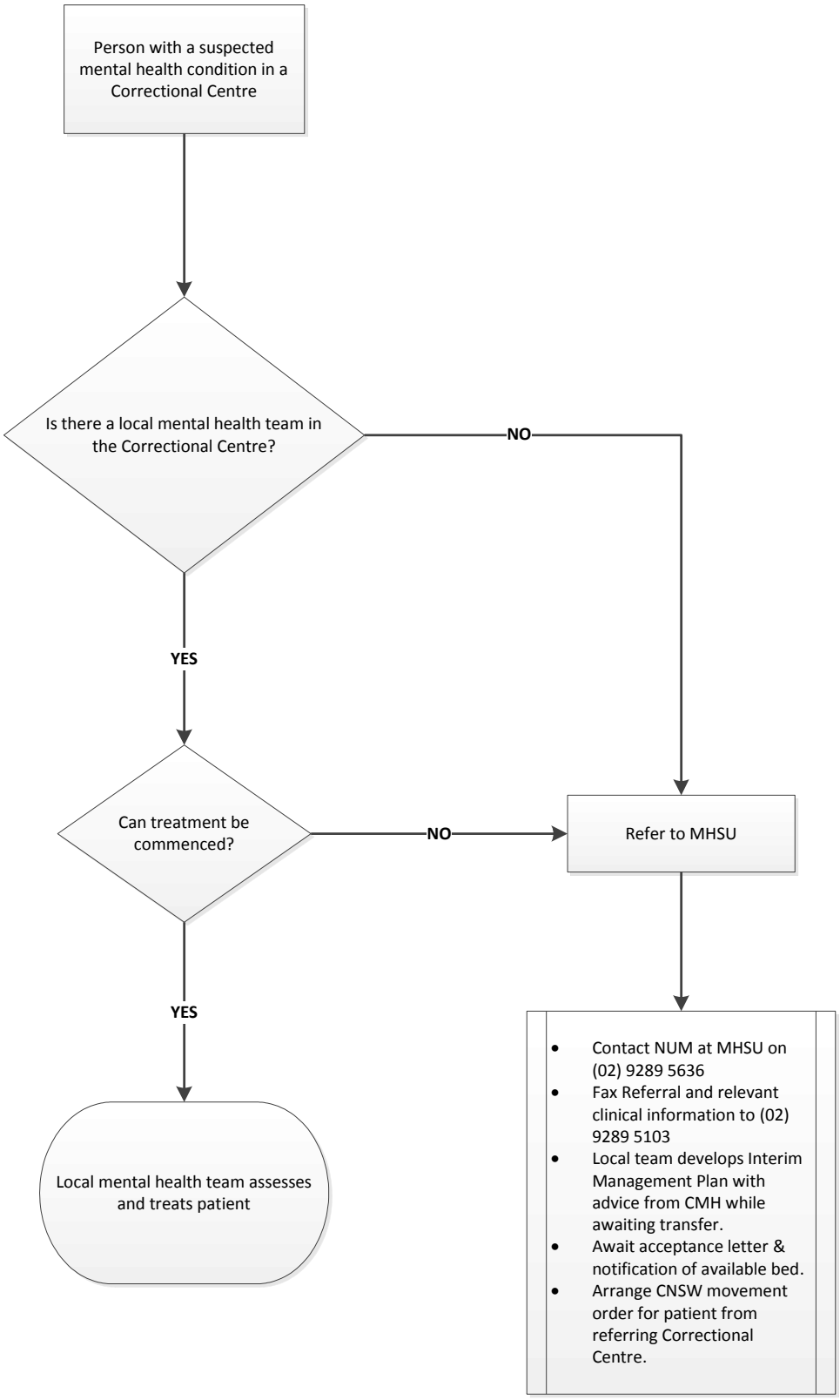
|---|---|
| | PD2012_066 *NSW Aboriginal Health Plan 2013-2023* |
| | PD2013_049 *Recognition of Patients who are Clinically Deteriorating* |
| | PD2015_018 *Same Gender Accommodation* |
| | PD2017_034 *Aboriginal Health Impact Statement* |
| | GL2005_056 *Advance Care Directives (NSW) - Using* |
| | GL2005_057 *End-of-Life Care and Decision-Making – Guidelines* |
| | *Delegations Manual Public Health: Department of Health NSW* |
| Corrective Services NSW | *Custodial Operations Policy and Procedures (COPP)* |

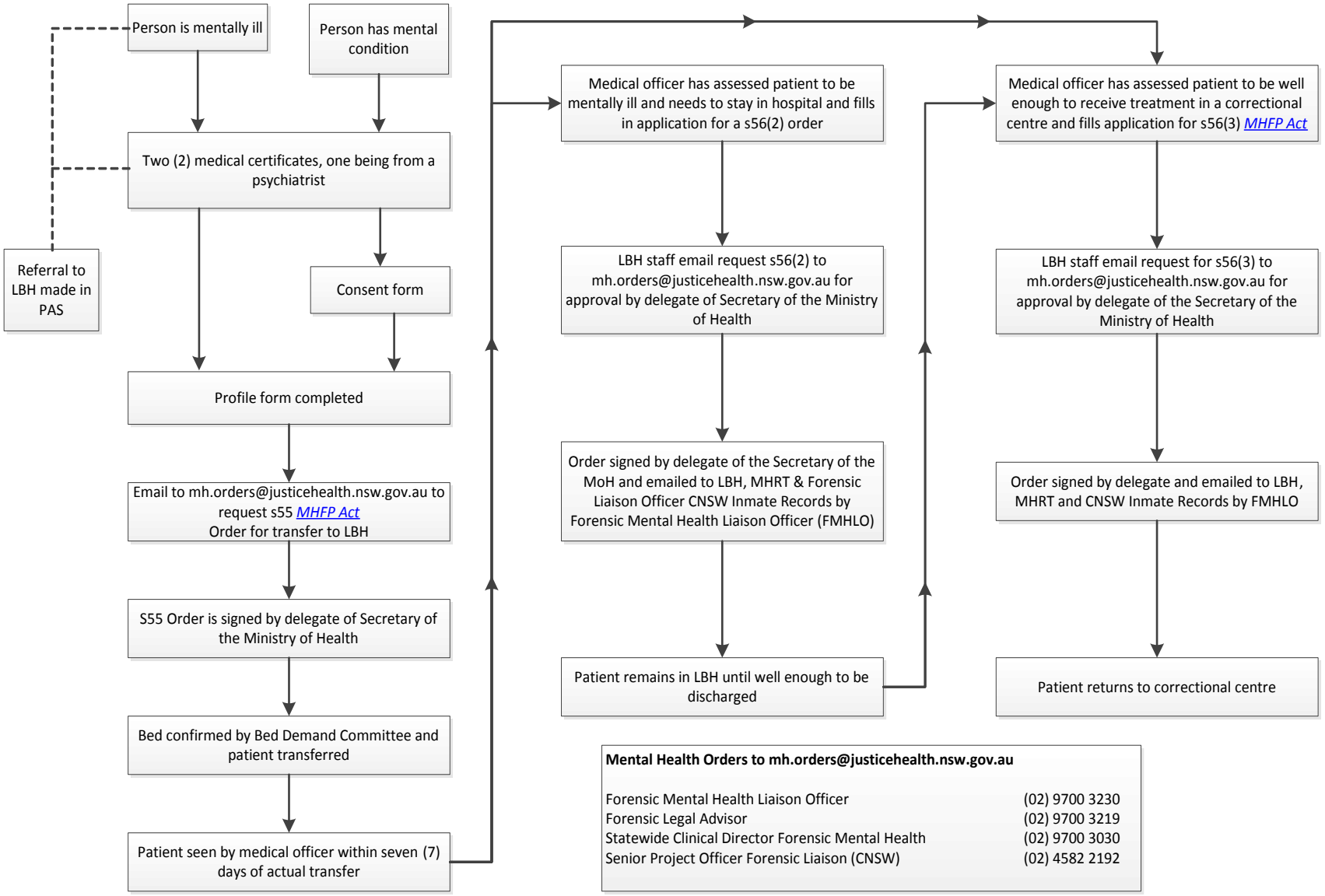
## Appendix 1: Medical Subacute Unit Patient Access Pathway



## Appendix 2: Process for Transfer and Admission to the Mental Health Screening Unit, MRRC



## Appendix 3: Procedure for Section 55 and 56 Orders




**Mental Health Orders to mh.orders@justicehealth.nsw.gov.au**

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| Forensic Mental Health Liaison Officer | (02) 9700 3230 |
| Forensic Legal Advisor | (02) 9700 3219 |
| Statewide Clinical Director Forensic Mental Health | (02) 9700 3030 |
| Senior Project Officer Forensic Liaison (CNSW) | (02) 4582 2192 |