Psychiatric Phone Triage Guideline

Operating guideline

- At any given shift, there will be an In-charge Phone Triage Clinician, who will have similar function and role as the A Page in CATT. They will provide oversight and ensure:
    - Attendance of morning huddle during AM shift
    - Follow ups in the diary are actioned or handed over to clinicians on the next shift and diarised in the appropriate section, AM or PM in the diary
    - Clinical review are attended to in timely manner (ideally by midday)
    - Regular review of fax machine to check for triage referrals
    - May delegate task to other clinicians as appropriate to ensure fair distribution of workload
    - Escalation to Access Leads if:
        - Clinical reviews are not completed by 1200 each day
        - Call(s) waiting on the board exceeding 30min
        - There are more than 6 calls waiting on journey board
        - Emergencies such as bomb threats
        - Journey board/technology outage

Morning Huddle: 0740 – 0800

- Attendees (can be done remotely via phone):
    - One representative from each CATT team: Red, Green, and Blue
    - ED clinicians from Angliss ED, Box Hill ED, and Maroondah ED
    - In charge phone triage clinician
    - PAPU staff
    - Mental Health Program Coordinator – to get an update of bed availability at Upton House (Box Hill), IPU 1 & 2 (Maroondah Hospital), Adolescent Inpatient Psychiatrist Unit (Box Hill Campus), and Peter James Centre/South Ward (Aged Mental Health)
- Check fax machine for handover sheet from Box Hill ED and Maroondah ED, and bring Phone Triage diary to record any client or phone call needing follow up from overnight. Once information is obtained, the sheet is to be placed in "Daily Handover Sheet" folder
- Meeting call to be initiated from Ringwood East office: on CISCO phone, choose "Speaker Icon"-> "More" (displayed on the screen)-> "Meet Me" - > dial 13131 (refer to instruction sheet)
- Receive feedback on consumers seen in ED overnight, clients requiring follow up by Phone triage clinicians, referral to CATT, and client awaiting assessment/review/admission
    - ALWAYS obtain number of client in each ED first, with number requiring assessment/review/admission before giving brief handover
    - Follow ups are to be written in handover diary, with the client's full name and campus (Maroondah or Box Hill). This includes any phone message left by client overnight, and their phone number (if they have left voice message requesting call back)
    - Any patient subjected to restrictive intervention overnight
- Information needed from CATT clinician: Number of active client, planned discharge, EDM (referral from inpatient ward), new referral, number of morning and evening visits (single person and two person visits), total client, and staff for morning and afternoon
- Other point of discussion also includes any adverse weather event which may impact on day to day operation, and client in shared suburbs across CATT teams

Clinical Review (refer to CMI instruction sheet for reference)

- To be completed at start of each day
- To bring up a list of screening registers for review:
  - ALWAYS search by date of contact, and set date range from date of review to a year prior i.e. if you're doing a review on 07/11/19, set search date range from 07/11/18 to 07/11/19 (search for past 365 days), and set "Status" to OPEN. This will also check if there's any screening register that are left open from previous days, as all entries should be reviewed and closed by the next business day from it was first entered
  - Searching by date range prevents any potential human errors, as there are instances of client's name being registered with the wrong spelling or registered with their first and middle name. Unless you searched with the exact spelling and wording, CMI won't be able to pick it up
  - Please double check the appropriate Triage Scale, Outcome, and Follow up sub-centre are chosen
- Clinical reviews are to be done by **2 clinicians (RPN 4/Allied Health 3)**, or by the Consultant Psychiatrist
  - Purpose is to share clinical risk and ensure plan formulated is appropriate
  - Key is to ensure appropriate triage scale are selected in accordance with the plan
- If the screening register is opened by more than 1 clinician at any given time, you will not be able to edit the entry as it becomes read-only
- At the start of each business day, please commence clinical review of **Box Hill campus, Eastern Health CAMHS, and Peter James Centre**
  - Maroondah Campus will be done by the Consultant Psychiatrist, unless stated otherwise by the Consultant or the Access Leads. If are uncertain, please liaise with the Access Lead or the Consultant
- During the weekend, public holiday's, or when the Triage Consultant is on leave, please do clinical review for **ALL** campus at the start of the day
- On days with high workload volume (i.e. inadequate staffing, high volumes of phone call) and clinical review is unable to be attended to in a timely manner (i.e. if unable to attend to it by 1100), please escalate it to the Access Leads

- Key is to check if the appropriate tirage scale has been assigned, outcome, follow up campus, and follow up sub-centre. Refer to the Triage rate scale document for explanation each category, but as a general guide. Think about how soon the follow up action needs to occur *by a mental health service*:
  a. Category A – Immediate response

b. Category B – Respond needed within 2 hours
c. Category C – Respond needed within 8 hours
d. Category D – Respond needed within 72 hours
e. Category E – Non-urgent mental health response
f. Category F – Referral or advice to contact other service provider (i.e. GP)
g. Category G – Advice or information only or more information needed

- Ensure appropriate outcome category is selected
- For the "Follow up Campus", remember that if we are referring to CAMHS, select "Eastern Health CAMHS", or "Peter James Centre" if we are wanting APAT follow up or admission to South Ward
- Options for "Follow up Sub Centre" will change depending on the Follow up Campus" selected. Common ones that we refer to are:
  a. Campus: Box Hill Box Hill Hospital (Central East)
     i. Follow up Subcentre:
        1. BIT Box Hill
        2. CATT Box Hill
        3. CCT Doncaster
        4. CCT Koonung
        5. CCT Waverley
        6. CL Box Hill
        7. Inpatient unit Box Hill (if admitted to hospital)
        8. MSTS
        9. Triage Box Hill (If further action required by our team, such as feeding back to referrer, faxing screening register, or attempting to speak to client again)
  b. Campus: Maroondah Hospital – Outer East
     i. Follow up Subcentre:
        1. BIT Maroondah
        2. CATT Maroondah
        3. CCT Chandler
        4. CCT Maroondah
        5. CCT Yarra Ranges
        6. HOPE
        7. IPU 1 – Maroondah
        8. IPU 2 – Maroondah
  c. Campus: Eastern Health CAMHS
     i. Follow up Subcentre:
        1. Access (CAMHS's triage team)
        2. Adolescent Unit (AIPU)
        3. Ferntree Gully (CCT)
        4. Wundeela (CCT)
  d. Campus: Peter James Centre
     i. Follow up Subcentre:
        1. APAT
        2. Southward (if admitted to their psychiatric ward)
- In the outcome section, enter the date you reviewed the entry, your full name, position title/classification, time, and a brief comment on whether you feel the plan formulated is appropriate comment about the plan, whether plan is as per recommendation or if further follow up is required (if this is the case, document reasoning and write it down in diary for further follow up)
  o Format: [Date] [Surname, First name] [Position title/classification] [time] [your comment]
- Once clinically reviewed and ready to be acknowledged and closed off:
  a. Please insert your name in the "Acknowledged" box and enter the date of review, once you are happy with the information entered ensuring the correct triage rating scale, outcome, follow up campus and follow up sub-centre is correctly assigned

     i.   *note: for referral to services outside of Eastern Health i.e. GP, PP, PSYC triage service from interstate or other district, the sub-centre is to be left BLANK

*If there are further actions required, remember to cope the phone triage information on to the "Note" tab first, before acknowledging and closing off the screening register

Fax

- Please use RIGHT FAX for all faxing – refer to RIGHT FAX Instruction sheet. Please note that request has been sent for RIGHT FAX to be installed on the Triage computers if it not already being setup
- A confirmation of fax will be sent to your Outlook if it successful removing the need to call and confirm receipt of fax. If the fax has not sent successfully, please double check the fax number you used
- If you do not have access to RIGHT Fax, please contact IT Support to request access
- Please check the fax machine **every 2 hours** to sift through fax referrals and place in appropriate tray (i.e. CATT, Triage, etc)
- For new referral needing to be action, please write the full name of the client being referred and comment "see fax" in the diary and place the fax in the "Faxed Information" folder
    - o   Once the referral has been actioned, place the fax in the "Faxed Information" folder in the office.
- For fax advising of referral outcomes (i.e. acceptance or discharge from MENTIS), please make a comment in the "Note" tab on CMI screening register from the last entry and place the fax referral in "Referral Outcome" folder. Please do NOT discard the fax
- Refer to RIGHT FAX instruction sheet for further details

Documentation standard

- Please ensure the most up to date address is obtained and registered either under "Box Hill
 or "Maroondah" campus
- Always double check client's contact details and NOK details and update it on CMI. If the contact details are unclear, check EMR and CPF to see if there other details available
- For each service episode of contact, please use the "Revised Triage Phone Ax Template" only. It is expected that the template will be used at least **once per service episode of contact**
    - o   Service episode means there is not further follow up required from Phone Triage. It could be a one off phone call or could go over more than 1 day if further liaison is required with client or client's support.
- Initial contact may be done through the referrer, such as GP or family member. Please use the triage template to document the information
- For subsequent contact with the client, it is not essential that the full template is used again, however; minimum standard of documentation applies that a client's **presenting concern, mental state, and risk summary and plan formulation** is completed, **every time we speak with the client**
- Triage template is not required if the call is requesting collateral information or calls that came through by mistake i.e. general enquiry by member of public, or other calls that does not warrant PSYC Triage to be involved in a person's care. It is still expected an entry is completed on CMI
- Keep in mind all screening register will be clinically reviewed so information needs to be presented in a succinct format with a formulation and plan of action clearly documented
    - o   If further liaison or faxing to other service is to be followed up, please enter the name of the person to be contact, their phone and fax number (if applicable) in the Outcome section

Journey Board
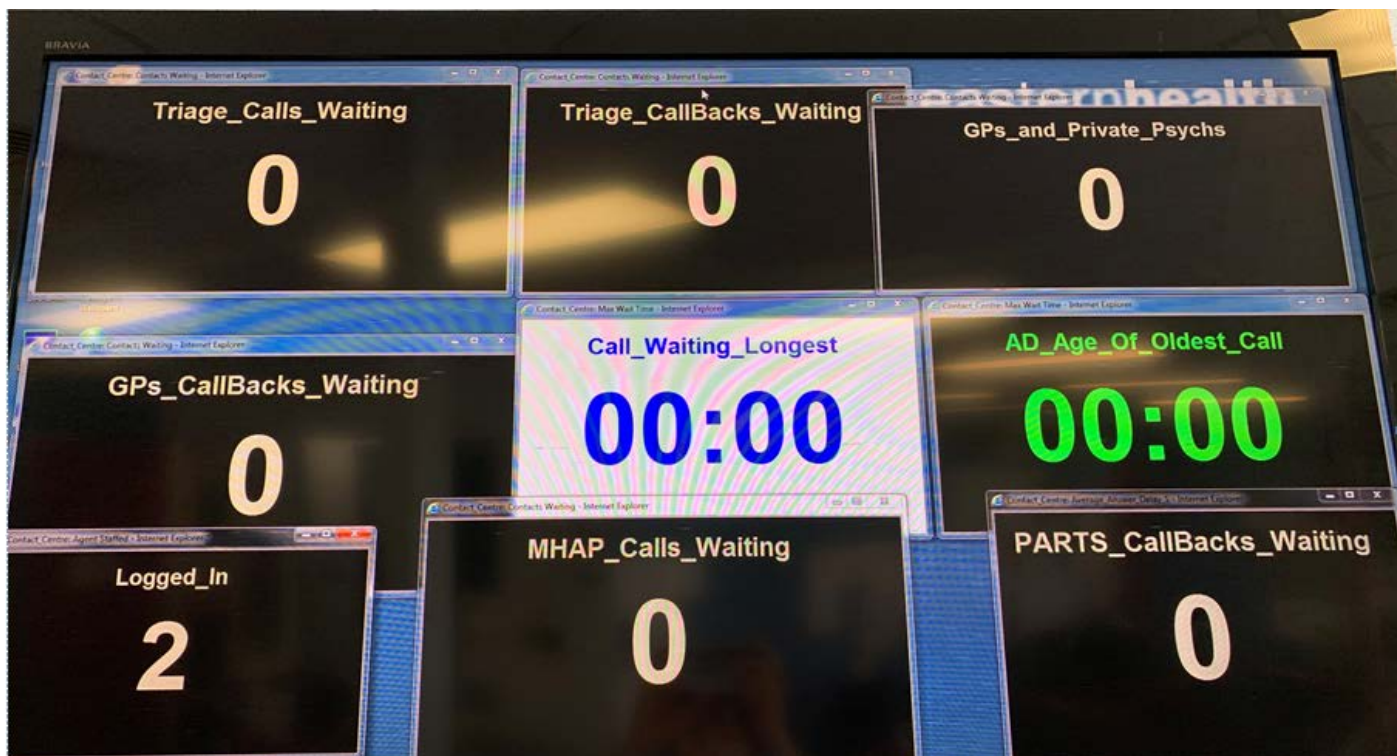
- Journey Board is managed by IT
- If for any reason the monitor has gone off line,
    - During business hours: notify admin staff or Access Leads
    - Afterhours (if Access Lead not available): contact Hospital Coordinator (via switch) and ask to be put through to IT support afterhours. Explain you are calling from Access Psychiatric Phone Triage and that we need IT support to get the journey board back as it is essential to our triage function
    - When you get through to IT support, explain where you are calling from and inform him of the computer tag number: 53361. This computer is located in our Ringwood East office, in the room diagonally across from the OE CATT Red room

Call Back Function

- Refer to Call Back Function Instruct sheets

Priority of tasks

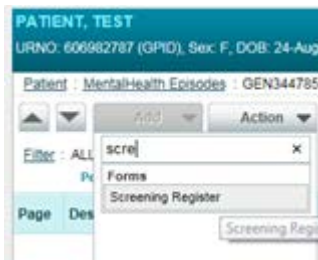- There is not a set formula to determine a definitive priority of tasks on hand, but as a general guide:

Clinical Review > Follow up in diary > calls waiting in queues > Call back

Down time procedure in event of CMI outage

AREA	CMI	AVAILABLE	WORK AROUND	PLAN once CMI is

ADULT ACCESS CYMHS ACCESS AGED TRIAGE	Screening register report +From toolbar select Reports, then select Screening Register and complete the search criteria box +Campus - Subcentre - Follow-up Subcentre (defaults to All) and the date range. +When retrieved, the data can be exported to an Excel spreadsheet.	Existing patient histories can be checked on CPF, EMR and HOMER	**If current Case Managed MHP Client** (1) Complete screening register template. (2) Go to CPF – MH Tab – select team/service that is providing case management – add form from drop list entitled "*Screening Register*" and cut/paste completed screening register template. PATIENT, TEST URNO: 606982787 (GPID), Sex: F, DOB: 24-Aug Patient : MentalHealth Episodes : GEN344785 Add ▼ Action ▼ Filter : ALL scre ✕ Forms Screening Register Page Des Screening Reg	**If NON Case Managed Client** (1)Complete screening register template. (2) USING THE NAMING CONVENTION AS FOLLOWS – SURNAME,FIRSTNAMEDOB and SAVE to: Your teams shared drive – Adult ACCESS K:\Centralised Psych Triage\SCREENING REGISTERS to entered into CMI OR, CYMHS ACCESS shared drive \\ehweb02\MentalHealthProgram\CYMHS\CYMHS team & service folders\ACCESS OR, APMHS Shared drive K:\APMHS TRIAGE\Handover for Linda	Screening register template note to be transferred to screening register once CMI is available "Screening Register" template folders will be removed following completion of transfer to CMI

List of Presentations

If required Admin Manager to review screening registers template within the Psychiatric Triage folder each morning, 4 and 5 December and then provide a list by stream of all out of hours contacts to the relevant streams - noting any Perinatal and Emotional Health Service clients to be included with the CYMHS list - and forwarded to:

❖ CYMHS Access via Team email *CYMHS Access Team <CAMHSIntake@easternhealth.org.au> who will then distribute to the relevant manager/Team Leader/Clinician

APMHS to Linda.Fuller@easternhealth.org.au and Karen.Haynes@easternhealth.org.au

❖ Adult Access to distribute via email to relevant CCT Managers and AMHS duty workers

Manually complete multiple contact sheet

Template to be used during CMI outage:

Access Telephone Triage

EASTERN HEALTH ADULT MENTAL HEALTH TRIAGE PHONE ASSESSMENT

WORKING CAMPUS:	
CALL AND ASSESSMENT COMPLETED BY: (Clinician's name and Classification):	
REFERRAL RECEIVED AT: (time and date)	
DURATION OF PHONE CONTACT:	
CLIENTS NAME:	
ADDRESS AND PHONE NUMBER:	
CLIENTS DOB:	
STATEWIDE UR:	
LOCAL UR:	
SEX (MALE/FEMALE/INTER):	
CULTURAL BACKGROUND:	
PREFERRED LANGUAGE:	
INTERPRETER REQUIRED:	
SERVICE MEDIUM:	
SERVICE RECIPIENT:	
NUMBER OF SERVICE RECIPENTS:	
Current Service Involvement within EH (Case Managed Patients)	Adult; Aged; CYMHS; Non Case Managed (Delete as appropriate)
REFERRERS DETAILS, inc Phone number: (Name and Organisation or relationship)**:**	

REASON for CONTACT:

PRESENTING PROBLEMS (Onset, Frequency, Severity, Duration, Triggers):

CURRENT SUPPORTS:

DEPENDENT CHILDREN:

PAST HISTORY:
1)Psychiatric history:

2)Medical history:

MEDICATIONS

MENTAL STATE EXAMINATION
General Appearance/Behaviour:
Speech:
Mood:
Affect:
Thought:
Perception:
Cognition:
Judgement:
Insight:

SAFETY ASSESSMENT:

1. **Suicidality:**

2. **Self-Harm:**

3. **Harm to Others:**

4. **Flight Risk/Level of Engagement:**

5. **Treatment adherence:**

6. **Cognitive Impairment:**

7. **Forensic/Legal Issues (Historical/Current) IVO current:**

8. **Serious Medical Issues:**

9. **Any other Safety Concerns or Vulnerabilities (inc Family Violence):**

BRIEF SUMMARY:

TRIAGE SCALE:	
OUTCOME : (I.E. REFER TO GP, ADMISSION, ETC):	
OUTCOME COMMENT:	
FURTHER FOLLOW UP:	
FOLLOW UP CAMPUS:	

FOLLOW UP SUBCENTRE:	
ACKNOWLEDGED BY:	
REVIEW DATE:	

Remote working process

Refer to COVID 19 Response Plan for Access_Phone_Triage_May_2020

FAQ

What process do I follow when I want to refer to CCT?

- All CCT referrals need to be discussed and approved by the Triage Consultant first. If the referral is received afterhours or weekend/public holiday, it is to be discussed on the next business day. Remember to put it in the diary for further follow up.
- Once approved, the intake duty worker at the relevant CCT is to be phoned and verbal handover provided

A client who is on CCT waitlist has rung with mental health issues. What is the role for Adult Triage?

- If the client rings during business hours, they are to be transferred to the relevant CCT's duty worker for follow up, if the call is NON-URGENT
- Refer to Objectify policy 1515 which clearly states is a client is on waiting list and the call is of non-urgent nature, the duty worker at the relevant CCT during office hours is to take the call

I want to refer a client to BIT/HOPE. What is the process?

- BIT/HOPE usually advises their vacancies for new referral at after their morning clinical review and again before end of office hours
- If there are available vacancies and the client is meets the criteria:
  - o BIT: Brief intervention limited to 8 sessions only. If the client likely needing more than 8 sessions of therapy, BIT is probably not appropriate
  - o HOPE: the person needs be from Maroondah campus and had a suicide attempt recently
- Advise the client that BIT/HOPE referral will be made but the outcome is subject to their intake process. Advise client that they will receive a call usually within 24~72 hours for an outcome
- If during business hours, call BIT/HOPE directly to discuss referral
- If afterhours, send an e-mail to the Access Service (MHPACCESS@easternhealth.org.au) and advise you have taken a HOPE or BIT referral spot. Place the client in the diary for follow up the next business day to discuss referral with BIT/HOPE team
- If referral is declined, client is to be contacted by PSYC Triage and alternative plan is to be formulated i.e. case management, GP follow up, etc. If client is accepted, BIT/HOPE will initiate contact with the client
- Note* If there is NO vacancies for BIT/HOPE, than alternate plan needs to be explored. Client cannot be put on wait list as there is no guarantee on timeframe before BIT/HOPE will have capacity again

What is the process when the client or referrer is requesting ECT?

- ECT referral pathway is currently development and staff will be notified once it is finalized.

Forensicare or equivalent has rung to refer a client who is about to be released from prison, and referrer wants to refer to Eastern Health for admission but client has <u>no fixed address?</u>

- Gather appropriate demographic information as per normal triage process
- If referrer is seeking a bed:
    - Run through system check of CMI/CPF/EMR to see if client had previous presentation to Eastern Health
    - Ascertain rationale of referral if client had no previous presentations to Eastern Health
    - Record the referrer and client detail and ring Mental Health Program Coordinator to advise of referral, follow by an email to MHPC with the relevant details
    - Advise referrer that there is no guarantee an inpatient bed can be reserved as it depends on patient presenting to our ED and is contingent review by MHPC. Best practice dictates that if client is placed on AO upon release from prison, the client is transported to nearest ED (i.e. at Northern MHS) and often they do not present to Eastern Health Hospital.

If you run into any situation which you are uncertain of, if ok to put the caller on hold and consult with the In-charge clinician or the Access Lead

COMPETENCY CHECKLIST – PHONE TRIAGE

Use of CMI:	
Client enquiry	
- Hx & MHAct status	
- Diagnosis	
- Admissions	
- Activity	
- Notifications	
- Client details	
- Carer / supports	

- Alerts	
Screening registers	
- Review recent / search recent	
- Enter patient details	
- Add SR	
- Add note	
- Use template	
- Switch campus	
Statistics	
- Enter on SR	
- Additional contacts	
Admin	
- Client details	
- Client maintenance	
- Log on / off	
- Save	
Outcomes	
- Complete triage scales	
- Complete outcomes	
- Complete subcentre as required	
- Aware of acknowledging	

Sign:

Ability to review CPF:	
- Log on / off	
- Patient search	
- Review Hx	
- Review demographics	
- Review cover / alerts	
- Review ED presentations	
- Review MHaP	
- Review Mental health tab (CCT etc)	
- Review admission notes	
- Review legal paperwork	

Sign:

Use of telephone technology	
- Log on	
- Make a call	
- Answer call	
- Transfer call	
- Use headset	
- Use device to listen in on call	
- Make busy function	
- Use Ready / not ready	
- Use short cut dial	
- Log out	

Sign:

Use of AVAYA/Call back	
- Install program on computer	
- Log on via computer	
- Accept call back request	
- Complete call back request and summary	