

Manual: Corporate Policy and Procedure
Section: Mental Health
Title: Admission of a Patient – Mental Health Hospital/Facility

Ref. No.: 9.15
Issue Date: October 2021
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PURPOSE

This document informs staff of the Healthscope policy on admission of a patient to a Healthscope owned or managed Mental Health Hospital / Facility.

The General Manager (or delegate) has the authority to refuse an admission if the admission is not clinically appropriate for the level of service that the hospital /facility is able to provide. (Refer to Policy 2.31 Exclusions – Services not Provided)

Individual sites should have a local policy to describe local processes including admission into Day Programs and Outreach.

SCOPE

This policy applies to all Healthscope Mental Health facilities within Australia.

POLICY

The Healthscope policy on Admission of a Patient to a Mental Health Hospital / Facility is:

- **All patients must be admitted under the name of a Visiting Medical Officer (VMO) credentialed to the hospital / facility.**
- **The admissions officer / intake clinician (delegate) must be fully aware of the admission criteria of the hospital / facility prior to accepting an admission. All concerns about the appropriateness of an admission must be discussed with the Director of Nursing (delegate) or General Manger prior to accepting the admission.**
- **Patients Assessed as ‘not appropriate for admission’ are managed as per Healthscope Policy 2.26 Admission of Patients - Refusal and Authorisation**
- **All patients must be voluntary as defined by the relevant state Mental Health Act, except in hospitals licensed to admit involuntary patients and in compliance with Healthscope admission criteria.**
- **Patients will be offered the opportunity to complete their Registration (HMR 1.0 F) and Patient Health History - Mental Health (HMR4.5E) via e-admissions**
- **All admitted patients’ details will be entered onto the site’s computerised patient management system (webPAS).**
- **Written, informed financial consent must be obtained prior to or on admission. Refer to Healthscope Policy 2.01 Admission of Patients and Informed Financial Consent.**
- **Patients admitted into inpatient unit are to be escorted by a member of staff to their designated unit/ward.**
- **In-Patients, and their belongings must be supervised by staff until all belongings have been searched by staff for Items of Risk as per Healthscope policy 9.34 Items of Risk in a Mental Health Environment**
- **A Mental Health Clinical Risk Assessment form (HMR 6.24) must be completed within 30 minutes of arrival in the unit.**
- **At all times the patient, family / carer and / or friends will be afforded courtesy and confidentiality with attention to the patient’s comfort, personal requests and inquiries.**
- **Sites must refer to their local Rapid Response System and Escalation Protocol and Incident Command Operational Readiness Plans when indicated during an inpatient admission.**
- **A letter confirming patient admission is to be sent to the referring doctor.**

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PROCEDURE

1. Admission Criteria - Inpatient Programs

- DSM 5 diagnosis requiring short-term, acute, inpatient psychiatric treatment:
- The patient's symptoms have impaired their usual level of functioning and / or some risk elements of self-harm and / or harm to others exist.
- The patient requires psychiatric observation and investigation for diagnostic and treatment intervention.
- The patient needs to be in a safe environment to ensure psychiatric treatment and compliance.
- The patient is admitted to prevent worsening of psychiatric symptoms when other avenues for treatment and support have been exhausted.
- The patient has complications of psychiatric treatment such as toxicity or severe side effects causing physical and / or mental disturbance requiring close observation not available in community-based management.
- Voluntary status and agreeable to stay in hospital and accept treatment, **except in hospitals licensed to admit involuntary patients.**
- Aged 17 or over, unless authorised by the General Manager.

2. Credentialed Visiting Medical Officer

- All patients must be admitted under the care of a credentialed Visiting Medical Officer (VMO) who is responsible for the patient's treatment and care at all times. If they are unable to provide care personally the VMO must secure the agreement of another credentialed VMO to provide care and treatment to the patient.
- When multiple health professionals are caring for the patient, the primary VMO - Psychiatrist providing the direction for the treatment of care must be identified and documented.

3. Intake /Pre Admission

All admissions, inclusive of emergency or after-hour admissions, must be coordinated through the admission / intake team (delegate) or after-hours manager / delegate. The person responsible for accepting the admission must refer to Healthscope Policy 2.01 Admission of Patients and Informed Financial Consent.

The Intake clinician will

- Engage with patient and send link to eAdmissions so patient can complete the Registration (HMR 1.0 F) and Patient Health History- Mental Health (HMR4.5E). Staff may need to assist in the completion of these forms. Intake team will monitor the completion of these forms and follow up with patient if they have not been completed after 48 hours since notification.
- Discuss and confirm the admission with the VMO.
- Complete the Mental Health Pre-admission form (HMR 4.1B), including the risk assessment within 24hours of admission with the patient.
- Document the current medication list on page 3 of the Medication Management Plan - HMR 10.3.
- Confirm method of payment from the patient or carer (e.g. private health fund and level of cover, self-funded or Insurance) and notify the patient of any out of pocket expenses (as per local process).
- Ascertain the expected arrival time of the patient or advise a suitable admission time.
- Inform the admissions / reception desk and receiving ward / area of the admission.

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4. Administrative Admission

The admitting administration/reception staff should:

- Obtain or create medical record including printing Registration (HMR 1.0 F), Patient Health History - Mental Health (HMR4.5E) and Mental Health Pre-admission form (HMR 4.1B) (as per local process).
- Confirm/check Patient's details on registration form are correct.
- Collect any out-of-pocket expenses (i.e. health fund excess).
- Collect a partial payment for Self-insured patients (based on a pre-admission negotiated amount).
- Complete the Ellis Disclaimer Form HMR 4.7C with patient.
- If the admission is after hours, ask patient or relative to sign an Informed Financial Consent – Mental Health HMR 4.8B accepting financial liability until insurance / other details can be verified.
- Obtain Signed consent for an identification photo, and take photo. Escort or organise collection of patient to correct bedroom.

5. Personal Property

- All electrical equipment brought from home must be checked for electrical safety and labeled according to Healthscope Policy 6.20 Electrical Equipment Safety – Portable Devices (as per local process).
- All other personal property to be managed as per local process.

6. Clinical Admission

If patient consents, their nominated carer or support person may attend this interview

A professional interpreter is to be engaged if the patient is unable to communicate in English.

The admitting clinician should

- Read the pre admission forms- Patient Health History- Mental Health (HMR 4.5E) and Pre Admission Form (HMR 4.1B) and familiarise themselves with patient's story.
- Inform the Admitting VMO of the patient's arrival.
- Supervise the patient's belongings until they are checked for Items of Risk as per Healthscope policy 9.34 Items of Risk in a Mental Health Environment.
- Collect all prescription and medications (prescription and over the counter) from patient/carer.
- Confirm the patient's identity and apply a patient identification (ID) band to one arm immediately on arrival to the admitting ward/unit.
- Complete the Mental Health Admission Assessment & Orientation Form (HMR 6.24G).
- Complete and document a comprehensive risk assessment on the Mental Health Clinical Risk Assessment (HMR 6.24) within 30 minutes of admission. Inform the patient and carer of risk rating with consent.
- Discuss risk rating and any clinical issues identified during the assessment with the admitting doctor.
- Confirm the reason for the patient's admission with the patient and document in his or her own words.
- Complete an "Approved/Nominated Carers Form" (HMR 4.14). Encourage the patient to nominate a "carer" who will support the patient in the community and who staff may discuss the treatment plan with if necessary.
- File photo identification with the medical record, the Medication Chart(s) and Risk Assessment Form.

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- Identify the patient's allergies / sensitivities and document on the Alert Sheet (HMR 000). Allergies should be recorded in webPAS and an Adverse Drug Reaction sticker is to be applied to the Medication Chart(s).
- Complete the Mental Health Comprehensive Risk Assessment form (HMR 6.24).
- Complete a full set of physical observations of the patient (or request nurse to do so) and record on the Standard Adult General Observation Chart (HMR 7.14F).
- Explain the Patient Agreement (HMR 4.12) which outlines the hospitals expectations for patient behaviour and ensure the Patient has read and signed it. One copy of the agreement is filed in the medical record and the patient retains the copy.
- Complete the HONOS form.
- Request the patient complete a DASS and MHQ14 (Note: not all sites complete DASS forms).
- Discuss with the patient and carer (if patient consents) their current concerns, identified risks and goals for admission. Complete the Mental Health Multidisciplinary Comprehensive Care Plan (HMR 6.36). Request the patient and carer to sign it.
- Commence the discharge planning process with the patient and document this on page 4 of the Mental Health Multidisciplinary Comprehensive Care Plan (HMR 6.36).
- Provide the patient and their family / carer with information as per orientation checklist on Mental Health Admission Assessment & Orientation Form HMR 6.24G.
- Provide the patient's family / carer with the unit/ward / hospital 24-hour contact number (With patient permission).
- Complete orientation to the unit as per Checklist on Mental Health Admission Assessment & Orientation Form HMR 6.24G.
- Provide the patient with Site specific welcome pack, site information.

7. Clinical Observations

- Admission observations should be recorded for all patients on admission.
 - Physical Health Observations (Standard Adult General Observation Chart)
 - BAL (Breath Alcohol Level) if applicable / indicated
 - Withdrawal Symptoms if applicable / indicated
 - Urinalysis / urine drug screen - if applicable / indicated
 - Height and Weight
 - Build
 - Distinguishing features

8. VMO / Doctor /GP Admission

- The psychiatrist or medical Officer should admit the patient within 24 hours of arrival and complete the
 - Medical Officer (Psychiatrist) Admission Form
 - Mental Health Clinical Risk Assessment form (HMR 6.24)
 - PBS Hospital Medication Chart HMR 10.1B Medication Chart
- The VMO/GP/Registrar should complete the Physical Examination Form (HMR 4.13) within 24 hours of admission
- To support best practice communication between general practitioners, psychologists and psychiatrists, it is recommended that psychiatrists communicate with relevant clinicians in regard to the patient's clinical management including assessment, opinion and referral.

KEY PERFORMANCE INDICATORS

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Incidents related to non-compliance with policy

REFERENCES

Author: Mental Health Committee Coordinator

- Healthscope Limited By-Laws
- Healthscope Policy 2.01 Admission of Patients and Informed Financial Consent
- Healthscope Policy 2.35 Second Opinion - Right to a
- Healthscope Policy 2.26 Admission of Patients - Refusal and Authorisation
- Healthscope Policy 2.31 Exclusions – Services not Provided
- Healthscope Policy 2.17 Consent to Medical Treatment
- Healthscope Policy 2.15 Correct Patient, Correct procedure, Correct site
- Healthscope Policy 8.45 Clinical Deterioration, Recognising and Responding to
- Healthscope Policy 18.75 Medication Management plan – MMP
- Healthscope Policy 18.85 Best Possible Medication History, Obtaining the
- Healthscope Policy 9.07 Risk Assessment and Observations - Patient
- Healthscope Policy 9.13 Search of Patient Room and Belongings
- Healthscope Policy 9.14 Patient Agreement
- Healthscope Policy 9.02 Recovery Based Care Planning and Evaluation
- Healthscope Policy 2.70 Comprehensive Risk Assessment Tool
- Plans: Incident Command Operational Readiness Plans and Checklist
- 'Dual Diagnosis, Key Directions for Service Development' (Victorian Government Department of Human Services, 2005)
- Healthscope Forms -
 - HMR 1.0F Patient Registration
 - HMR 4.1B Pre-Admission Form Mental Health
 - HMR 4.5E Patient Health History – Mental Health
 - HMR 4.7C Ellis Disclaimer
 - HMR 4.8B Informed Financial Consent Mental Health
 - HMR 4.12 Inpatient Agreement – Mental Health
 - HMR 4.13 Physical Examination Form – Mental Health
 - HMR 4.14 Approved Designated Carer
 - HMR 6.24G Mental State Examination and Orientation
 - HMR 6.36 Mental Health Comprehensive Care Plan
 - HMR 7.14F Standard Adult General Observation (SAGO) Chart
 Plus any other clinically relevant HMR forms
- Clinical Indicator User Manual – Mental Health, Version 7, ACHS

REVIEW / CONSULTATION

All General Managers
 Mental Health Committee

All Directors of Nursing

All Quality Managers

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