



# Bed Prioritisation and Bed Closure Procedure

Effective: 1 August 2018

## 1. Guiding Principles

The Great Southern Mental Health Service (GSMHS) is committed to ensuring that patients receive optimal care and that services are provided in an environment that is appropriate and safe for both patients and staff.

The GSMHS is committed to ensuring that mental health patients within the Great Southern are admitted to hospitals with appropriate facilities, staffing mix and level of specialist skills to address the acuity and complexity of their condition.

The Albany Hospital Acute Psychiatric Unit (APU) is a 16 bed facility, which includes a separate four bed secure unit and a 12 bed non-secure unit. The APU also sometimes admits patients to general medical beds outside of the APU. The APU is primarily an adult facility, but depending on vulnerability factors and the capacity to provide safe care may at times admit adolescent patients requiring a secure environment.

The preferred location for all Great Southern adult mental health admissions is the APU see the [Admission of Mental Health Patients Procedure - Albany Acute Psychiatric Unit](#).

If the APU is unable to provide a bed, the Mental Health Liaison Nurse (MHLN) in consultation with the APU medical and nursing staff is responsible for locating a bed in either Albany Hospital via the Albany Hospital Nurse Manager as an outlying patient, or another specialist mental health facility via the state-wide bed management system (see declining an admission, below)

## 2. Procedure

### 2.1 Temporary bed closures

A temporary bed closure may be considered to respond to an internal emergency (i.e. a Code Yellow) or individual patient factors posing a risk to providing safe treatment.

The types of situations that may result in a temporary bed closure include:

- Code Yellow failure of essential supplies such as power, water, or network that will result in either risks to staff or patients (e.g. duress alarms not working)
- patient mix and acuity requiring use of all available staffing resources due to aggression risk/containment or patient vulnerability (e.g. admission of under 18's, dementia, intellectual disability)
- staffing shortages (e.g. inability to staff to minimum nursing requirements).

All efforts must be made to minimise the occurrence and duration of bed closures.

**The decision to close a bed temporarily must be made by the Clinical Director** and immediately communicated by the senior clinician to the Manager Great Southern Mental Health Service (GSMHS) who will inform the Executive Director Mental Health and the WACHS GS Regional Director.

The Clinical Nurse Manager or delegate must immediately inform the Nurse Manager for Albany Hospital and the State-wide Bed Manager. The below bed prioritisation procedure is to be followed if required as part of bed closure.

### Documentation and record keeping

Any decisions made regarding the temporary closure of a bed(s) must be documented including:

- rationale for the decision
- details of the decision (time, date, duration, authorisation)

This documentation is to be emailed to the Manager, GSMHS for the official record.

### 2.2 Bed prioritisation

There may be times when the APU is full to capacity with additional patients requiring admission or, as outlined above, that beds are closed to maintain a safe environment. In instances where all the available beds in the APU are full to capacity and a mental health patient requires admission, the following prioritisation procedure is to occur:

- The APU decision to close beds is to be reviewed by the treating team in consultation with the Clinical Director to ascertain whether or not the closed beds can be safely opened.
- Discussion between APU Senior Medical Practitioner (SMP) or shift coordinator and the APU Psychiatrist whether any current inpatients could be safely discharged or outlied to create a bed for the incoming patient.
- The patient waiting for admission is also to be assessed by MHLN, in consultation with the APU Psychiatrist, regarding the patient's suitability for admission to a general inpatient ward rather than an APU bed.
- Ongoing liaison regarding bed availability is to occur between the MHLN and the Albany Hospital Nurse Manager during this process.

Patients should only be moved to an outlying bed if the:

- patient can be safely treated in a less secure environment with general nursing staff
- patient is at containable risk of harm to self, or others
- patient/family are aware of the safety needs and plan
- patient remains under the Psychiatric bed card.

In general, patients are to be prioritised for care in the APU based on factors including:

- Patients on a Form 1A or treated as involuntary under the *Mental Health Act*.
- Patients at high or extreme risk of harm to self, others or from others.
- Patients with complex psychiatric care needs that are beyond the scope of generalist clinicians or who require specialised environmental support

### 2.3 APU Bed Not Available

The APU aims to make specialist inpatient mental health services as accessible as possible and aim to accommodate all psychiatric admissions.

In the event that a patient is assessed as requiring a specialist mental health bed in the APU but there are no available beds, the admission may be declined and an alternative bed sought. Initially this would be under the bed card of a Consultant Psychiatrist in an outlying bed in Albany hospital or under GP bed card in another regional hospital if the patient is coming from the region. The patient would then be transferred and admitted to the APU at the earliest possible opportunity providing there are no unique vulnerability factors.

If, following assessment as outlined above, an APU priority patient cannot be accommodated within the APU and the patient is assessed as not suitable for accommodation in an outlying bed, or an outlying bed is not available, a transfer to another specialist mental health unit must be organised as a matter of priority.

For adult patients the MHLN and/or Psychiatrist are to contact the State-wide Bed Manager to secure a bed. It may also require the use of the Mental Health Act and subsequent notifications. All transfers must comply with the WACHS [Assessment and Management of Interhospital Patient Transfer Policy](#).

For older adult and child and adolescent transfers, State-Wide Bed Manager will assist to identify a hospital with a vacant bed and the MHLN and/or Psychiatrist will liaise directly with that hospital to secure the bed and arrange the transfer in the most appropriate manner.

If a transfer to another facility cannot be organised within 24 hours, the service must consider other interim management plans as decided by the Treating Team .

### 3. Definitions

<b>Priority APU patient</b>	Refers to patients meeting the following criteria: <ul style="list-style-type: none"> <li>· Patients on a Form 1A or involuntary under the Mental Health Act.</li> <li>· Patients at high or extreme risk of harm to self, others or from others.</li> <li>· Patients with extremely complex psychiatric care needs that are beyond the scope of a generalist clinician.</li> </ul>
<b>Form 1A</b>	Referral under the Mental Health Act 2014 for assessment by a Psychiatrist in an authorised facility.
<b>Unique vulnerability factors</b>	Under 18, dementia, intellectual disability which compromise the capacity for safe treatment on an acute adult psychiatric unit.

### 4. Roles and Responsibilities

The **Great Southern Mental Health management team** are to ensure that the psychiatry team is aware of the bed prioritisation process and the protocols for exceptional circumstance admissions.

The **Mental Health Liaison Nurse** is responsible for liaising with the State-wide Bed Manager, the APU Psychiatrist and other relevant parties to refer patients for acceptance to a bed in an alternative APU in either the metropolitan area or Bunbury Hospital.

**APU Clinical Nurse Manager:** is responsible in consultation with the treating Psychiatrist for developing and maintaining a system to prioritise patients within the unit i.e. to identify those who could be moved to a general ward for treatment if a more acute patient needs admission and there are insufficient beds on the APU. The APU Clinical Nurse Manager (or shift coordinator after hours) is responsible for liaising with the on call Psychiatrist and the Albany Hospital Nurse Manager in relation to the placement of new mental health admissions within the hospital.

The **treating psychiatrist:** is responsible for regularly assessing patients to determine priority for admission and for assisting MHLN with assessments and handovers for transfers to other authorised facilities.

### 5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

### 6. Evaluation

Monitoring of compliance with this document is to be carried out by Clinical Nurse Manager, APU. This procedure is to be reviewed ongoing through evaluation of Clinical Incidents relating to patient outcomes. It is to be formally reviewed every two years to ensure it is consistent with current procedures and practice.

### 7. Standards

[National Safety and Quality Health Care Standards](#) (First edition): 9.1.2, 9.2.4, 9.4.1, 9.4.3

[National Safety and Quality Healthcare Standards](#) (Second edition 2017): 8.1, 8.2, 8.8

[EQulPNational Standards](#): 12.8.2

[National Standards for Mental Health Services](#): 10.2.3, 10.3.1, 10.3.3, 10.3.7, 10.4.5, 10.5.5, 10.5.9

## 8. Legislation

*Mental Health Act 2014.*

## 9. References

[Assertive Patient Flow and Bed Demand Management for Adult Services](#)

## 10. Related Policy Documents

[WACHS Adult Psychiatric Inpatient Services - Referral Admission Assessment Care Treatment Discharge Policy](#)

[WACHS Sedation for Mental Health Patients Awaiting Aeromedical Transfer Guideline](#)  
[General Ward Mental Health Consultation and Service Procedure - Albany Hospital](#)  
[Admission of Mental Health Patients - Albany Hospital APU](#)

## 11. Policy Framework

[Mental Health Policy Framework](#)

**This document can be made available in alternative formats  
on request for a person with a disability**

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