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## Bed Prioritisation and Bed Closure Procedure

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### 1. Guiding Principles

The Great Southern Mental Health Service (GSMHS) is committed to ensuring that patients receive optimal care and that patients are admitted to hospitals with appropriate and safe 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 sixteen-bed facility, which includes a four bed Psychiatric Intensive Care Unit (PICU) and a twelve open beds. The APU also has the ability to admit patients to general medical beds outside the APU. The APU is primarily an adult facility, but depending on vulnerability factors, risk and the capacity to provide safe care at times may admit adolescent patients requiring a secure environment.

The preferred location for admission for all adult Great Southern mental health patients is the Albany APU.

Where possible GSMHS endeavours to provide culturally responsive care to Aboriginal people in sourcing admissions within the Aboriginal patient's locality.

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 Albany Hospital via the Albany Health Campus (AHC) Nurse Manager as an outlying patient, or another specialist mental health facility via WACHS Mental Health Patient Flow (MHPF) State Wide Bed Coordinator as per the [Mental Health Bed Access, Capacity and Escalation Statewide Policy](#).

### 2. Procedure

#### 2.1 Temporary Bed Closures

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

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

- code yellow failure of essential supplies such as power, water or network that will result in risks to patients or staff (e.g. duress system failure)
- patient mix and acuity requiring use of all available staffing resources due to aggression risk/containment or patient vulnerability
- staffing shortages
- urgent repairs or planned maintenance.

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 GSMHS Clinical Director.** Any decision made regarding temporary bed closures must be documented and emailed to the GSMHS Regional Manager including the rationale for the decision, and the details of the decision (time, date, duration and authorisation). The APU Clinical Nurse Manager (CNM) is to email the Regional Manager and update the MHLN. The GSMHS Regional Manager will inform the Executive Director Mental Health and the WACHS GS Regional Director. The MHLN will update MHPF and the AHC Bed Manager.

### 2.2 Bed Prioritisation

If the APU is at full capacity with additional mental health patients requiring admission, the following prioritisation procedure is to occur:

- Any bed closures are to be reviewed by the treating team in consultation with the Clinical Director to ascertain if any beds can be safely opened.
- Current inpatients are to be reviewed by the treating team to decide whether any current inpatients could be safely discharged or outlied.
- Pending patients awaiting admission are to be reviewed by MHLN and APU Consultant Psychiatrist to determine if they are suitable to be outlied.
- Ongoing liaison between (AHC) Nurse Manager and MHLN is to occur during this process

Any mental health patients who are outlied in a general hospital bed (excluding for medical reasons) remain under the psychiatric bed card. Patients should only be considered suitable for an outlying bed if the patient can be safely treated in a less secure environment, is at a containable level of risk and the patient and family are aware of the safety needs and management plan.

APU admissions are prioritised for patients who:

- are referred on a Form 1A or treated as involuntary
- are assessed as high risk
- have complex psychiatric care needs
- require a specialised/secure environment.

### 2.3 APU Bed Not Available

In the event that an APU bed is not available and a priority patient requires a specialist mental health bed, the admission can be declined, and as a matter of priority an alternate bed sought.

For patients requiring transfer, the MHLN is to contact MHPF to secure a bed outside of the Great Southern. All transfers must comply with the WACHS [Assessment and Management of Interhospital Patient Transfer Policy](#) and [Mental Health Bed Access, Capacity and Escalation Statewide Policy](#).

If a transfer can not be organised within 24 hours the service must consider other interim management plans as decided by the treating team.

### 3. Definitions

<b>Form 1A</b>	Referral under the <i>Mental Health Act 2014</i> for assessment by a psychiatrist in an authorised facility.
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### 4. Roles and Responsibilities

**GSMHS Management Team** are to ensure that the Psychiatry team is aware of the bed prioritisation process and the protocols for exceptional circumstance admissions.

**Mental Health Liaison Nurse** is responsible for liaising with state wide bed flow coordinator, the APU Psychiatrist, and other relevant parties to refer patients for acceptance to a bed in an alternative APU or the AHC Nurse Manager for a general bed within AHC.

**APU CNM** is responsible in consultation with the treating team for developing and maintaining a system to prioritise patients within the APU.

**Treating Psychiatrist** is responsible for regularly assessing patients to determine priority for admission and for assisting MHLN with assessments and handovers for patient transfers.

### 5. Compliance

This procedure is a mandatory requirement under the [Mental Health Act 2014](#).

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) 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. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

### 7. Evaluation

Monitoring of compliance with this document is to be carried out by the APU Clinical Nurse Manager. This procedure is to be reviewed with ongoing evaluation of clinical incidents relating to patient outcomes.

## 8. Standards

[National Safety and Quality Health Service Standards](#) – 8.1, 8.2, 8.8

[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

## 9. Legislation

[Mental Health Act 2014](#)

## 10. Related Forms

[Mental Health Transport Risk Assessment SMHMR900](#)  
[Statewide Standardised Clinical Documentation \(SSCD\) Suite](#)  
[Mental Health Act Forms 2014](#)

## 11. Related Policy Documents

WACHS [Medical Practitioners Manual](#)

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

WACHS [Adults with Impaired Decision Making Capacity Procedure](#)

WACHS [Assessment and Management of Interhospital Patient Transfers Policy](#)

WACHS [Recognising and Responding to Acute Deterioration \(RRAD\) Policy](#)

WACHS [Mental Health Care in Emergency Departments and General Wards Policy](#)

WACHS [Safe Transport and Transfer of Care of Country Mental Health Patients Flowchart](#)

WACHS [Sedation for Mental Health Patients Awaiting Aeromedical Transfer Guideline](#)

WACHS Great Southern [Admission of Mental Health Patients Procedure](#) - Acute Psychiatric Unit Albany Hospital

WACHS Great Southern [General Ward Mental Health Consultation and Liaison Service Procedure](#) - Albany Hospital

WACHS Great Southern [Mental Health Liaison Nurse Procedure](#) - Albany Hospital

## 12. Related WA Health System Mandatory Policies

[Clinical Care of People Who May Be Suicidal Policy](#) - MP 0074/17

[Clinical Care of People With Mental Health Problems Who May Be At Risk of Becoming Violent or Aggressive Policy](#) - MP 0101/18

[Clinical Handover Policy](#) - MP 0095

[Mental Health Bed Access, Capacity and Escalation](#) - Statewide Policy

[State-wide Standardised Clinical Documentation for Mental Health Services](#) - MP 0155/21

## 13. 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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