



Business Continuity Plan – Shortage of Psychiatric Medical Staff in Acute Psychiatric Inpatient Units

Effective: 19 March 2021

1. Purpose

The purpose of this Business Continuity Plan (BCP) is to respond to an acute shortage of psychiatric medical staff in WA Country Health Service (WACHS) Acute Psychiatric Units (APUs).

As identified in a Business Impact Analysis (BIA), an APU has a critical dependency ([dependency rating of 5](#)) on psychiatric medical staff in order to deliver key services. Therefore, should psychiatric medical staff be unavailable, the APU will be unable to deliver its service.

This document has been endorsed formally as the BCP to be followed in the event of such a resource failure.

2. Psychiatric staffing profile for APU

The Chief Psychiatrist has published [Chief Psychiatrist's Authorised Hospital Standards](#).

The Standard relating to staffing and required for authorisation is:

“The Hospital to be Authorised has staffing arrangements that enable high quality patient care, compliance with the MHA and associated regulations and guidelines, and allow for optimum staff, patient and visitor safety.”

Furthermore, the specific criterion (5.0) to be met under this Standard references staffing arrangements that for medical practitioners includes a:

- *Medical Director (in WACHS: Clinical Director) responsible for all patients undergoing Psychiatric treatment programmes (5.0)*
- *Consultant Psychiatrist on call at all times (5.2)*
- *Psychiatric Registrar or Medical Practitioner available at all times. (5.4)*

3. Trigger for activation

A BCP is initiated when the APU is unable to meet its mandated medical staffing profile. The plan may also be activated in anticipation of a shortage when the region's normal backfill processes have been unable to identify replacement staff, and escalation is required.

4. Authority to activate

The Authority to activate this plan rests with the Regional Manager Mental Health (RMMH) in consultation with the Director Clinical Services Mental Health (DCSMH) Regional Director, WACHS Director of Psychiatry and Executive Director Mental

Health. The activation of this BCP will be dependent on the expected length of disruption to business and in accordance with the Business Impact Analysis Rating.

5. Continuity Strategy

These strategies are an indicative guide only. The strategy implemented will be dependent on the nature of the shortage and expected duration. Consideration should be given to:

- restricting admission to voluntary patients only
- restricting new admissions for the duration of staff shortage
- reviewing current admitted patients to identify discharge opportunities
- utilising other WACHS regional or area office medical staff
- utilising metropolitan medical staff.

When informed of a disruption, the Escalation Team Members, as described below, should consider the most appropriate strategy to implement, based on the circumstances of the disruption. Escalation Team Members include:

- Regional Mental Health Manager / Director Clinical Services Mental Health.
- Regional Director
- WACHS Executive Director MH / Director of Psychiatry.

Strategy	Maintainable Duration
1. Redeploy psychiatric medical staff from community mental health programs	Duration of staffing shortage
2. Redeploy psychiatric medical staff from other regions or source from metropolitan areas	1 day
3. Source psychiatry medical input via Telehealth	1 week
4. Move patients to an alternative authorised facility	If steps 1 – 3 fail to be effective step 4 is to be implemented

Action plan

Continuity strategy - Lack of psychiatric medical staff to cover roster shortages

<p>Director Clinical Services Mental Health and Regional Mental Health Manager</p> <ul style="list-style-type: none"> • Notify Regional Director (RD) of shortages including dates ensuring that all other usual staffing options have been exhausted activates BCP. • Contact downstream dependencies and inform of disruption and likely duration. • Notify MH Patient Flow of situation and activate capacity making and escalation strategies as appropriate.
<p>Regional Director</p> <ul style="list-style-type: none"> • Draft and send email to other Regional Directors seeking cover from permanent salaried psychiatric medical staff • Contact Executive Director of Mental Health (EDMH) to highlight and discuss the staffing issue
<p>Executive Director Mental Health and/or Director of Psychiatry</p> <ul style="list-style-type: none"> • Monitor staffing situation • Notify Chief Executive of situation • Notify Area Director of Clinical Services (Adult/older adult MH) of situation • Consider alternative options i.e. metropolitan medical staff, non-salaried workforce • Issue authorisation, in collaboration with the Regional Director, to move patients to another regional inpatient unit or to the metropolitan area, as required • Notify the Office of the Chief Psychiatrist of psychiatric staffing situation
<p>Clinical Nurse Manager (CNM) APU</p> <ul style="list-style-type: none"> • Identify strategies for patient movement to another WACHS regional APU or to metropolitan APU • Communicate plan to RMHM/DCSMH, RD, CNMS, EDMH • Liaise with MH Patient Flow to identify vacant mental health beds, if required
<p>Mental Health Patient Flow</p> <ul style="list-style-type: none"> • Enact capacity making and escalation strategies as required

Key Contacts

Position	Landline	Mobile
Regional Manager Mental Health / Director Clinical Services Mental Health		
Regional Director		
Executive Director Mental Health	6553 0993	0459 895 640
Clinical Nurse Manager (CNM) APU		

Downstream dependencies

The following internal and external stakeholders may be impacted by a disruption to the APU resulting from a shortage of psychiatric medical staff.

In an event of a disruption, the stakeholders should be contacted.

Business area / stakeholder	Dependency level	Nature of dependence	Contact details
Internal dependencies (within Health Campus)			
Emergency Department	4	Reception of self-presenting psychiatric patients	
External dependencies (outside of Health Campus)			
All WACHS hospitals	4	Referral pathway for psychiatric patients	
Aboriginal Medical Service	4	Referral pathway for psychiatric patients	
Office of the Chief Psychiatrist	4		
Mental Health Advocacy Service	4		
Non-Government Organisations)	4	Referral pathway for psychiatric patients, provision of acute response.	
Community Mental Health	4	Referral pathway for psychiatric patients	
Drug and Alcohol Service	2	Referral pathway for psychiatric patients	
Western Australia Police	4	Referral pathway for psychiatric patients	
General Practitioners	4	Referral pathway for psychiatric patients	

6. Compliance

Failure to comply with this policy 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.

7. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System, in line with the WACHS [Records Management Policy](#).

8. Evaluation

This Business Continuity Plan is to be reviewed by the Executive Director Mental Health along with the Manager Disaster Management every two (2) years.

9. Standards

[National Safety and Quality Health Service Standards](#) 1.5, 1.6, 1.26, 6.9c, 8.8, 8.9,
[National Standards for Mental Health Services](#) - 2.5, 2.8, 8.1

10. References

[Chief Psychiatrist's Standards for the Authorisation of Hospitals under the Mental Health Act 2014](#)
[Mental Health Act 2014](#)

11. Policy Framework

[Mental Health Policy Framework](#)
[Public Health Policy Framework](#)

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

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