



Patient Admission Procedure

Effective: 3 July 2018

1. Guiding Principles

Psychiatric inpatient services include assessment of and care and treatment for people experiencing acute symptoms and or behavioural change due to mental illness or psychiatric crisis that cannot be managed in the community.

Care and treatment is provided in the least restrictive manner possible consistent with the [Mental Health Act 2014](#) (WA).

Patients are admitted to the unit under the care of the Consultant Psychiatrist who is responsible for the patient's medical and psychiatric care for the duration of the admission.

Broome Mental Health Unit (BMHU)/Mabu Liyan is an adult (18 to 65 years) acute psychiatric facility.

- Admission options for special needs criteria for patients requiring acute psychiatric inpatient care e.g. child and adolescent, older adult, vulnerable, mothers and babies, alcohol and drug detoxification are described in BMHU [Patient Bed Flow Procedure](#)

This procedure is to be read in conjunction with BMHU [Admission to High Dependency Unit Procedure](#).

The decision to refer a patient to an authorised hospital can only be made by a Medical Practitioner or an Authorised Mental Health Practitioner (AMHP) The decision to admit must be confirmed by a Psychiatrist.

Access to mental health services is timely and entry to services should avoid unnecessary delay and duplication in assessment and treatment.

Once the decision has been made to admit the patient, transfer to Mabu Liyan is to occur at the earliest opportunity.

All patients referred for admission must present to Broome Hospital Emergency Department (BH ED) prior to admission. The duty District Medical Officer (DMO) is responsible to complete a physical assessment unless otherwise negotiated with the Mabu Liyan Bed Manager and or duty Consultant Psychiatrist.

Where a person is referred under the *MHA 14* from a remote area with no access to onsite community mental health services, the On Call Psychiatrist should be consulted via telephone and videoconference (VC). The psychiatrist consults jointly with the referred person, local staff and carers and may do one the following:

- Conduct an examination under the *MHA 14* via VC
- Make care recommendations
- Confirm the need for admission
- Provide consultation/liaison/support

Where the patient is referred under the *MHA14*, and a Mabu Liyan bed is not available, the patient will be reviewed by the local community mental health service and the responsible psychiatrist via VC if required. If a bed is still needed the Mabu Liyan Bed Manager and/or the on call Psychiatrist is responsible to negotiate a bed in a metropolitan authorised facility. [Assertive Patient Flow and Bed Demand Management for Adult Services Policy and Practice Guidelines](#)

Where a patient is voluntary and a bed is not available, consultation is to occur between the Case Manager and treating Psychiatrist regarding management planning. This may include negotiating patient admission to another ward in the regional hospital until a mental health bed is available.

As part of the admission process a non-invasive search is conducted at the admission interview. This includes the patient's belongings and clothing. BMHU [Personal Search and Seizure Procedure](#)

The admitting nurse must ensure that patients are oriented to the unit as soon as practicable following admission. Being admitted to Mabu Liyan may be confusing for the patient due to their mental state and circumstances, especially if it's the first admission. Staff must take time to reassure and orientate patients as soon as possible over the first few days.

Admission of a patient requires individualised care management planning. Where possible, clients are partners in the management of all aspects of their treatment, care and recovery planning.

BMHU staff are to make with contact and maintain ongoing engagement with carer, close family member or other personal support person PSP as partners in the delivery of care wherever possible.

For all patients and /or carers including those who are of Aboriginal origin or Culturally and Linguistically Diverse backgrounds, understanding is to be facilitated where appropriate by:

- using approved interpreter service
- involvement of an Aboriginal MH Liaison Officer (AMHLO)
- involvement of carer, close family member or other personal support person (PSP).

2. Procedure

2.1 Monday to Sunday 08:00 – 16:00 hours

- The Mental Health Liaison Nurse (MHLN) is available to conduct mental health assessment and facilitate admission in consultation with BH ED DMO, the duty Psychiatrist and Bed Manager.

2.2 Monday – Sunday 16:00 – 08:00 hours

- Patients referred to or who present directly to BH ED will usually remain in the care of BH until the following morning when the MHLN reviews the patient.
- BMHU will accommodate requests for emergency admissions where possible following discussion with on call psychiatrist.

- Where no bed is available, ED DMO consult with MHLN or on call Psychiatrist regarding patient management
- Where patient is admitted to general ward DMO and MHLN or on call Psychiatrist will collaborate regarding patient management and care plan.

2.3 The admitting nurse is responsible to ensure that completed documentation is received at time of admission.

- Clinical handover of patient occurs by the MHLN or BH ED or general ward Nurse. BMHU [Clinical Handover Procedure](#). Handover is facilitated by the completion of relevant documentation as well as:
 - for CMHS clients:
 - § Care Transfer Summary (SMHMR916).
 - § Risk Assessment Management Plan (RAMP) (SMHMR905).
 - § Mental Health Assessment (SMHMR902).
 - § Mental Health Act forms where relevant.
 - for other referrers:
 - § KMHDS Referral form MRK52A.
 - § Referral letter.
 - § KMHDS Brief Risk Assessment MRK119.
- the clerical officer is informed of the patient admission

2.4 Shift Coordinator is responsible to ensure the admission process including the BMHU Admission checklist is completed.

2.5 The BMHU Aboriginal Mental Health Coordinator is responsible for ensuring that Aboriginal Mental Health Liaison Officers assist with transfer of a patient from ED and orientation to BMHU when culturally indicated.

2.6 The admitting nurse conducts the admission process and includes:

- AMHLOs in the admission processes to orientate and support aboriginal patients.
- Mental State Examination (MSE).
- Risk Assessment including risk to self, others and risk from others.
- Psychiatric Services On Line Information Systems (PSOLIS) check for alerts.
- Search of belongings with patient consent – the patient and where possible carer, close family member or other PSP should be present during the search.
- Urine drug screen.
- Routine urine analysis including pregnancy testing for female patients.
- Physical observations.
- If the patient has come into hospital using their own private vehicle, the keys must be registered and held in the Patient Property safe until taken by carer, close family member or other PSP or patient is discharged.
- Development of an interim nursing care plan.
- Identification of dietary requirements and inform the Mabu Liyan Aboriginal Patient Care Assistant (APCA) or if they are unavailable, the kitchen staff.
- Advising the Mental Health Advocacy Service when a patient is admitted under the *MHA14*.
- Providing the patient with the BMHU Admission Information booklet.

- All patients are assigned an observation category based on the RAMP and Management Plan and clinical information. The categories are 1, 2, 3 and 4. Each category has clinical guidelines for patient management. [BMHU Patient Observation Procedure](#).
- Patient is provided with information and understanding regarding patient rights and responsibilities at the earliest opportunity. [BMHU Patient Rights and Responsibilities Procedure](#)

2.7 The Consultant Psychiatrist or delegate is responsible for ensuring that:

- An admission psychiatric assessment is conducted and treatment plan documented
- A medical examination is offered within 12 hours of admission including:
 - Medical history
 - Relevant further investigations.

2.8 Documentation

- All patient admissions assessments must be clearly documented in the patient health record
- All required patient health information must be entered on PSOLIS by nursing staff
- All required patient health information must be entered on the WebPAS information system by the clerical officer

3. Definitions

MHLN	Mental Health Liaison Nurse
DMO	District Medical Officer
PSP	Personal Support Person
BH	Broome Hospital
ED	Emergency Department
WebPAS	Web based Patient Administration System.
Patient Journey Board	Kimberley Hospitals electronic bed management patient information system.

4. Roles and Responsibilities

Clinical Director has overall responsibility for ensuring that services are delivered in accordance with this procedure

Consultant Psychiatrist is responsible for the medical management of patients in accordance with this procedure

Clinical Nurse Manager is responsible for the implementation of this procedure

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

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

This procedure is to be reviewed every five (5) years.

Clinical documentation is audited as part of the audit cycle.

7. Standards

[National Safety and Quality Healthcare Standards](#) (First edition 2012): 1.5.2; 1.6.2; 1.7.1; 1.7.2; 1.8.1; 1.17.2; 1.18.1; 6.2.1

[National Safety and Quality Healthcare Standards](#) (Second edition 2017): 1.1 (g); 1.2; 1.3; 1.4; 1.7; 1.10 (f); 1.16 (a); 1.16(b); 1.16(e), 1.17(a); 1.17(b) 1.17(c); 1.26; 1.27(a); 1.27(b) 1.29 (a); 1.29 (b); 1.30 (a); 1.30 (b); 1.32; 1.33; 2.3(a); 2.3(b); 2.4; 2.5 (a); 2.5(b); 2.6; 2.7; 3.5; 3.6(a); 3.6(c); 3.6(f); 3.6(g); 3.11(a); 3.11(b); 4.5; 4.6; 4.7; 4.8; 4.9; 5.10 (a); 5.10 (b); 5.10(c); 5.11; 5.12; 5.13(a); 5.13(b) 5.1 (c) 5.1 (d); 5.31(a); 5.31(b); 5.31(c); 5.33; 5.34(a); 5.34(b); 5.34(c); 6.5(a); 6.5(b); 8.1(a); 8.1(b); 8.1(c); 8.5(a); 8.1(b); 8.1(c); 8.1(d); 8.1(e); 8.9; 8.10; 8.11; 8.12; 8.13:

[National Standards for Mental Health Services](#): 1.4; 1.4.3; 1.10; 1.11; 1.12; 2.3; 2.11; 6.6; 6.7; 7.2; 7.4; 8.11; 8.19; 10.2.1; 10.3.3; 10.3.4; 10.3.5; 10.3.8; 10.3.1; 10.3.6; 10.4.1; 10.4.2; 10.4.3; 10.4.5; 10.5.11

[National Standards for Disability Services](#): 1.1; 1.4; 2.6; 3.1; 3.2; 6.2

8. Legislation

[Mental Health Act 2014](#) (WA)

9. References

[WACHS Kimberley Intranet](#): BMHU Admission Information

[WACHS Kimberley Intranet](#): BMHU Aboriginal Admission Information

BMHU Patient Admission Checklist

10. Related Forms

[MR184 WACHS Inter-Hospital Clinical Handover](#)

11. Related Policy Documents

BMHU [Admission to High Dependency Unit Procedure](#)

BMHU [Clinical Handover Procedure](#)

BMHU [Patient Observation Procedure](#)

BMHU [Patient Property Procedure](#)

BMHU [Patient Rights and Responsibilities Procedure](#)

BMHU [Personal Search and Seizure Procedure v](#)

BMHU [Vulnerable Patient Procedure](#)

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

WACHS [Assessment and Management of Mental Health Presentations to WACHS Hospitals Policy](#)

WACHS [Inter-Hospital Patient Transfer of Mental Health Patients Guideline](#)

WACHS [Inter-Hospital Clinical Handover Form Procedure](#)

12. Related WA Health System Policies

OD 0635/15 [Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist](#)

MP 058/17 [Admission, Readmission, Discharge and Transfer Policy](#)

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

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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