

# SESLHD Business Rule COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Referral for a SESLHD Mental Health Service (MHS) Complex Care Review
<b>TYPE OF DOCUMENT</b>	Business Rule
<b>DOCUMENT NUMBER</b>	SESLHDBR/029
<b>DATE OF PUBLICATION</b>	April 2024
<b>RISK RATING</b>	Medium
<b>LEVEL OF EVIDENCE</b>	National Safety and Quality Healthcare Standards: (NSQHS) NS5: Comprehensive Care: 5.12-13 Developing a Comprehensive Care plan NS6: Communicating for Safety: 6.9-10 Communicating Critical Information
<b>REVIEW DATE</b>	April 2027
<b>FORMER REFERENCE(S)</b>	N/A
<b>EXECUTIVE SPONSOR</b>	General Manager, SESLHD Mental Health
<b>AUTHOR</b>	Clinical Director, SESLHD Mental Health Service
<b>POSITION RESPONSIBLE FOR THE DOCUMENT</b>	Policy and Document Development Officer, Mental Health <a href="mailto:seslhd-mentalhealth-policiesanddocuments@health.nsw.gov.au">seslhd-mentalhealth-policiesanddocuments@health.nsw.gov.au</a>
<b>FUNCTIONAL GROUP(S)</b>	Mental Health
<b>KEY TERMS</b>	Complex Care Review
<b>SUMMARY</b>	This is a guide to making a referral for a SESLHD MHS Complex Care Review. This Business Rule applies to MHS clinicians and other staff involved in planning for transfer of care of mental health consumers with complex care needs.

## **COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

**This Business Rule is intellectual property of South Eastern Sydney Local Health District.  
Procedure content cannot be duplicated.**

Feedback about this document can be sent to [SESLHD-Policy@health.nsw.gov.au](mailto:SESLHD-Policy@health.nsw.gov.au)

# SESLHD BUSINESS RULE

## Referral for a Mental Health Service (MHS) Complex Care Review

**SESLHDBR/029**

### 1. POLICY STATEMENT

This document outlines the SESLHD MHS process, led by SESLHD MHS Clinical Director, to review complex mental health treatment plans that are not typical or standard. This includes plans which require additional clinical oversight when there is an urgent need for treatment that is clinically indicated, and to prevent injury or prolonged suffering to the consumer.

This process is required to be followed prior to escalation of a complex care escalation to NSW Mental Health Chief Psychiatrist.

### 2. BACKGROUND

All MHS inpatients with a length of stay (LOS) of >75 days or presenting with very complex needs could be considered for a care review by the site Complex Care Review. If there is no transition plan or separation pathway available, and there are ongoing, or unmet, complex care needs that have not been successfully resolved by the site care review, the care is to be escalated for a SESLHD MHS Complex Care Review.

### 3. RESPONSIBILITIES

#### 3.1 Employees will:

Follow the process outlined within this document and escalate as appropriate.

#### 3.2 Line Managers will:

Follow the process outlined within this document and ensure all staff are orientated to this document.

#### 3.3 District Managers/ Service Managers will:

Follow the process outlined within this document and ensure all staff are orientated to this document.

# SESLHD BUSINESS RULE

## Referral for a Mental Health Service (MHS) Complex Care Review

**SESLHDBR/029**

### 4. PROCEDURE

#### 4.1 Review convening criteria

- The review for consumers who have no transfer of care or transition pathway available after site actions have been completed (including local complex care review) elicits Site Clinical Director referral to the SESLHD MHS Clinical Director.

#### 4.2 Review Referral pathway

- A referral to the SESLHD MHS Clinical Director must include completion of the following tasks:
  - A clearly stated purpose and desired outcome for the review.
  - Proposed least restrictive treatment options to be considered by the review
  - Synopsis of outcomes of care and unresolved actions
  - A case history, including a risk history and current management plan, with the authority of the treating Psychiatrist and site Clinical Director
  - Details of current or previous partnerships with Community Managed Organisations (CMOs) in relation to the consumer (e.g. Independent Community Living Australia, Partners in Recovery)
  - All previous second opinions and case conference minutes. At least two second opinions are required, with one being from the site Clinical Director. Refer to [SESLHDPD/269 Obtaining a Second Opinion from a Consultant Psychiatrist within Acute Inpatient Mental Health Units](#) for more information
  - Critical investigation and assessment reports which assist in getting to know the person and understanding their needs and requirements. These reports can include: strengths assessments, wellness plans, personal recovery plans, Suicide Safety Plan, Family and Carer assessment and perspective, neuropsychiatry/ cognitive assessments and functional assessments.
  - Results of previous routine physical health screening and assessments, as well as appropriate interventions offered.
  - Any Advance Care Plans for the consumer, as well as current aspirations and concerns of the consumer (if practical), designated carer and family.
- The Terms of Reference (TOR) for the Meeting are contained in **Appendix A**. The TOR lists a membership for the meeting and it also states “or delegate” to ensure the meeting attendees are the most relevant for the Consumer’s care. Delegates should be nominated by the local site Mental Health Clinical Director.

### 5. DOCUMENTATION

- Care Documentation or summary/brief (6 points) and distributed to the Complex Review panel 7 day prior to the review meeting.
- Meeting minutes
  - Site Secretariat or delegate to coordinate and minute the meeting.
  - Chair – SESLHD MHS Clinical Director

# SESLHD BUSINESS RULE

## Referral for a Mental Health Service (MHS) Complex Care Review

**SESLHDDBR/029**

### 6. AUDIT

- No Audit required.

### 7. REFERENCES

- [NSW Ministry of Health Policy Directive PD2011\\_055 - Chief Psychiatrist Panel Review of Complex Mental Health Treatment Plans](#)
- [NSW Ministry of Health Policy Directive PD2019\\_045 - Discharge Planning and Transfer of Care for Consumers of NSW Mental Health Services](#)
- [SESLHDPD/269 Obtaining a Second Opinion from a Consultant Psychiatrist within Acute Inpatient Mental Health Units](#)
- [SESLHDDBR/071 Consumers in the Community with Complex Needs \(including high risk civil clients\)](#)

### Other References

- [National Safety and Quality Health Service Standards \(Second Edition\): Standard 5 Comprehensive Care](#)
- [National Safety and Quality Health Service Standards \(Second Edition\): Standard 6 Communicating for Safety](#)

### 8. VERSION AND APPROVAL HISTORY

Date	Version	Author and approval notes
Sept 2013	0	Endorsed by SESLHD MHS Clinical Council.
Aug-Oct 2016	1v1	Initial review by Victoria Civils-Wood, SESLHD MHS Policy & Document Development Officer, with additions by Danielle Coppleson, SESLHD MHS Access Manager.
Dec 2016	1v3	Circulated to Service Directors, Clinical Operations Managers, Chief Psychiatrists and frontline staff. Minor grammar/terminology feedback incorporated.
Feb 2017	1v4	Endorsed at SESLHD MHS District Document Development and Control Committee
April 2017	1v4	Reviewed and approved by Manager Executive Services for publishing following a minor review.
December 2019	2.0	Routine review commenced. Links checked and updated. Reviewed for gender neutrality, "Chief Psychiatrist" replaced with "Clinical Director", "patients" replaced with "consumers", NSQHS updated and aligned with Second Edition, Executive Sponsor updated, Author updated. Incorporates feedback from A/Clinical Nurse Manager. Incorporates feedback from A/Clinical Partnerships Coordinator
January 2020	2.1	Broader feedback requested and received.
February 2020	2.2	Factors in feedback and clarifies that the Terms of Reference allow for delegates to attend the meeting.
May 2020	2.3	Document endorsed by DDCC pending endorsement of TOR.
June 2020	2.3	TOR endorsed by SESLHD MHS Clinical Governance Committee (governing committee of the SESLHD MHS Complex Care Review Committee). Progressed to SESLHD MHS Clinical Council for endorsement. Endorsed by SESLHD MHS Clinical Council

**SESLHD BUSINESS RULE****Referral for a Mental Health Service (MHS)  
Complex Care Review****SESLHDBR/029**

5 April 2024	2.4	Minor review by SESLHD MHS Clinical Director and SESLHD MHS Access and Pathways to Care Lead. Document converted to a SESLHD procedure and document updated to outline requirements of Site Clinical Director referral to the SESLHD MHS Clinical Director. November 2023: Documented circulated for endorsement via SESLHD MHS DDCC. Endorsed by the MHS Clinical Council in February 2024. Approved by Executive Sponsor and processed by SESLHD Policy.
--------------	-----	--

# SESLHD BUSINESS RULE

## Referral for a Mental Health Service (MHS) Complex Care Review

**SESLHDDBR/029**

### APPENDIX A: TERMS OF REFERENCE

#### SESLHD MHS Complex Care Review Meeting

##### 1. MEMBERSHIP

- SESLHD MHS Clinical Director (Chair)
- Referring site Service Director
- Referring site Clinical Director
- Referring site treating Consultant Psychiatrist
- Referring site Service Manager
- SESLHD MHS Access and Pathways to Care Lead

##### 2. OFFICERS IN ATTENDANCE (Invited but not limited to)

- Referring site Psychologist (member of the Multidisciplinary Team)
- Referring site Social Worker (member of the Multidisciplinary Team)
- Referring site Occupational Therapist (member of the Multidisciplinary Team)
- SESLHD MHS Coordinator for Older Adults (where applicable)
- SESLHD MHS Rehabilitation Coordinator (where applicable)
- SESLHD MHS Partnerships Coordinator (where applicable)
- SESLHD Clinical Ethics Consultant
- SESLHD MHS Clinical Governance and Risk Manager

##### 3. QUORUM REQUIREMENTS

All membership

##### 4. ROLE

The SESLHD MHS Complex Care Review Meeting reviews individual treatment plans of consumers with no transfer of care or transition pathway available due to ongoing and unmet complex care needs that have not been successfully resolved by the site Complex Care Meeting.

##### 5. TERMS OF REFERENCE

- Review the assessment and treatment planning for consumers referred to the meeting.
- Review the monitoring of process, including any available second opinions.
- Review outcomes of treatment.
- Review the issues which prompted referral to the review meeting.
- Consider all relevant opinions as to appropriate treatment plans.
- Provide advice on further treatment aimed at addressing the issues which prompted the referral.

## SESLHD BUSINESS RULE

### Referral for a Mental Health Service (MHS) Complex Care Review

SESLHDDBR/029

- Provide advice on a transition plan where applicable.
- Escalate unresolved complex care needs to NSW Mental Health Drug and Alcohol Office (MHDAO) Complex Care Review (COMPLEX CARE REVIEW COMMITTEE (CCRC))

#### 6. FREQUENCY OF MEETINGS

- Meetings are to be held on an 'as needed' basis

#### 7. EXECUTIVE SPONSOR

- SESLHD MHS Clinical Director

#### 8. SECRETARIAT

- Site Delegate of Site Clinical Director

#### 9. METHOD OF MEETING EVALUATION

- The outcomes of the complex care review is recorded in eMR and within the consumer treatment plan and communicated clearly to the consumer and their nominated carers