



Specializing Psychiatric Patients Procedure

Procedure Number

CHC-PN-0024

Version Nos:

5

1. Purpose

This Procedure is to be followed by West Coast District Health Board (WCDHB) clinical staff where they are concerned about the safe management of a patient who has been admitted to a medical or surgical ward, and when the patient's presentation (symptoms of psychosis or psychiatric distress or an imminent risk of suicide) indicates that specialist mental health nursing (RN) care may be necessary. A current or previous psychiatric diagnosis alone is not a valid reason for initiating this Procedure.

2. Application

This Procedure is to be followed by all nursing and medical staff throughout the WCDHB.

3. Definitions

For the purpose of this Procedure:

Specialist mental health nursing care (Specialling) may be clinically indicated when:

- The patient's mental condition is such that they meet the criteria for specialist mental health nursing care but are unable to be transferred until they are medically/surgically stable.
- The patient has been transferred from Manaakitanga Inpatient Unit to a medical/surgical ward, and their mental state may compromise their safe management in the medical/surgical setting.

Specialling Levels:

Level 1

- If the patient meets the MHA criteria and is at current high risk of unpredictable behaviour, self harm or absconding related to symptoms of psychosis and/or suicide intent.

Level 2

- The patient is currently an inpatient in mental health services transferred for medical / surgical treatment and is at high risk of unpredictable behaviour, self harm or absconding.
- Staffing requirements Level 1-2: Mental Health Registered Nurse or a Registered Nurse from specialist dementia setting

Level 3

- The patient's behaviour is such that they are at risk of compromising treatment (related to delirium, withdrawal syndromes, emotional state etc) but does not require treatment for an acute mental disorder.
- Staffing requirements: Registered or Enrolled Nurse – generalist / comprehensive

Level 4

- The patient has a high level of confusion / distress / anxiety / agitation, at risk of compromising treatment
- Staffing requirements: Psychiatric Assistant, Health Care Assistant or Family member



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4. Responsibilities

Once the TACT assessment is complete and the level of care need evaluated the Clinical Nurse Managers (CNMs) will be jointly responsible to work together to arrange the required level of staffing

After hours it is the responsibility of the Duty Nurse Manager to organise suitably qualified staff to undertake a special.

The WCDHB Mental Health Service will provide a comprehensive list of on-call options:

- Mental health RNs – consider inpatient unit (IPU) on duty staff available, IPU pool, other RNs with MH expertise. The IPU staff will assist by discussing possible reallocation of nursing resources.
- Dementia care RN/EN – consider Kahurangi on duty staff available, Kahurangi casual pool, Grey casual pool or reallocation of RNs from other wards
- RN / EN Comprehensive/Generalist – consider Grey casual pool or re-allocation of on duty nursing resource
- PA / HCA – consider Kahurangi casual pool / Grey casual pool
- Family members – as per contact sheet

5. Resources Required

WCDHB MHS Special Observation in Hospital Services Form

6. Process

1.00 Introduction

- 1.01 If nursing and/or medical staff consider that a patient meets the criteria for specialist psychiatric nursing care they are to contact or page (via the operator) the TACT team.
- 1.02 TACT will assess the patient and (in consultation with the on-call Psychiatrist as required) will determine whether specialist psychiatric nursing care is required, and / or will advise regarding the ongoing management of co-morbid mental health issues.
- 1.03 The TACT team members will ensure that the outcome of the assessment is clearly documented in the patient's medical record, and will discuss any need for specialist psychiatric nursing care with the relevant Clinical Nursing Manager (CNM) or the Duty Nurse Manager (DNM). Where the assessment indicates a level one or two special is required, this is documented on the MHS Special Observation in Hospital Services Form.
- 1.04 The TACT staff will also document their involvement using the WCDHB Mental Health Service TACT Log.
- 1.05 It is the responsibility of the relevant CNM or the DNM to access appropriate staff to provide the level of nursing care identified in the TACT assessment

	<h2 style="margin: 0;">Specialing Psychiatric Patients Procedure</h2>	Procedure Number <i>CHC-PN-0024</i>	Version Nos: 5
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- 1.06 The TACT team will undertake a daily formal review of every patient being nursed under constant mental health observation, collaboratively with the RN undertaking the care. Assessments will be documented in the patient's medical record.
- 1.07 The ongoing TACT assessments will be undertaken 3 hours before the completion of the shift (morning and afternoon) to enable staffing requirements to be addressed in a timely manner.
- 1.08 Once a mental health special has been implemented any change to the level of observation must be reviewed with both the TACT team and the RN undertaking constant observation. The outcome of this review will be documented in the patient's medical notes and on the WCDHB MHS Special Observation in Hospital Services Form.

2.00 Transfer of Care

- 2.01 Transfer of care (nursing) of a patient who is under special/constant observation is to occur as follows:
 - i) The transfer of care will be conducted in the presence of the patient by one staff member who will indicate (to the staff member and the patient) they are now taking over responsibility for the constant observations.
 - ii) Transfer of care handover will include a current mental status and risk assessment report.
 - iii) All documentation is to be completed and signed off on the MHS Special Observation in Hospital Services Form before responsibility for the patient's care is handed over.
 - iv) The allocated **ward based RN** maintains responsibility for the overall nursing care of the patient. The mental health RN undertaking the 'special' will work collaboratively with the ward based nursing team to ensure care delivery is enhanced.
 - v) The Senior Nurse, Clinical Nurse Leader, Manager or Duty Nurse Manager is responsible for ensuring that staff members undertaking any form of specialist nursing care are relieved for meal breaks and other breaks as required, at regular intervals. Breaks are to occur at no longer than two hour intervals.

7. Precautions And Considerations

- ➔ The Clinical Nurse Managers / Duty Nurse Manager are responsible for accessing appropriately qualified staff to undertake the mental health special and will be assisted by TACT, CNM IPU / Grey CMH / Kahurangi staff (Mental Health Manager)
- ➔ RNs with full scope of practice are expected, in most instances, to be able to undertake Level 3 Specialising in a medical/surgical setting.

8. References

There are no references associated with this Procedure.

9. Related Documents

Assessment & Management of Risk to others –Guidelines & Development Of Training Tool Kit 2006



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	Developed By:	Mental Health QI Co-Ordinator
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