

Justice Health NSW Policy

Admission Policy - (Aged Care Unit / Medical Unit) Long Bay Hospital (Referral, Admission and Assessment)

Issue Date: 02 November 2023

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Policy Number 1.037

Policy Function Continuum of Care

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Risk Rating

Summary This Policy provides guidance on the processes of 1. referral, 2. admission and 3. assessment on the clinical units at Long Bay Hospital: Aged Care Unit - Long Bay Hospital, Medical Unit - Long Bay Hospital.

Responsible Officer General Manager Primary Care

Applies to

- ☐ Administration Centres
- ☐ Community Sites and programs
- ☒ Health Centres - Adult Correctional Centres or Police Cells
- ☐ Health Centres - Youth Justice Centres
- ☒ Long Bay Hospital
- ☐ Forensic Hospital

CM Reference POLJH/1037

Change summary Separation of Justice Health NSW Policy for Aged Care/Medical Unit/s [from the Mental Health Unit at Long Bay Hospital – Custodial Mental Health]

Authorised by Chief Executive

Revision History

#	Issue Date	Number and Name	Change Summary
1	September 2023	Policy 1.037 Long Bay Hospital Admission Policy (Referral, Admission and Assessment)	Separation of Justice Health NSW Policy for Aged Care/Medical Unit/s [from the Mental Health Unit at Long Bay Hospital – Custodial Mental Health]

PRINT WARNING

Printed copies of this document, or parts thereof, must not be relied on as a current reference document.
Always refer to the electronic copy for the latest version.

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1. Table of Contents

2.	Preface	4
3.	Policy Content.....	4
3.1	Roles and Responsibilities	4
3.2	Mandatory Requirements	6
4.	Definitions	9
4.1	Sub-heading.....	Error! Bookmark not defined.
5.	Procedure Content.....	6
5.1	Referral Process	7
5.2	Admission Criteria	7
5.3	Documentation	9
6.	Related documents	9

2. Preface

The Long Bay Hospital – Area 1 (LBH1) (Custodial Health) is an 87 bed (inclusive of three (3) Haemodialysis Chairs – located on the Medical Unit) purpose built facility that provides services through three separate Units:

Aged Care Unit (ACU-LBH) – Primary Care

The ACU-LBH is a 15 bed clinical unit that provides inpatient (speciality) aged care services.

Medical Unit (MU-LBH) – Primary Care

The MU-LBH is a 29 bed clinical unit (29 inpatient beds and 3 ambulatory [haemodialysis] chair/s) that provides inpatient medical and post-surgical services, inclusive of ambulatory haemodialysis services.

[Mental Health Unit (MHU) Custodial Mental Health – Forensic Mental Health]

Not included in this Policy 1.037: Admission Policy - (Aged Care Unit / Medical Unit) Long Bay Hospital (Referral, Admission and Assessment)

The LBH MHU is a 40 bed unit that provides acute and sub-acute, inpatient (specialty) mental health services for patients in Justice Health NSW and the New South Wales Correctional System. The MHU is comprised of three separate wards (E, F Sub-Acute and G Acute). Patients are stepped down in acuity dependent on their mental health status. Patients can enter the MHU through acute or sub-acute admission pathway.]

Justice Health NSW Policy 1.037: Admission Policy - (Aged Care Unit / Medical Unit) Long Bay Hospital (Referral, Admission and Assessment) only applies to ACU-LBH and MU-LBH.

3. Policy Content

3.1 Roles and Responsibilities

Multidisciplinary Team (MDT) (Medicine, Nursing; Allied Health, Health Managers [Integrated Care Service], Aboriginal Health)

- All patients should be admitted to LBH1 in the Patient Administration System (PAS) within one hour of arrival.
- All patients (excluding those requiring pre-planned colonoscopy work-up) must receive a comprehensive medical assessment within 24 hours of admission.
- All patients must be assessed clinically by a Registered Nurse (RN) on admission.
- All patients should have a comprehensive assessment by the MDT within 48 hours of admission, wherever possible, pending the availability of relevant staff.
- All patients' health records (paper and electronic) must be updated contemporaneously (inclusive of the PAS administrative processes (e.g., to identify patients that are accommodated as Corrective Services NSW (CSNSW) placements).
- All patients (new admissions and patients identified by the MDT for review on MU-LBH) must be reviewed by the Senior Medical Officer (SMO) (during business hours) or Clinical Director Primary Care (CDPC) (outside business hours).

- Any patients admitted to ACU-LBH and MU-LBH must be referred to the Integrated Care Service, Justice Health NSW (for Care Coordination).
- Any patients requiring palliative care/ end of life must be referred to the Palliative Care team, Justice Health NSW.
- Any patients requiring Allied Health input e.g. physiotherapy must be referred to the appropriate Allied Health Team.
- All patients of Aboriginal and Torres Strait Islander background should be referred to the Aboriginal Chronic Care Program (ACCP) Enrolled Nurse and/or Aboriginal Health Worker (AHW).
- For all patients that are identified and require services of a health care interpreter, please refer to Policy [1.230 Health Care Interpreter Services – Culturally and Linguistically Diverse Patients](#) prior to commencing the assessment.
- All patients that meet the criteria for the deteriorating patient must be transferred to Prince of Wales Hospital (POWH), Emergency Department. The SMO on-duty or ROAMS Medical Officer (MO) (if reviewing the patient) must contact the Emergency Department Staff Specialist/Admitting Team at POWH. Refer to Policy [1.322 Recognition and Management of Patients who are Clinically Deteriorating](#) and [PD2020_018](#) and [Clinical Procedure Long Bay Hospital - Clinical Procedure Long Bay Hospital – Clinical Emergency Response and Medical Emergency Team](#). Any Patients requiring palliative care/ end of life must have pre-release planning in partnership with Palliative Care team, Justice Health NSW.

Referring Medical Officers (for example Consultant, Staff Specialist, VMO or Senior Registrar) aligned with [PD2011_031 Inter-Facility Transfer Process for Adults Requiring Specialist Care](#)

Prior to transfer, the referring Medical Officer (MO) should:

1. Determine transfer clinical urgency in consultation with the receiving Clinical Director Aged Care (CDAC) (ACU-LBH) and SMO (MU-LBH), to identify an appropriate transfer timeframe.
2. *For patients that require consultation during admission by the Infectious Diseases Department, Prince of Wales Hospital (POWH), the referring MO should contact Infectious Diseases Clinical Fellow at POWH via the POWH Switchboard [(02) 9382 2222] and ensure clinical handover is provided prior to acceptance to Long Bay Hospital.*
3. Ensure the transfer is made within a clinically appropriate timeframe.
4. Provide copies of appropriate documentation, including the Medical Record, Medication Chart, current investigation results and referring MO contact details.

Receiving Medical Officers

Prior to transfer, the receiving CDAC (ACU-LBH) and SMO (MU-LBH) must:

- Determine the clinical priority of the referral.
- Confirm the referral is complete and all information has been provided in the referral.
- Make the decision for admission (1. Accepted or 2. Not-Accepted).
- Notify the referring MO the outcome of the referral.

- Notify the Nursing Unit Manager (NUM) (ACU-LBH / MU-LBH) of the outcome of the referral (to organise acceptance to Long Bay Hospital).
- Contact the Nurse Manager Operations Access and Demand (NMOAD) or delegate to coordinate access to LBH with all stakeholders (e.g. Local Health District (LHD) facilities, Medical Escort Unit, CSNSW).

Clinical Directors, Aged Care, Primary Care, Custodial Mental Health

For the MU-LBH; the Clinical Director Primary Care provide clinical governance and support for the referral acceptance and admission process.

Nursing Unit Manager/s (ACU-LBH and MU-LBH)

Coordinate and support patient access and bed management in collaboration with referring NUM/s (or delegates) including:

- Provide an Acceptance Form to Long Bay Hospital to CSNSW and the referring Correctional Centre when the patient has been accepted by the Medical Officer.
- Maintenance of the PAS Waitlist, including coordinating referrals, MDTs and clinical reviews with the MDT
- Discuss with the Operational Nurse Manager Long Bay Hospital (ONMLBH) and Manager of Security (MoS) CSNSW patients who have been discharged from Justice Health NSW and who are waiting to be moved from LBH1
- Update PAS to reflect when patients have been discharged from LBH1

Nurse Manager Operations Access and Demand

The NMOAD or delegate and State-wide After Hours Nurse Manager (AHNM) (after hours) should be the 'single point of access' contact to facilitate and coordinate all admissions to the ACU-LBH and MU-LBH.

3.2 Mandatory Requirements

Justice Health NSW patients may be referred and admitted to LBH from external LHD facilities (Hospital/s); Health/Correctional Centres, or Court and Police Cell Complexes (C&PCC). This includes privately operated correctional health centres.

The decision to transfer and the determination of the clinical urgency (medically agreed timeframe) of the Inter Hospital Transfer (IHT) (or inter-goal) must be made through discussion between the referring MO and the accepting MO, in alignment with the Ministry of Health (Ministry) [PD2011_031](#) *Inter-Facility Transfer Process for Adults Requiring Specialist Care*.

For all referrals and admissions to the MU-LBH, all patients must be accepted by the SMO (business hours) or CDPC (after hours).

The NMOAD, in partnership with the SMO and (NUMs on the accepting Unit should coordinate with the referring Clinicians/Patient Flow Managers to identify a transfer timeframe that best meets the patient's clinical needs. The Patient Flow Portal (PFP) is utilised to support all Inter Hospital Transfer procedures.

4. Procedure Content

4.1 Referral Process

Aged Care Unit (ACU-LBH)

All referrals to the ACU-LBH are made to the CDAC through the Aged Care Bed Demand (ACBD) Meeting. The ACBD meeting meets weekly (Thursday p.m.).

The referring NUM (or delegate) including the State Wide Disability Service, CSNSW must complete an (ACBD) Referral package and email all documentation to:

[REDACTED]

The NUM or delegate from the referring centre must present the referred patient at the ACBD meeting.

A decision will be made at the meeting regarding the plan of care or transfer of care to:

1. ACU-LBH
2. Kevin Waller Unit (located in the Metropolitan Special Purpose Centre – Area 1 (MSPC1) Long Bay Correctional Complex (LBCC)
3. 4 Wing (located in the Metropolitan Special Purpose Centre – Area 2 (MSPC2, LBCC)
4. Metropolitan Remand and Reception Centre (MRRC) Hamden Unit (remand)

All care planning for patients must be commenced in the referring centre prior to transfer/admission to LBH1 of aged care specific beds on the LBCC.

An interim plan of care will be developed by the ACBD committee if a patient has been accepted but a bed is not available.

Medical Unit (MU-LBH)

Referrals are accepted from external LHD facilities; other Health/Correctional Centres, or from C&PCC

Referrals can be made by:

- All Justice Health NSW MOs, Nurse Practitioner/s and Nursing Unit Manager/s
- Medical Officers from LHD facilities
- Service Director Population Health (for communicable diseases)

Patient referred to MU-LBH from Justice Health NSW MOs must be generated in PAS.

The SMO (business hours) or CDPC (after hours) must be contacted for acceptance or to discuss individual cases and support the patient's interim management.

The details of both these handovers must be documented in the patient's Medical Record.

4.2 Admission Criteria

Male and Female adult patients can be admitted to LBH1.

Aged Care Unit (ACU-LBH)

Inclusion Criteria

- Patients with an identified decreased level of function, requiring comprehensive physical and cognitive assessment by the MDT.

- Aged patients with chronic complex conditions that cannot be appropriately managed elsewhere in the custodial environment.
- Aged patients requiring long term accommodation due to increasing frailty and requiring assistance with Activities of Daily Living (ADLs).
- Aged patients requiring end-of-life care.

Medical Unit (MU-LBH)

Inclusion Criteria

- Patients post inpatient medical and post-surgical services from an external LHD facility.
- Patients with acute health care needs that cannot be met in a Health/Correctional Centre.
- Patients in need of multiple or urgent ambulatory investigations at POWH.
- Patients with chronic conditions who are at risk of an adverse clinical event and require inpatient general management and stabilisation (e.g. management of congestive cardiac failure).
- Patients requiring care whilst receiving chemotherapy or radiotherapy at POWH that cannot be managed in a Health/Correctional Centre.
- Patients requiring intensive wound management (e.g. following discharge from an acute Burns Unit).
- Patients requiring haemodialysis / (new) peritoneal dialysis
- Patients with suspected or confirmed communicable diseases requiring isolation and accommodation in negative pressure rooms for assessment and/or treatment
- Patients with acute difficulties with ADLs rendering them unsuitable for accommodation in a Health/Correctional Centre (following MDT)
- Other patients as accepted by the SMO and the CDPC (or CDAC – overflow from ACU-LBH)
- Other patients identified by NMOAD and supported by the SMO/CDPC

All directorates may admit into the MU at LBH through a joint admission process, following consultation and approval from the CDPC. This includes an admission team comprising:

1. Custodial Mental Health (Forensic Mental Health)
2. Population Health
3. Drug and Alcohol

Primary Care will provide support for the patient during their admission, but the above admission team is responsible for the medical management of patient care (which must include daily (on-site) review), case management, and medication prescription.

CSNSW Placement – MU-LBH

Primary Care do not support CSNSW Placement on the ACU-LBH or MU-LBH, but acknowledge that it is occasionally required (safe cell accommodation). The Governor, LBH, CSNSW must discuss with the NMOAD who will initiate a multi-agency / MDT meeting to discuss prior to transfer/placement.

4.3 Documentation

All admissions to LBH1 must be made through the PAS. This requirement is in addition to any other documentation that is required by this policy or legislation.

All assessments, reviews, considerations and decisions regarding a patient referred for admission must be documented and filed in the patient's health record and the relevant items recorded in PAS and JHeHS.

All admissions require completion of LBH Admission Packages (from local Unit) for:

1. ACU-LBH
2. MU-LBH

The patient health record is kept in both paper and electronic formats. To obtain a full clinical picture of the patient health status, staff must review both the paper-based and the electronic health record.

5. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

6. Related documents

Legislations

[Criminal Appeal Act 1912](#)

[Health Administration Act 1982](#)

Justice Health NSW Policies and Procedures

[1.075 Clinical Handover](#)

[1.230 Health Care Interpreter Service – Culturally and Linguistically Diverse Patients](#)

[1.322 Recognition and Management of Patients who are Clinically Deteriorating](#)

[1.395 Transfer and Transport of Patients](#)

[Clinical Procedure Long Bay Hospital - Clinical Procedure Long Bay Hospital – Clinical Emergency Response and Medical Emergency Team](#)

Justice Health NSW Forms

JUS010.000 *Transfer In and Out (Adults) Form*

JUS060.805 *Comprehensive Assessment Inpatient Form*

Justice Health NSW/CSNSW Acceptance to Long Bay Hospital Form

Ministry of Health
Policy Directives and
Guidelines

[NSW Aboriginal Mental Health and Wellbeing Strategy](#)

[PD2019_020](#) *Clinical Handover*

[PD2011_031](#) *Inter-facility Transfer Process for Adults Requiring Specialist
Care*

[PD2022_001](#) *Elective Surgery Access*

[PD2012_066](#) *NSW Aboriginal Health Plan 2013-2023*

[PD2020_018](#) *Recognition of Management Patients who are Deteriorating*

Corrective Services
NSW

[Custodial Operations Policy and Procedures \(COPP\)](#)