Justice Health and
Forensic Mental Health Network

Justice Health NSW Policy

Clinical Observation Beds in Health Centres (Adult)

Issue Date: 22 January 2018

Together for Healthier Tomorrows

Clinical Observation Beds in Health Centres (Adult)

Policy Number 1.025

Policy Function Continuum of Care

Issue Date 22 January 2018

Next Review Date 22 January 2021

Risk Rating High

Summary This policy outlines the process of managing patients with health conditions who require placement in designated Clinical Observation Beds within Adult Health Centres.

Responsible Officer Executive Director Clinical Operations

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/1025

Change summary
- Minor edits required – updated to include relevant network changes and update of title names

Authorised by Chief Executive, Justice Health and Forensic Mental Health Network

Revision History

#	Issue Date	Number and Name	Change Summary
3	January 2018	1.025 Clinical Observation Beds in Health Centres (Adult)	• Minor edits required – updated to include relevant network changes and update of title names
2	November 2014	1.025 Clinical Observation Beds in Health Centres (Adults)	• Update of title names • Reconfiguration to align with the current policy template
1	September 2012	1.025 Clinical Observation Beds in Health Centres	• Replaces a previously rescinded policy 1.025 Admission/Discharges: Mulawa and Dillwynia Correctional Centres

PRINT WARNING

Printed copies of this document, or parts thereof, must not be relied on as a current reference document.

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1. Preface

Clinical Observation Beds are non-admitted Beds located in selected Adult Health Centres that are used to accommodate patients who require a higher level of observation for Primary Health, Drug & Alcohol, Population Health, Mental Health issues, Women's Health and pregnancy related issues. This policy provides a framework to ensure the consistent management of patients requiring placement in a Clinical Observation Bed by:

- Identifying patients suitable for placement in Clinical Observation Beds, and
- Establishing guidelines for the clinical management of patients placed in Clinical Observation Beds.

2. Policy Content

2.1 Mandatory Requirements

The following guidelines must be considered prior to placement in a Clinical Observation Bed:

- Where a patient's health condition has deteriorated, the appropriate Medical Officer (MO) or Nurse Practitioner (NP) - either local or via Remote Off Site After-hours Medical Service (ROAMS), must be contacted by Health Centre staff regarding ongoing care and placement. The MO/ROAMS/NP will then determine the appropriate placement option. This may include, and is not limited to, the following options: transfer to the local Emergency Department, referral to Long Bay Hospital, placement in a Clinical Observation Bed or to remain at the centre to receive care.
- Patients may be transferred from one Correctional Centre to another Correctional Centre with a Clinical Observation Bed if clinically indicated. This decision must be made in consultation with the Nursing Unit Manager (NUM) or delegate and MO/ROAMS/NP from both the sending and receiving centres to ensure continuity of care. A Justice Health and Forensic Mental Health Network (the Network) *Health Problem Notification form (Adults)* (JUS005.001) must be completed by the Network staff requesting the transfer of a patient by Corrective Services New South Wales (CSNSW).
- Patients may be placed in Clinical Observation Beds for supportive accommodation while nursing or medical assessment of mobility, activities of daily living and socialisation to the correctional setting are attended. An example of this would be the transition into the custodial setting for a frail or aged patient.
- Acutely ill patients requiring medical care not available in the custodial setting must not be placed in a Clinical Observation Bed and must be transferred to the nearest Emergency Department.
- Appropriate liaison and clinical handover must be provided by the Network to the receiving Emergency Department.
- Prior to a patient returning to a correctional centre following discharge from hospital, the NUM or delegate must ascertain the level of care required for the patient and determine appropriate placement. Any potential transfer to Long Bay Hospital must be discussed between the Long Bay Hospital admitting MO (or ROAMS if after hours) and the treating medical team at the hospital.

Placement in a Clinical Observation Bed:

- Must only be utilised by patients who require a higher level of clinical observation, such as monitoring of withdrawal symptoms.
- Must only be utilised on a short term basis with an estimated discharge date clearly documented in the patient's health record. If long term placement is required, consideration should be made to transfer care to the Long Bay Hospital.
- Must not take the place of care that should be provided within the Long Bay Hospital or an acute hospital setting.
- May be utilised in some settings for 'at risk' patients being managed by the CSNSW Risk Intervention Team (RIT). The CSNSW RIT protocol governs the ongoing management and clearance of these patients.
- May be utilised by CSNSW for custodial placement should the bed not be required for health related reasons. This must be recorded as a CSNSW Placement in the patient's Health Record. Should the need arise for a patient to be placed in an observation bed for health reasons, the Health Centre NUM or delegate must liaise with and provide a JUS005.001 *Health Problem Notification form (Adults)* to the Manager of Security or Officer in Charge to facilitate this move. Any unresolved issues will require escalation to the Cluster Nurse Manager or After Hours Nurse Manager for assistance.

2.2 Implementation - Roles & Responsibilities

Placement on the Advice of a Medical Officer/Nurse Practitioner

Once a decision has been made by a MO/NP to place a patient in a Clinical Observation Bed, the MO/ROAMS/NP must advise nursing staff of:

- The required level of observation.
- Regularity of clinical measurements.
- Any further investigations or follow up appointments.
- Any symptoms that may indicate that the patient's condition is deteriorating and any action that may need to be taken in this event.

For all other Clinical Observation Bed placements, the purpose for placement and level of monitoring required must be documented in the patient's Health Record by the MO/NP.

Nursing Unit Manager or Delegate

The NUM or delegate is responsible for the shift by shift overall co-ordination, clinical handover and management of patients placed in Clinical Observation Beds and is the initial point of contact for staff with clinical concerns. They must review the treatment plan and co-ordinate any treatment ordered with the treating MO/ROAMS/NP.

The NUM or delegate is responsible for ensuring the treating MO/NP is informed of any changes in the patient's health condition.

3. Procedure Content

3.1 Placement

- If placement occurs out of hours, the ROAMS Protocol must be followed to contact the appropriate on call clinical stream. The MO/ROAMS/NP must provide handover to the relevant Clinical Director as per the respective clinical stream handover protocol to ensure continuity of care is transferred to the appropriate MO/NP covering that Health Centre.
- All patients placed in Clinical Observation Beds must be reviewed by nursing staff each shift and an entry must be made in the Health Record. Clinical measurements must also be recorded in the frequency requested by the MO/ROAMS/NP on the appropriate *NSW Health Standard Adult General Observation (SAGO) Chart* for all adults, or the *Standard Maternity Observation Chart (SMOC)* for pregnant patients.
- Any discussion of a patient's initial or ongoing care with ROAMS whilst the patient is placed in the Clinical Observation Bed must be recorded on a Clinical Assessment Service (CAS) form and also in the patient's Health Record.
- If a patient's clinical condition deteriorates while placed in the Clinical Observation Bed, the appropriate MO/NP must be notified by the NUM or delegate and the patient must be transferred to the local Emergency Department if indicated.

3.2 Cessation of Placement

All decisions of a patient no longer requiring the level of clinical observation available in a Clinical Observation Bed must:

- Be made in consultation with the NUM or delegate and the appropriate MO/ROAMS/NP
- Be documented in the patient's Health Record.
- Include a pre-arranged placement plan where the timeframes around the patient's return to the custodial setting is discussed between the NUM or delegate and the treating MO/NP pending uneventful recovery.

Any ongoing treatment or management must be reflected in the patient's Health Record and any follow-up appointments made via the appropriate Patient Administration System (PAS) Waiting List. The patient must be referred to the Integrated Care Service (ICS) if eligible. A *Chronic Disease Screen* and the *Multidisciplinary Care Plan must also be completed* prior to the patient being returned to their usual custodial accommodation.

3.3 Location of Bed(s)

Not all Network Clinical Observation Beds are camera monitored or have 24/7 nursing cover. Refer to table below for more detail:

Location	Number of Observation Beds	Number of Camera Monitored Beds	24 hour nursing cover
Bathurst	6	14 with 4 allocated for Detox admissions	No
Dillwynia	4	04 – Health Centre 8 – K2 Unit	Yes
MRRC	16 total - 4 Main Health Centre (all camera monitored)		Yes

	- 12 Darcy (4 are camera monitored)	24 in Darcy Pod	
Grafton	4	4	No
Parklea	28	14	Yes
Silverwater Women's	9	4	Yes
Wellington	9	9	No
South Coast	14	14	No
John Morony	3 in clinic, all with cameras	5 in E Wing	Yes (1 cell is designated for men at Dillwynia if required overnight)
Mid North Coast	4	4	No

4. Definitions

Bed Definition

The Network Clinical Observation Beds located in Adult Health Centres are defined by the Ministry of Health as: "*A non admitted Bed located in a Justice Health and Forensic Mental Health Network that is used to accommodate patients who require a higher level of observation for any Primary Health, Drug & Alcohol, Population Health and Mental Health issues.*" As per, NSW Health Admitted Patient Data Dictionary.

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.

5. Related Documents

Legislations	*Mental Health Act 2007*
Justice Health NSW Policies, Guidelines and Procedures	1.037 *Admission Policy – (Aged Care Unit / Medical Unit) Long Bay Hospital (Referral, Admission and Assessment)* 1.231 *Health Problem Notification Form (Adults)* 1.300 *Remote Off-site After Hours Medical Services and After Hours Clinical Services Policy* 1.395 *Transfer and Transport of Patients*

Justice Health NSW Forms	JUS005.001 *Health Problem Notification form (Adults)* CAS Form CDS Form MCP Form SAGO Form
NSW Health Policy Directives and Guidelines	
Other documents and resources	*NSW Ministry of Health: Admitted Patient Data Dictionary – Current Standards* *Justice Health: Drug & Alcohol Services* *Justice Health: Remote/Offsite/Afterhours Medical Service (ROAMS) Protocol*