Mental health services application requirements

The following outlines key areas which require policies/procedures documented for mental health services applications. Private Hospitals are encouraged to use this list as a reference tool and checklist to support their submission, however please note this list is not exhaustive. Policies developed by Private Hospitals may cover several key areas within one document.

| * **Documentation required** | * **Documentation provided** |
| --- | --- |
| 1. Emergency transfer policy:  * medical emergency transfer procedures * higher level of care procedures |  |
| 1. Patient admission criteria which reflects:  * the type of patients suitable for admission (including status under the MHA2016) * the age range/s of patients accessing the service * patients excluded from admission. |  |
| 1. Overview of individual programs to be provided (i.e. acute care, rehabilitation, including how the needs of those with comorbidities, diverse populations will be catered for etc). |  |
| 1. Admission assessment - physical examination, mental health and alcohol and other drugs assessment policy/procedure |  |
| 1. Individual care and recovery planning policy/procedure |  |
| 1. Medication management policy/procedure |  |
| 1. Recognising signs of physical and mental health deterioration in a patient policy/procedure |  |
| 1. Visual observation policy/procedure |  |
| 1. Incident management policy/procedure including management of aggressive/abusive/high risk behaviours |  |
| 1. Policy/procedure about sharing of information with family/carer |  |
| 1. Discharge planning policy/procedure including discharge against medical advice |  |
| 1. Assessment and management of risk policy/procedure including suicidal behaviour |  |
| 1. Suicide or unexpected death of a patient policy/procedure including support available for staff |  |
| 1. Missing patient policy/procedure |  |
| 1. Patient leave overnight/day policy/procedure |  |
| 1. Complaints policy/procedure |  |
| 1. Consumer and carer participation and appointment |  |
| 1. Security for staff, visitors and patients’ policy/procedure, including searches and also exclusion of visitors. |  |
| 1. Credentialing and clinical privileges committee terms of reference or By-Laws and agenda |  |
| 1. Quality/risk management committee terms of reference and meeting agenda which include infection control and workplace health and safety |  |
| 1. Details of Management team and staffing details:  * Chief executive officer/Manager of the facility – name and copy of current CV * Nurse in Charge/Director of Nursing – name, copy of current CV and current Australian Health Practitioner Regulation Agency (AHPRA) certificate of registration (if available) * Staffing plan – list intended service providers names and (AHPRA) registration details where applicable. (medical/surgical/allied health/core services and support staff) |  |
| 1. Name of quality assurance entity, date of registration and proposed date of initial certification. |  |
| 1. Content of staff training including basic life support (BLS) and manual lifting and occupational violence prevention and management. |  |
| 1. Sexual health and safety, including management of allegations of sexual assault |  |
| 1. Environmental safety and ligature point assessments |  |
| 1. Patient rights and responsibilities |  |
| 1. Patient consent and information privacy |  |
| 1. Information sharing policy/procedure (including with emergency services) |  |
| 1. Provision of care under an advance health directive (mental health) - ensure is added to any existing policy re. care under advance health directive/guardian consent etc. |  |
| 1. Shared care policy/procedure (i.e. where care is shared between the private hospital and an external agency e.g. Primary Health Network). |  |