# Sir Charles Gairdner Mental Health Escalation Plan

Mental health patient has been in SCGH ED >24 hours.

**Patient flow not succeeded at this point.**

**Positions that can escalate**:

ED consultant SCGH
ED Nurse Co-ordinator SCGH
Psychiatric Liaison Nurse

PLN or CL Psychiatrist

**Escalate to** either Medical Executive on call, Nursing Executive on-call SCGH or Duty Consultant Psychiatry MHPHDS

**Actions to be taken by Med Exec or Duty Consultant – Mental Health:**

* Troubleshoot ie. fact find/question, confirm bed status and plans, review staffing numbers
* Call mental health patient flow to troubleshoot
* Ensure discharges achieved at Mental health or SCGH
* Consider diversion
* Try to create capacity at either Mental health or SCGH to accommodate patient away from ED, with consideration to how many out of catchment patients are in the ED
	+ If there are no beds, call for additional Security staff in ED

**Positions that can escalate to ED**:

Medical Executive on-call
Nursing Executive on-call
Duty Consultant MHPHDS

**If above fails, escalate to:**

ED SCGOPHCG or ED MHPHDS

**Actions  to be taken by ED SCGOPHCG/ED MHPHDS:**

* Review above actions
* Ask further questions
* Approve temporary diversion e.g. ambulance/ police
* Escalate to NMHS Chief Executive
* Provide feedback and confirm patient bed numbers and patient flow
* Confirm next point of erview and action