

Mental Health Medical Review

Procedure

TARGET AUDIENCE and SETTING

This procedure applies to all clinical teams within the Mental Health Program. It includes all ages: children and adolescents, young persons, adult, and aged persons.

Settings include Inpatient Units, Rehabilitation Units (SECU, CCU), Acute Crisis & Intervention Services (ACIS), PARCs, Community Residential Withdrawal Unit, and Community Teams.

PURPOSE

Medical (psychiatrist or psychiatric registrar/HMO) review is an integral part of high quality and consistent multi-disciplinary care. This procedure sets the standard and minimum frequency of medical review of any patient being treated within mental health services of Monash Health.

DEFINITIONS

A note about language:

Although the terms ‘consumer’, ‘client’, ‘patient’ and ‘service user’ are variously used to describe persons seeking help from health services, the word *patient* is preferentially used here to connote the clinical nature of the setting and the service.

PRECAUTIONS/CONTRAINDICATIONS

- Mental Health services are delivered through multi-disciplinary teams. Frequently non-medical clinicians are the first to see or assess a patient, and also often provide continuing care in the form of case management or therapeutic intervention.
- “Medical Review” refers to a usually face-to-face clinical interview with the patient conducted by a medical practitioner to assess clinical status, review management, or discuss with the patient and family any issues of management. Under COVID conditions face-to-face can be replaced by TeleHealth (see [Telehealth in Mental Health Clinical Guideline](#)), though this is not considered usual.
- Minimum frequency of Medical Reviews is dependent on the acuity of the setting, as described in this procedure. Actual frequency of Medical Reviews may be greater, depending on specific needs.
- Any rationale to review a patient less frequently than the minimum described here must be documented in the patient’s file.
- Patients can invite any carers / family members / or nominated person to be present during their reviews for support.
- For the processes of ‘Clinical Review’, which is a broader concept than ‘Medical Review’, please see procedure [Mental Health Multidisciplinary Clinical Review](#).

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STANDARD REQUIREMENTS

When undertaking any clinical interaction with a patient, staff are expected to:

- Perform routine hand hygiene. Refer to the [Hand Hygiene Procedure](#).
- Introduce themselves to the Patient and Carer/ Family if in attendance
- Check patient identification. Refer to the [Patient Identification Procedure](#).
- Obtain consent as per the [Consent to Medical Treatment Procedure](#).
- Keep the patient/carer informed and involve them in decision making.
- Document interaction in the electronic medical record or health record using black pen; including date, time, signature and designation.

PROCEDURE

Medical review, by Hospital Medical Officer (HMO), registrar, specialist psychiatrist or Drug and Alcohol physician, will occur at the following prescribed/minimum frequencies:

Acute inpatient psychiatry units

- The junior medical staff (HMO or registrar) will undertake initial review of patient and write up upon admission; thereafter they will review the patient daily on weekdays, and as required on weekends and public holidays.
- The psychiatrist will undertake an initial review of patients within 24 hours of admission; thereafter at a minimum twice weekly, and daily in the Intensive Care Area.
- A medical review must occur within the 24 hours just prior to discharge.

Secure Extended Care Unit (SECU)

- The junior medical staff (HMO or registrar) will undertake initial review of patient and write up upon admission; thereafter they will review the patient twice weekly.
- The psychiatrist will undertake initial review of patients within one week of admission; thereafter at a minimum fortnightly, and again in the context of discharge planning.

Acute Crisis Intervention Service (ACIS)

- The junior medical staff (HMO or registrar) will undertake initial review of a patient within 72 hours of admission/referral and write up an assessment and treatment plan; and thereafter review as required.
- The psychiatrist will have discussion with the team about each case as soon as practicable after admission/referral and at the point of discharge/transfer. The psychiatrist will review the patient face-to-face as required for review of diagnosis, medication management, Mental Health Act status or any other management considerations or where there is uncertainty about risk.

Emergency Psychiatric Service (EPS)

- A Consultant review needs to happen within 24 hours of the decision to admit by the Emergency Psychiatry team and then 24 hourly while they await an inpatient transfer in the ED. This will ensure that the care goals are developed and any challenges that emerge from delays to inpatient transfer and addressed in a timely manner

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Prevention and Recovery Care Service (PARC)

- The junior medical staff (HMO or registrar) will undertake initial review of patient within 72 hours of admission/referral, and thereafter at least weekly.
- The psychiatrist will review the patient as soon as practicable after admission, and thereafter at a minimum twice weekly.

Community Care Unit (CCU)

- The junior medical staff (HMO or registrar) will undertake initial review of patient and write up within 72 hours of admission, and thereafter monthly.
- The psychiatrist will review the patient as soon as practicable after admission and thereafter at a minimum every two weeks.

Community Residential Withdrawal Unit

- The junior medical staff (HMO or registrar) will undertake an initial review of a patient and write up an assessment and treatment plan within 24hrs of admission (unless this has occurred immediately prior to admission), and thereafter as clinically indicated.

Community Teams

- The junior medical staff (HMO or registrar), where allocated*, will undertake initial review of patient within 2 weeks of admission (acceptance of referral), and thereafter at least monthly. The initial review and assessment is often done jointly with the case manager. (*a junior medical officer cannot be allocated for all ELMHS clients.)
- The psychiatrist will review the patient within four weeks of admission to the service, and thereafter at least 3-monthly.
- The psychiatrist will ideally review a patient just prior to discharge from the service, to confirm the discharge plan. If for some reason this is not possible, the psychiatrist must, nevertheless, be able to show that they have been involved in the discharge planning and the decision to discharge.

KEY STANDARDS, GUIDELINES OR LEGISLATION

Mental Health and Wellbeing Act 2022

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