

Escalation Process Guidelines

Guidelines to support local review and development of escalation processes where there is an absence of a mental health clinician after hours

Due to the nature of Mental Health services there can be cross over in the roles and responsibilities of Psychiatry Registrars and other Mental Health Clinicians. Due to this and as Psychiatry Registrars work as part of a multidisciplinary team, there may be instances where Psychiatry Registrars are required to cover some of the tasks of an absent (non-RMO), Mental Health Clinician after hours and vice versa.

This document has been developed to support services to review and implement escalation processes where there is an absent Mental Health Clinician after hours. The following points should be taken into consideration when developing and implementing escalation plans:

- Best practice when covering an absent Mental Health Clinician is to replace like for like. While a Psychiatry Registrar may be able to cover some of the responsibilities of other Mental Health Clinicians, there will be some tasks that sit outside of the Registrars scope.
- Services should ensure roles and responsibilities of an absent Mental Health Clinician are distributed appropriately across the after-hours team and that these tasks do not sit with one individual/workforce to cover.
- Where possible, services should identify non-critical tasks that can be deferred to a time where there will be standard staffing.
- While changes to non-RMO rosters and staffing sits outside of the scope of this document, services may wish to consider building in redundancy/backup capacity within the existing after-hours roster structure to enable flexibility where absence does occur.

Recommended escalation process

1. All reasonable and practical steps should be taken to cover absent Mental Health Clinicians after hours via recruitment to existing service vacancies or via sourcing locum or additional duty cover:
 - There should be a clear process for sourcing cover for after-hours Mental Health Clinician absences. This process should include roles and responsibilities of those involved.
 - As outlined above, where possible cover should be provided by someone who has the knowledge base and skill set to cover the vacancy.
 - In some instances, services may choose to roster an additional Psychiatry Registrar to cover an absent Mental Health Clinician. While this is an option that can be considered as part of the service contingency planning, the service will need to ensure clarity on what roles and responsibilities sit within the Registrar scope.
 - Where there is an absent SMO this should be escalated directly to the duty manager or service clinical director.
2. Where cover cannot be sourced, the service should ensure a cover plan is circulated to the staff rostered on after-hours including the duty/on call manager and the SMO on duty/on call. The plan should include the following:
 - Information on any tasks that can be deferred until the following morning when the department is not running an after-hours staffing model. This may require clinical judgement and triage of non-urgent tasks.
 - Information on how the remaining tasks will be distributed across the after-hours team. This should include consideration as to what tasks sit within the Psychiatry Registrar scope and what tasks sit with alternate members of the after-hours team. For example, tasks that may sit with alternate members of the team may include legal tasks of the DAO, phone triaging,

administration of medications or transportation of patients that the Registrar is not trained to do. Exact tasks may vary for different services/models.

- Escalation steps to the duty/on call manager or SMO on duty/on call if there are difficulties in delivery of care in line with the after-hours cover plan.
3. Where absences do occur, services should regularly review the after-hours staffing levels and cover plans to ensure these remain fit for purpose. Review should include regular feedback obtained from the after-hours team on any challenges with after-hours cover plans and identification of solutions to mitigate challenges identified.
 4. While it is expected that Psychiatry Registrars will at times be required to cover absent Mental Health Clinicians, where there is a pattern of increasing occurrence or where absences are resulting in impacts to fatigue or training, longer term solutions or alternate cover plans need to be considered.

Example Escalation Process – Absent Mental Health Clinician

