SESLHD PROCEDURE COVER SHEET

Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Patient Leave from Acute Inpatient Units – Mental Health Service
TYPE OF DOCUMENT	Procedure
DOCUMENT NUMBER	SESLHDPR/484
DATE OF PUBLICATION	February 2022
RISK RATING	High
LEVEL OF EVIDENCE	National Safety and Quality Health Service Standards: Standard 2 - Partnering with Consumers Standard 5 - Comprehensive Care Standard 6 - Communicating for Safety NSW Health Policy Directive PD2019_045 Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services
REVIEW DATE	February 2024
FORMER REFERENCE(S)	SESLHDPD2006/06
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Clinical Director, Mental Health Service
AUTHOR	Mental Health Patient Leave Working Group
POSITION RESPONSIBLE FOR THE DOCUMENT	Policy and Document Development Officer Mental Health Service Alison.McInerney@health.nsw.gov.au
FUNCTIONAL GROUP(S)	Mental Health
KEY TERMS	Leave, inpatient, transfer of care, discharge, risk assessment and management
SUMMARY	This Procedure outlines the overall clinical care management strategy of authorised leave, unauthorised leave, and refers to approval, review, documentation and reporting of patient leave in an acute inpatient mental health setting

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

The purpose of this procedure is to ensure a safe, standardised, and coordinated planning of patient (or consumer) leave. Approval of leave should be discussed with the consumer, family/carer/support person, and the multidisciplinary team, as part of the clinical care management strategy for transfer from an inpatient hospital setting to the community.

This document is consistent with NSW Health PD2019_045 Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services, the NSW Mental Health Act 2007, South Eastern Sydney Local Health District (SESLHD), SESLHDGL/082 Clinical Risk Assessment and Management - Mental Health, SESLHDPR/615 Engagement and Observation Procedure, and SESLHDGL/051 Access and Patient Flow Operational Framework Guideline.

2. BACKGROUND

Planned leave from an inpatient setting is consistent with recovery-oriented principles. **It is an important strategy in a consumer's transition from inpatient acute care to the community**. Planned leave offers the consumer the opportunity to:

- Be treated in the least restrictive manner.
- Participate in their customary community activities.
- Maintain social networks and support.
- Take part in the monitoring and assessment of their own recovery progress.
- Manage their transition home.

Leave should be *planned in advance* and decisions to grant leave should consider expected benefits, risks (including harm to self, others, and from others), child protection issues, access to non-prescribed substance, and absconding.

Identified risks must be assessed and appropriate safety measures put in place. The decision for leave should be made in collaboration with the consumer, their family/carer(s), the multidisciplinary team, and be approved by the treating Psychiatrist.

Approval and Plans for leave, and outcomes from assessment of risks, should be clearly documented on the electronic medical record (eMR) MH Observation Level and Leave Approval PowerNote. **NB: Psychosocial and physical care needs are to be recorded in plain language**.

Leave must align to the consumer's inpatient care plan and treatment goals.

2.1 Definitions

Authorised Leave refers to:

- **Escorted Leave**. Authorised leave accompanied by a staff member, who will remain with the patient at all times.

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- **Escorted Supported Leave.** Authorised leave accompanied by responsible support person (i.e. family member, CMO), who can demonstrate an understanding of their responsibilities for the consumer's welfare whilst escorting the consumer on leave. The escorting person should not show signs of disorientation, aggression or intoxication.
- **Unescorted Leave**. Authorised leave unaccompanied by a staff member or support person.

Episode of leave refers to: each episode of leave occurs when the Consumer leaves the Inpatient Unit. Each episode of leave ceases when the consumer returns to the Inpatient Unit.

Leave period there may be multiple episodes of leave granted during a single leave period e.g. within a 24 hour "Leave period" a consumer may have three episodes of one hour leave.

Risk Assessment refers to consideration of the risks outlined in section 4.2 Risk Assessment. If a consumer has multiple episodes of leave in a 24 hour period, a risk assessment **must** be completed prior to each episode of leave. If the risk assessment indicates that the consumer's level of risk has increased, and this risk is no longer compatible with the Leave Plan, the Medical Officer must be contacted and the Leave Plan reviewed.

Medical Officer for the purpose of this document **Medical Officer** refers to the treating Psychiatrist, or their delegate, who must be an authorised medical officer under the Mental Health Act (2007) if the consumer is an involuntary patient.

Psychiatrist for the purpose of this document **psychiatrist** refers to a Consultant Psychiatrist.

Support person refers to the consumer's family, friends, carer(s), designated carer(s) and Community Managed Organisations (CMO) who may be providing care alongside the SESLHD MHS multidisciplinary team.

3 RESPONSIBILITIES

3.1 Staff will:

Comply with this procedure whenever therapeutic leave is being considered, granted and managed. Ensure the purpose of leave is relevant to the consumer's care plan and treatment goals.

3.2 Line Managers will:

Liaise with MHS staff in the application of this Procedure, monitor compliance, and address non-compliance. Facilitate staff awareness of their responsibilities regarding planned leave. Ensure that leave reviews occur as a multidisciplinary team process.

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3.3 Service Directors will:

Ensure that this Procedure is circulated and implemented at each site.

3.4 SESLHD MHS Office will:

Circulate this Procedure to the Service Directors of each service/site.

4 PROCEDURE

4.1 Request for leave

- The consumer, family and carer(s) should be informed of this leave procedure.
- Leave from the Inpatient Unit (the Unit) prior to discharge should be considered by the treating team. A leave request could either be directed to the Allocated Nurse or the consumer's Medical Officer.
- An information sheet with a simple summary of the Unit's leave procedure should also be displayed on the Unit noticeboard.
- The treating team may suggest leave to the consumer where appropriate and in accordance with the care plan and treatment goals
- All requests for leave must be discussed by the consumer's multidisciplinary team. When considering a consumer's request for leave, the treating team should consider:
    - the significance of the leave for the consumer
    - the context of leave specific to the consumer's treatment and care plan
    - the duration and timing of the leave
- The initial approval of a Leave Plan must include a risk assessment documented by a Medical Officer on the MH Observation Level and Leave Approval PowerNote in the consumer's eMR

4.2 Risk Assessment

- On consideration of a leave request, the Medical Officer must consider whether leave is appropriate, and develop a Leave Plan (documented in the Consumer's MH Observation Level and Leave Approval Form). The Medical Officer must review the consumer's Risk Assessment, which addresses identified risks, as part of the development of the Consumer's Leave Plan. The Risk Assessment should be conducted in line with the principles outlined in SESLHDGL/082 Clinical Risk Assessment and Management – Mental Health.
    - NB the Allocated Nurse must conduct a further Risk Assessment prior to each episode of leave being granted. This Risk Assessment is to be documented in the Consumer's eMR MH Leave Taken PowerNote
- A risk assessment must include consideration of the following risks:
    - Self-harm
    - Violence to others including specific risks to family, carer(s) or any other individual, including children
    - Suicide
    - Absconding/AWOL
    - Neglect

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  - Access to illicit substances
  - At risk from others
- Factors to be considered within the risk assessment include:
  - Support and supervision available to the consumer when on leave in the community, including treatment compliance.
  - Availability of suitable accommodation.
  - Current mental state stability and potential exposure to destabilising factors, particularly where there is substance use identified.
  - Access to weapons including firearms. (See SESLHDPR/318 Firearms and/or Prohibited Weapons: Notification to Police of Consumers Suspected of Having Access to a Firearm and/or Prohibited Weapon)
  - Any other specific issues.
- Risks identified, and the management of these risks, must be documented clearly in the consumer's eMR using the MH Observation Level and Leave Approval PowerNote.
  - Identified risks should also be written on the consumer's Leave and Discharge Information Form and provide the basis for a discussion with the consumer (and where appropriate their family/carer) where identification of the early warning signs and mitigation strategy is agreed to.

4.3 Development of the Leave Plan

- The treating team must ensure the Leave Plan (documented in the consumer's eMR MH Observation Level and Leave Approval PowerNote) is developed in collaboration with the consumer, and where possible, the consumer's family/carer, ensuring that both agree with the plan and agree to adhere to it.
  - Note if the family/carer are unwilling or unable to participate in the development of the Leave Plan, this must be documented in the consumer's eMR.
- When developing the plan, consider the purpose of leave, consumer's preferences and wishes of the family or carer(s), as well as the risk assessment (see 4.2 Risk Assessment) to guide the decision of approved leave.
- Review the consumer's Engagement and Observation Level ensuring this is appropriate. (refer to SESLHDPR/615 Engagement and Observations in Mental Health Inpatient Units Procedure)
- Ensure the suitability of persons acting as leave escorts. This includes their capacity to recognise and respond appropriately to identified risks, and any risks which they may themselves be exposed to in escorting the consumer.
- Formulate the content of the Leave Plan, in conjunction with the consumer, as part of a ward round/care review.
- Document the outcome of the Treating Team's discussion regarding the approval of leave in MH Observation Level and Leave Approval PowerNote in the consumer's eMR.

Leave for all inpatients must be authorised by a Medical Officer. Leave granted for "involuntary patients" must be consistent with NSW Mental Health Act 2007 (Chap.3, Part 2, Division 4: Leave of absence from a Mental Health facility).

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Development and documentation of a Leave Plan in the consumer's eMR must be approved in writing by the Psychiatrist or delegate.

4.4 The role of the family/carer in the development of the Leave Plan

It is important that decisions to grant leave should include engagement and consultation with the family/carer(s) person. It is also important that the relative/carer/other responsible person taking the consumer on leave is made aware of any potential risks, the level of observation/supervision that is required for safety, and that this discussion is documented within the consumer's eMR. Any leave arrangements and responsibilities are to be discussed in collaboration with the consumer and family/carer as appropriate; all relevant parties must be in agreement about the Leave Plan

If leave is approved, the consumer, relative or other responsible person must be advised of leave parameters and expectations (including community team contact), activities to be engaged in or avoided while on leave, and the date and time of return. The consumer and/or family or person accompanying the consumer should be advised to contact the Unit if the consumer is delayed in returning. Unit and Community Mental Health contact details are provided on the Leave and Discharge Information form. Details of this discussion should be documented within the consumer's eMR.

Families and support persons must be advised to ensure that the consumer is returned to the Unit at the agreed time. The family/carer/support person should accompany the consumer into the Unit and inform as staff member of the consumers return and provide feedback to the staff about the outcome of the leave. This is to be documented in the MH Leave Returned PowerNote in the consumer's eMR.

4.5 When consumers are given leave from a SESLHD MHS Inpatient Unit

It is a condition of approved leave that a voluntary consumer agrees to comply with this Leave Procedure

4.5.1 A comprehensive record of the Leave Plan should be documented in the MH Observation Level and Leave Approval eMR PowerNote.

4.5.2 The status of leave authorisation, for each episode of therapeutic leave, must be counter-checked by two clinicians prior to the patient being released from an inpatient unit. These two clinicians should be the primary nurse allocated to the consumer's care and the Nurse in Charge of Shift. In the event that the Nurse in Charge of Shift is unavailable, the leave status must be counter-checked by another clinician.

4.5.3 Leave should be graduated to minimise risk and allow progressive assessment of the consumer's capacity to manage leave (escorted/unescorted, short/overnight or longer).

4.5.4 Protocols for specific criteria for granting leave must be in place and include comprehensive assessment of risk prior to approving leave, and re-assessment of risk before each episode of leave is taken. If the risk is no longer compatible with the Leave Plan, the Medical Officer must be contacted and the Leave Plan reviewed.

4.5.5 The Mental Health Acute Care Team (or Care Coordinator) should be informed by the Medical Officer of overnight patient leave prior to the commencement of leave, including current risk status, duration of leave and action required in urgent circumstances. A

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phone call from the medical officer to the community mental health team should occur, and evidence of this conversation is to be documented in the consumer's eMR.

4.5.6 Consumer's at high risk are not usually given leave. However, where advisable for therapeutic value, medical staff are to personally inform family/carer(s) about the degree of risk and precautions to be taken. Instructions are to be clearly set out for family/carer(s)/Community Managed Organisations (CMOs) in the event of attempted suicidal actions. The level of support required by the Mental Health Acute Care Team is to be specifically determined, communicated to all and documented prior to the commencement of consumer's leave.

4.5.7 Where the granting of leave relies on the expectation that the consumer will be supervised by a responsible adult at all times during leave, this should be clearly communicated to both the consumer and carer(s). If the carer is unwilling or unable to take on this responsibility, decisions regarding leave should be reviewed. This review should be documented.

4.5.8 Patients who are not at high risk of harm to self or others may be given leave if they and/or family/carer(s) understand the type and level of leave, agree to continue the management plan and contact the Unit or Mental Health Acute Care Team if their suicidal feelings increase, or their condition otherwise deteriorates.

4.5.9 Clear arrangements are to be negotiated with a responsible person (consumer/family/carer/CMO) regarding the circumstances in which the Unit or the Acute Care Team should be contacted during the consumer's leave. e.g. consumer failure to take medications, return to the Unit will be delayed.

4.5.10 Clear, simply written instructions and information about agreed responsibilities must be provided to the consumer on the MH Leave and Discharge Information Form for every period of leave. The consumer is advised in writing via the Leave and Discharge Information Form of the contact details, procedures and Unit phone number. Contact procedures are to be explained to the consumer and family/carer(s). If a consumer has multiple episodes of leave within a leave period, the allocated nurse must ensure the consumer has a copy of their MH Leave and Discharge Information Form prior to leaving the Unit for each episode of leave.

4.5.11 Responsibilities of leave are to be explained to the consumer and family/carer(s).

4.5.12 Consumers on leave contacting the Unit (or Acute Care Team/Care Coordinator) with increased suicidal ideation should be assessed over the phone and advised to return as soon as possible for re-assessment, if deemed necessary. If the consumer is unable to return, the increased risk is to be discussed immediately with the consumer's Psychiatrist or Medical Superintendent (business hours) or the On-Call Psychiatrist (after hours), and an appropriate response determined, according to level of risk and as per the NSW Mental Health Act (provisions under Chapter 3, Part 2, Division 4), as applicable.

4.5.13 Upon the patient's return from leave, the success of the leave should be assessed, including information from family/carer(s) and a report from the Acute Care Team/Care Coordinator (where relevant).

4.5.14 It is the responsibility of the Allocated Nurse to also document in the consumer's eMR MH Leave Taken PowerNote when a consumer proceeds on leave; and the consumer's eMR MH Leave Returned when they return; and the outcome of that leave. This documentation should occur for each episode of leave. Should the Allocated Nurse be unavailable at the

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point of leave/return from leave, these notes must be updated by the Nurse In charge of Shift.

4.6 Provision of written leave information

As per NSW Health PD2019_045 Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services, the consumer and the family/carer(s) must be given written advice for the leave period (regardless of duration). In conjunction with the consumer and family/carer, a member of the treating team is to complete the Leave and Discharge Information Form and use this form to facilitate a conversation to discuss:

- Safety Issues including (but not limited to):
  - medication
  - risk specific to the individual
  - restrictions on activities
  - supervision arrangements for the duration of leave
  - early warning signs
  - relapse plan
- Contact numbers must also be discussed, highlighting the phone numbers for the Unit the Consumer is being granted leave from and the relevant Acute Care Team
- The Carer's contact number and the Consumer's contact number must also be recorded on this form.
- The date and time that the consumer is departing and the date and time that the consumer is due back to the Unit must be clearly written in the area provided
- The family/carer/support person should be again reminded that they must accompany the consumer into the Unit and inform a staff member of the consumers return. They should also provide feedback to the staff about the outcome of the leave. This is to be documented in the MH Leave Returned PowerNote in the consumer's eMR.

The carbon copy of the Leave and Discharge Information form is to be filed in the consumer's clinical notes. It should also be documented in the Consumer's MH Leave Taken PowerNote that this form has been completed and who the original was given to ie the Consumer and/or the name of their family/carer/support person.

4.7 Return from leave

Families and support persons must be advised to ensure that the consumer is returned to the Unit at the agreed time and that feedback is provided to the staff about the outcome of the leave. The success of the leave should be assessed including information from the support person (and the Acute Care Team/Care Coordinator where relevant). This is clinically valuable information and must be documented in the consumer's eMR MH Leave Returned PowerNote.

The time of return, assessment of mental state and outcome of the search and any inventory must also be recorded on the MH Leave Returned PowerNote in the consumer's eMR.

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Any search of consumers and/or their property for prohibited or potentially dangerous items on return from leave must be carried out in accordance with SESLHDBR/080 Search to maintain safety in SESLHD Mental Health Inpatient facilities

4.8 Failure to return from leave

The development of a consumer's Leave Plan should also consider and document appropriate actions if the consumer does not return from leave as planned.

When a consumer is **overdue** from leave without contacting the inpatient unit:

- The Allocated Nurse must initiate contact with the consumer, or the person accompanying them, to ascertain the reasons for the delay.
- If contact is unable to be made, or the consumer is refusing to return from leave, the Treating Team should discuss and initiate the action plan as documented in the Leave Plan that is in the MH Observation Level and Leave Approval PowerNote.
- If there are concerns with the action plan, the treating team or the On-Call Psychiatrist should be contacted to discuss an action plan.
- If required, the AWOL procedure should be initiated.

When a consumer does not return from leave, or is absent without leave, an incident notification must be completed following the procedures outlined in SESLHDBR/009 Incident Processes for Harm Score (HS) 2, 3 and 4 Incidents required to be reported to the MHS General Manager and NSW Health PD2020_047 Incident Management Policy.

NB. Voluntary inpatients (as defined under the NSW Mental Health Act) can leave hospital at their own request at any time. If a voluntary inpatient seeks a transfer of care (into the community) out of hours, against medical advice, or chooses not to accept ambulatory or community follow-up treatment, this should prompt a collaborative decision-making approach as to the reason the consumer wishes to leave, current mental health status and any safety concerns.

5. DOCUMENTATION

- MH Observation Level and Leave Approval eMR PowerNote (via DocLauncer)
- MH Leave Taken eMR PowerNote (via DocLauncer)
- MH Leave Returned eMR PowerNote (via DocLauncer)
- MH Leave and Discharge Information Form (first episode of leave each day, or if the consumer's risk profile has increased where multiple episodes of leave are given on a single day leave period)

MH Leave and Discharge Information Form		
	ESMHS	**STG/TSH MHS**
Language	**Product Code**	**Product Code**
English	NHSIS0723	NHSIS0718
Arabic	NHSIS0724	NHSIS0719
Chinese	NHSIS0725	NHSIS0720
Greek	NHSIS0726	NHSIS0721
Macedonian	NHSIS0727	NHSIS0722

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6. AUDIT

Compliance with this procedure is monitored via ims+ reports and monthly MHS Inpatient Quality Auditing schedule.

7. REFERENCES

NSW Government

- NSW Mental Health Act 2007

NSW Health

- PD2019_045 Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services
- PD2020_047 Incident Management Policy

SESLHD

- SESLHDGL/082 Clinical Risk Assessment and Management - Mental Health
- SESLHDPR/615 Engagement and Observation Procedure
- SESLHDGL/051 Access and Patient Flow Operational Framework Guideline
- SESLHDPR/318 Firearms and/or Prohibited Weapons: Notification to Police of Consumers Suspected of Having Access to a Firearm and/or Prohibited Weapon
- SESLHDBR/080 Search to maintain safety in SESLHD Mental Health Inpatient facilities
- SESLHDBR/009 Incident Processes for Harm Score (HS) 2, 3 and 4 Incidents required to be reported to the MHS General Manager

Other

- National Safety and Quality Health Service Standards (Second edition): Standard 2 Partnering with Consumers in their own care
- National Safety and Quality Health Service Standards (Second edition): Standard 5 Comprehensive Care Standard – Developing the Comprehensive Care Plan
- National Safety and Quality Health Service Standards (Second edition): Standard 6 Communicating for Safety Standard: Communication of critical information

8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
Sept 2014	4v1	Updated by Ian Wilson, SESLHD MHS Quality Manager.
June 2015	4v2	Redrafted as a Procedure by SESLHD MHS Policy and Document Development Officer Victoria Civils-Wood, following advice from SESLHD MHS District Document Development and Control Committee (DDDCC) that new version needed to reflect leave-related content of NSW Ministry of Health Policy Directive 'Transfer of Care from Mental Health Inpatient Services' PD2012_060.
Aug 2015	4v3	Realigned risk references to language of PD2012_060 and added narrative/definitions with focus on strengths and recovery following feedback from ESMHS.
Sept 2015	4v3	Endorsed by SESLHD MHS Clinical Council.
December 2017	5v1	Trinh Huynh, SESLHD MHS Policy and Document Development Officer: amended background information, references and hyperlinks, and format. Minor language change. Revised to include approved

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		accompanied leave with non-staff member process.
January 2018	5v2	Disseminated for preliminary consultation.
March 2018	5v3	Reviewed feedback and scope of the document. Conducted a major revision and update to reflect the management of clinical care.
April 2018	5v4	Reviewed by SESLHD Access and Service Integration Manager and Patient Flow Coordinator (STG, ESMHS)
May 2018	5v5	Redraft procedure completed by SESLHD A/Chief Psychiatrist. Edited by SESLHD MHS Policy and Document Development Officer. Under review by SESLHD Clinical Nurse Manager.
June 2018	5v6	Consulted SESLHD MHS Clinical Risk Manager. Revised by SESLHD MHS Policy and Document Development Officer.
July 2018	5v6	Under review by Sharon Carey, TSH Clinical Operation Manager.
September 2018	5v6	Reviewed by Vivienne Rowlands, Patient Safety and Clinical Quality Manager, TSH/SGH MHS. Updated by Trinh Huynh, Policy and Document Development Officer, SESLHD MHS: Section 6: Documentation.
October 2018	5v7	Feedback incorporated upon final wider consultation across sites and multidisciplinary team. Updated by Peter Young, A/Clinical Director SESLHD MHS and Trinh Huynh, Policy and Document Development Officer. Final consultation with Clinical Operations Managers and local Clinical Directors: A clear plan for voluntary and involuntary consumers should be state in the care plan.
November 2018	5v8	Endorsed by DDDCC with minor changes. Amended by Sharon Carey, Clinical Operations Manager, TSH and Nicola DiMichiel, Clinical Risk Manager, SESLHD MHS. Pending MHS Clinical Council endorsement. Revised by Clinical Directors, Service Directors and Clinical Operations Managers. Endorsed by SESLHD MHS Clinical Council.
May 2019	v6.0	Clinical Directors consensus regarding leave definitions Minimum leave period changed to 30 minutes
June 2019	v6.1	Definition of a “Support person” and “Authorised Leave” categories amended. Circulated to DDCC and IPSM for review and feedback
August 2019	v6.2	Minimum leave period amended to 60 minutes
August 2019	v6.3	Clarification regarding requirements for Leave Care Plans and Risk Assessments for consumers with multiple periods of leave in a 24 hour period. Circulated to DDCC for feedback
September 2019	v6.4	Incorporates feedback from DDCC and key stakeholders
October 2019	v6.5	Consultation with A/Finance & Performance Manager and eHealth Support Manager
October 2019	v6.6	Cross checked against NSW Health Policy directive PD2019_045 Discharge Planning and Transfer of Care for consumers of NSW Health Mental Health Services
September	v6.7	Routine review recommenced. Gap analysis conducted. Working group

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2020		feedback incorporated into document.
May 2021	v6.8	Review of Sydney LHD's Leave Procedure in relation to documentation. Advanced notice received from NSW Health of three mandatory PowerNote being developed for use regarding Leave
October 2021	v6.8	Three mandatory Mental Health leave notes (NSW Health) added to eMR for inpatient use. Routine review recommenced.
December 2021	v6.8	Circulated to DDCC for review and feedback.
December 2021	v6.9	Factors in feedback from DDCC. Definitions for "Leave period" and "Episode of leave" added. Minor changes to wording.
January 2022	v6.9	Circulated to DDCC. No further changes identified. Endorsed by DDCC. Reviewed by General Manager, no changes identified. Reviewed by Project Manager, Zero Suicides in Care, no changes identified. Endorsed Executive Sponsor for publication.
February 2022	v6.9	Processed and published by SESLHD Policy.

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