



Inpatient Leave Procedure

Procedure Number
WCDHB-MHS-0034

Version Nos:
6

1. Purpose

This Procedure is performed as a means of ensuring that there is a planned and pre-arranged process that will ensure that all consumers are granted leave from the West Coast District Health Board (WCDHB) Mental Health Service (MHS) Inpatient Unit in a safe and organised manner, in accordance with relevant legal requirements.

2. Application

This Procedure is to be followed by all WCDHB MHS clinical staff.

3. Definitions

For the purposes of this Procedure:

Leave is taken to mean a consumer is granted an agreed period of absence from the Inpatient Unit, as determined by a Psychiatrist.

4. Responsibilities

For the purposes of this Procedure:

The **Psychiatrist** will approve the period of leave, complete Sec.31 papers (*if applicable*), approve any extensions to the leave, and criteria for the return of Sec 31 consumers.

The **Primary Nurse** will assist the consumer to make any necessary arrangements for their leave & complete the required documentation.

5. Resources Required

This procedure requires:

- i) Individual consumer's Clinical Record and Treatment and Recovery Plan
- ii) WCDHB MHS Discharge and Transfer Summary of Care Form
- iii) WCDHB MHS Risk Management Form
- iv) HoNOS Information

6. Process

1.00 Leave For Voluntary Patients

- 1.01 Leave for voluntary inpatients can occur after discussion between the Consumer, their Primary Nurse, the Psychiatrist, Case Manager (if there is to be follow up in the community) and (where appropriate family/whanau/care giver).
- 1.02 Whenever possible leave should be arranged during the week to enable contact with the Case Manager if necessary.



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- 1.03 As a principle leave should not be for periods longer than FOUR days & discharge should be the first option for periods longer than a week.
- 1.04 Any decision to grant leave must be accompanied by criteria for the voluntary patient to be readmitted to IPU, should their condition change while they are on leave. It is the responsibility of the Inpatient Psychiatrist to ensure that this is completed before the consumer/tangata whaiora goes on leave.
- 1.05 The Consumer's Primary Nurse (or allocated nurse) is to liaise with the patient (and family/whanau if appropriate) over any necessary arrangements for the leave (e.g. travel, accommodation, money, benefit), and provide assistance as and where required.
- 1.06 If the consumer/tangata whaiora is on leave for less than 4 days and the psychiatrist wants their Case Manager to contact them, this must be confirmed before such leave is granted and details of medication and potential risk provided.
- 1.07 If a clinical decision is made that the period of leave is to be longer than FOUR days, the Primary Nurse (or allocated nurse) will arrange a Discharge Planning Meeting (DPM), will update HoNOS & Risk Assessment prior to the Consumer commencing leave.
- 1.08 After the DPM, the completed WCDHB Discharge and Transfer Summary of Care Form will be given to the Consumer (when possible) by their Primary Nurse, and a copy of this will be placed into their clinical record and another copy is sent to the CMH Case Manager with the their file. This summary outlines the period of leave (departure date and possible return date), and confirms that the individual is aware that they may return to the unit if their condition changes while on leave.
- 1.09 At the completion of the leave period, the CMH Case Manager (if there has been contact with the consumer) is to update the Primary Nurse of any significant changes in their condition or about any incidents (they are aware of) that may have occurred during the leave period. The Case Manager will ensure that the Consumer's clinical record is returned to IPU (if applicable)
- 1.10 After the patient returns from a period of successful leave, a decision may be made, by the Inpatient MDT that it is appropriate to discharge/transfer him/her. Prior to discharge he/she will be reviewed by the Psychiatrist and any outstanding discharge planning addressed.
- 2.00 Section 31 Leave for Consumers/tangata whaiora under a Compulsory Treatment Order (CTO) - Inpatient**
- 2.01 Any person who is under an Inpatient treatment order may be granted leave for a period not exceeding 3 months.
- 2.02 The decision to grant leave to someone who is under an inpatient CTO is the responsibility of their Psychiatrist, who will either completes a Section 31 Form, or make the change to a community treatment order. The psychiatrist may impose leave conditions on the consumer/tangata whaiora and state these on the Section 31 Form.



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- 2.03 Leave may be extended for a further period not exceeding 3 months, but the person is not to be on leave for a continuous period of more than 6 months. After 6 months, the leave is either cancelled (under Section 31 of the MHA); or the order changed to a Section 29 order, or the Consumer is made an informal patient.
- 2.04 The patient's Psychiatrist may at any time during the period of leave cancel the leave (using a MHA Section 31 Cancellation of Leave Form). This is to be communicated in writing to the Consumer and the individual or organization that is taking care of them during the period of leave.
- 2.05 Where the Psychiatrist cancels the Consumers' leave, the Psychiatrist is responsible for ensuring that the Consumer is returned to the Inpatient Unit or another Hospital by a DAO or by any other individual who was taking care of them during the period of leave.
- 2.06 All other arrangements for the leave are to occur as per Sections 1.05 to 1.10 of this Procedure.

7. Precautions And Considerations

- ➔ The decision to grant an inpatient leave is the responsibility of the patient's psychiatrist, and can be cancelled at any time
- ➔ Each Consumer will have a WCDHB Discharge and Transfer Summary of Care Form that covers the period of the leave completed by their Primary Nurse
- ➔ The Consumer's Primary Nurse (or allocated nurse) is to liaise with the patient (and family/whanau if appropriate) over any necessary arrangements for the leave (e.g. travel, accommodation, money, benefit), and provide assistance as and where required.

8. References

- Mental Health (Compulsory Assessment and Treatment) Act (1992) and Amendments
- Health & Disability Sector Standards NZS 8134:2008

9. Related Documents

- WCDHB MHS Discharge and Transfer Procedure.
- WCDHB MHS Inpatient Discharge And Transfer Planning Procedure
- WCDHB MHS Inpatient AWOL Procedure
- WCDHB MHS Involvement Of Consumer In Their Own Care Procedure

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