



Planned Respite Procedure

Procedure Number

CHC-MHS-0018

Version Nos:

7

1. Purpose

This procedure is for the provision of planned respite care in a home based or residential service, for people under the care of the West Coast District Health Board (WCDHB) Community Mental Health teams (CMH) or Child and Adolescent Mental Health Service (CAMHS)

2. Application

This procedure is to be followed by all MHS staff throughout WCDHB

3. Definitions

For the purposes of this Procedure:

Planned Respite Care is

- Allocated by the WCDHB MHS case manager and is part of the client's Treatment and Recovery plan
- For a defined period according to the needs of the service user and/or their carers
- Usually for a maximum period of 28 days per year which may be used in increments of days or hours, (from one hour), as required.
- Provided in a safe homelike environment that fosters recovery for the client which may include;
- Short term care in a specifically designated respite facility
- Short term care in supervised accommodation
- Staff with skills appropriate to the circumstance to monitor and support the person in respite care either in their own home or elsewhere

Access Criteria

- Clients of WCDHB MHS with a psychiatric diagnosis and who have planned respite as an agreed part of their treatment plans
- Clients of CAMHS
- Clients may be mothers and babies.
- Clients of Rata Alcohol & Drug Service

Exclusions

Clients who

- Are under the influence of substances
- Have a primary diagnosis of Intellectual Impairment.
- Are actively suicidal and identified by clinical staff as high risk .
- Have an organic syndrome such as dementia (with no existing support).
- Have a history of violence, which includes physical and verbal violence, which has been clearly documented in the clinical file over the last three months.
- Require admission for social reasons only.



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4. Responsibilities

For the purposes of this Procedure:

The **Case Manager** is responsible for;

- Identifying with each client (& their family whanau) and recording in the client's Treatment and Recovery Plan the appropriate number of planned respite days/hours (if any)
- Making application on the Mental Health Application for Crisis and Planned Respite Form to the relevant budget holder for Planned Respite on each occasion (for accounting purposes)
- Co-ordinating suitable accommodation (or service) to provide a safe and caring environment
- Monitoring the effectiveness of the planned respite in accordance with the resources allocated
- Developing an annual plan for planned respite care based on the needs of their client base, and communicating this to their Clinical Manager/District Manager

The **Clinical Manager/District Manager** is responsible for:

- Co-ordinating suitable accommodation (or service) to provide a safe and caring environment
- Monitoring the effectiveness of the planned respite in accordance with the resources allocated
- Maintaining awareness of budget resources

5. Resources Required

This Procedure requires:

- Application for Crisis/Planned Respite Form
- List of eligible clients and the number of hours/days they have allocated for Planned Respite Care
- Suitable accommodation
- Invoice forms for private respite provided

6. Process

- 1.00 When the need to use Planned Respite Care is identified by the client (and/or their family/whanau), the Case Manager will facilitate this by:
 - i. Seeking approval from the relevant Manager/District Manager (who holds the budget) prior to the placement of the client into respite care; and
 - ii. Checking the availability of respite accommodation options and following the appropriate referral process; and
 - iii. Arranging for relevant documentation to be completed, including
 - a) An assessment summary which covers information relevant to the clients care for this respite; and
 - b) Information about current risks and strategies to deal with these; and
 - c) Contact arrangements, and details of key clinicians/supports; and
 - d) Clear information regarding medication regime, oversight needed and any medication to be avoided; and
 - iv. Co-ordinating with the client (and their family/whanau) the start date of the respite care; and
 - v. Completing the Provider's Referral Form and Respite Form (if applicable).



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- 1.01 At the conclusion of the planned respite, the Provider is to notify the Case Manager of any concerns, or significant observations that occurred during the period of respite, which are to be recorded in the client's clinical file, by the Case Manager.
- 1.02 The length of stay plus any future bookings is to be passed to the receptionist for recording.
- 1.03 The Provider may reserve the right to refuse planned respite for a client if they judge the placement to be detrimental to the mental health status/wellbeing of the other residents.

7. Precautions And Considerations

- ➔ PRC will only occur when the consumer meets the relevant entry criteria & who have allocated PRC days as part of their care plan.
- ➔ Access is co-ordinated by their usual Case Manager.
- ➔ Clinical risk factors need to be considered and updated when a consumer is placed. into PRC

8. References

- MoH Planned Respite Tier Level Three Service Specification 2009

9. Related Documents

- WCDHB MHS SPF
- WCDHB Policy and Procedures

Revision History	Version:	7
	Developed By:	WCDHB MHS
	Authorised By:	Senior Manager – Mental Health Service
	Date Authorised:	October 2001
	Date Last Reviewed:	February 2010
	Date Of Next Review:	February 2012