Discharge Planning from the Inpatient Unit Mental Health Procedure

Effective: 4 October 2018

1. Background

During a patient's inpatient stay, the Mental Health Inpatient Unit (MHIU) collaborates with the patient, carer, personal support person/s, advocate and or Community Mental Health Services (Kalgoorlie and Esperance) and other local care providers, with consent in the development of a discharge plan. The MHIU's discharge plan contributes to the treatment, support, planning and delivery of follow up by Community Mental Health and other community based services.

Improved discharge planning has been shown to have a positive impact on length of stay, follow-up care within seven (7) days and unplanned re-admissions within 28 days (National Key Performance Indicator for Mental Health Services).

2. Procedure

2.1 Discharge Process during Inpatient Stay

The following standards are to be met with all discharges from inpatient unit:

- The patient's carer personal support person/s, advocate, General Practitioner and or support agency is to be included in the process of discharge planning unless:
  - in the case of a nominated personal support person/s – the patient's psychiatrist reasonably believes that it is not in the patient's best interests for the person to be included; or
  - in the case of a carer personal support person/s, advocate and or – the patient expressly refuses their involvement or does not consent to their inclusion, and the patient's psychiatrist considers that the refusal is reasonable.
- Every patient admitted to the inpatient unit is to have a predicted discharge date set within 72 hours of admission. This predicted discharge date is to be documented in the medical records and entered onto PSOLIS.
- The predicted discharge date is to be discussed with the patient, carer patient's personal support person/s and or advocate (where appropriate and with consent) as soon as possible and their views and wishes taken into consideration.
- The inpatient treating team is to commence a hospital treatment plan that is to incorporate treatment, support, and recovery and discharge elements. The plan is to be reviewed at inpatient clinical review meetings and updated where appropriate by the attending clinicians.
- No patient is to be discharged without the approval of the inpatient Psychiatrist.
- The Triage Officer (TO) is considered the point of contact within the Community Mental Health Team (CMH Team) for patients without an allocated Case Manager (CM). This next point of contact in the absence of the TO is the Team Leader.

- The CM / TO is to work collaboratively on all plans (discharge, management and crisis plans) with the inpatient team, patient, personal support person/s and or advocate and external clinicians (if relevant) to continue treatment and provide follow up. Input of all non- inpatient clinicians must be documented.
- A bi-weekly multidisciplinary clinical review meeting is to discuss current treatment, support, recovery and plans for discharge. The outcomes from this meeting are to inform the CMH based clinical review meetings.
- Attendees to this meeting are to be a CMH clinician (CM, a senior inpatient unit Clinical Nurse or delegate, Resident Medical Officer (RMO)/ Senior Medical Officer (SMO) and Psychiatrist. The patient's significant others including the patient's GP are encouraged to attend.
- When relevant this meeting is to include videoconferencing to outlying services to coordinate discharges. Where an inpatient is from the Esperance catchment, a representative from Esperance CMH is to participate.
- The inpatient Clinical Nurse Manager (CNM) or delegate is to provide a daily ISoBAR handover report to the CMH Team, which is to include inpatient progress and discharge information. The ISoBAR report is to be reviewed by the CMH clinicians and at CMH clinical review meetings.
- The inpatient nursing staff are to conduct a Mental State Examination (MSE) and a risk assessment as part of the discharge process which demonstrates involvement of carer, personal support person/s, advocate and the patient in its development. The discharge risk assessments must take progressive risk into consideration e.g. future non-compliance with medication.
- Medication supplies are to be arranged prior to discharge and prescriptions are to be provided to the patient in accordance with the National Inpatient Medication Chart.
- In cases of moderate to high risk, regardless of whether a patient's condition is chronic or acute, a Crisis Plan is to be entered into PSOLIS by the inpatient unit nursing staff prior to discharge. The Crisis Plan is to be created in collaboration with the relevant CM.
- The patient's Discharge Letter/Morbidity Coding is to be completed by the inpatient medical staff for all patients discharged from the inpatient unit.
- The patient's discharge plan is to be compiled by the RMO under supervision of the Consultant Psychiatrist and sent to the patient's GP and the CMH team within three days of discharge.
- The inpatient team is to ensure any PSOLIS Client Management Plan or PSOLIS Crisis Plan produced or revised during the hospital admission is offered to the patient.
- Under the Mental Health Act 2014 the treating Psychiatrist is responsible for ensuring the completion of the SMHMR907 Treatment Support and Discharge Plan (TSDP). The TSDP is equivalent to the PSOLIS discharge plan.
- The carer, personal support person/s and or advocate are to be involved in the development of the TSDP plan and their involvement documented in the medical record.

- The patient, carer, personal support person/s and or advocate are to be kept informed of the expected discharge date and time.

2.2 Day of Discharge

- Every patient being discharged from the inpatient unit is to have a completed discharge plan available to them on the day of their discharge that includes:
  - contact details of emergency services
  - after hours contact numbers and other support services including emergency services numbers i.e. RuralLink
  - Where relevant an appointment time and date with the CMH team written on an appointment card
  - an undertaking to return to the service if needed
  - information on the process for assisting re-entry to Goldfields Mental Health Service (GMHS)
    - Where appropriate the team is to ensure that the carer, personal support person/s and or advocate are provided with the same information, bearing in mind issues of patient confidentiality and consent.
- A copy of the discharge plan is to be provided to the patient's GP and or referrer.
- Where relevant a SMHMR916 Care Transfer Summary is to be sent to the CMH Team.

2.3 Documentation

- The discharge planning process, date and time is to be clearly documented in the patient's medical record.
- Names and contact details of the patient's carer, personal support person/s and or advocate are to be recorded in the medical record.
- The completed discharge summary is to be available in the patient medical record and an electronic copy available on PSOLIS.
- Every patient discharged must have a completed SSCD Care Transfer Summary which is to be accompanied by the TSDP.

2.4 Transition from the MHIU to the community

- Following discharge from an inpatient setting, the allocated clinician (CM/ CMH Practitioner) is to ensure appropriate follow up of all patient's discharged from inpatient as soon as is practical with consideration given to individual patient risk and need.
- The CMH clinical review meeting is to record this follow-up and respond to those patients who do not attend/cannot be contacted for planned follow up.
- The allocated clinician is to ensure that the timeframe for the follow up appointment reflects the level of risk and establish steps to be taken if the patient misses an appointment.
- Not all patients discharged from the inpatient unit require ongoing mental health care. In such cases, arrangements for care from the GP and/or other community-based services are to be documented in the medical record and discharge summary.

- All patients discharged are to be contacted by a clinician within 7 days.
- Where discharge is to include further care from the GMHS, follow-up is to include:
  - appointment with CM or with Triage/Short term treatment clinician – by face to-face or telephone contact within seven days
  - appointment with RMO or SMO – within the week following discharge
  - appointment with GP – as soon as possible according to GP availability
  - appointment with CMH psychiatrist – within one month for all cases under the MHA, otherwise when clinically indicated, but no longer than one month after discharge.

  Note: (a) and (b) can be combined in a conjoint meeting if practical.
- The allocated clinician is to take into account legal order status such as Community Treatment Order, Administration Order, or Guardianship (including length and expiry dates).
- The Hospital Discharge Letter/Morbidity Coding is to be faxed on the day of discharge to the CMH team, and the discharge summary is to be saved on PSOLIS and sent to the CMH team, admitting GP and nominated GP within three days. A copy of all care plans (with the patient's consent) are to be attached to the discharge summary where possible.
- Shared care arrangements with GPs or community agencies must be discussed and agreed to with the patient, carer, personal support person/s and or advocate.

2.5 Discharges during Weekends

- If the patient is likely to be discharged during the weekend, the inpatient team, Consultant Psychiatrist and CM responsible for overseeing the patient's care are to ensure that instructions for discharge are available. Those instructions are to include, as a minimum standard:
  - completed discharge plan documented in the patient's medical record
  - consultation with relevant carer, personal support person/s and or advocate
  - management plan for the weekend
  - what conditions must be met for discharge to occur and a list of those conditions
  - discharge summary completed and stored on the patient's medical record
  - discharge medications available on the ward
  - provisions documented for follow-up in the community within seven days
  - relapse prevention or PSOLIS Crisis plans.
  - re-entry plan.

2.6 Unplanned Discharge after Hours

- If a patient seeks to discharge themselves and a Medical Practitioner or Psychiatrist is not available for review, then a risk assessment is to be undertaken. If the risk is significant, this decision should be discussed with on call Psychiatrist. The AMHP may complete a Form 2 – Order to Detain Voluntary Inpatient in for Assessment.
- Under section 34 of the Mental Health Act 2014, a person in charge of a ward who reasonably suspects that the patient is in need of an involuntary treatment order

may, in writing, order that the person be detained at the hospital for up to 6 hours from the time the order was made to enable the assessment to be conducted.

- If the on call Psychiatrist decides that a patient may be discharged after hours, a risk assessment and reason for the discharge must be documented in the medical records.
- The patient's carer, personal support person/s and or advocate must be involved in the decision to discharge before the discharge, unless the patient does not consent to their involvement or the treating psychiatrist considers that it is not in the patient's best interests for them to be involved. The involvement of any carer /personal support person/s and or advocate is to be clearly documented in the patient's medical record.
- On discharge the patient and where possible the carer, personal support person/s and or advocate are to receive a list of afterhours contact numbers and other support services including emergency services numbers i.e. RuralLink.
- It is the responsibility of the on call Psychiatrist to ensure either that follow up within seven days is arranged or that this task is delegated back to the treating team.
- The patient is to be given information on re-entry to the inpatient unit after unplanned discharge.
- If a patient is discharged from the inpatient unit and needs to be readmitted to the service, they must represent to the CMH team during office hours (or the Emergency Department) for reassessment.

2.7 Discharge at own risk (Appendix 1)

If a patient discharges themselves against advice, the Discharge against Medical Advice Policy is to be applied. All other routine discharge paperwork and notifications are to be completed.

2.8 Discharge of non-returning/missing or suspected missing patients

Patients who are missing from the inpatient unit are managed according to the Department of Health Missing Person Policy WA Public MH Services and the GMHS Missing or Absent Without Leave Inpatient Procedure.

2.9 Follow-up within Seven Days of Discharge

- All mental health patients who require ongoing care are to be contacted within 48 hours of discharge from the inpatient unit where practicable and no later than 7 days after discharge.
- The Consultant Psychiatrist and CNM responsible for overseeing the patient's care are to ensure that the patient has a confirmed follow-up appointment booked with the CMH Team or relevant service no longer than seven days after their discharge date
- GMHS is to use PSOLIS as their main database for entering 7-day follow up events.

3. Definitions

Discharge	Discharge, of a patient, means the discharge of the patient by a mental health service, whether the patient was admitted as an inpatient or otherwise
All references to sharing	Is based on informed consent from the patient as well as being in line with the provisions of the *Carers' Recognition Act 2004* and *Mental Health Act 2014*.
iSoBAR	The mnemonic that must be used to guide the structure and content of all clinical handovers initiated with the Department of Health Services

4. Roles and Responsibilities

The **Clinical Director** and **Regional Manager, Mental Health** are to:

- oversee and ensure clinical governance within the GMHS
- assist staff in the resolution of any issues or problems that arise in the use of this procedure
- ensure that the principles and requirements of this procedure are applied, achieved and sustained
- develop systems to ensure all GMHS staff are provided with training and are made aware of their obligations and accompanying documentation relative to this procedure.

Team Leader/Clinical Nurse Manager is responsible for**:**

- ensuring that all GMHS staff receive sufficient training, instruction, and supervision in the use of this procedure
- monitoring this document and ensure staff comply with its requirements.

The **Psychiatrist** is to adhere to and implement this procedure as it relates to their psychiatrist role.

All staff are to:

- ensure they comply with all requirements of this procedure
- promote a safe recovery oriented, a patient-centred culture within the GMHS
- work within clinical practices, policies, operational directives, guidelines and the Australian Law to ensure a safe, equitable and positive environment for all.

5. Compliance

This procedure is a mandatory requirement under the *Mental Health Act 2014*. Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Employment Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

All references to sharing of information is based on informed consent from the patient as well as being in line with the provisions of the *Carers' Recognition Act 2004*.

6. Evaluation

All processes and practices of this procedure are to be monitored, evaluated, and developed as part of an overall quality improvement process at least every three years or as necessary should any changes to legislation or an incident occur where the procedure has not been satisfactory.

All patients discharged from the inpatient unit to CMH care are to be reviewed in the CMH team clinical review meetings.
Medical records audits are to be conducted under the auspices of the MH Clinical Governance committee.

Clinical incidents are to be independently reviewed by a clinician from the Clinical Risk Review Committee, and documented in the minutes.

7. Standards

National Safety and Quality Healthcare Standards (Second edition 2017) – 2.10, 4.12, 4.13d, 6.4b, 6.5b

EQuIPNational Standards– 12.4.1, 12.8.1, 12.8.2

National Standards for Mental Health Services - 2.11, 7.12, 10.4.4 and 10.6.8

8. Legislation

Mental Health Act 2014
Carers' Recognition Act 2004

9. References

National Inpatient Medication Chart

Clinical Risk Assessment and management (CRAM) in Western Australian Mental Health Services Policy and Standards 2008

Department of Health Review of the Admission or Referral to and the Discharge and Transfer Practices of Public Mental Health Facilities / Services in Western Australia, "Stokes Report", July 2012

Triage to Discharge Mental Health Framework for Statewide Standardised Clinical Documentation

10. Related Forms

SMHMR907 Treatment Support and Discharge Plan

SMHMR916 Care Transfer Summary

Form 2 – Order to Detain Voluntary Inpatient in for Assessment

11. Related Policy Documents

WACHS Discharge against Medical Advice Policy

GMHS Missing or Absent Without Leave Inpatient Procedure

GMHS Mental Health Clinical Risk Assessment and Management (CRAM) Procedure

WACHS Adult Psychiatric Inpatient Services: Referral, Admission, Assessment, Care and Treatment and Discharge Policy

WACHS Documentation Clinical Practice Standard

12. Related WA Health System Policies

Department of Health Missing Person Policy WA Public MH Services MP 0012/16

Department of Health Admission, Readmission, Discharge and Transfer Policy MP 0058/17

State-wide Standardised Clinical Documentation for (SSCD) for Mental Health Services OP 0526/14

13. Policy Framework

Mental Health Policy Framework

This document can be made available in alternative formats on request for a person with a disability

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Directorate:	Mental Health	**EDRMS Record #**	ED-CO-13-8966
Version:	3.00	**Date Published:**	4 October 2018