



Mercy Health

Care first

Mercy Mental Health
Saltwater Clinic
PO Box 2083
Footscray Vic 3011
Phone: +61 3 9928 7444
Fax: +61 3 9687 7130
mercyhealth.com.au

16 February 2015



Cheryl Vella
Coroners Registrar
Coroners Court of Victoria
65 Kavanagh Street
Southbank, VIC
3006

Dear Ms Vella

Re: **Response to the Coroner's recommendations arising from the investigation into the death of Wieslaw Bernacki**
Court reference: COR 2009 006039

Please find attached the written response from Mercy Mental Health to the recommendations arising from the Coroner's investigation into the death of Mr Wieslaw Bernacki.

Yours sincerely

A/Prof Dean Stevenson
Clinical Services Director
Mental Health Services
Mercy Public Hospitals Inc.



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Response to Coroners recommendations
Wieslaw Bernacki
Court reference: COR 2009 006039

Recommendation One

That Mercy Mental Health review its Client Leave Procedure to ensure that it complies with the Chief Psychiatrists September 2009 Guideline on Inpatient Leave of Absence, with a particular emphasis on the inclusions of requirements for communication responsibilities to leave escorts and recording crisis information.

1. The Coroners recommendation has been implemented.
 - A) The Inpatient Leave of Absence Mental Health Procedure was implemented in December 2013 prior to receipt of the Coroners finding's. The procedure has since had further revision in order to better align it to the Mental Health Act 2014. An information brochure called "Taking Leave" has been developed to highlight the responsibilities of client and carer during the leave period. An inpatient leave of absence plan has been developed to support the leave process.
 - B) All inpatient staff were provided with information regarding the new procedure prior implementation. The implementation process was overseen by the Nurse Unit Manager. Compliance to the new procedure was audited in March 2014

Copies of the Inpatient Leave of Absence Mental Health Procedure, the Inpatient Leave of Absence Plan and Takin Leave Brochure are attached.

Recommendation Two

That Mercy Mental Health review its Absconded Psychiatric Clients Procedure to ensure that it contains a clear process and mandates a timely response to a patient's failure to return from an approved leave of absence.

1. The Coroners recommendation is under consideration
 - A) The Absconded Psychiatric Clients Procedure was renamed and revised in May and August of 2014 to reflect the changes in the Mental Health Act 2014. The procedure is now known as Compulsory Patient – Absent without Leave Procedure.



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Corner Albert & Paisley Streets
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Following receipt of the Coroners recommendations further revisions will be made to this procedure to mandate a specific and timely response to a patient's failure to return from leave. This review will be under the auspices of the Mercy Mental Health Clinical Safety Quality and Risk Committee

- B) The expected timeline is three months with proposed completion date of 25 May 2015.
- C) The relevant contact person is: A/Prof Dean Stevenson
 Telephone: 9928 7444
 Email: dstevenson@mercy.com.au

Title: Inpatient Leave of Absence Mental Health Procedure**Division:** MPHI**Facility or Program:** Mental Health Services**Approved by:** Clinical Services Director Mental Health Services**Policy Link:** Care of Patients Policy

Purpose

To facilitate a robust system for the management of patient leave to ensure patient safety.

Who Must Comply

The Werribee Mercy Psychiatric Unit (WMPU), the Psychiatric Assessment and Planning Unit (PAPU) and the Mother Baby Unit (MBU).

A specific section is applicable to the Prevention and Recovery Centre (PARC) and the Community Care Units (CCU).

Procedure

Leave from a designated mental health service is regulated by the Mental Health Act 2014. The decision to grant leave of absence must be made within the context of the treatment objectives and strategies of the patient's treatment plan.

For all patients the planning for leave must be done in accordance to the Chief Psychiatrist's Guideline "Inpatient Leave of Absence," and particular emphasis must be given to:

- Risk Assessment prior to the granting of leave
 - Communication with patients/ consumers and carers regarding leave arrangements
 - Documentation of leave approval and arrangements
1. A patient's mental state and risk assessment must be reviewed and documented immediately prior to leave. All patients being considered for day leave will have a current Risk Assessment and management plan (form URW0701). In addition to this, the contact nurse must complete the Inpatient Risk Assessment and visual observations form URW0697 (WMPU & PAPU) and URW0698 (MBU) for that day.
 2. Least restrictive means of treatment is fundamental. However, leave may be withheld if the patient's risk profile or mental status has deteriorated, thereby posing risk to themselves or the community. The authorised psychiatrist may revoke the leave of absence by notice in writing and require the person to return to the designated mental health service. This also applies to patients who are not compulsory patients; their leave for may be suspended for review and further treatment under MH Act should be considered if their risk profile or mental status has deteriorated. In these instances, consideration is given as to whether an Assessment Order should be made.
 3. All compulsory patients under the Mental Health Act to be granted leave will have Leave of absence for compulsory patient (MHA120) form completed. All sections of this form must be completed by the authorised psychiatrist or delegate. The conditions of leave must be explained to the patient at this time and also immediately prior to taking leave. Refer to the legislative requirements relating to leave of absence with approval, section 64 of the Mental Health Act 2014.
 4. The treating consultant/team will commence all patient leave plans at the time of admission. Leave paperwork must be completed and documentation placed in the medical record. Ensuring all patients have a leave of absence plan is an integral part of comprehensive recovery and treatment planning.
 5. Decision making about the purpose and granting of leave should be clearly documented. This following consultation with the patient their primary carer/ nominated person and relevant clinical staff. If an advance statement is present, any notation regarding leave preference must be considered.

Title: Inpatient Leave of Absence Mental Health Procedure**Division: MPHI****Facility or Program: Mental Health Services****Approved by: Clinical Services Director Mental Health Services****Policy Link: Care of Patients Policy**



6. All admitted patients (regardless of MHA status) will have an Inpatient leave of Absence plan, UR W0528, commenced at the time of admission. In some instances the Inpatient leave of Absence plan form will state "no leave" when a patient's risk level indicates this. For compulsory patients the treating psychiatrist will ensure that the conditions and responsibilities of granted leave are discussed with the patient and documented via the Inpatient Leave of Absence Plan (including Leave Register) UR W0528 and the MHA 120 form.
7. If the MHA 120 form is not completed, and a compulsory patient requests leave out of normal business hours, the Duty Consultant Psychiatrist, or the treating Psychiatrist's delegate must review the patient and the file. This is to ascertain the patient's suitability for leave. The On-call Duty Consultant Psychiatrist or treating Psychiatrist's delegate must then complete the MHA 120 form for the current request for leave.
8. Leave is an important part of recovery, rehabilitation and leisure. Patients or consumers may wish to have leave within the hospital grounds. The approval for this leave should be reflected in the Inpatient Leave of Absence Plans. For leave within the hospital grounds a MHA 120 form is not required for compulsory patients. Leave of Absence Plans will specify if a patient requires staff or family to accompany them on leave within the hospital grounds. In instances where patient is not to leave the ward, this must be reflected in the Leave of Absence Plan and documented in the patient file.
9. Maintaining patient safety, planning in advance for leave and providing least restrictive treatment is essential. For voluntary patients, a Leave of Absence Plan may be completed by a senior staff member in absence of the treating psychiatrist.
10.
 - (a) Consultation with carers/ nominated persons regarding leave arrangements will also include providing them with relevant information such as the 'Taking Leave' Brochure. Documentation of specific leave arrangements will be made via the Inpatient Leave of Absence Plan (including Leave Register) URW0528. Where expectations are placed upon the carer, as part of the leave plan, this must be clearly communicated to both patient and carer. A decision to grant leave should include consideration of anticipated activity while on leave, such as use of public transport or private vehicle.
 - (b) Consideration should be given to the capacity of the "accompanying adult" to exercise appropriate responsibility and effective supervision while on leave.
 - (c) If the accompanying adult refuses to sign leave form then leave may be suspended. This situation should be subject to a case by case review by the treating consultant.
11. Accurate record of leave/ return from leave is important during an emergency/ evacuation situation to ensure all persons are accounted for.
12. The Nursing Shift Leader is to be informed prior to any patient going on any type of leave. The contact nurse is to be informed of a patient leaving or returning to the ward.
13. To maintain safety of the patient and others, patients returning to the ward post leave of any length or duration need to be asked about and checked for prohibited items. Please refer to MHA 2014- section 355 Preservation of privacy and dignity during search, and section 356, Power to seize and detain items.
14. Risk Assessment and Mental State Assessments must be completed and documented by the contact nurse upon return.
15. If a patient fails to return from authorised leave, this must be reported to the Nursing Shift Leader, Clinical Nurse Manager (or their equivalent) and nominated person. In this instance refer to the Absconded Clients Procedure.

Title: Inpatient Leave of Absence Mental Health Procedure**Division:** MPH1**Facility or Program:** Mental Health Services**Approved by:** Clinical Services Director Mental Health Services**Policy Link:** Care of Patients Policy

**Precautions & Contraindications**

- Consideration should be given to the capacity of the accompanying adult to provide appropriate, responsible and effective supervision
- Where possible the treating team should provide a crisis plan to patient and carer for difficulties during leave
- Where practicable and where it does not infringe on the rights of other patients, consideration should be given to locking the room of the patient on leave; this provides safety mechanism whereby patient needs to contact staff upon their return
- Risk of harm to self or others (including any child protection issues)
- Likelihood and consequences of substance use
- Absconding from care and vulnerability

PARC and CCU

The focus of care at PARC and CCU facilities is rehabilitation. Leave is integral to the rehabilitation process and the primary purpose of leave for consumers residing at PARC and CCU is to encourage engagement in community based activities as reflected in their wellness and recovery plans. At times, consumers may be away from PARC or CCU overnight or for the weekend. For this reason, consumers residing at PARC and CCU are not subject to the leave procedure outlined above.

At PARC and CCU, leave planning should be done in collaboration with consumers and clinical team. This may involve discussions about potential conditions associated with leave. Relevant details regarding leave should be documented in the consumers' clinical file. This should include, where possible; the purpose of leave, proposed leave duration, any conditions associated with leave, details of consumers' whereabouts, and accurate contact details for the consumer, carer and/or family. It is important that the consumer and carer/family member provide feedback to staff on the outcome of the leave on their return.

Definitions

Term	Definition
Patient/Client/Consumer	Persons receiving care by the mental health service
Support person / accompanying adult	This person can be the client's, carer, friend, relative or other nominated person.

Links to Related Documents

- Risk assessment and management plan UR W0701
- Inpatient risk assessment and visual observations form UR W0697
- Mother baby unit risk assessment and visual observations form UR W098
- Inpatient Leave of Absence Plan (including Leave Register) UR W0528
- Taking Leave Brochure
- Absconded Clients Procedure

Title: Inpatient Leave of Absence Mental Health Procedure**Division:** MPHI**Facility or Program:** Mental Health Services**Approved by:** Clinical Services Director Mental Health Services**Policy Link:** Care of Patients Policy

**Key Legislation, Acts, Standards & References**

Chief Psychiatrists Guidelines Inpatient Leave of Absence September 2009
Mental Health Act of Victoria 2014

Linked MPHI procedures-

Absconded Clients Procedure

Mental Health Risk Assessment & Management Planning Procedure

Psychiatric Inpatient Risk Assessment and Visual Observations Procedure

Acknowledgements

NIL

Keywords

Leave, patient leave, client leave, leave plan, leave brochure, MHA21, risk

Version History & Author / Contributors

V.	Date Created (MM/YYYY format)	Section(s) Changed (eg procedure / definitions / references)	Created/Amended by (position title)
1	2008		N Molloy
2	2009	4,5,6,11,12,13	N Molloy, J Nicholls
3	2010	Insert smoke free environment	N Molly
4	2013	Review to align with Chief Psychiatrist's Guideline "Inpatient leave of absence" September 2009.	Mental Health Services, Clinical Services Director
5	2014	Review to align with MHA 2014.	Associate Nurse Unit Manager-(Mother Baby Unit) / National Standards Clinical Advisor (Mental Health) Associate Nurse Unit Manager- (WMPU) Mental Health Services, Clinical Services Director

Appendix 1

W05280813
MHA200813

<p>Mercy Mental Health</p> <p style="text-align: center;">INPATIENT LEAVE OF ABSENCE PLAN Inpatient Mental Health</p>	<p>Rapid UR No:</p> <p>Mercy UR No:</p> <p>Surname:</p> <p>First Name:</p> <p>Date Of Birth:</p> <p style="text-align: center;"><i>OR Attach Patient Label Here</i></p>
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Inpatient Leave of Absence has been authorised
 from to

This leave has been granted subject to the following conditions:

- You are to be accompanied by:
- You are to return at the time agreed upon with ward staff.
- Conditions of leave

A copy of the Leave of Absence form (MHA120) will be provided to you if you are a Compulsory Patient

Senior Staff member approving Leave:

Signature: Print Name:

Designation: Date:

Patient Statement

I understand that I have been given leave from ward with the conditions listed above.

I have discussed and understand my leave plan and what to do if I need help while I am away from the ward.

I have been given the 'Taking Leave' brochure and have discussed the content with a staff member.

I will sign in and out on the leave register on the back of this form every time I take leave within the period specified above.

I understand that if I do not return as planned that the ward staff will contact me on (phone number, contact details). If the ward staff cannot contact me, I understand that they may contact my Nominated Person, Next of Kin and Victoria Police, and I may be reported as a missing person.

Signed Date:

Accompanying Adult Statement

I understand that it is a condition of the leave granted to patient mentioned above and that he/she is accompanied by a responsible adult whilst on approved leave.

I have discussed my role with staff from the ward and I have received the Taking Leave brochure.

I am aware of the above plan if I require help while away from the ward and I am able to follow this if required.

I understand that we are required to return at a time specified on the leave register on the back of this form and that I may be contacted if we do not return as planned. (Accompanying adult to sign over page.)

Staff member who discussed leave with patient

Signature: Print Name:

Designation: Date:

INPATIENT LEAVE OF ABSENCE PLAN – UR W0528

Why take planned leave?

When clients begin to recover and prepare for discharge, part of their treatment plan may include planned leave. This leave is planned individually to suit each unique situation and may begin with short periods that extend to longer periods.

Clients can use this time to:

- Attend required appointments
- Be with family and keep in touch with life outside of hospital
- Re-familiarise themselves with the home environment

It is preferred that leave is planned. Activities may be restricted by the amount of time clients can take and conditions may be applied. For example, some clients may need to avoid certain locations or not make contact with some individuals.

Contact Us

If you have any queries or concerns about how the leave is progressing please contact:

Werribee Mercy Psychiatric Unit (WMPU)
Phone: 8754 3560

Mother Baby Unit (MBU)
Phone: 8754 3651

Psychiatric Triage
Phone: 1300 657 259



Mercy Mental
Health Services

Taking Leave Brochure



Werribee Mercy Hospital
300-310 Princes Highway
Werribee Victoria 3030
Phone: 1300 657 259
mercyhealth.com.au

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How does it work?

Each client who takes leave will be guided and supported by staff through the process.

Here are the main steps:

- The treating psychiatrist discusses leave with the client and a support person such as a carer or family member
- The discussion includes the conditions of leave
- The agreed leave time and conditions are documented on the leave plan
- Each client and support person signs out when leave is taken
- The time of return is documented
- Feedback on your experience is shared with staff

Please note:

- In some circumstances it may be necessary to notify the Police if a client does not return at the time specified when the leave is planned. Therefore, if you are running late due to unforeseen circumstances e.g. traffic conditions, please call the unit and notify staff.

What do I do as a client?

Please discuss your leave plan with your contact nurse and ask how to get help if you need it while you are away from the ward.

Sign in and out on the leave register and return by the specified time.

Be aware of and respect all the conditions in the leave plan.

Please note:

Consuming alcohol and the use of illicit substances is not allowed on leave. Your treating psychiatrist may also restrict you from driving whilst admitted to the unit for treatment.

What do I do as a support person?

If you are asked to accompany a client on leave please be aware that there are certain obligations that need to be respected:

- Please be aware of and follow the leave plan
- Discuss the conditions of leave with staff
- Be prepared to call for assistance if necessary
- Return at the agreed time
- When you return, let staff know what the experience was like for the client and yourself. It is important to say what went well and what didn't go well. This will help the doctors understand how the client is progressing.