Clinical handover patient discharge or transfer (Mental Health) Procedure

TARGET AUDIENCE and SETTING

This procedure is applicable to all inpatients within the Mental Health Program when discharged or transferred from Monash Health into the community, or to another health service's subacute or acute inpatient unit.

PURPOSE

This procedure defines the expectation for clinical and clerical staff regarding patient discharge / transfer within the Mental Health Program.

DEFINITIONS

Clinical handover: The transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis. Use the ISBAR format in all handover communication.

PRECAUTIONS/CONTRAINDICATIONS

Precautions:

- Discharge/transfer of care can be associated with an increase in risk, therefore response actions and timeframes must consider and reflect the level of risk identified and mitigate such risks
- Risks may include medical, psychiatric, psychosocial and environmental risks (e.g. patients prescribed Clozapine may be less able to recognise changes in temperature and are at increased risk during extreme weather conditions (see Clozapine procedure)).
- The discharge/transfer of a patient, must be approved by the Consultant
- Patients who are CALD (Culturally and Linguistically Diverse) may require an interpreter to ensure they understand all discharge information
- Involve family/carer and/or Nominated Person in discharge/transfer planning

EQUIPMENT

- Intra-service referral form (MRAD02)
- Electronic Medical Record (EMR) Medical Discharge Summary for the clinical area
- Nursing or Clerical Discharge PowerForms (Early Discharge and Confirmed Discharge)
- EMR Patient Discharge Information
- Computer with access to Client Management Interface (CMI) and iPM

STANDARD REQUIREMENTS

It is expected that staff are familiar with the relevant procedures and know when to undertake each step

- Introduce themselves to the Patient and Family/Carer and/or Nominated Person if in attendance
- Check patient identification. Refer to the Patient Identification Procedure.
- Perform routine hand hygiene. Refer to the Hand Hygiene Procedure.
- Keep the patient and family/carer and/or Nominated Person informed and involve them in decision making.

- Document interaction in the electronic medical record or health record using black pen; including date, time, signature and designation.

PROCEDURE

RESPONSIBILITIES OF DISCHARGING/TRANSFERRING TEAM:

1. When planning transfer of care or discharge the treating clinical staff will:

- Identify patients for transfer or discharge confirming that the Consultant Psychiatrist endorses the plan
- Include the patient, family/carer and/or Nominated Person in discussions regarding the discharge/transfer plan
- In the case of a discharge to a general practitioner, refer to General Practitioner Mental Health Liaison Officer where available or contact general practitioner directly to provide handover
- Identify the appropriate services and initiate contact with the duty worker or other relevant staff regarding the situation and clarify any referral requirements
    - For clients who were not case managed prior to admission, complete the intra-service referral form and ensure sufficient information is available to the receiving team and the patient is eligible for the services being requested
    - Liaise with the accepting service to identify the case manager/primary clinician and to agree follow up arrangements e.g. preparation and presentation at a scheduled Mental Health Tribunal
    - Document the date and time of the accepting service's first planned contact with the patient
    - Record all discussions, decisions, consent and actions either on the Clinical Review Form or in the health record
- Complete and ensure relevant sign off of the Intra-service referral form for internal transfers or Discharge Summary (for external referrals)

2. At point of Transfer/Discharge:

- <u>The medical staff will:</u>
    - Ensure the patients treatment plans including medication, physical health, risks and future treatment are current
    - Ensure that all risks are reviewed, this includes environmental conditions, such as extreme weather forecasts to ensure that the consumer/patient remains safe for discharge/transfer
    - Discuss and communicate with the patient, family/carer and/or Nominated Person and any significant others regarding the transfer/discharge and planned timelines
    - Complete and forward the relevant transfer/discharge documentation to receiving service in a timely manner that maintains consumer/patient service delivery and safety
    - **NOTE:** Patient Clinical Alert information will be automatically pulled into the Medical Discharge Summary (alert title only). Medical staff must curate their Discharge Summary to ensure that alerts of a sensitive nature (e.g. Aggression/Harm to Others, Family Violence, Family Law Court Order) are removed from the document if it is felt that this information may

be detrimental if a patient or family member views their Discharge Summary. This information will however remain the EMR Patient Clinical Alerts information.

- The ANM / CATT / EPS clinician will ensure that:
  - The patients contact details are accurate
  - Where any risks are identified, ensure a review discussion occurs with a consultant or medical officer prior to discharge
  - Communicate any issues or concerns raised regarding transfer/discharge with immediate manager/supervisor for relevant action and/or escalation
  - The patient, family/carers and/or Nominated Person are provided with any key information including follow up plans; service contact details and how to re-access services if required.

3. After discharge/transfer the treating or delegated clinician will:

- Provide documentation to administrative staff to ensure updating of CMI and iPM regarding consumer/patient movements
- Complete discharge outcome measures and forward to administrative staff for entering on CMI
- Where discharge has occurred to an external service provider, make every effort to contact the patient within seven days to complete the post discharge contact and record in medical record/CMI database (see Mental Health Post discharge follow up contact procedure)

RESPONSIBILITIES OF ACCEPTING/RECEIVING TEAM (Monash Health Mental Health Team):

1. On receiving a Referral/Transfer of Care, receiving team will:

- Review the referral and ensure sufficient information is available and the patient is eligible for the services being requested
- As relevant, discuss the referral at clinical review/staff meeting and ensure relevant allocation of resources for service provision e.g. preparation and presentation at a scheduled Mental Health Tribunal
- Communicate to the referring agency/service, name of contact person and expected timelines for service to be provided
- If it is deemed that the referral to the team is not appropriate, the receiving team must ensure necessary care is provided to the patient whilst operational discussions are being held.

2. On commencing care, receiving team will:

- Arrange for assessment processes to be completed within 7 days of referral
- Ensure CMI is updated and completed including admission outcome measures
- Communicate with the patient and family/carer and/or Nominated Person regarding the referral and services to be provided

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For further guidance on commencing care, see Mental Health Community Care and case management procedure

KEY STANDARDS, GUIDELINES OR LEGISLATION

Clinical handover patient discharge procedure

Clozapine procedure

Mental Health Community Care and case management procedure

Clinical handover forms Mental Health implementation tool

Staying healthy in the heat brochure

How to cope and stay safe in extreme heat

Patient Clinical Alerts Procedure

Document Governance	
Supporting Policy	Clinical Communication (Operational)
Executive Sponsor	Chief Operating Officer
Program Responsible	Mental Health Program
Document Author	Mental Health Std 6 Committee
Consumer Review **Yes**	10th September 2020
This Procedure has been endorsed by an EMR Subject Matter Expert (SME)	There are no Order Set or Quick Reference Guides linked

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