



Western Health  
and Social Care Trust

**INTEGRATED ADMISSIONS AND DISCHARGE POLICY  
JULY 2008  
Mental Health and Disability Directorates**

<b>Policy Title</b>	<b>Integrated Admissions and Discharge Policy</b>
<b>Policy Reference Number</b>	<b>AdultMHDS08/001</b>
<b>Implementation Date</b>	<b>July 2008</b>
<b>Review Date</b>	<b>July 2009</b>
<b>Responsible Officer</b>	<b>Mr Trevor Millar, Director of Adult Mental Health and Disability Services</b>

## Table of Contents

### **1.0 INTRODUCTION**

### **2.0 SCOPE**

### **3.0 ADMISSIONS**

- 3.1 General Principles
- 3.2 Exceptions to 3.1
- 3.3 Inpatient Mental Health
- 3.4 Lakeview
- 3.5 Preparation for Arrival and Admission
- 3.6 Receiving Care and Designating Staff
- 3.7 Assessment of Risk and Observation Levels

### **4.0 INFORMATION SHARING WITH OTHER PROFESSIONALS/AGENCIES**

- 4.1 Engaging with Patients/Clients
- 4.2 Engaging with Families/Carers

### **5.0 INPATIENT REVIEW PROCESS**

- 5.1 Regular Review Process
- 5.2 Urgent Review Process

### **6.0 DISCHARGE PLANNING**

- 6.1 Planned/Routine Discharges
- 6.2 Unplanned Discharge

### **7.0 ABSENT WITHOUT LEAVE (AWOL)**

### **8.0 LEAVE**

### **9.0 FOLLOW UP AFTER DISCHARGE**

### **10.0 TRANSFER/ADMISSIONS AND DISCHARGES OUT OF AREA**

### **11.0 ADMISSION AND DISCHARGE OF MOTHER AND BABY**

### **12.0 ADMISSION OF CHILDREN AND YOUNG PERSONS UNDER 18**

**This Policy has been developed with reference to:**

1. The Mental Health (Northern Ireland) Order 1986.
2. The Code of Practice --Mental Health Order (Northern Ireland) 1986.
3. Report of the Inquiry Team (Fenton Report -Brian Doherty) to the Western Health and Social Services Board -1995.
4. Report of the Inquiry Panel (McCleery) to the Eastern Health and Social Services Board- 2006.
5. Report of the Inquiry Panel (McCartan) to the Eastern Health and Social Services Board -2006.
6. Report of the Inquiry Panel (MO'N) to the Western Health & Social Care Trust and The Eastern Health and Social Care Trust - May 207
7. DHSSPSNI 2004 Guidelines 'Discharge from Hospital and the Continuing Care in the Community of People with a Mental Disorder who could Represent a Risk of Serious Physical Harm to Themselves or Others'.
8. Central and North West London Mental Health NHS Trust Admission and Discharge (Within the CPA Framework) Policy 2005
9. The Luton and Dunstable Hospitals NHS Trust Policy for Discharge from Hospital 2005.
10. Hertfordshire Partnership NHS Trust Discharge Policy 2005
11. Manchester Mental Health & Social Care Trust Admission and Discharge Standards to Inpatient Care 2006.
12. Acute in-service user psychiatric care for young people with severe mental illness (Recommendations for commissioners, child and adolescent psychiatrists and general psychiatrists). Council Report CR106 June 2003 Royal College of Psychiatrists.
13. The Human Rights Act 1998.
14. The Northern Ireland Act 1998 (Section 75 Equality Considerations).
15. Safety First (2001) Five-Year Report of The National Confidential Inquiry Into Suicide and Homicide By People with Mental Illness

**NOTE**

As the Western Health and Social Care Trust is still in the process of harmonising the former legacy Trust Policies and Procedures, this policy should be used in conjunction with the existing legacy Trust policies and procedures where applicable, in the interim, until these have been fully harmonised.

**This Policy should be read in conjunction with the following Trust Policies/Procedures/Protocols/Guidelines:**

- Absent Without Leave Policy – follow own Trust legacy policies and Procedures—Western Health and Social Care Trust Policy in development.
- Admission of Children or Young Persons Under 18 To Adult Psychiatric Wards At Tyrone & Fermanagh Hospital, Gransha Hospital and Lakeview Hospital (Draft Protocol).

- Bed management Policy and Procedures – follow own legacy Trust procedures -draft 1 under development.
- Child Protection Policies and Procedures – WACPC guidelines.
- Drug and Alcohol Admission Policy – under development.
- ECR admission policy –follow legacy Trust procedures –policy under development.
- Policy on the Inter hospital transfer of Patients and Their Files --draft July 2008.
- Leave Policy – follow legacy Trust policies and Procedures –Western Health and Social Care Trust Policy under development.
- Loss of Contact Policy – follow legacy Trust procedures Western Health and Social Care Trust Policy under development.
- Mental Health & Disability /Child Care Interface Policy – interim draft protocol (March 2008).
- Mother & Baby Policy – follow legacy Trust policy and Procedures – Western Health and Social Care Trust Policy under development.
- Observation Policy – follow legacy Trust policies—Western Health and Social care Trust Policy under development
- Primary Care Liaison Operational Policy (Mental Health North Sector) – draft 1 June 2007 (under review).
- Personal Search guidelines – follow legacy Trust guidelines—Western Health and Social Care Trust Policy under development.

**Staff should ensure that they are aware of and using the following documents in the application of this policy.**

- Admission & Discharge Checklists
- CTMA form
- Discharge notification form

### **AUDIT PROCESS**

A comprehensive audit process will be applied to the implementation of this policy and the processes outlined within. This process will include both an overarching yearly audit of compliance with the policy and regular local audits of various sections of the policy.

All staff must be aware that the procedures and specific responsibilities outlined within this policy will be subject to audit and as such should ensure that they are familiar with the content of this document.

An initial review of the policy is scheduled for September 2008.

**Equality & Diversity statement**

**The Western Health & Social Care Trust has a positive duty to be proactive and ensure that it provides services and develops policies that are accessible and appropriate to all sections of the community. The development/review of this policy has undergone an Equality Impact Assessment [EIA].**

## **1.0 INTRODUCTION**

Admission to an Adult Mental Health inpatient ward can be a distressing experience for the patient/client and their family. For some it will be their first inpatient admission, and can define their views, expectations and confidence in the services they subsequently receive. Staff should ensure that they are mindful of the needs of these patient/clients, and indeed should endeavour to care for all patient/clients known to the service as if it was their first admission.

Inpatient services at Lakeview Hospital are for both children and adults whose associated learning disability problems require assessment and treatment. All community based treatments must be considered first.

This policy aims to ensure that the experience of the patient/client and their family during admission and discharge is one that is positive, helpful, and therapeutic. The process should always be respectful of the individual's Human Rights and the patient/client's involvement should be sought in all decisions about their care and treatment.

It is important that admission to, and discharge from inpatient facilities is viewed as a single process that enables staff to provide structured and continuous care within this framework. Accordingly, discharge planning should start at the point of admission/referral and continue throughout the patient/client's period of hospitalisation (McCleery 2006).

The Trust is committed to well planned discharge and aftercare for patient/clients, and particularly acknowledges the importance of the DHSSPSNI 2004 Guidelines 'Discharge from Hospital and the Continuing Care in the Community of People with a Mental Disorder who could Represent a Risk of Serious Physical Harm to Themselves or Others'.

## **2.0 SCOPE**

This policy sets out the standards that all mental health/learning disability staff within the Western Health & Social Care Trust are required to comply with in respect of the admission and discharge process.

It applies to all mental health/learning disability patients/clients admitted to and discharged from the various adult mental health/child & adult learning disability inpatient facilities within the Trust, and provides staff with a structured framework for delivering their care.

The development of local procedures/guidance must strictly adhere to the principles and standards set out herein.

### **3.0 ADMISSION**

#### **3.1 General Principles**

Ordinarily patients/clients will receive adequate notification of their impending admission. All patients/clients referred for routine admission should first be given a comprehensive mental health assessment to determine if admission is the most appropriate intervention by the appropriate mental health /learning disability practitioner to determine if admission is required.

- All new inpatients should be seen by the consultant responsible for their care or a senior psychiatrist deputising for him/her within 72 hours of admission, unless the patient/client has been examined by the consultant or senior deputy at an outpatient clinic or in the community in the one/two days prior to admission (Fenton 1995).
- Issues identified should be raised as a matter of urgency to enable appropriate interim measures to be put in place. This includes consideration of arrangements for the welfare of children, frail elderly, vulnerable adults and all others who are dependent/s of the admitted patient/client.
- Where childcare concerns have been raised during the admission process a joint assessment must be prioritised between childcare and mental health/learning disability staff.
- Families/relatives should be involved in the decision-making process and planning for their family members.
- A patient/client presenting for a voluntary planned admission, shall be deemed to be admitted from the time of their arrival on the ward and the admission process has been initiated.
- A patient/client admitted under The Mental Health (NI) Order 1986 is deemed formally admitted when the appropriate forms have been completed.
- Medical staff should be aware of the current bed situation and discuss admissions with the Ward Manager/Nurse in Charge. Where problems of bed allocation cannot be resolved at ward level the relevant service manager should be contacted.
- All staff will need to have knowledge of Mental Health/Learning Disability Advocacy Groups at both admission and discharge to support carers and patients/clients for whom this service may be needed.
- Carers and Users may have specific communication and information needs e.g. interpreting and translation, which could include the need for

both written and verbal forms and for signers. It is important to have specific details as to patient/client /carers needs at the point of the admission.

### **3.2 Exceptions to 3.1**

*Exceptions to this process may take place for example:*

- *Patients/clients may present themselves for admission, in which case he/she should be offered an assessment*
- *The patient/client is referred (out of catchments) through the ECR agreement with the Western Health and Social Services Board.*
- *Transfers of patient/client from other mental health/ learning disability statutory facilities.*
- *Compulsory admissions under Mental Health (Northern Ireland) Order 1986.*
- *GP direct referrals (Although with single point of entry this should not occur)*
- *Patients/clients presenting for admission who appear to be under the influence of alcohol or drugs should be dealt with according to the alcohol admission guidance within the legacy trusts.*
- *Patients/clients under the age of 18 years are ordinarily not admitted to an acute psychiatric ward unless in an emergency. Admission for those patients / clients under the age of 18 years requires agreement with the consultant psychiatrist on duty / sector consultant and is subject to the Draft Protocol – ‘Admission of Children or Young Persons Under 18 To Adult Psychiatric Wards At Tyrone & Fermanagh Hospital, Gransha Hospital and Lakeview Hospital’.*

**3.3 Inpatient Mental Health Services** are for an adult who poses an imminent, significant risk to themselves or others in the context of known or suspected mental disorder and for whom community based treatment is considered unsafe.

**3.4 A Dedicated Children’s Unit exists within Lakeview.** In some cases, after considering compatibility issues, it may be deemed more appropriate to care for some 16-18 year olds in an adult ward. When this occurs the patient/client is subject to the Draft Protocol – “Admission of Children or Young Persons Under 18 to Adult Psychiatric Wards At Tyrone and Fermanagh Hospital, Gransha Hospital and Lakeview Hospital”.

The Lakeview “Protocol for Reporting Under 18 Admissions to Adult Wards Within Lakeview” must also be followed.

### 3.5 Preparation for Arrival and Admission

- It is the responsibility of the referring Mental Health/Learning Disability staff/agent to inform the ward of all intended admissions to enable the ward staff to prepare for the patient’s/client’s arrival.
- Patients /clients known to the Trust must have their records forwarded to the ward prior to/on admission, and if this is not possible the most recent assessment, including a risk assessment **MUST** be passed to the ward prior to/on admission.
- Community Mental Health/Learning Disability staff caring for known patients/clients must relay, to the admitting staff, all details of the pre-admission assessment including, identified needs, risks and information regarding the provision of care for any identified dependents.

### 3.6 Receiving Care and Designating Staff

- The admitting nurse will initiate the admission process and inform the admitting doctor of the patient/client’s arrival to the ward.
- Each patient/client should receive a comprehensive joint assessment by nursing and medical staff which includes:
  - A thorough mental state examination
  - A full nursing assessment – (Learning Disability specific)
  - A full assessment of risk and establishment of observation levels
  - A physical examination

(MO’N-2007)

- Anyone being admitted should have their joint assessment initiated within one hour of arrival in the unit.
- Nursing assistant will check and list details of all patient/client property.
- A clear explanation of the clinical need to remove items considered to be dangerous must be given to the patient/client, and all dangerous/potentially dangerous items must be stored away safely.
- A personal search will be undertaken if the risk assessment indicates that it is necessary.
- The Nurse in Charge will delegate a ‘Named Nurse/Primary Nurse’ on admission. It is preferable where possible that the admitting nurse will be the patient’s/client’s ‘Named Nurse/Primary Nurse’ throughout the period of hospitalisation.
- The Nurse in Charge must ensure that in identifying a Named Nurse/Primary Nurse that the staff member will be available for duty within the following 24 hours.

### 3.7 Assessment of Risk & Observation Levels

- It is the responsibility of the admitting doctor to ensure that all relevant background information from the referring GP/ hospital /referrer and collateral information from the patient's/client's family, as far as is practical, is available on the day of admission.
- On admission it is important that information is obtained from those involved in the admission, including accompanying family/carers/relatives, police, ambulance staff and/or other professionals (McCleery 2006).
- All documentation received at admission must be recorded appropriately throughout the admission process. This will include any documentation from professionals pertaining to the patient's/clients' mental health/learning disability and risk assessments.
- All patients/clients must receive an initial risk assessment as part of the admission process. A joint risk assessment and risk management plan, prescribing the agreed level of observation necessary and when this plan should be reviewed must be agreed and recorded appropriately. (McCleery 2006).
- The Admitting Nurse and Doctor are responsible for ensuring that the immediate short-term management plan (24/48 hour plan) has been agreed, recorded and communicated. This must include consideration of the care arrangements for any dependents identified
- Any information exchanged must be in accordance with the relevant legislative requirements.
- It is particularly important that all relevant details are obtained from police when they are involved in an admission, including previous instances of aggression or violence and time of admission must be recorded on the admission forms. (McCleery 2006).
- Family/carers should be engaged appropriately when gathering information to inform the assessment process, and should be given opportunity to express and/or discuss any concerns they may have. Where a patient/client is accompanied by a relative or carer, a collateral history should be obtained (MO'N 2007)

### 4.0 INFORMATION SHARING WITH OTHER PROFESSIONALS/AGENCIES

- It is the responsibility of the 'Named Nurse/Primary Nurse' to ensure that members of the multidisciplinary team involved with the patient/client's care are informed of the admission. The following people **MUST** be contacted:
  - Key worker

- Registered GP
- Family and child Care Service (as appropriate)
- Private counsellors and other agencies external to the Trust (as appropriate and with the expressed permission of the patient/client)

In the following circumstances mental health / learning disability staff have a statutory duty to contact a patient/client's Nearest Relative irrespective of the patient's/client's wishes:

- Concerns for the welfare of a child, under the Children (Northern Ireland) Order 1995
- Concerns for the welfare of a vulnerable adult, under Safeguarding Vulnerable Adults Regional Adult Protection Policy & Procedural Guidance, 2006.
- The patient/client's Nearest Relative and/or Next of Kin may be informed against their wishes if they have been involved in a Serious Adverse Incident (SAI) as per the Trust's SAI Policy.
- It is the responsibility of the Approved Social Worker to inform the nearest relative when a patient/client is detained under the Mental Health (NI) Order 1986

#### **4.1 : Engaging With Patient/Clients**

##### ***General principles***

- As much information as possible should be communicated to patient/client regarding their mental health/learning disability, their treatment and their care on the ward.
- The patient/client should be involved in decisions about when, where and with whom information about them is going to be shared and used. It may not be possible to do this if the patient is unwell but a review of their ability to engage and understand must be held under constant review.
- A proper balance must be struck between protecting children and respecting the rights and needs of parents and families, but ***where there is conflict the child's interests are paramount.***

***“The child's welfare is paramount and must override all other considerations” (Co operating to Safeguard Children, section 1.13 & MO'N 2007)***

## 4.2 Engaging with Families and Carers

### *General Principles*

**“Parents /carers have a right to respect and should be consulted with and involved in matters concerning their families (“Co operating to Safeguard Children-section 1.13).**

- The identification of family, carers and significant others, and the level of their involvement must be guided by the wishes of the patient/client and should be routinely reviewed. Family members and ‘Next of Kin’ and Nearest Relative should be clearly identified and recorded in-patient’s/client’s assessments.
- Refusal of consent by the patient/client to inform and involve family/carers must be clearly documented and a multi disciplinary discussion should take place to consider the appropriateness of the refusal of consent to share information.
- On occasion this refusal may be overridden to protect the safety of the patient/client or others. For example: concerns for the welfare of a child, a vulnerable adult or the patient’s own safety will take precedence over confidentiality.
- Staff should be supportive to family/carers in situations where a patient/client admitted for inpatient care has expressed their wish that they do not want their family/carer involved in their care.
- The appropriate Hospital Information/ward booklet should be given to the patient/client and carer/family ensuring that all patients/clients and their family/carers are aware of ward systems including meal times, visiting hours, medication etc.
- Patients/clients and their family/carers should be informed of the allocated ‘Named Nurse/Primary Nurse’ and the Responsible Medical Officer (RMO) involved in the patient’s /client’s care while in hospital. At the earliest opportunity the name of the identified key worker, if required post discharge, should be communicated to the patient/client.

## 5.0 INPATIENT REVIEW PROCESS

### 5.1 Regular Review Process

- Ongoing /regular review must take place within a multi disciplinary context and the existing care plan reviewed to take account of any identified emerging needs. The care plan must be amended accordingly.
- Family/carer should be invited to the initial multi disciplinary meeting after admission to ensure their involvement in and participation in the planning of treatment and care for their relative. If consent has not been given for

their involvement consultation should still take place to gather all available and necessary collateral information.

- One to one contact with the consultant must take place weekly. (Fenton 1995)
- Daily contact by named nurse/primary nurse /team nurse should be established and recorded appropriately. This contact must be of a therapeutic nature.
- Community mental health learning disability staff are required to remain actively involved with the patient/client during their admission to hospital.
- Community mental health / learning disability staff should attend the first multidisciplinary team meeting following admission in order to ensure relevant information is available to inform the assessment process and development of the care plan.
- If community mental health/learning disability staff are unable to attend, they **MUST** ensure a written report/update is made available for all multidisciplinary team meetings. (McCleery 2006).

## **5.2 Urgent Review Process**

On occasions some patients/clients may need to be reviewed urgently. This review should take place within a multi disciplinary context

## **6.0 DISCHARGE PLANNING**

**Irrespective of a whether the discharge is planned or unplanned the following principles must be applied to all discharge planning:**

- Consideration must be given to carer's involvement in the discharge planning process
- Multi disciplinary team input.
- Identified proposed date of discharge.
- A clear discharge pathway agreed with professionals/services named in the plan.
- All professionals/agencies included in the discharge plan must be informed of the proposed date of discharge, the date of the discharge-planning meeting, and formally invited to the meeting.
- Family /carer should be formally invited to attend the discharge planning meeting.
- Discharge and leave destinations, where possible, must be recorded.
- A contingency and crisis plan should be agreed with the patient/client's carers and recorded in the discharge plan.
- Where an assessment carried out during the admission process has identified concerns regarding childcare this must be used to inform the discharge plan.
- Discharge planning should start at the point of admission.
- Effective discharge planning requires coordination and the dedicated time of all disciplines/services involved in caring for the patient/client. This enables the patient/client to have a timely and effective transition from inpatient care to the community.

- On discharge the care team should agree any follow-up arrangements required. Premature discharge should be discussed by the relevant team the following day and any follow up action identified and recorded.
- Community mental health/learning disability staff are required to participate in the discharge planning for individual patient/client back into the community. This will include attending discharge planning meetings and arranging to see the patient/client prior to discharge.
- A care plan which takes account of requirements to enable a safe and timely discharge from hospital should be developed in consultation with the patient/client and their family/carer (with the patient/client's consent) and agreed by the multidisciplinary team.

### **6.1 Planned / Routine Discharges**

- Routine discharges will take place on an ongoing basis following a comprehensive multi disciplinary discharge planning meeting.
- Patients/clients who do not represent a serious risk of harm to themselves or others will be discharged as part of this process and appropriate arrangements made to ensure they continue to receive the required support and services indicated.
- It is important to identify support needs for single people at the pre - discharge planning meeting, especially where there is no carer or family support
- Patient/clients discharged subject to the 2004 Discharge Guidelines will be subject to specific care arrangements as indicated within the DHSSPS guidance.
- The 2004 Discharge Guidance will also apply to appropriate patients on discharge by the Tribunal.

### **Discharges Under the Mental Health (NI) Order 1986**

- Patients detained under the Mental Health (Northern Ireland) Order 1986 have the right to have their detention reviewed, at specified intervals, by a Mental Health Review Tribunal.
- The Tribunal must discharge the patient/client if the statutory criteria specified in Article 77 of the Order are met, and has discretion to discharge patients in other cases.
- If the patient/client is subject to a restriction order the Tribunal may direct that he or she is discharged subject to any conditions which the Tribunal may specify.
- Where a patient/client is to appear before a Tribunal, the possibility of discharge must be recognised and an assessment and care management process in place so that arrangements for the patient/client's community care can be put into effect without delay.

### **6.2 Unplanned Discharge**

Individual voluntary inpatients on occasions may indicate that they wish to discharge themselves prematurely and contrary to medical advice (CTMA) or absent themselves from the ward (AWOL). It is noted that patients/clients who

discharge themselves against advice may still require and accept aftercare. They will be offered the same level of service and follow up as any other discharged patient/client.

- If by discharging him/herself the patient/client could potentially be at risk then the associated risks of self discharge must be explained to the patient/client and staff should endeavour to persuade the patient/client to stay.
- All potential discharges contrary to medical advice should be discussed with the consultant psychiatrist responsible for their care or a senior deputy, prior to discharge (Fenton 1995).
- If the patient/client is insistent that they are going to proceed with their self discharge, then the relevant duty doctor should be contacted by nursing staff and informed of the situation and any identified risk(s).
- The duty doctor should, if possible, see the patient/client, explain the potential detrimental effect of proceeding against medical advice and immediately inform the patient's /client's registered GP/Out of Hours GP service by telephone if he/she discharges themselves CTMA.
- In all instances where a patient/client is discharging him or herself CTMA, consideration should be given to the desirability of using powers to detain for assessment (Fenton 1995).
- If the patient/client is assessed as representing a significant risk to themselves or others, consideration should be given to the application of the Nurses Holding Power (Form 6, if a doctor is not immediately or imminently available), or where the doctor is available to the application of Form 5 for the detention of a voluntary patient/client already in hospital.
- In situations where staff are unable to detain a patient/client (under the terms of the MH (NI) Order 1986 who has been deemed to be at serious risk of physical harm to themselves or others, then a care plan should be agreed, under the DOH Guidance May 2004.
- If the patient/client proceeds with their discharge CTMA they will be asked to sign a CTMA form, which should be filed in the clinical case notes. The reason given by the patient/client for taking his/her own discharge should be documented in the case notes.
- "There should be a recorded review of all patient/clients, who discharge themselves CTMA, at the next multi disciplinary meeting in order to formulate an aftercare plan and liaise with the relevant community services, where appropriate" (Fenton 1995).
- The Primary Nurse should discuss the case with the relevant SHO/Consultant and advise the patient/client of these arrangements. This should include any additional arrangements arising if the patient/client discharges themselves outside the routine working hours of services.
- The Primary Nurse will be responsible for making any necessary arrangements for follow-up, including forwarding information to and informing the following parties of the discharge:
  - Key worker within the community teams (Mental Health & Learning Disability)
  - Next of Kin/Carer

- Named Carer or significant other/s
- Registered GP will be informed by fax using the prescribed form
- A full record of proceedings, including the advice given to the patient/client should be recorded in the patient/client's multi disciplinary notes. All patient/clients who discharge themselves CTMA will be offered an early follow up outpatient appointment. (Fenton 1995)

## **7.0 ABSENT WITHOUT LEAVE (AWOL)**

The circumstances by which a patient may be missing from hospital without first discussing his or her absence with staff may be varied.

- A voluntary patient may lawfully leave hospital anytime he or she wishes, however it would be desirable that they discuss this with staff in the first instance. Concern would be expressed however if the patient lacked mental capacity or there were concerns that the patient represented a significant risk of harm to himself or others.
- A patient detained under the Mental Health (Northern Ireland) Order 1986 can only lawfully be outside hospital premises with the authorisation/permission of the Responsible Medical Officer (RMO), or his/her delegate. The RMO is "the doctor, appointed for the purpose of Part II of the Order by the Mental Health Commission, who is in charge of the assessment or treatment of the patient under the Mental Health (Northern Ireland) Order 1986.

There are different processes for dealing with AWOL voluntary patients and those detained under the Mental Health (Northern Ireland) Order 1986. Reference should be made to AWOL Policy.

## **8.0 LEAVE**

- Leave of absence from the ward or unit is often used as an adjunct to the discharge process. Given that the patient/client is not yet ready for discharge it must be assumed that the patient/client still has needs which cannot be met fully in the community.
- It follows that all periods of leave including overnight stays must be planned, recorded and reviewed.
- All leave must be authorised by the consultant or delegated professional or via a Multi-disciplinary discussion and decision.

## **9.0 FOLLOW UP AFTER DISCHARGE**

- It is the responsibility of medical staff endorsing discharge to ensure that a written discharge communication is completed and forwarded to the patient's General Practitioner at the point of discharge.
- This notification will be faxed to the GP at the point of discharge.

- Confirmation of receipt of the notification should be sought by the sender.
- A discharge summary letter should be completed by the relevant medical staff within one week of the patient/client's discharge and forwarded to the GP.

## **10.0 TRANSFER/ADMISSIONS AND DISCHARGES OUT OF AREA**

In the context of this policy, the term 'transfer' relates to the transfer of a patient/client and their records:

- between the various Trust psychiatric /learning disability inpatient facilities
- between a Trust general hospital and Trust psychiatric/learning disability facility
- to another Trust facility

Patient/clients are occasionally admitted from outside the catchment area of this Trust on an emergency basis. Arrangements should be made for the return of these patient/clients to their respective Trust as soon as practicably possible.

If a patient/client is transferred to another Trust (out of catchment – ECR), they will be considered discharged from the referring Trusts care upon their arrival and acceptance by the receiving unit.

### **Western Health and Social Care Trust Policy on Inter hospital Transfer of Patients and Their files –draft August 2008 should be followed.**

The referring unit remains responsible for the provision of care until the patient/client being transferred arrives and is accepted by the receiving unit.

- Before transport is ordered the consultant's team transferring the patient/client must have made arrangements for transfer and acceptance with the receiving consultant's team. Agreement to transfer the patient/client should be documented.
- The responsibility for transfer rests with the consultant in charge of the patient/client's care.
- All patient/client records and information transferred between organisations must be treated confidentially as governed by the Data Protection Act 1998.
- The accepting service has a responsibility to ensure the appropriate arrangements are made prior to the discharge in cases where the patient/client has been deemed to be at significant risk.
- Where possible the accepting multidisciplinary team should be involved in planning aftercare and as a minimum standard all relevant information should be available to the accepting team at the time of discharge

- The admitting nurse should ensure that all relevant information is obtained where available on admission, or make arrangements to obtain this information as soon as possible after admission.

### **11.0 ADMISSION AND DISCHARGE OF MOTHER AND BABY**

The decision to admit a mother subsequent to the birth of her child requires careful consideration of the clinical indications for accompaniment by the baby.

Where it has been assessed by the relevant consultant psychiatrist as clinically indicated, suitable arrangements should be made in consultation with the woman's spouse/partner and family.

### **12.0 ADMISSION OF CHILDREN AND YOUNG PERSONS UNDER 18**

Children and young people requiring inpatient hospital care for their mental illness/learning disability should be treated in specialist child and adolescent mental health units, (Children's National Service Framework 2003).

It is acknowledged, however, that there are insufficient numbers of specialist beds for young people and this often results in inappropriate admission to adult beds, (Audit Commission 1999 and the Royal College of Psychiatrists Council Report 2002).

**“All practicable steps should be taken to avoid the need to admit adolescents to adult units” (McCartan 2006).**

Patients/clients under the age of 18 years are ordinarily not admitted to an acute psychiatric ward unless in an emergency.

Admissions are subject to the referral pathway, Medical responsibility and criteria for admission set out in the Draft Protocol – ‘Admission of Children or Young Persons Under 18 To Adult Psychiatric Wards At Tyrone & Fermanagh Hospital, Gransha Hospital and Lakeview Hospital’.

### **LEARNING DISABILITY**

A dedicated Children's Unit exists within Lakeview. Patient/clients under the age of 18 are admitted to the Unit. In some cases, after considering compatibility issues, it may be deemed more appropriate to care for some 16-18 year olds in an adult ward. When this occurs the Patient/client is subject to the Draft Protocol – “Admission of Children or Young Persons Under 18 to Adult Psychiatric Wards at Tyrone and Fermanagh Hospital, Gransha Hospital and Lakeview Hospital”. The “Protocol for Reporting Under 18 Admissions to Adult Wards Within Lakeview” must also be followed.