

# ADMITTED PATIENT LEAVE POLICY®

## DOCUMENT SUMMARY/KEY POINTS

- Admitted Patient Leave is:
  - Also referred to as 'gate-pass' or 'gate-leave' and is defined as temporary absence from Sydney Children's' Hospitals Network (SCHN) with the intent to return for further treatment.
  - Managed by the Patient Flow Unit (or AHNM after-hours) in consultation with the treating team.
  - All types of leave granted from SCHN Mental Health Inpatient Units, must have written approval from the designated treating doctor and be granted in accordance with the conditions set out in NSW Policy Documents, Discharge Planning and Transfer of Care for Consumers of NSW Mental Health Services and in respect of their prescribed levels of observation as defined in Engagement and Observation in Mental Health Units: <http://webapps.schn.health.nsw.gov.au/epolicy/policy/4285>
- Admitted patient leave at SCHN is generally permitted **if** the period of leave does **not exceed 48 hours**. Refer to the [Procedure](#) and/or the flow chart for more information.
- The *exception* to this is involuntary patients under the Mental Health Act 2007 who may require extended leave pending a Mental Health Review Tribunal Hearing. In this instance, the leave bed should be used by another patient.
- Other patients absent from SCHN for longer periods (>48 hours) should be discharged and will need to be re-admitted if treatment is to be continued.
- Patients returning <72hours do not require a full medical and nursing admission.
- **Day Escorted Leave:** Refers to patients admitted under psychiatry who have brief period of leave supervised by clinical staff.
- **DAY admitted patient leave** is available for patients requiring time away from the hospital (e.g. for treatment at another facility) and *returning the same day*. Patient Flow Unit should be notified of day admitted patient leave.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> March 2020	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Manager	<b>Area/Dept:</b> Patient Flow unit [CHW & SCH]

- **OVERNIGHT admitted patient leave** must be part of an agreed 'best practice program'. Patient Flow Unit should provide authorisation for overnight admitted patient leave.
- Document in the patient's medical record the admitted patient leave notification or authorisation and expected date and time of return. All day and overnight leave granted from SCHN mental health units must have a documented leave plan that is shared with young person and their families/carers.
- All patients using 'gate-pass' must always be recorded in the Patient Management System (PMS) as 'admitted patient leave' and select Day or Overnight.
- When the patient returns, update PMS as 'returned from leave' and document the return in the patient's medical record

## CHANGE SUMMARY

- Policy review, minimal changes.
- 27/4/20: Minor review. Additions related to patients admitted to SCHN mental health units in accordance with NSW Policy Update ; Discharge planning and transfer of care for mental health consumers

## READ ACKNOWLEDGEMENT

- All clinical managers should read this policy.
- Patient Administration Officers should read and acknowledge they understand the contents of this policy.
- All Clinical staff working in SCHN mental health units

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## Preamble

The Sydney Children's Hospitals Network (SCHN) provides tertiary level services to the children of NSW as well as local services to patients living within its catchment area. The services are used by current inpatients, outpatients and patients who are awaiting further care (e.g. from ED).

On occasion, it may be necessary to consider admitted patient leave from the hospital for a short period of time as part of the patient care plan (instead of discharging and arranging a booked readmission a few days later). Consideration for admitted patient leave should only be done if it is consistent with best practice and if it is possible to do in a safe manner.

However, admitted patient leave may directly impact episode funding [[NSW Health PD2008\\_063](#)] and therefore it must be recorded accurately in order to:

- Calculate occupied bed days (which excludes leave) and
- Identify the "real" length of stay (i.e. the period of resource usage) for an episode of care [by deducting leave days from the "calculated" length of stay (the period between admission and separation) for that episode].
- Analyse costs per patient and for planning.

The period of leave affects admission and separation rates, particularly for long stay patients who may have several leave periods.

## Types of Admitted Patient Leave

Admitted Patient Leave is also referred to as 'gate-pass' or 'gate-leave' and is defined as temporary absence from SCHN with the intent to return for further treatment. Admitted patient leave is managed by the Patient Flow Unit (or After Hours Nurse Manager [AHNM] if after hours) in consultation with the Treating Team.

### ***Day admitted patient leave***

Day admitted patient leave (day gate-pass) is leave **occurring during the day** for either treatment at another facility or for defined recreation and returning the same day. Day gate-pass patients should be placed on leave for the period they are out of the ward. Examples of these include, but are not limited to: patients requiring PET scan, EPS study, radiotherapy and dental treatment.

### ***Overnight admitted patient leave***

Overnight admitted patient leave (overnight gate-pass) is used when an absence from the hospital is required for one or two nights. It is used as part of an agreed 'best practice program'. The following areas have recognised programs requiring overnight patient leave for best patient care:

- Eating Disorder patients
- Rehabilitation Patients
- Long term or complex patients

- Mental Health Patients for more information, **at CHW** refer to the Children and Adolescents with [Mental Health Problems Requiring Inpatient Care – Hall Ward](#) guideline and **at SCH** refer to [Admission to Mental Health \(Saunders\) Unit](#).

## Policy

SCHN must ensure that every available bed is open and ready for patient use but recognises temporary absence from a ward or unit is necessary periodically for treatment or transition purposes.

- **Escorted Leave (Mental Health Units only):** Young person granted leave in the company of staff from the Unit. Escorted Leave is an opportunity to assess how a patient manages away from the unit, to build rapport with the clinical staff, practice skills to prepare them for discharge as well as to assess the patient's readiness for discharge.
- **Day admitted patient leave** is permitted, however the leave must be documented in Patient Management System (PMS) and Patient Flow Unit (or AHNM if after-hours) should be notified by the Treating Team.
- **Overnight admitted patient leave** is generally permitted **if** the period of leave does **not exceed 48 hours**. Requests for overnight gate-pass must be authorised by Patient Flow Unit (or AHNM if after-hours) and documented in PMS. Refer to the below [Procedure](#) and/or the [Flowchart](#) for more information.
  - The *exception* to this is involuntary patients under the Mental Health Act 2007 who may require extended leave pending a Mental Health Review Tribunal Hearing. In this instance, Patient Flow should be made aware of the situation. The leave bed may be used by another patient whilst awaiting the hearing.
- All other patients absent from SCHN for longer periods (i.e. ≥48 hours) must be discharged and re-admitted if treatment is to be continued.

## Procedure – Non Mental Health patients

(Refer to flow chart below)

### Preparing for admitted patient leave

When a patient has been identified as clinically eligible for admitted patient leave:

- Parents/carers are to be advised that no guarantee can be given that the child will return to the same bed space or ward on their return to SCHN.
- The Treating Team must document in the patient notes if the leave is 'day gate-pass' or 'overnight gate-pass'.

The **Treating Team must contact Patient Flow Unit** (or AHNM) **to notify of the leave** (day or overnight gate-pass) and to request authorisation of the leave if the leave is overnight. In

the instance when authorisation is not obtained and *overnight* gate-pass is required, the patient should be discharged and re-admitted if treatment is to continue.

## Prior to leaving SCHN grounds

A parent/carer must complete a Patient leave Form.

The Patient Leave Form must be witnessed by nursing or medical staff and then placed on the front of the patients notes when the patient commences the leave.

Document in the patient's medical record:

- i. the patient has gone on leave and
- ii. notify Patient Flow Unit (if Day leave) or authorisation by Patient Flow Unit [or AHNM] if overnight leave.

Document in Patient Management System (PMS) the type of leave (day or overnight).

## Returning from leave

Document "returned from leave" in PMS.

Document in the patient's medical record the child has returned from leave.

# PROCEDURE – Mental Health Units

## Preparing for leave

- MDT discussion involving consumer, their family/carers which considers the young person's status under the Mental Health Act, current risk assessment and goals of leave.
- Medical Officer MUST document in the patient's medical file the type of leave, amount of leave approved, any restrictions whilst on leave, and anything specific to their management plan.
- Applications for Overnight Leave must be submitted by NUM and granted by Patient Flow Unit (in hours) and the AHNM (after Hours).
- For day or overnight leave carers and patients will be provided with a written leave plan which clearly sets out:
  - Purpose of leave
  - Departure and return times
  - Medication and supervision requirements
  - Guidance on measures to manage risks during leave
  - Contact details for the inpatient unit
  - Arrangements for crisis support
  - Any restrictions on the consumer's activities and agreed responsibilities

## Prior to leaving the unit

- Ensure approval from the Nurse in Charge, confirming plan agreed at MDT and documented by an authorised medical officer
- Ensure consent form signed by carers
- Consider the purpose of leave (e.g. medical or therapeutic)
- Consider the patient's observation care level (therapeutic supervision level)
- Consider the patient's mental health status (Involuntary/Voluntary/Guardianship)
- Review current risk assessment

### Escorted Leave:

The purpose and plan for leave which has involved a risk assessment of intended destination is agreed.

1. Assess your nurse to patient ratio staffing levels both for facilitating leave and maintaining safe ratios on the unit
  - i. 1-4 patients (2 staff minimum)
  - ii. 5-8 patients (3 staff minimum)
- Document in the patient's medical record what clothing the patient is wearing, which clinical staff members are accompanying the patient on leave, intended time due back to the unit and intended destination
- Responsibility of staff escorting a patient or patients to have a fully charged mobile phone on their person throughout leave
- If a patient absconds whilst on leave follow the process for 'Missing or Absconding Mental Health Patients'  
<http://webapps.schn.health.nsw.gov.au/epolicy/policy/3835/download>
- If a patient becomes distressed whilst on leave the group, should return to the ward as soon as safely possible

### Day and Overnight Leave:

- Young person and their family /carers are provided with written copy of leave plan as set out above. Same reviewed with them prior to departure.
- Time of departure documented on progress notes.
- Ensure contact details of young person and their parent /carers are up to date.

## Returning from leave

- Inform the Nurse in Charge of return
- Document in the patient's medical record time of return, for escorted leave staff should document how leave progressed and if goals achieved. For day or overnight leave staff should provide the young person and their family/carer an opportunity to share their experiences of leave and document same.
- In keeping with principles of least restrictive practice patient's returning from escorted patient leave DO NOT need to be searched on return to the unit (unless a significant risk has presented itself), in which please refer to the [SCHN 'Search' Practice Guideline 2017](#):

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## Admitted Non Mental Health Patient Leave (Gate-pass) Flow Chart

