## Area Policy Directive Cover Sheet

<table>
<thead>
<tr>
<th><strong>NAME OF DOCUMENT</strong></th>
<th>Leave of absence-patients from hospital</th>
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</thead>
<tbody>
<tr>
<td><strong>TYPE OF DOCUMENT</strong></td>
<td>Area Patient Administration Services Policy Directive</td>
</tr>
<tr>
<td><strong>NUMBER</strong></td>
<td>Area PD 050</td>
</tr>
<tr>
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<tr>
<td><strong>FUNCTIONAL GROUP</strong></td>
<td>Corporate and Clinical Governance, Clinical Operations, Corporate Services and Nursing and Midwifery Services.</td>
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<tr>
<td><strong>SUMMARY</strong></td>
<td>To provide a standard method for the management of inpatients on leave of absence from Hospitals in the South Eastern Sydney Area Health Service.</td>
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1. **PURPOSE & SCOPE**

To provide a standard method for the management of inpatients on leave of absence from Hospitals in the South Eastern Sydney Area Health Service.

2. **RESPONSIBILITIES**

- Treating Clinician for Development of Treatment Plan for Planned Patient Leave, with the signed agreement of the patient/carer, giving approval for social leave, extending leave, discharging patient while on leave.
- Ward Staff for timely data entry, monitoring and reporting overstaying of leave, filing Treatment Plan in Medical Record, making any necessary notation in the record.

3. **REFERENCES**

- NSW Health Department “*Patient Matters Manual for Health Service Areas*” Chapter 15 Nursing, 15.12 Leave of Absence of Patients from Hospital
- NSW Health Department “*Inpatient Statistics Collection Terminology*”

4. **DEFINITIONS**

- **Patient Leave** refers to a temporary interruption to the time an admitted patient spends inside the hospital, without compromising their status as an inpatient of that hospital. Depending on the type of patient leave may be approved for a few hours or up to seven days.

- **Absent without Leave (AWOL).** The length of time of absent of a patient who has left the hospital without notification.

- **Carer.** The person responsible for the care of the patient while on leave. In the case of minors, this person is also the legal guardian.

- **Collaborative Care (Contract) Leave** refers to a patient being absent from one the hospital while being treated and admitted at another hospital with a planned return within a calendar day.

- **Discharged while on leave.** The completion of a patient’s treatment while on leave or a decision to discontinue treatment by the patient.

- **Fee.** Charges made to a patient while in hospital.

- **Medical Record** the records of all care provided to a patient

- **Patient Administration System** the used for the tracking of patients, beds, and medical records in the South Eastern Sydney & Illawarra Area Health Service

- **Other clinician** primarily responsible for care refers to a case manager or team leader where care is carried out by a multidisciplinary team as occurs in Aged Care.
5. PROCEDURE

5.1 Principles

• Patients may, with the approval of their treating clinician, be allowed to spend limited time outside of the hospital environment.

• For some categories of patients leave may be included in the planned care of the patient. E.g. to check whether the patient can live outside of the hospital environment prior to formal discharge, or to check whether the patient’s carers can cope with the patient outside of the hospital environment.

• Where patients have leave this should be documented.

• Where a patient goes on ‘social’ leave the patient/ carer, or guardian in the case of a minor, should have the risks explained, and what action to take in the event of an adverse event explained to them, and sign an informed consent form to this effect.

• Where a patient goes on ‘Planned Care Related Leave’, the patient/guardian should give written consent to the treatment plan in place for that leave.

Does not apply to patients sent to other hospitals for treatment, which does not require an admission at that hospital.
5.2 Types of Leave

There are five broad categories of leave:

- **Social Leave.** Patients being permitted to leave the hospital for short periods to attend social or other events such as family celebrations or a celebratory dinner with a partner after the birth of a child.

- **Respite Leave.** Long-term patients being permitted to go on outings or go home for periods of time. E.g. Palliative Care or paediatric patients going home at weekend, Maintenance Care patients going on bus trips

- **Planned Care Related Leave** - Patients being sent home with supports, to test their ability to cope outside of the hospital setting, or the ability of their carers to cope, prior to a decision being made on discharge.

- **Collaborative (Contract) Care Leave** When a patient is admitted to a hospital (Hospital A) but transferred to another hospital (Hospital B) for a service under a contract between the two hospitals, the patient should remain admitted at Hospital A, but recorded as being on leave until the time he/she returns to the Hospital.

- **Absent without Leave (AWOL)** The length of time of absent of a patient who has left the hospital without notification.

5.3 Approval of Leave

5.3.1 Social and Respite Leave

1. Social and Respite Leave can be granted only on the documented approval of the patient’s attending medical practitioner.

2. The Patient should be advised of any possible deleterious effect leave might have Documentation should include:
   - Details of the request
   - The time leave is to commence and the time the patient is expected back in the Hospital
   - That any risks associated with the leave have been explained to the patient/carer
   - What action should be taken to ameliorate or meet those risks
   - The signature of the attending medical practitioner indicating approval of the leave and that advice has been given
   - The signature of the patient/carer indicating that the risks have been understood and accepted.

5.3.2 Planned Care Related Leave

1. There should be a Documented Treatment Plan for all Planned Care Related Leave.

2. The Treatment Plan should be agreed between the patient’s attending medical practitioner or other clinician with primary responsible for care and the patient/carer and signed by both

3. The Treatment Plan should include:
5.2.3 **Collaborative (Contract) Care Leave** - Requires a formal admission process admission at the hospital carrying out the contracted care.

5.4 **Duration of Leave**

1. **Residential Aged Care Patients** occupying a Residential Aged Care Bed have no limit to the leave which may be given as they are not included as ‘admitted patients’. At a Multi Purpose Service Facility a Residential Aged Care client may be registered as occupying a designated residential aged care bed and admitted as an inpatient in receipt of Acute care at the same time. This would occur in circumstances where the Residential Aged Care client required acute care (e.g. following a stroke). In such circumstances unlimited leave days could be occur for the registration of the client in the record where he/she is attached to the designated residential aged care bed.

2. **Collaborative Care Leave Extends** to the length of time of care at the hospital providing the contracted leave. Leave must occur in the same calendar day and the patient must be formally admitted at the contracted hospital.

3. **Other Patients** - have a limit of 7 consecutive leave days in any one episode of care. *Leave extending beyond these limits* requires the patient to be discharged and readmitted.

5.5 **Documentation**

1. Copies of Leave Form or Treatment Plan are filed in the Medical Record and given to the patient/carer.

2. The date and time of going on leave and the date and time of anticipated return from leave is entered in the Patient Administration System.

3. In case of an AWOL patient a notation should be made in the Medical Record including the date and time of the absence of the patient being noticed. The patient should be entered on the Patient Administration System as being on unauthorized leave together with the date and time that the absence was first noted.

5.6 **Fees**

1. **Leave less than 24 Hours**. Chargeable patients who return in less than 24 hours are charged for the day.

2. **Residential Aged Care** clients must be billed an accommodation charge if they wish to return to that bed after a leave period (e.g. a leave period for Admitted Patient Acute Care, or holiday with relatives). With respect to Nursing homes, fees can be charged for the first four days.
3. **Other Leave over 24 hours Fees** are not to be charged for the period on leave.

### 5.7 Return from Leave

**1 Return as Planned** - On return the date and time of return should be entered in the Medical Record, the Patient Administration System, and if applicable the SCI MHOAT system.

**2 Leave is Exceeded** If the patient does not return on the planned date and the patient has advised the hospital:
- Discharge the patient on the leave expiry date or date of notification by the patient (whichever is earlier)
- If the patient has ignored medical advice to the contrary the discharge should recorded as a self – discharge and the patient has not contacted the hospital:

  The patient should be contacted by a clinician
  - If agreement is reached to extend leave, within the permissible limits, extend the return from leave date
  - If no agreement is reached, discharge the patient as a “self-discharge” at the date of notification.

### 3 Discharged While on Planned Leave
If the Planned Leave is successful the patient may be discharged whilst on leave.

### 4 Discharged while on Collaborative Care Leave
- If a patient is discharged from the hospital contracted to provide care, that hospital should notify the referring hospital
- The referring Hospital should discharge the patient as ‘Discharged on Leave’

### 5.8 Documentation

**1. Return as Planned** The date and time of return from leave should be entered in the iPM Patient Administration System and the patient’s Medical Record.

**2. Leave Exceeded** - If leave is extended, the new date and time of anticipated return from leave should be entered in the iPM Patient administration System, and the Patient’s Medical Record. If a clinical decision is made to discharge the patient
- The notified discharge date and time is entered in iPM as the return from leave date and time
- The patient is discharged on iPM as ‘discharged on leave’
- Appropriate notations are made in the Medical Record.

If the patient decides not to return against medical advice
- The notified discharge date and time is entered in iPM as the return from leave date and time
- The patient is discharged on iPM as ‘self discharged’
- Appropriate notations are made in the Medical Record
3. Discharge while on Planned Care related Leave
   - If the Planned Leave is successful
     - The notified discharge date and time is entered in iPM Patient Administration System as the return from leave date and time
     - The patient is discharged on Patient Administration System as ‘Discharged while on Leave’
   - Appropriate notations are made in the Medical Record

4. Discharge while on Collaborative Care Leave

If the patient has not returned from the contracted hospital by the end of the calendar day, the patient should be discharged.

If a patient is discharged from the Hospital contracted to provide care during the calendar day:

The date and time of discharge as advised by the contracted hospital should be entered on the iPM Patient administration System as the date and time of return from leave.
   a. The date and time of discharge as advised by the contracted hospital should be entered on the iPM Patient administration System as the date and time of discharge
   b. The discharge should be recorded as ‘discharge on leave’.
   c. Appropriate notation should be made in the patient’s Medical Record.

5. Discharge while Absent without Leave

If efforts to contact the patient have been unsuccessful or the patient has indicated that they will not return to the hospital the patient should be discharged at the date and time recorded as having been the commencement of leave. Appropriate notation should be made in the Medical Record.

6. DOCUMENTATION

Treatment Plan for Planned Patient Leave to be developed by hospitals for relevant specialties.

7. REVISION & APPROVAL HISTORY

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision No.</th>
<th>Author and Approval</th>
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<tr>
<td>Nov 04</td>
<td>0</td>
<td>Ben Skerman – PAS/ UI Project Manager, Approved by the PAS/ UI Steering Committee and the former SES Board as CSP 2004/018- Nov 04</td>
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<td>1</td>
<td>Circulated for comment merged Area Health Service March 05 – Approved for release by the Executive Management Committee 12th April 05</td>
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