

## MENTAL HEALTH SERVICE BUSINESS RULE SESLHDBR/073

<b>Name</b>	Transfer of Care of Community Mental Health Consumers when a Care Coordinator is taking Planned Leave		
<b>What it is</b>	This business rule outlines the practice to be followed when a Care Coordinator is transferring the care of their consumers to another clinician, prior to going on planned leave.		
<b>Risk Rating</b>	Medium	<b>Review Date</b>	June 2023
<b>What to do</b>	<ol style="list-style-type: none"> <li>1. Every Care Coordinator is to transfer the care of their consumers, prior to taking five or more working days of planned leave.</li> <li>2. It is the responsibility of the Care Coordinator to identify who the interim Care Coordinator will be and to facilitate a meeting with their Clinical Manager for finalisation and endorsement of the interim plans.</li> <li>3. The Care Coordinator is to provide a verbal and written handover to the interim Care Coordinator. The handover will follow the Introduction; Situation; Background; Assessment; Responsibilities, Risks and Recommendations (ISBAR) principles outlined in <a href="#">SESLHDBR/040 Clinical Handover for Mental Health Services (ISBAR)</a>.</li> <li>4. The Care Coordinator is to document in the consumer's medical record, the name of the interim Care Coordinator for the period of planned leave, plus the duration of the planned leave. The Care Coordinator is to ensure the consumer and their family/carer are informed about the interim clinician and the duration of the interim care arrangements.</li> <li>5. The Care Coordinator is to provide a copy of the interim care arrangements (including the name of the interim Care Coordinator and the duration of the arrangement) to: <ol style="list-style-type: none"> <li>a. the treating Consultant Psychiatrist; and</li> <li>b. the relevant reception/administration officers.</li> </ol> </li> </ol>		
<b>When to use it</b>	This business rule is to be referred to whenever a Care Coordinator is taking five or more working days of planned leave. For leave duration of less than five days the Clinical Manager/Team Leader will be the interim contact person.		
<b>Why the rule is necessary</b>	<p>This business rule is necessary to ensure that:</p> <ul style="list-style-type: none"> <li>• There are formal structures in place for Primary Clinicians to transfer the care of their consumer's when they are taking planned leave for five or more working days.</li> </ul>		

	<ul style="list-style-type: none"> <li>Uninterrupted support and delivery of care is provided to consumers while Care Coordinators are on planned leave.</li> </ul>
<b>Who is responsible</b>	Responsible staff include all MHS Care Coordinators, Team Leaders, and relevant members of Community Mental Health teams.
<b>Ministry of Health / SESLHD reference</b>	<ul style="list-style-type: none"> <li><a href="#">PD2019 045 Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services</a></li> <li><a href="#">SESLHDBR/040 Clinical Handover for Mental Health Services (ISBAR)</a></li> <li><a href="#">SESLHDGL/074 Clinical Documentation in Mental Health</a></li> <li><a href="#">National Safety and Quality Health Service (NSQHS) Second Edition: Standard 6 Communicating for Safety (6.8)</a></li> <li><a href="#">National Standards for Mental Health Services 2010: Standard 9. Integration (9.3)</a></li> </ul>
<b>Executive Sponsor</b>	Angela Karooz, General Manager, Mental Health Service, SESLHD
<b>Author</b>	Robin Ellis, Community Service Manager, ESMHS With working group (detailed in the revision history)

## Revision and Approval History

Date	Revision Number	Author and Approval
August 2016	0v1	Developed following ESMHS Root Cause Analysis (RCA) [Reference: SESRI 15/21]. Ratified by ESMHS Clinical Governance Committee.
October 2016	0v2	ESMHS Business Rule discussed at MHS District Document Development and Control Committee (DDDCC) meeting. Adapted as draft District MHS Business Rule by Victoria Civils-Wood, SESLHD MHS Policy and Document Development Officer. Minor edit included by request of DDDCC to ensure client is informed of interim care arrangements.
November 2016	0v3	Endorsed by SESLHD MHS Clinical Council.
October 2019	v1.0	DDCC endorse routine review to be led by R Ellis with Consultant feedback from Dr Kamran Ahmed.  Working group to consist of Community Service Managers: J Smith, B Tovey, D Kanareck, D Fitzjames, T Dickens and L Pirata.  Aligned with NSQHS Second Edition Links checked and updated where required Reviewed for gender neutrality
January 2020	v1.1	Reviewed and updated by working group.
February 2020	v1.2	Consultation occurring with persons who use the MHS to determine preferred language of "Case Manager" and "Client".
March 2020	v1.2	Further consultation occurring with persons who use the MHS for language clarification. Endorsed by the SESLHD MHS DDCC for progression to Clinical Council to ensure that Clinicians can refer to the revised process noting that the document will need a further review to address language requirements.
June 2020	V1.2	Approved by Executive Sponsor. Published by Executive Services.