

SESLHD BUSINESS RULE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Transfer of Care of Community Mental Health Consumers when a Care Coordinator is taking Planned Leave
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EXECUTIVE SPONSOR	General Manager, Mental Health
AUTHOR	SESLHD MHS Community Service Managers
POSITION RESPONSIBLE FOR THE DOCUMENT	Policy and Document Development Officer, Mental Health seslhd-mentalhealth-policiesanddocuments@health.nsw.gov.au
FUNCTIONAL GROUP(S)	Mental Health
KEY TERMS	Transfer of Care, Community Mental Health, Consumers
SUMMARY	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.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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SESLHD BUSINESS RULE

Transfer of Care of Community Mental Health Consumers when a Care Coordinator is taking Planned Leave

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1. POLICY STATEMENT

The Business Rule is to outline the baseline requirements of transfer of care when a care coordinator is taking planned leave that meets the obligations to the following NSW Policy directive and SESLHD Business Rule

- [PD2019_045 Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services](#)
- [SESLHDBR/040 Clinical Handover for Mental Health Services \(ISBAR\)](#)

2. BACKGROUND

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.

This document is necessary to ensure that:

- 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.
- Uninterrupted support and delivery of care is provided to consumers while Care Coordinators are on planned leave.

3. RESPONSIBILITIES

3.1 Employees will:

Follow the process outlined within this document and escalate as appropriate.

3.2 Line Managers will:

Follow the process outlined within this document and ensure all staff are orientated to this business rule.

3.3 District Managers/ Service Managers will:

Follow the process outlined within this document and ensure all staff are orientated to this document and update the document via relevant SME's as appropriate.

4. PROCEDURE

1. Every Care Coordinator is to transfer the care of their consumers, prior to taking five or more working days of planned leave.
2. For leave less than five working days the Clinical Manager of the Care Coordinator is responsible.
3. 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.
4. The Care Coordinator is to provide a verbal and written handover to the interim Care Coordinator. The handover will follow the Introduction; Situation; Background;

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Assessment; Responsibilities, Risks and Recommendations (ISBAR) principles outlined in [SESLHDBR/040 Clinical Handover for Mental Health Services \(ISBAR\)](#).

5. 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.
6. 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:
 - a. The treating Consultant Psychiatrist;
 - b. Relevant reception/administration officers and
 - c. Relevant site Clinical Managers

5. DOCUMENTATION

- Local approved handover template

6. AUDIT / KPI

- QARS Community File Audit

7. REFERENCES

- [NSW Ministry of Health Policy Directive PD2019_045 - Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services](#)
- [SESLHDBR/040 Clinical Handover for Mental Health Services \(ISBAR\)](#)
- [SESLHDGL/074 Clinical Documentation in Mental Health](#)
- [National Safety and Quality Health Service \(NSQHS\) Second Edition: Standard 6 Communicating for Safety \(6.8\)](#)
- [National Safety and Quality Health Service Standard \(NSQHS\) Second Edition: Standard 6.8 Clinical Handover](#)

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8. VERSION AND APPROVAL HISTORY

Date	Version	Author and approval notes
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.
5 April 2024	1.3	Minor review by SESLHD MHS Community Service Managers. Endorsed Document Development and Control Committee in November 2023. Endorsed MHS Clinical Council in February 2024. Processed by SESLHD Policy following approval by Executive Sponsor.