PURPOSE

It is Te Whatu Ora – Health New Zealand Hauora a Toi Bay of Plenty Mental Health & Addiction Service's (MH&AS) policy intent that tāngata whai ora / service users experience a planned and co-ordinated transition from inpatient psychiatric care. Wherever possible this transition is in collaboration with the tāngata whai ora / service user, their family / whānau of choice and services that meet their assessed needs and support their recovery.

OBJECTIVE

To ensure a facilitated transition or exit from inpatient care that is documented, communicated and effectively implemented.

To maximise on-going support and treatment for tāngata whai ora / service users of Te Whatu Ora Hauora a Toi Bay of Plenty.

To provide clear guidelines for Te Whatu Ora Hauora a Toi Bay of Plenty MH&AS staff to follow to support Discharge Support Service (DSS) referral, management and discharge.

To ensure KPI 19 is met (7day post discharge follow-up).

EXCLUSIONS

Whakatane MH&AS inpatient and Community services unless they are supporting a Tauranga tāngata whai ora / service user.

STANDARDS TO BE MET

	ACTION	RESPONSIBILITY
1.	**Referral to DSS** • all Te Whare Maiangiangi tāngata whai ora / service users are eligible for referral to the DSS • eligible tāngata whai ora / service users are collaboratively identified by inpatient staff and the DSS clinicians • all eligible tāngata whai ora / service users are identified as requiring an increased level of support immediately post discharge to maintain wellbeing and / or prevent readmission	• Inpatient clinicians supported by DSS clinical staff
2.	**Referral Information** • the DSS Clinician is responsible for gathering all relevant client information to support delivery of care while the tāngata whai ora / service user is being supported by the DSS	• DSS clinicians and DSS Community Support Worker

	ACTION	RESPONSIBILITY
3.	**Development of an DSS Treatment/Support Plan** • An individual DSS Treatment / Support Plan is developed in collaboration with the tāngata whai ora / service user, family / whānau (as appropriate), inpatient and DSS clinicians and the assigned CMH Case Manager **OR** the tāngata whai ora / service user's existing Treatment / Support Plan is amended to incorporate DSS service provision • The DSS Clinician is responsible for compiling and updating the tāngata whai ora / service user's DSS treatment / support plan	• DSS Clinician supported by tāngata whai ora / service user, inpatient staff, CMH Case Managers and family / whānau (as appropriate)
4.	**Management of care** • DSS care will commence within 24 hours of the referral being made to the DSS service (or as specified by the tāngata whai ora / service user's individual treatment / support plan) • The DSS clinicians are responsible for maintaining health records as per policy 2.5.2 Health Records Management • The DSS Community Support Worker is responsible for maintaining health records as per their organisational policy and / or protocol requirements • The DSS Clinician and Community Support Worker will maintain a daily interface to collaboratively manage DSS health care, to include sharing of relevant tāngata whai ora / service user information	• DSS clinicians and Community Support Worker
5.	**Discharge from DSS** • Discharge from the DSS service will be collaboratively agreed between the DSS team, tāngata whai ora / service user, family / whānau (as appropriate), inpatient clinicians and the CMH Case Manager • DSS clinicians and CMHAS Case Managers will work with the tāngata whai ora / service user and family / whānau (as appropriate) to facilitate a smooth transition between services **AND / OR** • DSS clinicians will work with primary care, the tāngata whai ora / service user and family / whānau (as appropriate) to facilitate a smooth transition between services	• DSS clinicians, tāngata whai ora / service user ~~client~~, inpatient clinicians, CMH case manager and family / whānau (as appropriate), primary care
6.	**Expectations of CMH Case Manager** • Once a referral is received by the CMH sector team and a Case Manager has been allocated, the CMH Case Manager will contact DSS if the tāngata whai ora / service user is being supported by the DSS service.	• CMH case manager

REFERENCES

- Ngā Paerewa Health and Disability Services Standard. NZS 8134:2021
- *Rising to the Challenge. The Mental Health and Addiction Service Development Plan 2012–2017.* Ministry of Health. 2012

ASSOCIATED DOCUMENTS

- Te Whatu Ora Hauora a Toi Bay of Plenty policy 1.1.1 Informed Consent
- Te Whatu Ora Hauora a Toi Bay of Plenty policy 2.5.2 Health Records Management
- Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.17 Transition from Mental Health & Addiction Services