Te Whatu Ora

Health New Zealand
Hauora a Toi Bay of Plenty

CLINICAL PRACTICE MANUAL

IN-PATIENT PSYCHIATRIC UNIT TRANSFERS: TE TOKI MAURERE AND TE WHARE MAIANGIANGI

Protocol CPM.M6.4

PURPOSE

The purpose of this guideline is to ensure that the transfer process between the Te Whatu Ora – Health New Zealand Hauora a Toi Bay of Plenty Te Toki Maurere Whakatane and Te Whare Maiangiangi Tauranga inpatient psychiatric units is safe and appropriate.

RATIONALE

The reasons for transfer may include but are not limited to;

- Manage tāngata whaiora / service user acuity with appropriate facility and staffing
- Utilise bed capacity across the district
- The tangata whaiora / service user is being returned to their local domicile.
- When the transferring and receiving Consultants and inpatient teams agree that it is in the tangata whaiora / service user's best interest to be treated in another facility
- Other exceptional individual circumstances where there is agreement that transfer is appropriate.

STANDARDS TO BE MET

	ACTION		
1.	The Senior Medical Officer (SMO) responsible for the tangata whaiora / service user's treatment in collaboration with the Associate Clinical Nurse Manager (ACNM) (or Shift Co-ordinator) and relevant clinical team(s) will discuss the rationale for the proposed transfer and make the initial decision that it is supported.		
2.	 ACNM / Shift Co-ordinator will make initial contact with the ACNM / Shift Co-ordinator at the receiving unit to establish if a bed is available and if it is reasonable for the transfer to occur as other issues e.g. staffing / tāngata whaiora / service user acuity, need to be considered 		
3.	If a transfer is confirmed as being possible then the ACNM / Shift Co-ordinator will advise the Consultant (On Call if this is after hours) and there will be a Consultant to Consultant discussion. As a result of this discussion the decision about the transfer will be made and notified back to the ACNM / Shift Co-ordinator)		
4.	 All transfers are to be notified to the tangata whaiora / service user's Consultant Psychiatrist. If the transfer occurs when this medical practitioner is not reasonably available i.e. after hours, there is a handover by the On Call to the tangata whaiora / service user's Consultant at the earliest opportunity about the transfer. 		
5.	The tāngata whaiora / service user is required to be medically fit for transfer before transfer can proceed. Appropriate reviews by the House Officer / Registrar should take place before the transfer.		
6.	Tāngata whaiora / service user transfers between Te Whatu Ora Hauora a Toi Bay of Plenty inpatient units do not necessitate a change in Responsible Clinician under the Mental Health (Compulsory Assessment and Treatment) Act 1992 though this may be appropriate especially if the transfer is for more than a brief period of inpatient care. This issue is to be discussed between the Consultant Psychiatrists at the point of transfer and the Responsible Clinicians at the earliest opportunity.		
7.	The Mental Health Act Co-ordinator is to be advised of the transfer.		

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Protocol Steward: Co-ordinator, Adult Inpatient Services	Authorised by: Chief Medical Officer	Any printed copy cannot be assumed to be the current version.

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8.	•	The tāngata whaiora / service user and their whānau / family (if not involved in the initial decision to transfer) will be informed of the intention and reasons to transfer as soon as possible either by the ACNM / Shift Co-ordinator / primary nurse or the Consultant / Registrar responsible for the inpatient.	
9.	•	The primary (or delegated nurse for the day) will contact their respective colleague at the receiving unit to provide a verbal handover of key clinical details and arrange a mutually agreed transfer time.	
10.	•	The tangata whaiora / service user is being transferred within Te Whatu Ora Hauora a Toi Bay of Plenty and therefore the current inpatient ward notes will accompany the patient. Duplicate / copied notes are not required .	
	•	All relevant transfer of care documentation is prepared and co-ordinated by the tāngata whaiora / service user's primary nurse or delegated nurse for the day. This documentation will accompany the transfer team and be handed to the registered nurse (RN) on arrival.	
	•	The file will include all current notes including Mental Health Act papers and transfer of Responsible Clinician if agreed. A summary of care by the Registrar / Consultant will be in the progress notes.	
11.	•	The transfer team will physically transfer tangata whaiora / service users in accordance with policy 6.4.1 protocol 9 Transportation of Tangata Whaiora / Consumers	
12.	•	If there are concerns about a transfer that cannot be resolved then the concerns should be notified to the Nurse Leader, MH&AS for the inpatient service and the Clinical Director / DAMHS.	
13	•	The transfer team is arranged and resourced by the transferring facility (unless otherwise agreed by the ACNM / Shift Co-ordinator. The Clinical Co-ordinator of inpatient services is to be advised.	
14.	•	On arrival at the receiving unit a verbal handover will take place between the senior RN in charge of the transfer and the accepting RN.	
15.	•	In the case of IPC transfers, the transferring team will remain if requested to assist the receiving team until the tangata whaiora / service user is placed in a safe area of assessment and adequate staff resources are available to take over the care of the tangata whaiora / service user. The accepting team has responsibility to ensure preparation for the transfer to ensure no unnecessary delays.	
16.	•	Return of the patient back to the original facility will follow the process outlined above and will occur at the earliest practicable time, taking into account all clinical and management issues.	

ASSOCIATED DOCUMENTS

<u>Te Whatu Ora Hauora a Toi Bay of Plenty policy 6.4.1 protocol 9 Transportation of Tangata Whaiora / Consumers</u>

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