

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p> <p>PATIENT TRANSFER PROTOCOL</p>	<p align="center">TRANSFERS OF CHILDREN AND YOUTH TO CHILD & FAMILY UNIT AUCKLAND</p>	<p align="center">Policy 6.4.1 Protocol 29</p>
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PURPOSE

To ensure the transfer and transportation of Bay of Plenty District Health Board (BOPDHB) child and adolescent mental health patients to Starship Hospital in Auckland is completed safely in accordance with best practice guidelines and legislative requirements. This protocol is to be read in conjunction with [policy 6.4.1 protocol 19 Transportation of Tāngata Whaiora / Consumers](#)

STANDARDS TO BE MET

1. Health Care Practitioner leading the current care of the young person responsibilities

1.1. Ensure all relevant parties have been informed of the transfer

- a) Discuss the proposed transfer with Team Leader or Service Manager.
- b) Arrange with Registrar or Consultant further assessment to establish if voluntary or non-voluntary, and formulate a treatment plan, risk assessment and management.
- c) If Mental Health (Compulsory Assessment and Treatment) Act 1992 (MH Act) to be used then discuss with Duly Authorised Officer (DAO) mental health Act information and advice, support with forms and process.
- d) Notify Child & Family Unit (CFU) Intake, Starship Hospital (021 816 391 admission phone) to identify client details including:
 - i. NHI
 - ii. summary of events
 - iii. risk, diagnosis and medication.
 - iv. Discuss which type of bed is required (HDU or open side).
- e) Discuss with a member of the Maternal, Infant, Child and Adolescent services (MICAMHS) Duty Team further assessment regarding risk and Mental state.
- f) NB if the young person is or becomes emotionally dysregulated to the point that they need to be restrained or be heavily sedated before transfer starts, then a review of the transfer time frame must take place. The use of local beds must be the first option is transfer is delayed. The use of NZ Police in a transfer must be a last resort.

1.2. Once confirmation of Transfer to CFU

- a) Send email to all MICAMHS asking for colleagues to confirm their availability for a transfer.
- b) Identify minimum of number of clinicians required for the transfer which is agreed on by the lead clinician and the medical practitioner who last reviewed the client based on:
 - i. their knowledge of the client,
 - ii. risk of client,
 - iii. degree of present mental state.
- c) If client is under the MH Act ensure there is a nominated Mental Health Professional for the transfer team who is liaising with the DAO that was involved in the application of the MH Act.
- d) The DAO will be actively involved in the planning of the transfer to ensure appropriate measures and care are taken.

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<p>Protocol Steward: Child Team Leader, MICAMHS</p>	<p>Authorised by: Medical Director</p>	

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- e) Should there be insufficient response please call Extn 8720 and ask for Mental Health & Addiction Services (MH&AS) Adult Inpatient Unit, Te Whare Maiangiangi (TWM) Shift Co-ordinator to ask for staff to assist with the transfer.
 - f) Discuss with Registrar or Consultant the need for PRN medications for the client to support the transfer.
 - i. Medical practitioner who is supporting the transfer can prescribe and access medication from Adolescent Mental Health Service on site supplies.
 - ii. Alternatively, a prescription can be made by the Registrar or Consultant and a medical practitioner can email to the hospital pharmacy or John's Pharmacy on Cameron and collect prior to departure.
 - iii. If PRN medication is being used or available to be used on the journey, then a registered nurse (RN) must be part of the transfer team.
- 1.3. If the young person is emotionally dysregulated and still to be transferred – under the direction of the DAO, or if the young person becomes emotionally dysregulated during the transfer:
- a) Ensure appropriate medication is used.
 - b) Ensure physical observations are completed and repeated regularly throughout the journey if medication is being used.
 - c) All 3 parties below should be contacted. The order of the contacts will depend on the acuity of the scenario.
 - i. Phone Team Leader or TWM Shift Leader and advise of the situation.
 - ii. Phone the Director of Area Mental Health Services (DAMHS) and seek advice.
 - iii. Phone NZ Police and request escort assistance
- 1.4. Safety check in of the transfer team
- a) Prior to departing ensure that the MICAMHS Service Manager or the TWM Shift Leader (if return is later than 1630 hours) and CFU have been advised that you are about to leave and your ETA at CFU.
 - b) When you are ready to start your return trip if you expect to return later than 1630 hours then please phone and advise TWM Shift Leader.
 - c) When you arrive back if later than 1630 hours then advise Shift Leader at TWM.
- 1.5. Responsibilities of roles for a CFU transfer
- a) The driver (DHB staff member who has clearance to drive BOPDHB cars) will:
 - i. Pick up the vehicle and drive it to the transfer departure site.
 - ii. Ensure the car is fully fuelled
 - iii. Ensure the transfer bag is in the boot of the vehicle.
 - iv. Check if there are any road closures
 - v. Check the weather conditions
 - b) Lead clinician / transfer lead (MICAMHS staff member, who where possible, knows the young person) will be responsible for:
 - i. Checking that all relevant paperwork is with them for the journey. NB a hard copy must be taken with them even if it has been emailed up to CFU earlier.
 - ii. Leading toilet or fuel stops
 - iii. Leading the use of medication
 - iv. Leading the de-escalation process
 - v. Contacting the MICAMHS team leader or TWM Associate Clinical Nurse Manager (ACNM) prior to leaving Tauranga site
 - vi. Handing over the clinical information and paperwork to the Child and Family Unit staff member

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- vii. Contacting the MICAMHS Team Leader or TWM ACNM prior to leaving Child Family Unit prior to the return journey
 - viii. Leading changes to the agreed travel plan.
 - c) Support 1 (MICAMHS / MH&AS staff member) will:
 - i. Sit next to the young person
 - ii. Undertake the de-escalation process
 - iii. Support the young person with toilet or fuel stops
 - iv. Support the young person into CFU as directed by lead clinician
 - d) Support 2 (MICAMHS / MH&AS staff member) will:
 - i. Sit next to the young person
 - ii. Undertake the de-escalation process
 - iii. Support the young person with toilet or fuel stops
 - iv. Support the young person into CFU as directed by lead clinician
- 1.6. If the transfer team are unable to drive back from Auckland or are delayed
- a) Contact the TWM Shift Leader (if later then 4.30) and advise of reason i.e. fatigue, vehicle problems, weather incident.
 - b) Make an agreed plan to find accommodation if unable to return safely.
- 1.7. Handover of clinical information regarding the patient to CFU Staff or complications occur during the transfer
- a) Documentation - please discuss with CFU intake clinician to ensure correct documentation is delivered or emailed to CFU. This includes:
 - i. Clinical review from medical practitioner – Consultant or Registrar
 - ii. Duty clinical note
 - iii. Risk assessment updated
 - iv. Last Clinical letter
- 1.8. Briefing prior to leaving the DHB building and Debriefing within 48 hours of returning from the transfer
- a) Briefing
 - i. If the young person is under the Mental Health Act the MICAMHS team leader and DAO will meet with the transfer team and hold a briefing meeting – refer to Briefing Pre CFU-Transfer sheet this includes check list and roles and responsibilities.
 - b) De-briefing
 - i. On return (within 48 hours of the transfer) the nominated lead will meet with the rest that transfer team and discuss:
 - Any concerns raised by the transfer team re the process, actions, in actions taken prior to, on the transfer or the return journey.
 - The lead will advise the team leader if any significant incidents occurred immediately and complete an [Incident Management form](#) (Datix).

2. Family of Client – involved in transporting the young person

2.1. If the family are transporting the young person in their own vehicle

- a) Provide petrol vouchers
 - i. Staff are to call for travel assistance (Extn 8438) or via Telephony (dial 0) and ask for travel assistance.
 - ii. Please provide client's NHI and ask for a bed to be booked for the family and petrol vouchers.

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iii. Ensure all relevant paperwork is emailed to CFU and that they have a hard copy to travel with.

2.2. If the family want to escort the young person with DHB staff in a DHB car

- a) Ensure they are involved in the pre travel briefing so they know what each person's roles are.
- b) Establish how they expect to return from Starship Hospital.

3. Family of Client – Travel and Accommodation – Ronald McDonald House

3.1. If the young person is 15 years and below - it is a requirement for a family member to attend and provide support

3.2. Staff are to call – travel assistance (Extn 8438) or via Telephony (dial 0) and ask for travel assistance

REFERENCES

- The Mental Health (Compulsory Assessment and Treatment) Act 1992
- Ministry of Health. 2012. *Guidelines to the Mental Health (Compulsory Assessment and Treatment) Act 1992*. Wellington: Ministry of Health.

ASSOCIATED DOCUMENTS

- [Bay of Plenty District Health Board policy 6.4.1 protocol 19 Transportation of Tangata Whaiora / Consumers](#)
- [Bay of Plenty District Health Board policy 6.4.1 Patient Transfers](#)
- [Bay of Plenty District Health Board Form FM.T14.5 Transfers of Children and Youth to Child & Family Unit \(CFU\) Auckland - Checklist](#)

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Appendix 1: Young Person Requiring CFU Transfer Flowchart

