Canterbury
District Health Board
Te Poari Hauora ō Waitaha

CORPORATE OFFICE

Level 2
32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4134
Kathleen.Smitheram@cdhb.health.nz;

2 May 2022

9(2)(a) [redacted]

RE Official Information Act request CDHB 10828

I refer to your email dated 24 February 2022 to the Ministry of Health which they subsequently transferred to us on 11 March 2022 requesting the following information under the Official Information Act from Canterbury DHB regarding Mental Health Procedural Information. We note your request was refined on 17 March 2022 below.

We have made the assumption that by induction you mean admission and have included forms related to the adult services. All forms related to the compulsory status of a consumer or moving between status are issued by the Ministry of Health and available on https://www.health.govt.nz/our-work/mental-health-and-addiction/mental-health-legislation/mental-health-compulsory-assessment-and-treatment-act-1992/mental-health-act-forms

1. **Copies of all forms relating to the induction of a client, compulsory or voluntary or moving between status.**

Please refer to **Appendix 1** (attached):

Page 01 - Crisis Admission checklist – Te Awakura
Page 03 - Whaikaha Admission checklist
Page 06 - Forensic Mental Health Service Inpatient Admission Checklist
Page 09 - Admission Checklist AIG
Page 11 - Crisis admission Te Awakura
Page 13 - Ministry of Social Development (MSD) Admission Information Sheet

2. **Copies of all forms relating to a discharge/transfer of a client, compulsory or voluntary or moving between status.**

Please refer to **Appendix 2** (attached):

Page 01 - Discharge checklist – Adult Inpatient Group
Page 02 - Discharge Checklist for 24-48 hour crisis admission
Page 03 – Discharge from assessment for person subject to section 15(1) or section 15(2) Mental Health Act 1992
Page 04 - Forensic Mental Health Service Inpatient Discharge Transfer checklist
Page 06 - Whaikaha Discharge Checklist
Page 08 - Transfer of Care Mental Health Act 1992

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

Ralph La Salle
Senior Manager, OIAs
Canterbury DHB & West Coast DHB

APPENDIX 1

001

Canterbury District Health Board
Te Poari Hauora ō Waitaha
Specialist Mental Health Service

Crisis Admission Checklist: Te Awakura

Attach patient label here

This person has a crisis plan which involves Brief Crisis Admission (see Crisis/on leave action plan)

- **The full admission process is not required.**
- **Please complete the following.**
- **File in clinical record.**

Date: Time:		
Medical Staff responsibilities on admission	**Comments**	**Date completed**
Brief note explaining reason for admission and if there is any reason why normal crisis admission should not be followed.		
Risk assessment update on appropriate form		
Ask patient about any new medical issues including overdose		
Physical Examination done only if • There are new medical issues, or • Chronic medical condition requiring regular review, or • No physical completed in last 3 months.	Date of last physical:	
Current prescribed medication on Medchart		

Medical staff:

....
Full name (printed) (Designation) (Signature)

Nurse staff responsibilities on admission	**Comments**	**Date completed**
Brief note explaining reason for admission and if there is any reason why normal crisis admission should not be followed.		
Standard crisis/ treatment plan is placed on file – there is no need for nursing assessment or 24 hour plan to be completed.		
Complete Admission HoNOS.		
Nursing physical examination – only requires • TPR/BP • Urinalysis Record in progress note. Check original for change.		
Check Disclosure form with patient. Update if changes.		
Key Nurse and/or Associate Nurse recorded.		
Check property. • Consumer asked if they have brought in any banned items or medications. • Check for and remove any personal medication brought into ward. • If risk issues are identified, consider an agreement with the consumer to place his/her car keys in the valuables cupboard on admission. • Additional checking of person's clothing maybe required if concerns raised.		

Admitting nurse:

....
Full name (printed) (Designation) (Signature)

Items outstanding and requiring completion:

1._____

Date Completed: _____ Name: _____

2._____

Date Completed: _____ Name: _____

3._____

Date Completed: _____ Name: _____

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Specialist Mental Health Service

Place Consumer Label Here

Whaikaha Admission Checklist

Admission Date:_____

If unable to complete task within time-frame, please document reason in progress note

Completed on shift consumer is admitted on/within 8 hours:			
Action	**Designation**	**Comments**	**Sign**
Consumer welcomed, safety/security checks complete	Nursing		
Handover and initial contextual risk assessment	Nursing		
Valuables/dangerous goods/medications stored in appropriate place	Nursing		
Interpreter arranged, as required	Nursing		
Consumer advised of smoke-free policy and offered Nicotine Replacement Therapy (NRT) where applicable	Nursing		
Consumer on the MH(CA&T) Act or ID(CC&R)Act given a copy of Their Rights	Nursing /Care Manager		
Fire-board/Bed-board and Journey board updated	Nursing		
Ward observation level determined, and leave status, documented	Medical /Nursing		
Consumer admission entered on Healthlinks	Nursing		
Consumer file established	Nursing		
Medications prescribed on E-Meds	Medical /Nursing		
Non-ward stock items ordered from Pharmacy	Nursing		
Food services notified. If any special dietary requirements, notify dietician	Nursing		
Confirm ethnicity, notify Pukenga Atawhai. Te Korowhai Atawhai can assist in confirming Maori ethnicity	Nursing		
Key family/Whanau/Carer notified of admission and of visiting protocols	Nursing		
Consumer reviewed by Consultant Psychiatrist, Registrar or Medical Officer, Care Manager and immediate medical treatment plan documented in clinical notes or on SAP	Medical		
Consumer given an information pack, use easy read version if required. Explain contents, and document in admission progress note	Nursing		
Consumer orientated to the ward including explanation of fire evacuation procedure	Nursing		
Nursing Physical health assessment including baselines recordings, urine analysis, height, weight and personal description obtained	Nursing		
Complete Falls Risk assessment	Nursing		

MH(CA&T)Act CP(MIP)Act or ID(CC&R)Act documentation completed and send to DAHMS office	Medical/Nursing		
For Informal consumers, complete Initial Treatment Information form and place in file	Nursing		
Completed in first 24 hours of admission:			
Honos completed on SAP	Nursing		
Case Manager assigned (gender specific requirements identified)	CNM/ACNM or CNS		
Other services involved with consumer notified; Lifelinks, FCS(ID)	Social Worker/ Nursing		
Welfare Guardian and Power of Attorney persons identified if applicable	Social Worker/ Nursing		
Complete Personal Sensory Tool	Nursing / Occupational Therapist		
Spiritual needs identified. Notify Chaplin if required, document	Nursing		
Core Documentation entered on SAP. Risks updated	Nursing		
Check for issues: accommodation, house security, finances, dependent family or pets	Social Worker		
Patient profile and photo documents completed for Care Recipients or consumers on part 3 assessment	Nursing /Care Manager		
Disclosure form and initial treatment plan completed with consumer input when appropriate	Nursing		
Medical physical examination completed	Medical		
Nursing Treatment Plan commenced	Nursing		
Consumer Overview completed in SAP (Freetxt letter with template) and copy placed on front of file	Nursing		
Blood Samples taken as ordered	CSU Nursing / Nursing		
Completed in first 72 hours of admission:			
Initial Assessment Interview completed using template, transferred to SAP and printed for file	Behaviour Specialist/ Psychologist/ Nursing		
Interim Positive Behaviour Support (PBS) Plan completed in SAP and copy placed in file	Psychologist/ Behaviour Specialist		
Key family/Whanau/Carer contact details entered on Healthlinks	Nursing		
Family/Whanau/Carer meeting arranged as soon as appropriate and documented	Nursing		
Family/Whanau/Carer given information, contents explained and documented	Nursing		
G.P. Notified of admission	Nursing		
Court dates documented if applicable	Nursing / Care Manager		
Files ordered as required for	Psychologist/ Behaviour Specialist		

Completed at first MDT following admission:			
Check that all above Admission tasks have been completed	MDT		
Identify and document Admission Goals and predict Discharge plan	MDT		
Review and update interim Positive Behaviour Support (PBS) plan	Psychologist/ Behaviour Specialist		
Review and update nursing treatment plan	Nursing		
Review and update patient overview document. Place new copy on front of file	Nursing		

Names to be recorded by clinicians responsible for checklist completion

.....	.....	.....
Full Name	Designation	Signature
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Full Name	Designation	Signature
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Full Name	Designation	Signature
.....	.....	.....
Full Name	Designation	Signature
.....	.....	.....
Full Name	Designation	Signature

Canterbury District Health Board
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Place Patient Label Here

Forensic Mental Health Service Inpatient Admission Checklist

Admission Date: _____

If unable to complete task within specified times, please document reason in progress note.

Re-visit checklist for items not completed until checklist complete

Completed on shift consumer is admitted on/within 8 hours:			
Action	**Designation**	**Comments Or N/A**	**Sign**
Consumer welcomed searched, showered and clothing checked.	Nursing		
Valuables / dangerous goods / medications stored in appropriate place.	Nursing		
Consumer advised of hospital smoke free policy and offered Nicotine Replacement Therapy where applicable.	Nursing		
Fire board / consumer journey board updated.	Nursing		
Details entered on Remand Board/Consumer details board.	Nursing		
Consumer admission entered on Healthlinks.	Admin / Nursing		
Check transfer of E meds or medications prescribed on Emed's	Medical		
Non ward-stock medications obtained from pharmacy.	Nursing		
For inpatient to inpatient transfer check Patient Track	Nursing		
Consumer file established.	Admin / Nursing		
Food services notified of admission if tray service used If any special dietary needs consult dietician.	Nursing		
Interpreter arranged as required.	Nursing		
Contextual risk assessment completed including VNR if applicable	Nursing		
Confirm ethnicity, notify Pukenga Atawhai if consumer identifies as Maori	Nursing		
Key family / whanau / carer notified of admission and visiting arrangement protocols.	Nursing / Medical		
Consumer seen by Consultant Psychiatrist, Registrar or Medical Officer and immediate treatment plan documented in clinical notes on Healthlinks.	Medical		
Mental Health (CAT)Act or CP(MIP) Act documentation completed, sent to DAMHS, copy for file. Consult consumer and family/whanau with consent.	RC Nursing		
Consumer provided a Consumer Information Kit, contents explained, document when completed.	Nursing		

Consumer provided a self-care sensory resources kit	Nursing		
Completed on shift consumer is admitted on/within 8 hours:			
Action	**Designation**	**Comments Or N/A**	**Sign**
Nursing Physical health assessment as per Nursing Physical Health Assessment Form	Nursing		
Medical Physical assessment competed by H/O. (If a ward transfer: must be completed if individual has not had one in last 3 months. Place a hard copy in physical section. Blood samples ordered as required.	Medical		
Completed in first 24 hours of admission			
Complete SMHS Falls Risk Screen and Strategy Assessment.	Nursing		
HoNOS completed on Healthlinks	Nursing		
Case Manager assigned (gender specific requirements identified)	CNM / CNS or Nursing		
Other services involved with consumer notified of admission, with consumer consent	Social Worker / Nursing		
Spiritual needs identified-notify chaplain if required	Nursing		
Referring team update Core Documentation Information entered on Healthlinks or forward if from another region	Referring/transferring team		
Check for issues: accommodation, house security, dependant family members, pets and finances	Social Worker / Nursing		
Special Patient Profile form -follow flowchart	MDT		
Completed within 72 hours of admission:			
All alerts are recorded (i.e. Case Note, Medical / Forensic History).	Nursing / Admin Staff		
Files ordered.	Admin Staff		
Court dates and Sentence End Date/Parole Eligibility Date (if applicable) entered in diary and Remand Folder.	Nursing		
G.P. notified of admission.	Medical/Nursing		
Financial arrangements checked.	Social Worker		
Key family / whanau / carer contacts details entered on Healthlinks.	Admin / Nursing		
Family / whanau / carer meeting arranged as soon as appropriate.	Social Worker		
Family / whanau / carer given Information Kit, contents given, explained, document completed.	Social Worker		

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Place Patient Label Here

Completed as Mental health dictates:			
Action	**Designation**	**Comments Or N/A**	**Sign**
Disclosure form and initial treatment plan completed with consumer input when appropriate.	Nursing		
Consumer advised of limitations due to legal status, e.g. remanded to TWM.	Nursing/Medical		
Consumer given a copy of their rights	DAO/Nursing		
Explain to consumer about the use of CCTV in unit for consumer safety	Nursing		
Complete Personal Safety Assessment.	Nursing/Occupational Therapist		

Names to be recorded by clinicians responsible for checklist completion:

.....	.....	.....
Full Name	Designation	Signature
.....	.....	.....
Full Name	Designation	Signature
.....	.....	.....
Full Name	Designation	Signature
.....	.....	.....
Full Name	Designation	Signature
.....	.....	.....
Full Name	Designation	Signature

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(Attach Label here or Complete Details)

NAME:_____ NHI:_____

GENDER: ____ DOB:_____ AGE:_____ WARD:_____

Admission checklist AIG

To be completed on admission: Any actions unable to be completed to be handed over to next shift (and this documented).

Administration staff (In hours) Nurse (Out of hours) Responsibilities	Comments	Date when completed
• Core Documents are accessed from Healthlinks: – Print current contacts/disclosure and review with consumer. Designate principal caregiver for MHA patients. Ensure key family contacts are documented. Addresses and telephone numbers required. – Face sheet details are confirmed with consumer. – Print updated RISKS /for file. Ensure this has been updated for admission and update if it has not been done. Seek assistance from community team or medical staff if required.		
• Consumer admission entered on Healthlinks.		
Nurse responsibilities only	**Comments**	**Date when completed**
• Verbal handover and admission documentation received from community staff using the ISBAR format.		
• Check that details of those caring for children (and pets as applicable) is documented.		
• Check current accommodation status is recorded in core documents. Enter details if not recorded.		
• If consumer is Maori, notify Pukenga Atawhai.		
• MHA documents – completed and checked, photocopied and originals left in designated tray for Ward Clerk.		
• Ensure that the admission documentation and management plan has been printed for file. If not done or incomplete, contact consultant or registrar.		
• For consumers who present with a known risk of aggression, check if there is an existing Inpatient Safety Plan. If not, consider development of a plan using the standardised template.	Plans to be developed in association with CNS/ACNM and/or CTC.	
• Notify family of admission (don't assume someone else did). If in attendance, provide and go through SMHS information kit.		
• Initial treatment information form completed by 'informal' consumers.		
• Consumer orientated to the ward.		
• Fire Board / Journey Board updated.		
• Consumer given copy of the SMHS Information Kit, and contents explained.		

• Property checked. • Consumer asked if they have brought in any banned items or medications. • Check for and remove any personal medication brought into ward. • If risk issues are identified, consider an agreement with the consumer to place his/her car keys in the valuables cupboard on admission. • Additional checking of person's clothing maybe required if concerns raised.		
Action	**Comments**	**Date when completed**
• Valuables signed into valuables folder and stored in valuables cupboard.		
• Nursing physical examination completed along with: – Smoking status recorded on Healthlinks.		
– Falls assessment completed		
– Name in diary for fasting bloods.		
• Nursing admission Progress Note completed.		
• Initial Nursing Assessment form completed.		
• Contact HS (or registrar overnight) to inform that physical needs to be completed. Document reasons if cannot be completed straight away.		
• Notify Food Services of any special dietary needs.		
• Ensure Observation and Leave instructions form completed.		
• Admission HoNOS is completed.		
• Pending Court appearances recorded in clinical file and in ward diary. (if applicable)		
Within 24 hours		
• Key Nurse and Associate Nurses assigned and updated on SAP.		

Admitting nurse:

....

Full name (printed) (Designation) (Signature)

Items outstanding and requiring completion:

1._____

Date Completed: _____ Name: _____

2._____

Date Completed: _____ Name: _____

3._____

Date Completed: _____ Name: _____

Crisis admission Te Awakura

Consumer Family-Whānau Information – Specialist Mental Health Service

Crisis Admissions can be an additional support for consumers experiencing an increase in self-harm and/or suicidal thoughts. They are generally only for people under treatment with Specialist Mental Health Services.

Below are some questions that may be helpful for you or your family-whānau:

What is a Crisis Admission?

A Crisis Admission is different from other admissions to Te Awakura in that it is for a specific purpose of time-limited support that is structured with clear principles and guidelines agreed between you and your team

Why is it called a Crisis Admission?

A Crisis Admission Agreement is developed to support you when you are in crisis. The brief time on the ward is to help you to not self-harm or act on suicidal thoughts. If self-harm has occurred, the opportunity to prevent it has passed, so a Crisis Admission is often not helpful at that point.

What is the purpose of a Crisis Admission?

The aim of the Crisis Admission is to support you to manage your recovery, sense of control over your feelings and reaction to the experiences you are having. Crisis Admissions provide a brief period of increased support to help you to resist urges to self-harm or attempt suicide.

What is a Crisis Admission Agreement?

A Crisis Admission Agreement is a framework of agreed expectations of how a brief admission will operate to support you in a crisis. The agreement is developed with you, your Case Manager, the Inpatient Clinical Nurse Specialist for your team and family-whānau (as relevant). We encourage you to involve your family-whānau as much as possible as they can be an important part of your recovery journey.

What to expect during a Crisis Admission?

You will have a copy of your Crisis Admission Agreement which will outline such things as:

- The length of the Admission (1-2 nights)
- How often you can use Crisis Admissions within a calendar month
- What medications will be available and what physical recordings will be taken
- Clear expectations for both yourself and the staff working alongside you (i.e. times to meet with your nurse, attending the unit wellbeing programme, contact with supports from your community team such as your Case Manager or Pukenga Atawhai.)
- What circumstances would end the Crisis Admission earlier than arranged.
- What will support you best during the Crisis Admission
- Who and how (i.e. phone numbers) to access a Crisis Admission and options if there are no beds available.

We would encourage you to share your finalised Crisis Admission Agreement with the people who are important to you. If you or your family-whānau have any questions, please talk to your/their case manager.

For more information about:

- hospital and specialist services, go to www.cdhb.health.nz
- your health and medication, go to www.healthinfo.org.nz

Notes

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

013
Hillmorton Hospital
PO Box 800 / Private Bag 4733, Christchurch 8024
Phone (03) 33 77 969

Ministry of Social Development (MSD) Admission Information Sheet

(Please give returned form from MSD to Social Worker to action)

To: (name of MSD Liaison Officer) :		**From:**	
	MSD Liaison Officer	**Designation:**	
Agency:	MSD Papanui Branch	**Referring Unit:**	Forensic Mental Health Service
Phone: **E mail:**	(03) 963 6388	**Phone:** **Referrer email**	

Re:

Consumer name:		**Date of birth:**	
MSD client number if known:		**Date of admission:**	

Hello,
The above consumer was admitted on:……..from……

Please provide details of any incompleted benefit details or amendments as required:
Benefit type (JS/SL/weekly amount:……..
Personal bank account or patient trust account:……
Any debts owed:……
Any debts being recovered from his/her benefit:……
Any deductions from his/her benefit e.g. child support:……
Date benefit is due to reduce to the hospital rate:……
Clothing grant due:……

Thank you
Referrer Name:……Referrer signature:……

I give consent for the above information to be shared

Consumer name: ……

Consumer/agent signature:……

Date:……

Discharge checklist: Adult Inpatient Group

Attach label here

To be completed on discharge. Any responsibilities unable to be completed to be handed over to next shift (and this documented).	
Nurse responsibilities	**Y/N or comments**
• Discharge Plan and arrangements confirmed with family-whanau	
• Property and Valuables given to consumer	
• Discharge contact details including address checked with consumer and updated on SAP	
• Verify consumer's GP details are correct, checked and updated	
• Family-whanau contact details verified and updated	
• Copy of Personal Safety Assessment Form (PSA) and Early Warning Sign Form (EWS) given to consumer	
• Core Documents are updated on Healthlinks	
• Fire Boards/Journey Boards updated	
• If going under direct GP care, contact Crisis Resolution (as per Handover process) to inform of discharge. Document this information in a progress note	
Medical responsibilities	**Y/N or comments**
• Initial Discharge Summary completed on Healthlinks. Copies given to consumer and/or family-whanau.	
• Discharge medications completed • MedChart updated • If discharged from community appointment – remember to update MedChart before discharging off Healthlinks.	
• Follow up appointment arranged and Outpatient Case manager notified. •	
• HoNOS – completed	
Admin Responsibilities	**Y/N or comments**
• Consumer's discharge entered on Healthlinks	

Canterbury District Health Board
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Specialist Mental Health Service

Discharge Checklist for 24-48 hour crisis admission

Child, Adolescent and Family Inpatient Unit

Affix consumer label

Action	Designation Responsible	Date Completed	Comments	Signed
Discharge plan formulated by MDT and outpatient team	MDT/Out Outpatient team			
Discharge plan discussed with consumer and appropriate family/care giver	MDT			
Outpatient meeting arranged	MDT			
Action plan up dated, signed and given to consumer (and family/care giver as appropriate) Treatment plan updated as required, signed and given to consumer (and family/care giver as appropriate)	Nurses			
Risk assessment completed and entered on core patient information portal on Healthlinks	Nurses			
Valuables, cell phones, chargers returned to consumer	Nurses			
Discharge off Healthlinks	Admin/Nurse			
Remove consumer's name from fireboard	Nurses			
All CDHB transfer of care forms and shift observation forms filed	Nurses			
Progress notes, including discharge entry printed, signed and placed on file	Nurses			
Remove patient name from their room Strip and clean room	Nurses			
File organised • Complete referral book • documents filed • labels • all Healthlinks documents have been released	Admin			
File sent to medical records	Admin			

Canterbury District Health Board
Te Poari Hauora ō Waitaha
Specialist Mental Health Service

Office of the Director of Area Mental Health Services
Telephone DDI 03-339-1136
Facsimile external 03-339-1143
damhsoffice@cdhb.health.nz

Discharge from assessment for person subject to section 15(1) or section 15(2)

Mental Health (Compulsory Assessment & Treatment) Act 1992

Please note this form may not be used for any other status under the MHA and must be completed in conjunction with the MHA Clinical Report

To:

Patients name:**
Date of birth:**
NHI:**
Inpatient ward:
Outpatient team:

The above named patient is no longer mentally disordered and is fit to be released from the following section of the Mental Health Act

Your status under Assessment is currently:

Section ** 15(1) ☐	
15(2) ☐	

(Section of Mental Health Act which the patient was receiving assessment &/or treatment)

Name of Responsible Clinician: _____

Please print

Signature: _____

Date: _____

*** All sections must be completed please*

Canterbury District Health Board
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Specialist Mental Health Service

Place Patient Label Here

Forensic Mental Health Service Inpatient Discharge Transfer Checklist

Discharge Date: _____

Action	Designation	Comments Or N/A	Sign
Decision made to discharge			
Discharge/transfer agreed by MDT/ family/whanau	MDT		
Pre-discharge/transfer meeting held with consumer and key persons including pukenga atawhai (if consumer identifies as Maori), family/whanau	MDT		
Relevant legal agencies contacted including Department of Corrections Case Manager, Community Corrections Service Parole Board etc.	MDT		
If consumer returning to prison relevant paperwork completed e.g. Section 47 MH(CAT)Act	RC		
Discharge/transfer plan formulated by MDT and receiving team including follow up appointments if discharge to community follow up	MDT		
Discharge/transfer plan discussed with consumer	MDT		
Discharge/transfer plan discussed as appropriate with family/whanau/carer	MDT		
Check consumer is registered with a community G.P.	MDT		
Community prescriptions arranged if relevant, if discharge is to community care	Medical staff		
Clinical documentation reviewed/updated. Must include core risk information, and START if one not completed within three months or significant changes to score	MDT		
Contextual risk assessment updated	Case Manager/MDT		
START based MDT risk document forwarded	MDT		
VNR process completed if relevant	Psychiatrist/RC		
Benefit and Community Services card/bank account	Social Worker and C/M		
Food services notified of discharge/transfer if tray service used	Nursing staff/MDT		
On day of initial discharge/transfer			
Special Patient Profile -follow flowchart Notify DAMHS	Nursing staff		
Property and valuables transferred to receiving unit or returned if discharge to community follow up, record in notes	MDT		
Fire board / Consumer journey board updated.	Nursing staff		
Consumer discharge entered on Healthlinks. Address updated.	Admin / Nursing staff		

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Place Patient Label Here

Medchart transferred to receiving unit if remaining in hospital or community prescription arranged	Medicalstaff/Nursing staff		
HoNOS completed on Healthlinks.	Nursing staff		
MH (CAT)Act documentation updated including change of RC and forwarded to DAMHS	RC		
Section 19 Land Transport Act considerations to Drivers Licence if consumer transferring to a Community CTO	RC		
Full Discharge Summary completed within 5 working days and forwarded to relevant parties Best practice- on day of discharge	Psychiatrist/RC		
Within 2 weeks after discharge			
Audit file using Standard Audit tool	CNM/Delegate		
Release all IW documents	CNM/Delegate		
All signed hard copy clinical notes sent to Medical Records	Admin		

Names to be recorded by clinicians responsible for checklist completion:

.....	.....	.....
Full Name	Designation	Signature
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Full Name	Designation	Signature
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Full Name	Designation	Signature
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Full Name	Designation	Signature
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Full Name	Designation	Signature

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Place Consumer Label Here

Whaikaha Discharge Checklist

Discharge Date:_____

If unable to complete task within time-frame, please document reason in progress note

Decision Made to Discharge:			
Action	**Designation**	**Comments**	**Sign**
Approved by MDT	MDT/ Care Manager		
Consumer involved in discharge planning	Nursing		
Pre-discharge meeting	MDT/ Care Manager		
Family/Whanau/Caregivers/Providers involved in discharge planning	Nursing /Care Manager		
Transition plan prepared and completed	MDT/ Care Manager		
Arrange assessment with proposed placement	MDT/ Care Manager		
Confirm placement for accommodation	Nursing/ Care Manager		
Prepare and provide training to community staff as required	Nursing		
Complete Community referral as required	Nursing		
Script completed, faxed to Pharmacy	Medical / Nursing		
Review/update Clinical Documentation: a) Treatment & Crisis plans updated b) Disclosure form, including contact details c) Core docs	Nursing		
Review and arrange finances according to need	Social Worker		
Arrange transport for day of discharge	Nursing		
Notify food services/dietician of transfer or discharge	Nursing		
On Day of Discharge:			
Property and valuables returned. Record in notes	Nursing		
Initial discharge summary completed, and copies given to: Consumer; Community Provider; Family/Whanau (with permission); and G.P.	Nursing		
Ensure Medchart transferred or script faxed to Pharmacy	Nursing		
Print Medchart record for file	Nursing		
Change of Responsible Clinician Form completed if required, or N/A	Nursing		
Discharge Honos completed	Nursing		

Legal status updated	Nursing		
Fireboard updated	Nursing		
Notify DAMHS	Nursing / Admin. staff		
Two weeks Post-Discharge			
Full Discharge summary completed by SMO	SMO		
Full Discharge summary posted to: a) Outpatient follow up team b) Provider/GP c) Patient, family/whanau d) Copy for unit file	SMO to document reason if not sent		
Audit file using Standard Audit Tool	CNS		
Release all IW documents	CNS		
File sent to Medical Records	Admin		

Names to be recorded by clinicians responsible for checklist completion

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Full Name	Designation	Signature
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Full Name	Designation	Signature
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Full Name	Designation	Signature
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Full Name	Designation	Signature

Canterbury District Health Board
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Office of the Director of Area Mental Health Services
Telephone DDI 03-339-1136
Facsimile external 03-339-1143
damhsoffice@cdhb.health.nz

Transfer of Care

Mental Health (Compulsory Assessment & Treatment) Act 1992

Patient being transferred	*Full name*
	Date of birth *NHI:*
	Patient's usual residential address
Current Legal Status	*Section of Mental Health Act Patient currently under*
Next review & date	*Type of MHA review due & date due*
Type of transfer	*Permanent* ☐ *Temporary* ☐
	Transfer date: *Date of return (if temporary):*

Referring team to complete:

Name of referring team & District Health Board transferring to

Being transferred from	
DHB transferred to	
Referring Responsible Clinician's name	
Responsible Clinician's signature	
Of:	*Business address and telephone number*
Date:	

Accepting team to complete:

DHB accepted by	
Accepting Responsible Clinician's name	
Responsible Clinician's signature	
of:	*Business address and telephone number*
Date:	