

	300.914.916.155 Authorized Leave of Absence or Pass
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POLICY:

A temporary leave of absence, or pass, from the hospital will be considered in order to promote patients’ reintegration back into their home community or for extenuating circumstances, related to treatment regimens or urgent personal circumstances.

A pass from the hospital requires an order from the Most Responsible Provider (MRP) or Nurse Practitioner (NP).

Unless otherwise specified, all weekend passes will be from 1500 hrs Friday to 2000 hrs Sunday

For Mental Health Patients; in accordance with Article 27(1) of the Mental Health Act; the attending physician may, subject to subsection (3), place a patient on a leave of absence from the psychiatric facility for a designated period of not more than three months if the intention is that the patient shall return to the facility. 2000, c. 9, s. 9. The attending physician and the patient shall comply with such terms and conditions for the leave of absence as the officer in charge may prescribe. 2000, c. 9, s. 9.

- Patients on a Form 1 are not permitted to go on any pass

GUIDELINES

- A pass or leave of absence can be ordered by the MRP/NP based on clinical judgement after a period of assessment and observation has occurred suitable to the patient’s history.
- All authorized passes should indicate pass duration, including date and time of departure and return, and if the patient is to be escorted and by whom.
- Patients will be supplied with enough medication for the duration of the pass
- Pharmacy will require a minimum of 24 hours notice to prepare medication for patients going on overnight pass. Any requests made within 24 hours of planned departure cannot be guaranteed and will be at the discretion of the Pharmacist on duty.
- Methadone or Buprenorphine/Naloxone will not be dispensed for patients going on pass who are part of an Opioid Agonist Maintenance Treatment program (see policy # 290.914.916.055)
- If patient is leaving or returning at a scheduled medication administration time, that dose should be given to the patient while they are in hospital, using the inpatient supply

EXPECTED OUTCOME:

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All processes to enable patients to leave on an authorized pass will be completed in a timely and effective manner.

DEFINITIONS:

Officer in Charge; the officer who is responsible for the administration and management of a psychiatric facility

Day Pass: an authorized leave from the hospital, where the patient returns at, or before, 2000 hrs the same day.

Overnight Pass: an authorized leave from the hospital, where the patient returns the following day, at, or before, 2000 hrs

Weekend Pass: an authorized leave from the hospital, where the patient is absent for 2, or more nights, up to a maximum of 3 nights.

PROCEDURE:

- A written order from the MRP/NP is required in order for the patient to be permitted a pass or leave of absence
- The Release of Responsibility for Patients on Authorized Leave Form (RELRAL, Appendix C) must be signed by the patient and the family/guardian/next of kin accompanying the patient, if applicable; and witnessed by staff before the patient leaves the unit. The length of the pass must be included on this Release Form

Prior to Patient Departure

Clinical Nurse will:

- Conduct an assessment regarding the patient's status, documenting the time and patient's health status (physical, mental, emotional)
- Document assessment findings in the patient's chart along with:
 - departure time
 - stated destination
 - whether the patient was accompanied and by whom
 - any pass medications given
 - expected date and time of return
- Inform the Unit Secretary to cancel appropriate meals via the Office Entry System on Meditech, update the Kardex/whiteboard and lock the patient's room where applicable

For Overnight or Weekend Passes, when medications are required;

MRP/NP will:

- Complete the Meditech-generated PASS MEDICATION ORDERS sheet (see Appendix B), preferably within 24-48 hours prior to pass departure, and no more than 72 hours prior to pass departure, by reviewing each medication and putting a check in the appropriate Yes/No column
- Specifically order the quantities of narcotics, benzodiazepines, other controlled drugs and any PRN medications to be sent with patient

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- Include the pass duration on the order sheet
- Complete a new PASS MEDICATION ORDERS sheet if medications change after order sheet was initially generated

Unit Secretary or Clinical Nurse will:

- Scan a copy of the PASS MEDICATION ORDERS to Pharmacy at least 24 hours prior to patient's departure

Pharmacist will upon receipt of a pass medication order:

- Review and print a copy of the PASS MEDICATION ORDERS sheet to ensure that quantities have been included for any narcotic, benzodiazepine or other controlled medication, and that the quantities are appropriate for the pass duration.
- If the quantity ordered is greater than the quantity required for the pass duration, decrease the dispensed quantity and document on the order sheet
- If the quantity ordered is less than the quantity required for the pass duration, contact the prescriber to confirm the quantity to dispense. If the prescriber wishes to increase the quantity for a narcotic, a new written order is needed, however, a telephone order is acceptable for other controlled medication.
- Review patient's medication profile and convert all scheduled medications ordered and any PRN medications, where quantity is included. If no quantity is included for a PRN medication, none will be dispensed.
- Provide labels or labelled containers for multi-dose products, such as creams, inhalers, eye drops, as these will not be reissued
- Provide a label or labelled container for patient's own medication (POM), that the patient is using in hospital, which should be sent for the pass
- Check that labels have been generated for all converted medication orders

On the Day of the Pass Departure:

Pharmacy Technician will:

- Prepare the medications with the quantity indicated on the label
- Record the quantity filled and initial on the copy of the PASS MEDICATION ORDERS sheet for each medication
- Place the medications and labels for multi-dose products/POMs in a basket with the order sheet to be checked

Pharmacist will:

- Check prepared medications against current medication profile. Ensure all scheduled medications and any specified PRN medications have been filled with the appropriate quantity and directions
- Print a medication chart for the patient and indicate administration times
- Place medication, any labels for multi-dose products, POMs and medication chart in bag for deliver to nursing unit

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- Place copy of PASS MEDICATION ORDERS sheet in designated bin to be retained in Pharmacy for 10 years.

Clinical Nurse will:

- Check the medication orders with the dispensed medication from Pharmacy to ensure accuracy.
- Attach appropriate labels to multi-dose products/POMs, or place items in labelled container supplied by Pharmacy

For Day Passes, when medications are required;

The MRP/NP will:

- Write a day pass order, including the pass duration, on the order sheet
- Indicate, on the order sheet, whether to send patient with all scheduled medications due to be administered during the pass **OR** complete a PASS MEDICATION ORDERS sheet to select only certain medications

Clinical Nurse will:

- Dispense the patient's medications required for the day pass from the patient's medication bin or automated dispensing unit (ADU), with the exception of narcotics, benzodiazepines or other controlled medications.
- Prepare each medication by:
 - Completing a pre-filled label and clearly filling in the required spaces
 - Inserting the medication into a small brown envelope and attaching the label
- Document the quantity dispensed, and sign on order sheet as "prepared by"
- Scan the order to Pharmacy if narcotics, benzodiazepines or other controlled medications are required. Pharmacy will prepare only these medications, following the procedure outlined for overnight/weekend passes

Prior to Patient Departure

Clinical Nurse will:

- Review the labelled instructions for each medication with the patient/caregiver and answer any questions they may have prior to the patient's departure

On the Patient's Return

Clinical Nurse will:

- Conduct an assessment regarding the patient's status; documenting the return time, patient's health status (physical, mental, emotional), compliance with medication regimen and the patient's management of the pass
- Retrieve any unused medications from the patient. Any narcotic, benzodiazepine or other controlled medication requires a witness, and must be counted and recorded in the narcotic record, documented as waste, and disposed of in the sharps container. Other medication may be placed directly into the sharps container for disposal.

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Patients who do not return from Authorized Pass

In the event that a patient does not return from pass within 60 minutes of pass expiration and has not given staff any notice of not returning, the Clinical Nurse will:

- Attempt to contact the patient at home
- If unable to contact patient, call the patient's next of kin
- Notify the MRP and collaborate regarding risk and further steps
- Complete an iReport and document in the patient's chart
- Ensure the patient status is documented every shift while the patient is AWOL

The bed may be held for up to 48 hrs unless it is known that the patient will not be returning or has been admitted to another facility.

For **Involuntary** patients the Clinical Nurse will also

- Contact and inform the Police (905 881-1221)
- Make arrangements with the Officer in Charge or appointed designate to complete a Form 9 and provide to the police
- Notify resource-on-call via switchboard

Mental Health System:

- In addition to the above procedures, Mental Health MRP will complete preprinted PASS FROM INPATIENT MENTAL HEALTH ORDERS for weekend and overnight passes (see Appendix A)
- The attending physician and the patient shall comply with such terms and conditions for the leave of absence/pass as the officer in charge may prescribe

REFERENCES

270.914.914.020 RELEASE OF RESPONSIBILITY FOR PATIENTS ON AUTHORIZED LEAVE (retired)

170.914.916.060 PASS MEDICATIONS (retired)

270.501.010 AUTHORIZED PASSES FOR INVOLUNTARY PATIENTS IN INPATIENT MENTAL HEALTH (IPMH) (retired)

270.501.005 AUTHORIZED PASS IN INPATIENT MENTAL HEALTH (retired)

270.501.015 PATIENT LEAVING HOSPITAL WITHOUT PERMISSION (AWOL) IN INPATIENT MENTAL HEALTH

270.500.010 APPOINTED DESIGNATE FOR DIRECTOR OF MENTAL HEALTH DURING ABSENCE

100.917.050 CODE YELLOW - MISSING PATIENT: BOTH SITES

270.500.015 ROLES AND RESPONSIBILITIES OF THE OFFICER IN CHARGE UNDER THE MENTAL HEALTH ACT

College of Nurses of Ontario Medication Practice Standard (2015)

ENDORSEMENT(S):

Mental Health Operations Committee 16/06/16

Interprofessional Advisory Committee 24/08/16

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Drugs & Therapeutics Committee 06/10/16

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Appendix A; Pass from Inpatient Mental Health Orders

MARKHAM STOUFFVILLE HOSPITAL					
<input type="checkbox"/> Markham Site <input type="checkbox"/> Uxbridge Site					
PRE PRINTED ORDERS PASS FROM INPATIENT MENTAL HEALTH ORDERS					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Date & Time:</td> </tr> <tr> <td style="padding: 2px;">Allergies: <input type="checkbox"/> NKA</td> </tr> </table>		Date & Time:	Allergies: <input type="checkbox"/> NKA		
Date & Time:					
Allergies: <input type="checkbox"/> NKA					
Action	PASS FROM INPATIENT MENTAL HEALTH ORDERS				
	Observation Level <input type="checkbox"/> Routine <input type="checkbox"/> Discontinue C15 Patient Status <input type="checkbox"/> Voluntary <input type="checkbox"/> Form 3 or 4				
	<input type="checkbox"/> Day Pass From: _____ (Time) To: _____ (Time) <input type="checkbox"/> Overnight Pass <input type="checkbox"/> Weekend Pass From: _____ (Date) _____ (Time) To: _____ (Date) _____ (Time) <input type="checkbox"/> Unaccompanied <input type="checkbox"/> Accompanied. By whom? _____				
	Miscellaneous Comments/Instructions <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				
	Pass Medications Requires a separate prescription Pharmacy to dispense: <input type="checkbox"/> No medication <input type="checkbox"/> Medications as per the Pass Medication Orders				
Ordering Practitioner Signature	Date	Unit Secretary Signature	Date	Nurse Signature	Date
Officer in Charge Authorization for Patient on F3/F4					
Signature: _____			Date/Time: _____		
PPOIMHO (9/15)		(DTC/MAC approved 9/15)		<input type="checkbox"/> Scanned to Pharmacy	

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Appendix B; Pass Medication Orders

DATE: 15/06/16 @ 1408 USER: KMCFARLANE	Markham Stouffville Hosp PHA **LIVE**	PAGE 1			
PASS MEDICATION ORDERS					
UNIT # ACCOUNT #	PATIENT: DOCTOR!	LOCATION: ROOM/BED:			
DRUG ALLERGIES:					
MEDICATION and STRENGTH	DOSE	ROUTE	SIG	PASS Rx YES NO	QUANTITY
amLODIPine	7.5 MG	PO	DAILY		
OLANzapine	10 MG	PO	QHS		
PALIPERIDONE	6 MG	PO	QHS		
HALOPERIDOL	5 MG	PO	Q6H PRN		
LORazepam	1-2 MG	PO/SL	Q6H PRN		

PLEASE NOTE:
Benzodiazepines, narcotics, controlled drugs, and PRN medications will NOT be dispensed unless a quantity is indicated.
Other scheduled medications will be dispensed in a quantity sufficient for the pass duration unless otherwise indicated.

Pass duration: FROM _____ (date) (time) - THRU _____ (date) (time)

PRINT PHYSICIAN'S NAME: _____ CPSO# _____

PHYSICIAN'S SIGNATURE: _____ Date: _____ Time: _____

UNIT SECRETARY: _____ Date: _____ Time: _____

NURSE'S SIGNATURE: _____ Date: _____ Time: _____

[PHA_RX_0106_04_Medication_Pass_Med_Orders_2015_v2](#) ** [] Scanned to Pharmacy **

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Appendix C



Markham Site Uxbridge Site

**RELEASE OF RESPONSIBILITY
AUTHORIZED LEAVE FROM HOSPITAL**

This is to certify that I, _____
Name of Patient/Substitute Decision Maker

hereby release Markham Stouffville Hospital, its Doctors, Employees and Volunteers from all responsibility which may result from each and every authorized absence from the hospital during my or _____ current hospital admission.
Name of Patient

I understand and agree that if I do not return to the hospital by the Expected Return date and time last noted below, the hospital may contact my next of kin or emergency contact. If I am an Involuntary Patient the hospital may also contact the Police with the aim of arranging for my safe return to the hospital.

Signature of Patient (or Substitute Decision Maker if applicable) Date

Relationship of Substitute Decision Maker (if applicable)

Date	Time	Destination	Phone #	Expected Return	Signature	Witness	Family/Guardian/ Next of Kin of Patient



RELRAL (d2x8/16) (1/1/10)

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