Absconding Protocol

Site Applicability

Patients involuntarily certified under the British Columbia Mental Health Act at:

- St. Paul's Hospital - Mental Health Inpatient Units (2N, 8C, 9A, PASU, 4NW)
- St. Paul's Hospital - Medicine, Surgery and Critical Care Units
- Mount St. Joseph Hospital – Geriatric Psychiatry Unit (MSJ-1S)
- St. Vincent's Langara – Alder Neuropsychiatry Unit
- Youville – Parkview Unit

Practice Level:

Basic – RN/RPN and Physicians

Need to Know:

Definition: There is no consensus on a single operational definition of ***absconding*** (Muir-Cochrane, Muller & Oster, 2021); however, the term is commonly used to describe events where individuals under a mental health order leave hospital without authorization (Gerace et al., 2015). Synonyms include: unauthorized leave, absence without leave (AWOL), escape, elopement, and failure to return (Bailey, Page, Ndimande, Connell, & Vincent, 2010; Mezey, Durkin, Dodge, & White, 2015). For the purposes of this protocol, the authors will use the term *absconding* to refer to events when patients certified under British Columbia`s Mental Health Act (MHA) leave an acute inpatient unit without permission or do not return from an authorized therapeutic pass at an agreed time.

Background: Absconding can lead to a number of serious outcomes such as physical harm, prolonged treatment time, treatment cessation, and substance use (Gerace et al., 2015; Hunt et al, 2016; Muir-Chochrane et al., 2015). There are many reasons for absconding, including but not limited to: feeling fearful and isolated; having a lack of insight into the need for hospitalization; history of substance use; a disturbing unit environment; and lack of privacy (Bowers, Jarrett, Clark, Kiyimba, & McFarlane, 2000).

Section 41 of the MHA uses the term *unauthorized absence* to define absconding. This definition is important in understanding when police powers to re-detain a patient apply, and the circumstances in which a warrant may be required. Subsection (1) states:

> *"If a patient detained in a designated facility leaves the designated facility without having been released on leave or transferred to an approved home under section 37 or 38 or discharged under this Act, the director may, within **60 days** after the date on which the patient leaves the facility, issue a warrant in prescribed form for the apprehension of the patient…"*

Protocol

Initial and Ongoing Risk Screening

All patients should be screened for absconding risk, particularly on admission, prior to transfers, prior to passes, and with changes in mental status. Risk factors include, but are not limited to:

- History of absconding (previous or current admission)
- Medication refusal in-hospital (particularly within the last 48 hours)
- History of substance use
- Diagnosis of schizophrenia

Interventions

If a patient is at risk for absconding, consider the following interventions:

- Engage in 1:1 therapeutic conversation with patient, seeking to understand potential motivations for absconding (e.g., alcohol/substance cravings)
- Provide education (and involve family/support persons) around treatment plan
- If appropriate, initiate close or constant observation
- Review passes (e.g., consider accompanied passes), providing rationale and opportunities for engagement in-hospital
- Encourage participation in therapeutic modalities offered on unit (e.g., occupational therapy groups, sensory modulation room, etc.)
- If possible, physicians to provide patient with an estimated length of stay
- If appropriate, offer nicotine replacement therapy (NRT)
- If appropriate, involve Addictions Medicine Consult Team (AMCT)

ABSCONDING PROTOCOL

Determining When to Initiate the Absconding Protocol*

Situation	Action
Patient observed absconding from unit	Initiate protocol **immediately**
Patient has not returned from pass	Initiate protocol **1 hour after expected time of return**
Patient missing from unit	Initiate protocol after thorough search on unit and begin Code Yellow Response (see HEMBC manual for your site), as appropriate

*** For Medicine, Surgery and Critical Care Units:**

- Notify the Most Responsible Physician (MRP) that a certified patient has absconded.
- Provide the MRP with rationale for certification based on patient's certification status and reason for hospital admission (i.e. if they are on extended leave and only admitted for medical reasons, do not issue Form 21).
- Ask MRP if they want to issue a Form 21 (Directors Warrant) or discharge the patient AMA (against medical advice)
    - *Please note that the default decision is to issue a Form 21. It is only in exceptional circumstances that this should not occur such as if the patient is on extended leave and only admitted for medical reasons.*
    - *When the Consult Liaison (CL) Psychiatry team is following a patient on Medicine, Surgery and Critical Care units, CLPS will document when these exceptional circumstances exist in their consult note as well as the Team Communication section of the chart.*
    - *If the MRP is considering declining to issue a Form 21 or is otherwise uncertain, they should liaise directly with the CL Psychiatry team (or the on-call psychiatrist, if after hours) to confirm this is appropriate from a mental health perspective.*
    - *If the MRP decides to issue a Form 21, proceed with absconding protocol*
    - *If the MRP declines to issue a Form 21, **do not** proceed with absconding protocol and discharge the patient as a patient initiated discharge.*
- Document MRP decision.

Code Yellow

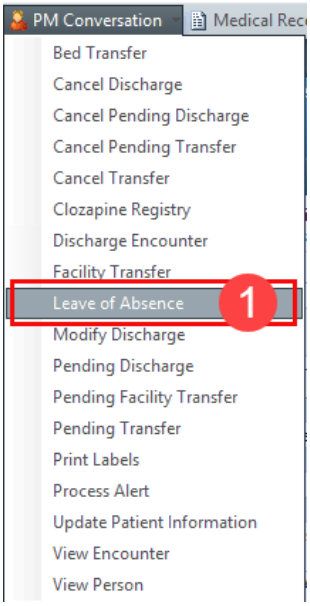
A Code Yellow is a coordinated response procedure for missing patients. See Emergency Response and Code Manual for details. In the context of inpatient psychiatric settings, the ***absconding protocol*** and ***pre-code yellow*** (a preliminary security search of hospital common areas) should be simultaneously initiated when a patient is noticed missing from the unit and the team is uncertain whether a patient has intentionally absconded.

If there is strong rationale to believe the patient has intentionally absconded (e.g., patient observed running off unit), the clinical team may choose NOT to initiate a code yellow response. The rationale for this decision should be clearly *documented* in the nursing narrative notes. If there is a possibility the patient was not witnessed leaving unit, call a Code Yellow. This is particularly important if the patient presents concerning safety risks (e.g., likely harm to self or others).

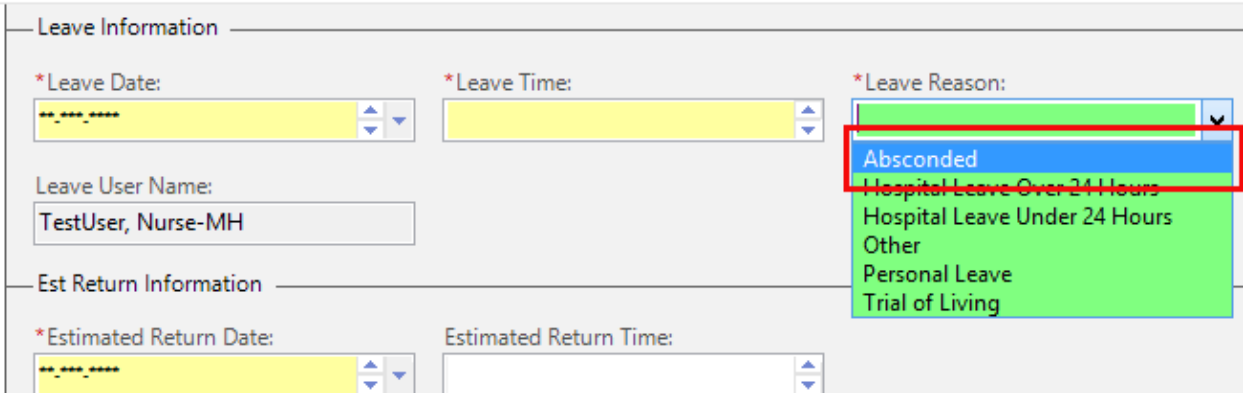
For detailed instructions, please refer to CST Cerner Help link: Document Missing Patient Certified Under Mental Health Act

Absconding (AWOL) Protocol

1. **Issue Warrant**
    a. In FormFast, search “Form 21” and print and complete Form 21: Director’s Warrant Form
    b. Send MHA Form 21 and report to appropriate parties using your site-specific protocols and workflow. ***See table 1.0 and 1.1 for more details***
2. **Document the Patient’s Leave of Absence (LOA) section under PM Conversation**
    a. Click PM Conversation in chart toolbar and select Leave of Absence

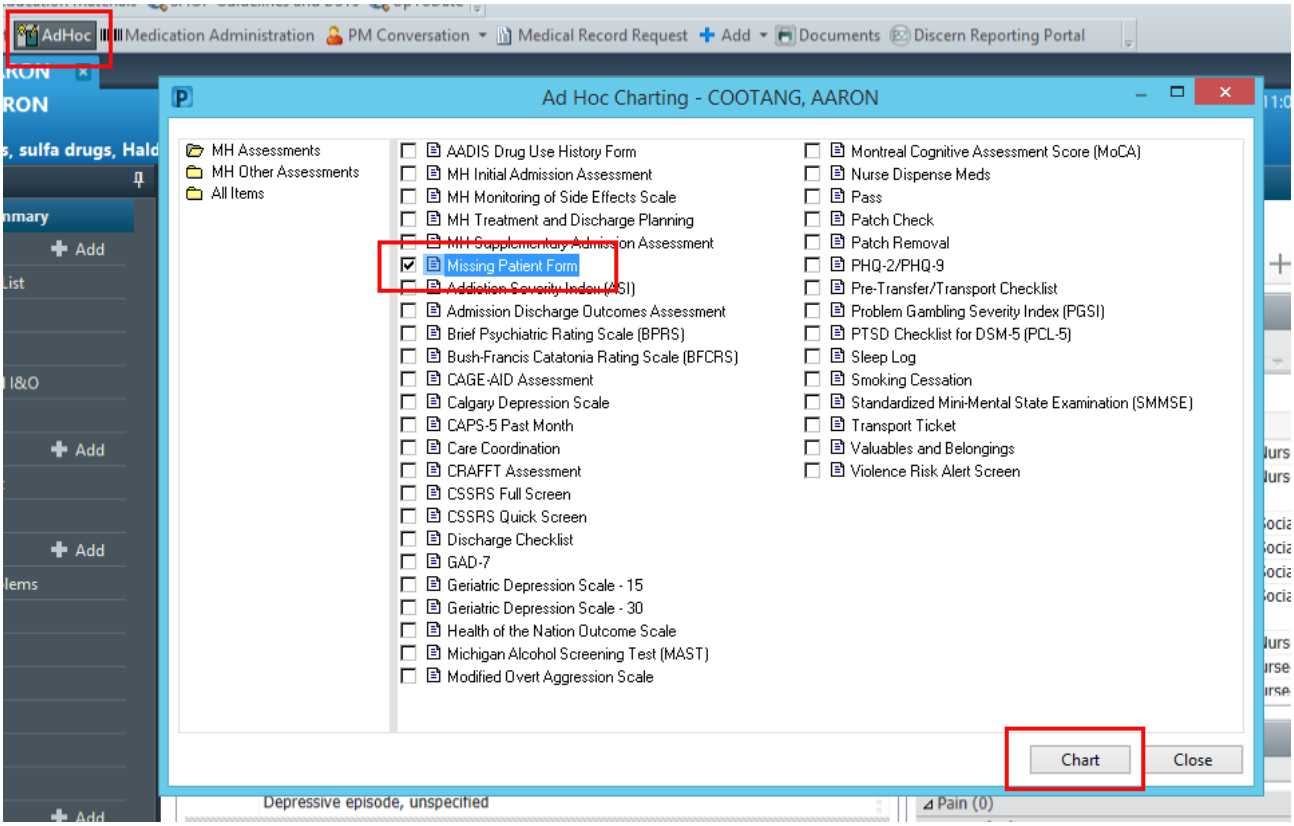


    b. Select applicable **Leave Reason**



    c. Click Complete (Note: Yellow boxes are mandatory fields)

3. **Complete the Missing Patient Powerform (found in AdHoc Folders)**



Additional Information Related to Absconding Protocol

As outlined on the CST Cerner **Missing Patient PowerForm**, there are several steps to follow if a patient absconds. These steps are outlined below; with additional notes that may be helpful to nurses (***This information applies to all sites/units, except where indicated otherwise).***

When reporting an absconding event to the Vancouver Police Department (VPD) or Car 87/88, be prepared to provide demographic information and a physical description (may refer to MH Initial Admission Assessment and Pass PowerForm in documentation).

Initiating the Absconding Protocol

Table 1.0

Step	Notes
1. Call Code Yellow (as appropriate)	• Refer to Code Yellow Manual ○ Consult with team in deciding whether to proceed with Code Yellow protocol (and document rationale accordingly)
2. Approval to Proceed	***Medicine, Surgery and Critical Care Units ONLY***: • Nurse to notify the Most Responsible Physician (MRP) that a certified patient has absconded. • Nurse to supply the MRP with rationale for certification based on Forms 4.1 and 4.2. • Nurse to ask MRP if they want to issue a Form 21 (Directors Warrant) or discharge the patient AMA (against medical advice) • *Please note that the default decision is to issue a Form 21. It is only in exceptional circumstances that this should not occur such as if the patient is on extended leave and only admitted for medical reasons.* • *When the CL psychiatry service is following a patient on Medicine, Surgery and Critical Care units they will document in their consult note as well as the Team Communication section of the chart when these exceptional circumstances exist.* • *If the MRP is considering declining to issue a Form 21 or is otherwise uncertain they should liaise directly with the CL psychiatry team (or the on call psychiatrist if after hours) to confirm this is appropriate from the mental health perspective.* • *If the MRP decides to issue a Form 21, proceed with absconding protocol* • *If the MRP declines to issue a Form 21, do not proceed with absconding protocol and discharge the patient as a patient initiated discharge.* • Document the MRP's decision.
3. Report to Security	• '4777' – Routine line • '5800' – Urgent line
4. Report to Vancouver Police Department (VPD)	• Call 604-717-3321 • Record VPD File # provided

5. Complete a Mental Health Act Form 21 – Director's Warrant	• In FormFast, search "Form 21" and select Form 21 or print from Form 21 hyperlinked here • Complete a Form 21, ensuring Form 21 is signed by the director or designate (see Appendix A) • Discuss with MRP if Form 21 should include expiry date or if one of the conditions on Form 21 applies. If expiry is appropriate, indicate **expiration date of 60 days from the abscond date** and document reason why expiry date was appropriate. • Write VPD File # directly on Form 21 • In FormFast, search "CPIC" and select Canadian Police Information Centre (CPIC) Form 21 Apprehension Notice (Appendix B) • Complete form and fax, along with Form 21 to VPD (fax: 604-665-3454) • Store paper copies of Form 21 and CPIC in patient's chartlet
6. Document patient's leave of absence	• Under PM Conversation • Select Leave of Absence and choose leave reason • Complete **Leave of Absence PM conversation**
7. Complete Missing Patient PowerForm	• Found in Ad Hoc Folder • Select and complete **Missing Patient PowerForm** • Complete certification and absconding details
8. Report to Car 87/88 (*Mental Health Car – partnership between VPD officer and VCH nurse)*	• Call 604-675-3768 • Use CPIC Fax (Appendix B, Form No PS253) to fax Form 21 to Car 87/88 at 604-675-4890
9. Hold patient's bed for 6 hours	***Mental Health Inpatient Units* and *Medicine/Surgery/Critical Care Units:*** Bed hold to start 6 hours after: ○ expected time of return from pass ○ OR patient witnessed absconding from unit ○ OR patient noticed missing from unit
10. Notify individuals listed in right column	• Most responsible physician (or physician on-call after hours) • Patient's residence (if applicable) • Patient's family/support person • Unit Clinical Nurse Leader (CNL) (or charge nurse (CN) after hours)

	• Patient's community mental health team (if applicable)
	• Emergency Department Triage, dial '63213'
	Mental Health Inpatient Units ONLY:
	• Acute Behavioural Stabilization Unit (ABSU), dial '68874' and fax:
	  ○ Forms 4.1 & 4.2, 6, 20, 21
	  ○ Most recent physician note and current Medication Administration Record (MAR)
	• Psychiatric Assessment and Stabilization Unit (PASU), dial '62427' and provide time of absconding

11. Report on the Patient Safety Learning System (PSLS)	Select 'Unsafe Behaviour' icon and complete fields as prompted
12. Complete the When I Leave Hospital: Form No PS207 (triplicate) or Found in FormFast (Form ID3102) – must be copied for distribution	***Mental Health Inpatient Units ONLY***: Check the appropriate exclusion criteria for discharge: "Patient left against medical advice (AMA)" and file in chartlet

If Patient Returns to Unit following Absconding:

Table 1.1

Step	Notes

• Notify individuals listed in "notes"	• MRP/psychiatrist (or physician on-call after hours)
	• CNL or Charge Nurse
	• VPD by
	  i. In FormFast, search "CPIC." Select and complete the Notice to Canadian Police Information Centre (CPIC) Return from Absconding Form (Appendix C)
	  ii. Fax completed form to VPD (604-664-3454)
	  OR
	  iii. Call the VPD non-emergency line (604-717-3321)
	• Security (routine line: '4777')
	• Car 87/88 (phone: 604-675-3768)
	• Patient's family/support person(s)
	• Patient's residence (if applicable)

	• Patient's community mental health team ***Mental Health Inpatient Units ONLY***: • ABSU ('68874') • PASU ('62427')
• Cancel Code Yellow if called	Refer to Code Yellow Manual
• Update the Leave of Absence PM Conversation in Cerner	• Select patient's profile • PM Conversation found in toolbar
• Document patient's return on Missing Patient PowerForm	• Open signed **Missing Patient PowerForm** in Documents section • Add new information to the Missing Patient Outcome section
• When I Leave Hospital Form No PS207 (triplicate) or FormFast (Form ID3102)	***Mental Health Inpatient Units ONLY***: • Strike a line through the form and note that patient has returned. Keep in chartlet for scanning to electronic record • Add a new copy of the form, which will need to be completed upon discharge.

Documentation

1. Absconding **risk** should be documented as follows:

   All Mental Health Sites/Units* and *Medicine/Surgery/Critical Care Units

   - **Nursing Narrative Notes**, with any changes to absconding risk

   Mental Health Inpatient Units ONLY:

   - **Mental Health Pass PowerForm** prior to passes – under 'History of AWOL'

2. Absconding **events** should be documented as follows:

   All Mental Health Sites/Units* and *Medicine/Surgery/Critical Care Units

   - **CST Cerner Missing Patient PowerForm**
   - **Nursing Narrative Notes**: include time of abscond, relevant details related to absconding event, and state absconding protocol completed
   - **Patient Safety Learning System (PSLS)** – enter PSLS, select the 'unsafe behaviour' icon and complete fields as prompted.

Mental Health Inpatient Units ONLY:

- **When I Leave Hospital Form** (Form No PS207) – check the appropriate exclusion criteria for discharge: "Patient left AMA". If patient returns from absconding, Strike a line through the form and note that patient has returned. Keep in chartlet for scanning to electronic record. Add a new copy of the form, which will need to be completed upon discharge.

3. **Code Yellow** decisions should be documented as follows:

   All Mental Health Sites/Units* and *Medicine/Surgery/Critical Care Units

   - If a code yellow was called, indicate code yellow was initiated on Missing Patient PowerForm.
   - If a code yellow was NOT called, document rationale under documentation in a **nursing narrative note**.

Related Standards and Resources:

1. Code Yellow MSJ, SPH, Youville, St, Vincent's Langara
2. Code White Emergency Response, PHC
3. BD-00-07-41007 – Therapeutic Leaves (Mental Health & Substance Use)
4. B-00-13-10081 - Close or Constant Care: Decision Making Process
5. B-00-13-10059 - Managing Unsettled/Challenging Behaviours: Least Restraint
6. B-00-11-10179 – Patient Initiated Discharge Policy

References

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2. Bowers, L., Jarrett, M., Clark, N., Kiyimba, F., & McFarlane, L. (2000). Determinants of absconding by patients on acute psychiatric wards. *Journal of Advanced Nursing*, *32*(3), 644-649.
3. Cabarkapa, S., Sadhu, R., King, J., Dowling, N., Radhakrishnan, R., Akinbiyi, A., Srinivasaraju, R., & Stevenson, D. (2021). Absconding from Public Mental Health Inpatient Units - Who Does it, and why? *The Psychiatric Quarterly*, 92(1), 229–237. https://doi.org/10.1007/s11126-020-09788-5
4. Hunt, I., Clements, C., Saini, P., Rahman, M.S., Shaw, J., Appleby, L., et al., (2016). Suicide after absconding from inpatient care in England: An exploration of mental health professionals experiences. *Journal of Mental Health, 3,* 245-253.
5. James, R., & Maude, P. (2015). A focus on absconding in mental health: a review of the literature. *International Journal of Health Sciences and Research*, *5*(12), 400-409.
6. *Mental Health Act* (1996). Retrieved from the Government of British Columbia website: http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96288_01
7. Mezey, G., Durkin, G., Dodge, L., & White, S. (2015). Never ever? Characteristics, outcomes and motivations of patients who abscond or escape: A 5-year review of escapes and absconds from two

medium and low secure forensic units. *Criminal Behaviour and Mental Health, 25*, 440-450.

8. Muir-Cochrane, E., Oster, C., Grotto, J., Gerace, A., & Jones, J. (2013). The inpatient psychiatric unit as both a safe and unsafe place: Implications for absconding. *International Journal of Mental Health Nursing*, *22*(4), 304-312.
9. Muir-Cochrane, E., Oster, C., Muller, A. (2021). Absconding: A qualitative perspective of patients leaving inpatient psychiatric care.
10. Stewart, D., & Bowers, L. (2010). Absconding from psychiatric hospitals: A literature review. London: Institute of Psychiatry.
11. Verma, D. K., Khanra, S., Goyal, N., Das, B., Khess, C. R. J., Munda, S. K., & Ram, D. (2020). Absconding during inpatient care from a tertiary psychiatric hospital: a comparative study. *Indian Journal of Psychological Medicine*, *42*(5), 456-463.
12. Voss, I., & Bartlett, R. (2019). Seeking freedom: A systematic review and thematic synthesis of the literature on patients' experience of absconding from hospital. *Journal of Psychiatric and Mental Health Nursing*, *26*(9-10), 289-300.

Appendices

Appendix A: Mental Health Act Director Designation

Appendix B: Form 21 Apprehension Notice to Canadian Police Information Centre (PS253)

Appendix C: Return from Absconding Notice to Canadian Police Information Centre (PS254)

Appendix A: Mental Health Act Director Designation

Vancouver Coastal Health | Providence Health Care — How you want to be treated.

Regional VCH Authorization to Sign/Act as Director for *Mental Health Act* Forms

For forms, please visit: https://www2.gov.bc.ca/gov/content/health/health-forms/mental-health-forms

Mental Health Act Forms	Director Delegation
• **Form 4: Medical Certificate (Involuntary Admission)**	• Physician fully licensed in BC (Not a Resident)[1]
• **Form 5: Consent for Treatment**	• Physician fully licensed in BC • Resident doctor, enrolled and registered in the UBC Faculty of Medicine's Psychiatry Residency Program • Mental Health & Substance Use (MHSU) Program Manager/ Director • Patient Care Manager, Patient Services Manager, or Care Management Leader • Unit Nurse-in-Charge • Specialized Psychiatric Nurse Clinician • Social Worker
• **Form 6: Medical Report on Examination of Involuntary Patient (Renewal Certificate)**	• Physician fully licensed in BC (Not a Resident)
• **Form 11: Request for Second Medical Opinion[2]**	• Physician fully licensed in BC (Not a Resident) • MHSU Program Manager/ Director • Hospital Nurse or Social Worker • MHSU Team Leader, Clinical Coordinator, Clinical Supervisor, Case Coordinator, Case Manager or Clinician
• **Form 12: Medical Report (Second Medical Opinion)**	• Head or Acting Head, Department of Psychiatry • Medical Director or Acting Medical Director • Physician Delegate in leadership/management position
• **Form 13: Notification to Involuntary Patient of Right Under the Mental Health Act** • **Form 14: Notification of Patient Under 16 Admitted by a Parent or Guardian** •	• Physician fully licensed in BC (Not a Resident) • MHSU Program Manager/ Director • Hospital Nurse or Social Worker • MHSU Team Leader, Clinical Coordinator, Clinical Supervisor, Case Coordinator, Case Manager or Clinician
• **Form 15: Nomination of Near Relative** • **Form 16: Notification to Near relative (Admission)** • **Form 17: Notification to Near relative (Discharge)**	• Physician fully licensed in BC (Not a Resident) • MHSU Program Manager/ Director • Hospital Nurse or Social Worker • MHSU Team Leader, Clinical Coordinator, Clinical Supervisor, Case Coordinator, Case Manager or Clinician

[1] Physicians, Directors/Delegates and staff providing care for involuntary patients under the *Mental Health Act* must complete the provincially approved LearningHub module BC *Mental Health Act* – Education for Nurses, Allied Health & Medical Staff, and be familiar with the *Mental Health Act Standards*.

[2] Note that Forms 11, 13, 14, 15 do not require the Director or Delegate to sign. The named persons are authorized by the Director to assist with questions arising regarding these forms.

Vancouver Coastal Health | Providence Health Care — How you want to be treated.

• **Form 18: Notification of Near Relative (Request for Panel Hearing)**	• Physician fully licensed in BC (Not a Resident) • MHSU Program Manager/ Director • Patient Care Manager, Patient Services Manager, or Care Management Leader • Hospital Nurse or Social Worker • MHSU Team Leader, Clinical Coordinator, Clinical Supervisor, Case Coordinator, Case Manager or Clinician
• **Form 19: Certificate of Discharge**	• Physician fully licensed in BC (Not a Resident)
• **Form 20: Leave Authorization**	• Head or Acting Head, Department of Psychiatry • Medical Director or Acting Medical Director/ or Physician Delegate • Physician Delegate in leadership/management position
• **Form 21: Director's Warrant**	• Physician fully licensed in BC (Not a Resident) • MHSU Program Manager/ Director • Patient Care Manager, Patient Services Manager, or Care Management Leader • MHSU Team Leader, Clinical Coordinator, Clinical Supervisor, Case Coordinator, Case Manager or Clinician • Unit Nurse-in-Charge

Designated Facility	Designated Facility Mental Health Act Director [3]
Vancouver General Hospital (VGH) & UBC Hospital (UBCH)	Dr. JJ Sidhu
Richmond Hospital (RH)	Dr. Ashok Krishnamoorthy
Lions Gate Hospital (LGH), Sechelt Hospital (SH), & Powell River General Hospital (PRGH)	Dr. Marius Welgemoed
St. Paul's Hospital (SPH) & Mount St. Joseph's Hospital (MSJ)	Dr. Harpreet Chauhan

VCH/PHC Senior Mental Health Act Director [4]
Dr. Lakshmi Yatham

Duration of authorization: December 2027

[3] "Director" means a person appointed under the regulations to be in charge of a designated facility and includes a person authorized by a director to exercise a power or carry out a duty conferred or imposed on the director under this Act or the *Patients Property Act* - see *Mental Health Act,* Mental Health Regulation 233/99, Section 3. Retrieved from: http://www.bclaws.ca/civix/document/id/complete/statreg/233_99.

[4] Senior MHA Director is "a senior official within the health authority is appointed by the board of the health authority to maintain a current list of all appointed directors within the health region and to oversee the performance of all appointed directors and persons authorized by an appointed director to perform the duties of the appointed director" (MHA Standards, 2020, p.6).

Appendix B: Form 21 Apprehension Notice to Canadian Police Information Centre (PS253)

Providence Health Care

NOTICE TO CANADIAN POLICE INFORMATION CENTRE (CPIC)

FORM 21 APPREHENSION

* 7 0 2 3 *

Absence Documentation

Date: _____

URGENT & CONFIDENTIAL

From: PROVIDENCE HEALTH CARE

Site/Hospital: _____

Unit: _____

Unit Phone Number: _____

FAX to: VPD CPIC – 604-665-3454
and
CAR 87/88 – 604-675-4890

VPD File #

Re: MHA Form 21 Director's Warrant
The above would like to request police/AAC assistance with the attached Mental Health Act Form 21 Apprehension.

☐ **Form 21 Director's Warrant** (attached)	☐ Expiry date: (yyyy/mm/dd) _____ ☐ No expiry – indefinite duration

Note: the information below is relevant as of the faxed date

Surname		**Given name**	
Date of birth		**Gender**	
Aliases			
Street address			
City			
Phone #		**Alt Phone #**	
Race / Ethnicity		**Height**	
Hair colour		**Eye colour**	
Markings: (scars, tattoos, piercings)			
Cautions: (violence, suicide, self-neglect)			

Form ID-7023 (PHC-PS253 R. 4 Apr 2023) Page 1 of 1

Appendix C: Return from Absconding Notice to Canadian Police Information Centre (PS254)

Providence Health Care

NOTICE TO CANADIAN POLICE INFORMATION CENTRE (CPIC)

RETURN FROM ABSCONDING

★ 7 0 2 4 ★

Absence Documentation

Date: _____

URGENT & CONFIDENTIAL

From: PROVIDENCE HEALTH CARE

Site/Hospital: _____

Unit: _____

Unit Phone Number: _____

FAX to: VPD CPIC – 604-665-3454
and
CAR 87/88 – 604-675-4890

VPD File #	

Re: Return from absconding
Please REMOVE warrant (MHA Form 21) entry from CPIC. Subject located and returned to St. Paul's Hospital.

☐ **Form 21 Director's Warrant** (attached)	☐ Expiry date: (yyyy/mm/dd) _____ ☐ No expiry – indefinite duration

Note: the information below is relevant as of the faxed date

Surname		**Given name**	
Date of birth		**Gender**	

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Persons/Groups Consulted

Nurse Educator, Acute Mental Health, SPH

Clinical Nurse Leader, Assessment and Stabilization Unit (ABSU), SPH

Clinical Nurse Leaders, Acute & Tertiary Mental Health

Patient Care Manager, Acute Mental Health, SPH

Psychiatry Department Head, SPH

Physician Leads, Acute Psychiatry, SPH

Coordinator, Integrated Protection Services (IPS)

Corporate Director, Quality, Patient Safety, and Risk Management

Emergency Management Coordinator, Vancouver Acute Services

Manager, Health Emergency Management, Lower Mainland Services

Developed By

Clinical Nurse Specialist, Acute Mental Health

Clinical Nurse Specialist, Tertiary Mental Health

Revised By

Nurse Educator, Acute Mental Health

Patient Care Manager, Acute Mental Health SPH

Clinical Nurse Specialist, Acute Mental Health SPH

Clinical Informatics Specialist, CST

Initial Effective Date:	28-FEB-2018
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Last Revised:	29-JAN-2024
Approved By:	PHC
	Mental Health Quality & Performance Improvement Committee (QPIC) Professional Practice Standards Committee
Owners:	PHC Mental Health Program