

# PROVINCIAL GUIDELINE FOR USE OF LEAVE OF ABSENCE FEATURE IN ACUTE AND LONG TERM CARE SETTINGS

Approved by the  
Provincial Health Information Management Leadership Committee  
December 9, 2008

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## Background

Over the past two years, the Health Information Management Leadership Committee has discussed the use of the Leave of Absence (LOA) feature in various health care settings. This issue was identified through the development of a provincial mandate to address coding and abstracting practices related to patients failing to return from pass. That mandate was approved on September 28, 2006 and regional policies were to be updated to reflect this decision. Questions arose regarding the appropriate handling in the registration system of patients that leave the hospital on a pass.

On November 30, 2006, the Provincial HIM Leadership Committee agreed that the LOA feature would be used in the Meditech registration system when patients leave an acute care facility on pass. Although the LOA feature was being used by some long term care facilities for residents who leave for short periods of time, this practice was not approved for use in long term care settings until further research was undertaken regarding the impact on financial systems of adopting this same practice in that setting.

Use of the LOA feature in the acute care setting was reaffirmed by the Committee on March 12, 2007 but implementation remained slow and inconsistent. Use in the long term care sector was still being considered.

Members of the Committee consulted with various people within their organizations, particularly risk managers, utilization managers, nurse managers, finance, IT and Health Information Management staff regarding use of the proposed standard in both the acute care and long term care settings. To date, no significant deterrent to using this feature from a financial systems point of view has been raised by the regions. Feedback from some have questioned the need for use of the LOA feature if the absence of the patient or resident is documented elsewhere, e.g. on the patient/resident chart. While this type of documentation meets the most basic need to know if a patient/resident is not "in house", it does not ensure accurate statistical reporting.

Several regions currently use or are planning to use the leave of absence feature as the means to identify patient and /or resident absences.

## Purpose

To standardize the use of the LOA feature in the Meditech registration systems to ensure:

- Patients/Residents whereabouts are clearly identified on a patient roster,
- Beds remain assigned to a specific person,
- Patient/Resident days are accurately recorded, and
- Patient/Resident billing practices are not adversely affected.

## Requirements

Regional health authorities are encouraged to consider this guideline in the development of regional policies and procedures related to patients/residents on a leave of absence. Adoption of this guideline will ensure consistent practice in identifying patient/resident whereabouts, as well as accurate statistical reporting throughout the province.

## Admission Update Process

When a patient leaves an **acute care facility** on pass or for a short period of time and is expected to return, the nursing unit staff will notify the Admitting Department **upon departure**. Upon notification, admitting staff will activate the Leave of Absence (LOA) feature in the Meditech Admission system. Upon the patient's return to the facility, the nursing unit staff will notify Admitting. The Admitting staff will return the patient from the leave of absence. If the patient is on an LOA, the patient must be returned from the LOA status before being discharged.

When a resident leaves a **long term care facility** on pass or for a short period of time and is expected to return, the Leave of Absence (LOA) feature in the Meditech registration system should be activated by way of the process noted above. The most common situation in which the LOA feature would be used is that of a resident transferred to an acute care facility and **is expected to return** within a relatively short period of time (days, weeks) rather than an indefinite period of time or a resident who returns 'home' for Christmas.

When implemented, regional admission policies should be updated to reflect this guideline. Members of the Provincial HIM Leadership Committee are available within each region to assist in policy development and implementation.

Questions regarding this mandate can be directed to:

Clinical Standards and Information  
Health Analytics and Evaluation Services  
Newfoundland and Labrador Centre for Health Information  
Telephone: 709-752-6000  
Email: [csi@nlchi.nl.ca](mailto:csi@nlchi.nl.ca)

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Distribution: Provincial HIM Leadership Committee, Provincial Coding Committee, and NLCHI. Regional representatives to distribute to registration/admitting staff, nursing staff and those with registration duties after hours within the region.