Waitemata
District Health Board

Best Care for Everyone

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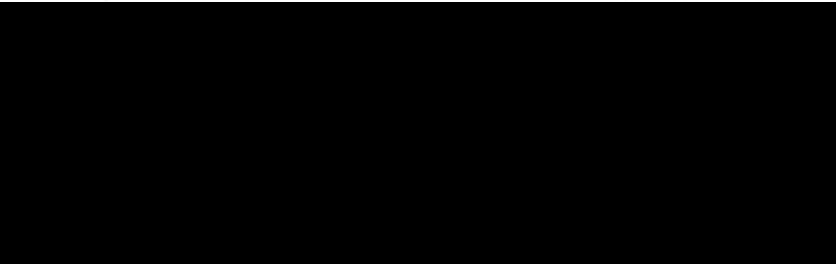
30 August 2018



Dear

Re: Official Information Act request - leave from mental health inpatient units

Thank you for your Official Information Act request, regarding leave from mental health inpatient units, which was partially transferred from the Ministry of Health to Waitemata District Health Board (DHB) on 7 August 2018.

Before responding to your specific questions, it may be useful to provide some context about our services to assist your understanding. The Waitemata DHB Mental Health and Addiction Service serves a population of 630,000 and is the largest service in the country by volume of service-users seen. Our total mental health services workforce numbers just over 1,000 staff. The Waitemata DHB adult mental health service provides community mental health care from three community hubs and has a liaison psychiatry team based in North Shore Hospital. The adult mental health service also provides acute inpatient treatment in two adult acute mental health inpatient units. He Puna Waiora is a 35-bed unit on the North Shore Hospital site and Waiatarau is a 32-bed unit on the Waitakere Hospital site.

In answer to your questions, please see the responses provided below. We have endeavoured to show how we have interpreted your questions in providing this information. The following information relates to Waitemata DHB's two adult acute inpatient mental health units.

- *How do units monitor where patients are at all times?*
- *Are there sign-in/out procedures used at all facilities?*

Patients who are well enough to leave inpatient units may be given leave from the units. Leave is used as a therapeutic tool to promote the recovery of patients and it is usual for patients to have periods of leave from the inpatient unit as part of their recovery plans.

Leave will be planned as a progressive/graduated process, with incremental increases in leave duration and decreases in supervision. This approach allows patients' mental states to be assessed and risks evaluated and leave to be agreed with family/whānau. Once leave has been agreed, it is documented in the patient's record.

Each time a patient who has been assessed as eligible for leave wishes to leave an inpatient unit, the length and type of leave is negotiated by the clinical staff and implemented by each patient's nurse, taking into account the patient's condition and can range from 30 minutes to overnight or weekend leave. Leave may be on an unescorted or escorted basis.

It is expected that patients will report to their nurse prior to going on leave and when they return. The nurse is expected to have the most up-to-date knowledge of his/her patient's leave conditions, level of wellness and whether it is appropriate for them to leave the unit.

The nurse assesses the patient before they leave the unit, considers the purpose of leave and any provisions or conditions on it and records these in a written form, which is given to the patient and any escort.

Sign-in and sign out procedures are not used in Waitemata DHB general adult inpatient units. Instead, wards typically operate a "whiteboard" system, which means that all patients' leave status is visible to all staff at any time. This assists staff to monitor the leave status of those asking to leave the unit.

Patients who are given leave on an escorted basis may only leave the inpatient unit with an escort so that their wellbeing can be monitored. If a patient has a staff escort, the staff member must keep the patient in sight and monitor their wellbeing. The staff member will have a mobile phone to call for assistance if necessary.

If a patient is escorted by a family member or friend, the escort is expected to be aware of the patient's whereabouts and psychological wellbeing. Patients who are well enough may be given unescorted leave. Unescorted leave is time-limited and the patient is given specific instructions as to where they may go and when they must return.

- *What are the definitions for locked, flexi and open wards? Are these definitions used consistently?*

There is no nationally agreed definition for locked, flexi and open wards. At Waitemata DHB, locked wards are considered to be wards that are always locked where patients have to request egress. Open wards typically refer to wards that are unlocked during daytime hours. 'Flexi ward' is not a term in use at Waitemata DHB.

- *Can involuntary patients be on open wards?*

Some of the patients cared for in open wards will be involuntary patients. Patients who are seriously unwell and require intensive monitoring will be cared for in an intensive or high-care area while patients whose conditions are less serious will be cared for in the open ward.

- *If patients do not return to the unit when they are supposed to – what is the protocol?*

Please see Appendix 1, the Waitemata DHB AWOL-AWOCA Adult Adult MH Inpatient Units policy. Please note this policy is currently being reviewed, as part of our regular review processes.

- *If patients are on escorted leave and somehow get away from their escort – what is the policy?*

Please see Appendix 2, the Waitemata DHB Leave – Adult MH Inpatient Units policy. Please note that the procedures described in the AWOL policy found in Appendix 1 will be followed when appropriate if a person absconds from escorted leave.

I trust that this information meets your requirements. Waitemata DHB, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare.

This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider this.

Yours sincerely

Dr Susanna Galea-Singer
Director, Specialist Mental Health & Addiction Services
Waitemata District Health Board

Absent Without Leave (AWOL) & Absent Without Clinical Authority (AWOCA) - Acute Adult Mental Health Inpatient Units

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1. Overview

Purpose

To define AWOL and AWOCA categories and describe the actions to be taken by clinical staff when these events occur

Scope

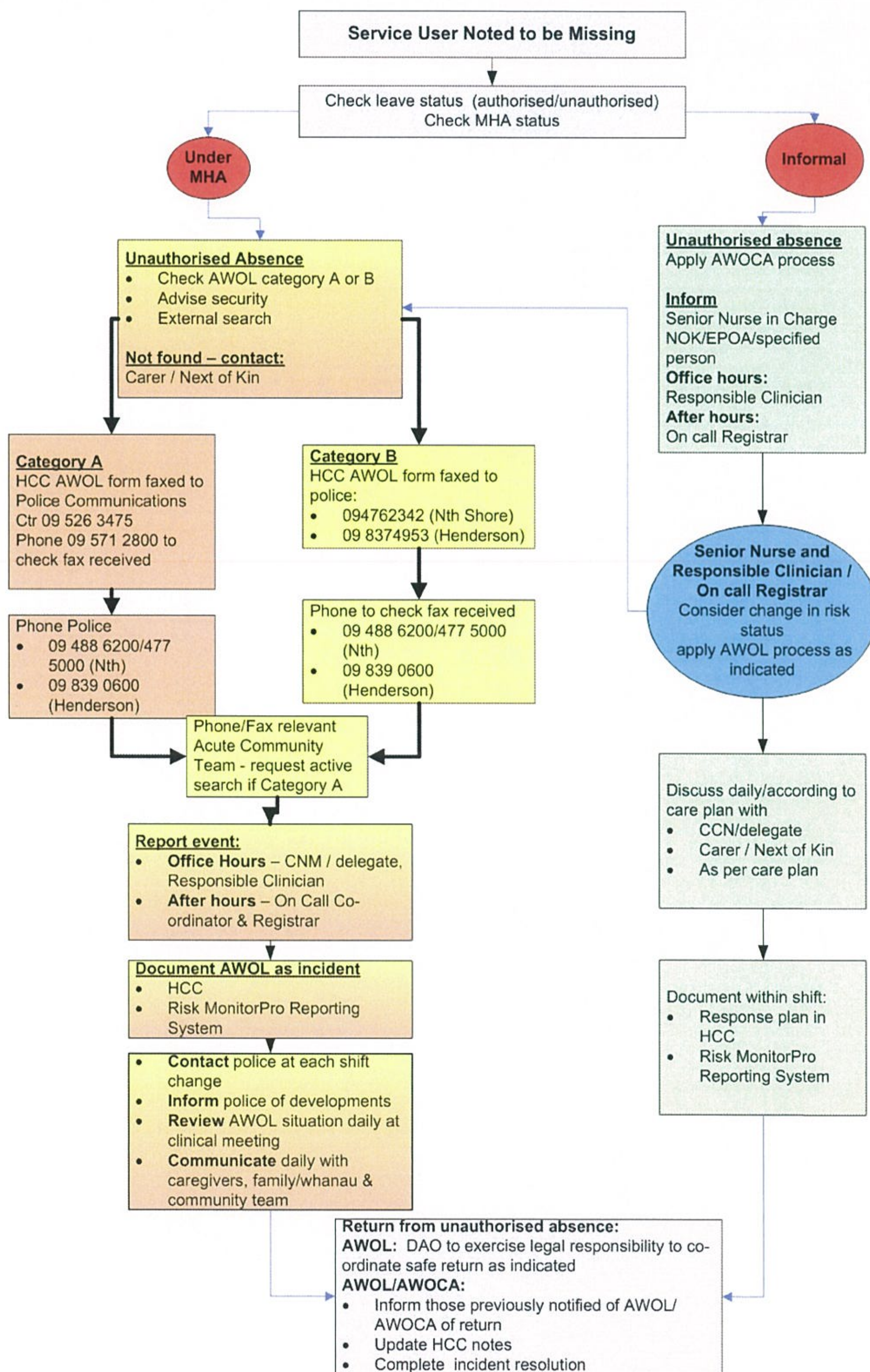
All Adult & older adult Inpatient unit clinical staff

Policy Directive

- All service users under the Mental Health Act must have a current AWOL category identified on the Clinical Review Form in HCC (Health Care Community). This category is then displayed on the electronic whiteboard.
- Changes in a person's AWOL category must be documented in the Clinical Review Form in HCC (Health Care Community). This updated category is then displayed on the electronic whiteboard.
- In the event of an AWOL or AWOCA event, all procedural steps for the assigned AWOL category or AWOCA will be followed.
- When an AWOL or AWOCA is resolved, all procedural notifications will occur
- All category A AWOL events will be formally reviewed by the CNM of the unit

Absent Without Leave (AWOL) & Absent Without Clinical Authority (AWOCA) - Acute Adult Mental Health Inpatient Units

2. Flowchart



Absent Without Leave (AWOL) & Absent Without Clinical Authority (AWOCA) - Acute Adult Mental Health Inpatient Units

3. Absence Categories

The table below identifies the criteria for assigning AWOL categories or an AWOCA.

Note: All service users subject to the Mental Health Act will have an AWOL category assigned to them on admission, and this will be updated regularly

ABSENCE MATRIX		
Category A – Absent without leave	**Category B – Absent without leave**	**AWOCA – Absent without clinical authorization**
Under MHA or Informal status	**Under MHA or Informal status**	**Informal Status**
Significant Risk Factors (see definitions)	**Low to Moderate Risk Factors (see definitions)**	**Low Risk Factors (see definitions)**
Has no Leave from the unit	**Has limited leave from the unit, but not approved at this time**	**Has leave from the unit, but not negotiated at this time**
ACTIONS	**ACTIONS**	**ACTIONS**
• Notify Police to actively search for the person • Escalate to Senior Management or on call Manager • Request Community Team to actively search for the person • Notify Family	• Notify Police so that they are aware the person is missing from the unit • Escalate to direct Manager or on call co-ordinator • Advise community Team • Notify Family	• Escalate to the Senior Nurse In Charge • Communicate with Family

Absent Without Leave (AWOL) & Absent Without Clinical Authority (AWOCA) - Acute Adult Mental Health Inpatient Units

4. Definitions

4.1 AWOL - Absent Without Leave

- All occurrences where a service user who is **subject to the Mental Health Act** has, without authorization, left the unit.
- All occurrences where a service user who is **subject to the Mental Health Act** who has authorized leave, but has not returned from a planned and agreed period of leave.
- Those occurrences where there is **no documented approval for leave or an agreed leave plan,** and the whereabouts of the service user is unknown
- Those occurrences where a service user who is **not** subject to the Mental Health Act, who has without authorization, has left the unit and there are **significant safety concerns**
- Those occurrences where a service user who is **not** subject to the Mental Health Act, who has authorized leave, but has not returned from a planned and agreed period of leave and there are **significant safety concerns**

Category A	Category B
Service users considered to be a serious or imminent risk • to themselves • to others • to property • from others	All service user who have been transferred from an ICU/HCA to an open ward within the previous 24 hours and do not meet the criteria described for category A AWOL
All service users being treated in an Intensive Care Unit (ICU) or High Care Area (HCA)	All service users who are subject to the Mental Health Act but do not meet the criteria described for category A AWOL
Service users with a history of rapid deterioration in mental state, with possible exacerbation by substance use	All service users whether subject to the Mental Health Act or not, who have no documented approval for leave or an agreed leave plan
All service users who: • are on close Therapeutic Observations (15/60 observations) • are on *Special or Constant observation*	

4.2 AWOCA - Absent without Clinical Authority

Service users who are **not subject to the Mental Health Act,** and have been assessed to have no serious or imminent risk concerns:

- Service user who is **not** subject to the Mental Health Act and has left the unit for **longer than the agreed timeframe**
- Service user who is not subject to the Mental Health Act who have a leave plan documented but have taken an **unplanned absence**

Absent Without Leave (AWOL) & Absent Without Clinical Authority (AWOCA) - Acute Adult Mental Health Inpatient Units

5. Processes

5.1 Assigning AWOL category

Process	Activity	Responsibility	Time frame
Pre- admission Initial Assessment	Documentation of AWOL category on HCC for all service users subject to the Mental health Act admitted to the inpatient units. *Adult Assessment Form*	Assessing Medical Staff and admitting Registered Nurse (RN)	at point of admission
Admission process	All service users have their physical characteristics documented on the *Inpatient Admitting Form or Admission Baseline Observations*	Inpatient Admitting RN	at time of admission
Review of the AWOL category	The category will be confirmed or changed on the *Clinical Review Form* at the following review points:	Medical Staff/ RN	
	• During the weekly MDT review meetings	MDT (Multi Disciplinary Team)	weekly
	• When there are changes in o risk status o ward area,(i.e. transfer from ICU/HCA to open ward or vice versa) o leave status o legal status	Medical Staff RN	as the situation arises

5.2 When AWOL occurs

Situation	Activity	Responsibility	Time frame
Service user: • Is noted to be missing • Has not returned from leave at the agreed time, and their whereabouts is unknown • Has absconded from an escorted absence	• Immediate report to the CCN (Clinical Charge Nurse) /senior nurse in charge • Immediate search of the building and the immediate surroundings	Person discovering the absence or knowing that service user has absconded	immediately without delay
	• Was the absence approved by a clinician? • Was the absence planned?	CCN/ senior nurse in charge or RN	at the time information is communicated
Service user is not found	• **Depending on the AWOL category, follow the specific process outlined in the table below**	As directed by the CCN/ senior nurse in charge	As soon as AWOL is confirmed

Absent Without Leave (AWOL) & Absent Without Clinical Authority (AWOCA) - Acute Adult Mental Health Inpatient Units

6. Procedure

6.1 AWOL Procedure

	Category A		Category B
1	Advise Security. Request assistance with a search of the outside of the building (and around the hospital grounds) where possible.	1	Advise Security. Request assistance with a search of the outside of the building (and around the hospital grounds) where possible.
2	If the service user has not been located, the Police, acute team and the care giver specified on the contact sheet are to be informed of the situation.	2	If the service user has not been located, the police, acute team and the care giver specified on the contact sheet are to be informed of the situation.
3	<u>*HCC AWOL*</u> form must be faxed to the following: Police Communications Centre **Fax: 09 526 3475**	3	<u>*HCC AWOL*</u> form must be faxed to North Shore Policing Centre - **Fax: 09 476 2342** **or** Henderson Police Station - **Fax: 09 837 4953**
4	Followed by_ a phone call to check that the fax was received **Phone: 09 571 2800** Additionally phone: North Shore Policing Centre **Ph: 09 488 6200 or 09 477 5000** **or** Henderson Police Station **Ph: 09 839 0600**	4	Followed by_ a phone call to check that the fax was received: North Shore Policing Centre: **Phone: 09 488 6200 or 09 477 5000** **or** Henderson Police Station: **Phone: 09 839 0600**
5	<u>**Phone and fax**</u> The relevant Community Acute Team	5	<u>**Phone and fax**</u> The relevant Community Acute Team
6	**Escalation** The event must be reported to: • the Charge Nurse Manager • Responsible Clinician. • **After hours:** On-call Coordinator. **NOTE: refer to Escalation Policy for further detail**	6	**Escalation** The event must be reported to: • the Charge Nurse Manager • Responsible Clinician. • **After hours:** On-call Coordinator. **NOTE: refer to Escalation Policy for further detail**
7	The AWOL must be documented in <u>*HCC*</u>	7	The AWOL must be documented in <u>*HCC*</u>
8	An incident form is completed in electronic incident reporting	8	An incident form is completed in electronic incident reporting
9	Contact is made with the local Policing Centre at each change of inpatient unit shift The Police are immediately informed of any relevant developments	9	The Police are immediately informed of any relevant developments
10	AWOL situation is reviewed daily during clinical meetings and documented in HCC	10	AWOL situation is reviewed daily during clinical meetings and documented in HCC
11	The principal care giver is communicated with daily	11	The principal care giver is communicated with daily
12	When the service user is found and/or returned to the unit, notify: • the Charge Nurse Manager • Responsible Clinician. • the principal care giver • Police • **After hours:** On-call Coordinator **NOTE: refer to Escalation Policy for further detail**		When the service user is found and/or returned to the unit, notify: • the Charge Nurse Manager • Responsible Clinician. • the principal care giver • Police • **After hours:** On-call Coordinator **NOTE: refer to Escalation Policy for further detail**

Absent Without Leave (AWOL) & Absent Without Clinical Authority (AWOCA) - Acute Adult Mental Health Inpatient Units

6.2 Escalation of Category A-AWOL notification

The 'no-surprises' principle applies at all times in relation to events with the potential to negatively impact on service users or the DHB's reputation in the community. This includes AWOL incidents involving people with acute mental health issues, where there are current risks identified.

Situations where staff become aware of an intention to contact the media by service users, their families or external agencies, such as police are also to be escalated.

When events of this nature occur, the General Manager and the Clinical Director of Mental Health and Addictions are to be notified as soon as practicable. During office hours they may be contacted through 486-1491 ext 7413 and outside of office hours they can be contacted through the North Shore Hospital switchboard (486-1491).

6.3 Absent Without Clinical Authority - AWOCA

Process	Activity	Responsibility	Time frame
Inform	• Clinical Charge Nurse (CCN)/delegate • The Acute Team • Next of kin specified on the contact sheet • Security • Consultant Psychiatrist, (Mon-Fri daytime) • On-call registrar (after hours)	allocated RN	as soon as the service user's absence is confirmed
Communicate	• Discussion and updates with CCN/delegate • Discussion and updates at daily hand over • Next of kin • As per individualised service user plan	allocated RN	daily or as per HCC documented response plan
Document	• A response plan on HCC clinical notes • An incident form is completed in the electronic reporting system	allocated RN	during shift the service user has been identified as being absent
Risk Changes	If the absence would change the risk status of a service user to an AWOL, category A or B the relevant AWOL processes will be followed	allocated RN	as soon level of risk is assessed as higher

Absent Without Leave (AWOL) & Absent Without Clinical Authority (AWOCA) - Acute Adult Mental Health Inpatient Units

6.4 Return from AWOL/AWOCA

Situation	Activity	Responsibility	Time frame
Coordinate *(AWOL only)*	The DAO (Duly Authorised Officer) has a legal responsibility to coordinate the safe return of the service user, with or without the assistance of the Police	DAO acute/crisis team	when the service user is found and their return is confirmed
Communicate	The persons/agencies that were notified of the absence will be notified of the return.	allocated RN	during the shift the service user returned
De-brief	The service user is offered the opportunity to discuss the reasons for the AWOL/AWOCA.	allocated RN	during the shift the service user returned
Document	HCC notes to be updated	allocated RN	during the shift the service user returned
Incident Reporting documentation	Incident must be reviewed for any opportunities to prevent further incidents or changes to improve process. Incident resolution to be completed as per incident reporting system.	CNM/delegate	within 30 days

Associated Documents

The table below identifies documents associated to the processes described in this policy/procedure:

Type	Title/Description
WDHB Policy	• Police Memorandum of Understanding (MOU) • Leaving Against Medical / Clinical Advice • Incident Management
Standards	• Health & Disability Standards 2008
DMHS Policy	• Leave from Adult Inpatient Services
Legislation	• Mental Health (Compulsory Assessment and Treatment) Act, 1992 and Amendments • Criminal Procedure (mentally impaired persons) Act, 2003
Other WDHB Documents	• HCC AWOL Notification Form

Leave – Adult MH Inpatient Units

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1. Overview

Purpose

To provide guidance for how leave is:

- Determined
- Documented
- Safely managed.

Scope

All staff working in the Adult acute inpatient units

2. Definitions

Ward Limits	Movement is restricted to the unit only, including access to the occupational therapy/gym areas where possible.
Prescribing (initiating or extending) leave provisions	Prescribing of leave is a clinical process undertaken by the responsible clinician or his/her MOSS or registrar.
Granting leave	Granting leave is a nursing activity that takes place each time a service user is requesting to implement their leave prescription.
Leave Documentation	Leave is prescribed in the Inpatient Clinical review form. Whenever the leave status is reviewed and altered, the clinical review form must be updated.
Leave Assessment	The allocated registered nurse is responsible for the assessment of mental state and risk prior to the service user leaving the ward for leave. Leave may be withheld if there is any cause for concern – increase in risk, change in mental state, incomplete documentation, inability to contact the service user when on leave, or there are insufficient details for leave to occur safely.

Leave – Adult MH Inpatient Units

Transitional Leave	Time specified period of leave, which may be accompanied or unaccompanied, from the Intensive Care Unit (ICU)/High Care Area (HCA) to the general ward. The person remains on ward limits for the duration of the transitional leave.
Escorted leave	Planned accompanied absence from the unit for an agreed period of time and for agreed purposes. Accompanied by staff, family or other identified individuals.
Unescorted leave	Planned unaccompanied absence from the unit for agreed period of time, and for agreed purposes.
Overnight leave	Planned leave from the unit overnight, for agreed purposes with an agreed date and time of return.
Weekend leave	Planned leave from the unit for the weekend, for agreed purposes with an agreed date and time of return.
Leave under the MH Act (May be escorted or unescorted).	A formal leave of absence approved by the Responsible Clinician in accordance with sections 11, 13, and 31 of the Mental Health (CAT) Act, 1992. Service Users approved to go on leave under the MHA must have a Sec 31 / trial leave form (if more than 8 hours) completed and signed by the medical staff approving leave.

All leave must be prescribed and documented in the Inpatient Clinical Review form prior to leave occurring

3. Abbreviations

AWOL	Absent without leave
CC	Clinical Coordinator
CCN	Clinical Charge Nurse
CNM	Charge Nurse Manager
EL	Escorted leave
HCA	High Care Area
HCC	Health Care Community
ICU	Intensive Care Unit
MDT	Multi-disciplinary team
MHA	Mental Health Act
MOSS	Medical Officer Special Scale
OL	Overnight leave
RC	Responsible Clinician
RN	Registered Nurse
UEL	Unescorted leave
WL	Weekend leave

4. Overarching Principles for Leave Planning

- Leave, when used carefully, is a therapeutic tool utilised to promote recovery of the service user. It is usual for service users to have periods of leave from the treatment setting as part of the recovery plan
- Leave occurs as a progressive/graduated process to enable assessment of mental state, risk evaluation and safe transition of leave agreed with the family/whānau, multi-disciplinary team (MDT) and service user i.e. incrementally increasing in duration and decreasing in level of supervision.
- Leave status is regularly reviewed as part of ongoing MDT assessment and review.
- Decision-making regarding leave should as much as possible include the views of family/whānau.

Prescribing leave is a considered clinical process undertaken by the responsible clinician or delegate (MOSS or registrar)

- using clinical assessment and judgement
- based on current mental state, and historical and collateral information.
- benefits of leave weighed against the current mental state and risk to the service user, family/whānau, and general public.

Granting leave is a considered clinical process undertaken by the allocated or primary nurse each time a person wishes to take the leave that has been prescribed. The nurse should:

- assess mental state and consider whether there are findings in that examination that might compromise leave being taken successfully
- consider the purpose for which leave is being taken and whether this seems appropriate, bearing the clinical presentation in mind
- discuss with the person taking leave the provisions/conditions surrounding leave and make these available in written form
- advise any escort or accompanying person of any conditions on leave, including any clinical information relevant to the leave proposed, making available the leave information pamphlet, and ensuring the accompanying person(s) know to provide feedback on return

The doctor prescribing leave must consider the following:

- The proposed purpose, including setting if possible, for leave and support available
- Current documented assessment of risk, including known dynamic factors that exacerbate risk which might come into effect during proposed leave
- Current clinical state
- Current level of social functioning
- Information from others including family and other health professionals

5. Leave under MHA Guidelines

Mental Health (Compulsory Assessment and Treatment) Act requirements must be met when prescribing leave:

- The responsible clinician may allow (when clinically appropriate and with any conditions to assist with safety) a service user subject to compulsory inpatient assessment /treatment *(further assessment and treatment for 5 days or further assessment and treatment for 14 days*) a short period of controlled leave ("trial leave") in the community or allow leave on compassionate grounds (such as to attend a tangi) for a short period (s11(5) and 13(5)).

Leave 8 hours or less between 0800hrs and 2200hrs	If leave is for 8 hours or less between 0800hrs and 2200hrs, the Act requires it to be recorded (along with the terms and conditions of leave) in the patient's clinical record (ss11(5) and 13(5)). Although written notice of the leave is not required by the Act, best practice is to provide written instructions and advice to the patient about the leave conditions. The service user's contact details while on leave must also be recorded.
Overnight/weekend leave	If overnight/weekend leave is granted it must be recorded in the clinical record (as with day leave), and the patient and the person in charge of the hospital must be given a written notice (sections 11(5)(b) and 13(5)(b)).
Leave up to three months	Section 31 of the Act provides for a patient's responsible clinician to grant leave for a period of up to three months, subject to conditions determined by the responsible clinician. This period may be extended by a further three months.

Leave – Adult MH Inpatient Units

5.1 Sec 31 Written Notice: (Form located in HCC - WDHB MHA)

The written notice must include:

- The day that leave was granted
- Length of leave
- When the patient is expected to return from leave
- The patient's contact details
- Any terms and conditions attached to the leave

6. Other Leave Options

6.1 Transitional Leave

Transitional leaves are brief periods of leave from the intensive care area (ICU) or high care area (HCA) into the general ward. This enables assessment of the service user and their orientation to the general ward prior to transfer from the ICU/HCA

For the first period of transitional leave the service user must be escorted by a registered nurse, for the purpose of assessment.

- After a successful period of transitional leave the escort can be delegated to a Health Care Assistant. All staff undertaking the escort duties must be given a clear handover and instructions from the RN.
- Transitional leave should initially occur in the evening when the courtyard and reception area doors are locked.

At all times service users on transitional leave must be escorted by a staff member.

6.2 Escorted leave (EL)

Escorted leave is planned leave out of the ward in the company of an approved other person.

For the first period of escorted leave the service user must be escorted by a registered nurse, for the purpose of assessment.

- After a successful period of escorted leave the escort can be delegated to non-registered nursing staff. All staff undertaking the escort duties should be given a clear handover and instructions from the RN.
- Further escorted leave can be with a staff member, agreed family/whānau or friends as agreed by the Responsible Clinician.

Staff members accompanying a service user on escorted leave must take a cell phone with them to enable contact with the unit if required.

6.2.1 Escorted leave by a non-staff member

A family\whānau member escorting the service user is not expected to directly observe the service user at all times but is asked to undertake to monitor the service user's wellbeing. Support to do this must be

This information is correct at date of issue. Always check on Waitemata DHB Controlled Documents site that this is the most recent version.

provided in discussion with the allocated RN. This must include advice regarding possible stressors, relapse indicators and appropriate interventions including when to contact the duty nurse on the ward. Family/whānau should be given a copy of the **About Leave** leaflet.

The RN must ensure both the service user and family/whānau and/or support people understand any limitations or restrictions to the leave.

6.3 Unescorted leave (UEL)

Unescorted leave is time limited, with specific instructions which are documented in the Inpatient Clinical Review form. The Leave Plan should reflect these instructions; a copy of the Leave Form must be given to the service user (and their family/whānau, if accompanying the person on leave).
Only service users with unescorted leave can participate in group activities away from the hospital setting.

6.4 Overnight leave (ONL) or Weekend leave (WEL)

Overnight and weekend leave is any leave from the unit overnight/or over weekend with an agreed date and time of return. Any specific instructions are documented in the Inpatient Clinical Review form. The Leave Plan should reflect these instructions; a copy of the Leave Form must be given to the service user (and their family/whānau, when appropriate to do so).

The result of all contacts with the service user or their family/Whānau during the period of leave must be documented in the clinical notes.

7. Inability to Contact Service User while on ONL /WEL

When the registered nurse is unable to contact a service user on leave as planned, the RN will
1. Consult the Inpatient Clinical Review form for direction
2. Discuss the situation with the CCN/shift coordinator
3. Phone family/whānau or other known contacts
4. Discuss the situation with on call medical staff
5. Consider requesting Community team home visit
6. Notify the on-call co-ordinator for Mental Health Services
7. Action AWOL procedures as per AWOL policy

8. Service User has not returned

8.1 The service user is unable to return at agreed time

If the service user is **unable to return** at the agreed time, and requests an extension the RN will
1. If possible undertake an assessment of the service user
2. If possible consult with family/whānau
3. Consult the Inpatient Clinical Review form to see if an extension is possible
4. Discuss the situation with the CCN/shift coordinator
5. Consider requesting the community team to visit and undertake an assessment
6. Contact the RC if available or the on call medical staff and request an extension of the leave period if indicated
7. Notify the on-call co-ordinator for Mental Health Services if a variation to the agreed leave plan is made

8.2 The service user does not return at agreed time

If the service user **does not return** at the agreed time, and does not contact the ward, the RN will

1. Discuss the situation with the shift coordinator
2. Request the community team visits and undertakes an assessment/returns the service user to the unit
3. Initiate AWOL as per policy
4. Notify the on call medical staff
5. Notify the on-call co-ordinator for Mental Health Services
6. Contact should also be made with the principle caregiver/s, family, escort

Leave status may not be extended after hours unless discussed with the on-call Registrar or Consultant with reference to the Inpatient Clinical Review & Leave Plan

9. Return from ONL/WEL and any escorted leave

Activity	Responsibility	Timeframe
Gather feedback from the family members / caregiver and service user about the leave. Retrieve and store any unused medications	RN	On return to the unit
Document in HCC: • the time the service user returned • feedback from the family members / caregiver and service user about the leave • mental state on return • ensure the electronic whiteboard is updated	RN	During shift
If the service user appears intoxicated or under the influence of an illicit substance the RN will undertake: • regular observations and document in HCC • review level of therapeutic observation • consider safety when deciding where to nurse the service user If there is concern in relation to administering the service user's medication, advice should be sought from medical staff and documented in the clinical notes. Further leave will be deferred until full review by the service user's clinical team. The allocated nurse will complete an incident form on Risk Pro outlining events and action taken.	RN RN CCN/delegate RN	As clinically indicated On return to the unit During shift

9.1 Decision making

Multi-disciplinary Team collaboration

The responsible clinician/delegate must collaborate with as many relevant people as possible including members of the unit multi-disciplinary clinical team and the Community clinical team to ensure robust risk management in relation to any leave.

Leave – Adult MH Inpatient Units

Service user and family/whānau

- Decisions about service user leave must be made in consultation with the service user and family/ whānau or significant others.
- When granting leave the allocated Nurse must meet with those who may be escorting a service user on leave to discuss their circumstances and to check they are in a position to provide support.
- Where practicable meetings must be scheduled to suit family/whānau, friends so they are able to attend.

High Care Area service users and open ward service users on 15/60 checks, ward limits, constant or special observations

Escorted leave would not be considered for service users in HCA, or for open ward service users on 15/60 checks, constant or special observations, unless there is a need to

- Attend urgent medical treatment or assessment outside the unit.
- Transfer to another inpatient facility.
- Address aspects of the treatment plan as formulated by the clinical team.

The level of staff escort will be determined by the Clinical Charge Nurse (CCN)/Clinical Coordinator (CC) in liaison with Charge Nurse Manager (CNM) & RC.

Escorted leave where there is more than 1 service user

All escorted leave where there is more than 1 service user require a minimum of two staff, one being a registered health professional. The proposed group of service users for the leave is to be discussed with the Clinical Charge Nurse, Primary Nurse and Responsible Clinician (as appropriate).

References

Publications

- Guidelines to the Mental Health (Compulsory Assessment and Treatment) Act 1992, MOH, Police and Ministry of Health memorandum of understanding
- Victim Notification Guidelines for Directors of Area Mental Health Services and DHB Victim Notification Co-ordinators (Ministry of Health 2007)

Legislation

- Code of Health and Disability Services Consumers' Rights Regulations 1996
- Crimes Act 1961
- Criminal Procedures (Mentally Impaired Persons) Act 2003
- Health and Disability Commissioner Act 1994
- Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003
- Mental Health (Compulsory Assessment and Treatment Act) 1992
- New Zealand Bill of Rights Act 1990
- Privacy Act 1993

DHB policies

- Absent Without Leave – AWOL and Absent without Clinical Authority –AWOCA
- Observation Procedure – Adult MHS
- Absconding /Missing Patient – General
- Escalation for Mental Health Services
- Mental Health Act Leave Form (Located in HCC – WDHB MHA)
- *"Information About Leave"* leaflet
- Smokefree Environment Policy WDHB