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RE Official information request CDHB 9912

We refer to your email dated 20 July 2018 to the Ministry of Health requesting information under the Official Information Act. The Ministry subsequently transferred the following questions to Canterbury DHB on 7 August 2018, regarding the issue of the proper monitoring of mental health patients during breaks and leave.

1. How do units monitor where patients are at all times?

The observation policy requires that each consumer is sighted every thirty minutes. The standard ward observation sheet (sample attached as **Appendix 1**) is completed every twenty four hour period for each consumer in every ward.

2. Are there sign in/out procedures used at all facilities?

The sign in/sign out procedure is that the consumer tells their nurse that they are leaving or have returned to the ward. The nurse updates the fire board and the observations sheet (attached above as **Appendix 1**).

3. What are the definitions for locked, flexi and open wards?

There are no specific definitions. The Locking doors of open unit's policy is attached as **Appendix 2** and outlines the expectation regarding locking of doors on open units. Locking an internal or external door of an open unit is only permissible when other measures are insufficient to maintain the safety of consumers and others. Locking an internal or external door, whereby it restricts a consumer's normal access to their environment, is defined as environmental restraint and is a reportable event.

4. Are these definitions used consistently?

The definitions in question 3 are not used.

5. Can involuntary patients be on open wards?

Yes, involuntary patients can be on open wards.

6. If patients do not return to the unit when they are supposed to, what is the protocol?

A consumer being treated by SMHS will at times leave inpatient wards, community facilities or their homes without informing people of their intended destination. Staff involved in their care must assess these absences in the light of the consumer's current mental status, including current and past clinical risk, and the legal status of the client.

A consumer who is reported missing by staff or family-whānau, has their risk management documentation updated to evaluate the seriousness of the absence and include the best options for locating the person.

Attempts are made to locate the consumer and these are outlined in the attached missing person policy (**Appendix 3**).

7. If patients are on escorted leave and somehow get away from their escort, what is the policy?

The missing person's policy attached above (**Appendix 3**), outlines the process regarding a risk assessment, the attempts that should be made to locate the consumer and police notification

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 ten working days after your receipt of this response.

Yours sincerely



Carolyn Gullery
Executive Director
Planning, Funding & Decision Support

Standard Ward OBSERVATIONS FOR EAST WARD:B shift

DATE:

If a consumer is identified as High Care, TWO TICKS are required in each 1/2hr segment

If a consumer is not ticked after one 30 min round – ensure sighted/whereabouts is noted on second round

[illegible]

Standard Ward OBSERVATIONS FOR EAST WARD:

D_Shift

DATE:

If a consumer is identified as High Care, TWO TICKS are required in each 1/2hr segment

If a patient is not ticked after one 30 min round – ensure sighted/whereabouts is noted on second round

[illegible]

A SHIFT **DATE:**

DATE:

S = sleep A = awake If a consumer is identified as High Care, TWO ENTRIES are required in each hr segment

[illegible]

Name of Shift Nurses:

PLACE THIS FORM AT THE END OF EACH SHIFT IN THE OBSERVATION SHEET FOLDER IN NURSING STATION PLEASE

Locking doors in open units

Purpose

To provide clear policy and protocols for Specialist Mental Health Service (SMHS) and Older Persons Mental Health (OPMH) for locking doors in open units.

Policy

SMHS and OPMH are committed to providing the least restrictive environment to maintain safety.

Scope

This policy and procedure applies in units that are designated as open units.

Definition

Environmental restraint: Where a service provider intentionally restricts a consumer's normal access to their environment.

Exclusion

This policy and procedure does not apply to a 'designated locked unit'.

SMHS units that are designated as locked are:

Te Whare Manaaki

Te Whare Hohou Roko

Kennedy unit

Assessment Treatment and Rehabilitation

Burwood units that are designated as locked are:

Ward BG

Supporting documentation

Legislation and Guidelines

Health and Disability Services, (Restraint Minimisation and Safe Practice) Standards NZS 8134.2:2008

Policy and procedure

CDHB Restraint Minimisation and Safe Practice Policy

SMHS Restraint Minimisation and Safe Practice Policy

Locking doors of open units

Locking an internal or external door of an open unit is only permissible when other measures are insufficient to maintain the safety of consumers and others.

Locking an internal or external door, whereby it restricts a consumer's normal access to their environment, is defined as environmental restraint and is a reportable event.¹

Registered nursing staff will use clinical judgement to assess the risks, urgency, and seriousness of the situation, and will have attempted less restrictive interventions.

Doors will be locked for the minimum time necessary.

The Charge Nurse Manager or Clinical Nurse Specialist or Nursing Director (in hours), or Clinical Team Co-ordinator or Duty Nurse Manager (out of hours) must give approval for locking doors.

Staff must be familiar with door locking devices, know whether locking a door manually affects the fire evacuation system, and be able to open the door should emergency procedures be necessary. This information will be included in workplace orientation.

Restraint register documentation

Each single continuous episode of locked doors requires one Safety First Restraint Register form to be submitted for each consumer for whom environmental restraint has been deemed necessary.

¹ Health and Disability Services, (Restraint Minimisation and Safe Practice) Standards NZS 8134.2:2008 pg 7

This document is to be viewed on the SMHS and OPH&R intranet.

Printed copies should not be used on subsequent occasions, as content may not reflect the current version.

Restraint register forms will be submitted before the end of the nursing shift. The staff member completing the form will enter the date/time of the restraint end (if known) before submitting the form. On occasions where the duration of the locked door episode extends beyond the end of the nursing shift, the Charge Nurse Manager/File Manager becomes responsible for entering the final end date and time of the restraint before the file is made ready for closure.

Informing consumers and others

All consumers affected must be informed when external or unit doors are locked.

Staff must inform consumers who have permission to go on leave or outings how they should exit and enter the unit.

Notices will be clearly and appropriately displayed to inform visitors and others that the unit or part of the unit is locked. These will include instructions about how to exit, enter or move about the unit.

Reviewing and ending procedure

At regular intervals throughout the shift and at each shift handover, registered nursing staff will review the need for doors to remain locked. Reviews will be recorded in the clinical notes and will include rationale(s) for continuing or ending the environmental restraint.

If the doors remain locked for more than 24 hours, the Charge Nurse Manager and Clinical Nurse Specialist (in-hours) or the Shift Lead and Clinical Team Coordinator (after-hours) will assess and review the situation and document the rationale(s) for ongoing environmental restraint in the clinical record. When the doors are unlocked, the Charge Nurse Manager/Clinical Nurse Specialist (in-hours) or the Shift Lead (after-hours) will ensure that:

notices are removed from doors

consumers, whanau-family and visitors on the unit are informed

the Clinical Team Co-ordinator and Duty Nurse Manager are informed.

Locking bedroom doors

Locking a bedroom door overnight for consumer safety at the consumer's request may occur, providing the consumer can exit freely.²

Unit staff must be fully aware of fire evacuation systems and procedures.

Locking external unit doors for night time safety

Locking external unit doors at night time as a safety procedure is approved practice and is not a reportable restraint event.³

Consumers and their whanau-family will be informed of the night time locking procedures of external unit doors on admission as part of orientation to the unit.

The locking of external unit doors at night does not preclude an informal consumer taking leave if requested and assessed as being clinically appropriate.

Each unit will determine standard times for locking and opening exits. Times will be approved by the Service Leadership Team.

A notice will be clearly displayed outlining:

unit hours for locking and opening exits

exit and return procedures for consumers and their whanau-family when the unit is locked

² Ibid.

³ Ibid.

Missing person policy

Purpose

To provide direction on the process and reporting that is required when a consumer is noted to be missing whilst under the care of Specialist Mental Health Service.

Policy

The current clinical risks associated with the potential for consumers to leave facilities without notice should be assessed. The level of risk is to be clearly documented in the consumer's clinical record.

A consumer who is reported missing by staff or family-whānau, has their risk management documentation updated to evaluate the seriousness of the absence and include the best options for locating the person.

Scope

All SMHS services

Definitions

RC/CM: MHA Responsible Clinician and ID(CCR) Care Manager.

Serious risk: For the purposes of this policy this is defined as a person:

- Likely to take his/her own life, or pose a major risk to the life of another person
- Has made a credible direct or seriously implied threat, to cause serious bodily injury to any other person, or serious damage to other property.
- Highly vulnerable to harm or exploitation by others

Supporting Documents

Legislation and guidelines

Mental Health (Compulsory Assessment and Treatment) Act 1992 and amendment 1999

Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003

Criminal Procedures (Mentally Impaired Persons) Act 2003

Alcoholism and Drug Addiction Act 1966

Victims' Rights Act 2002

Ministry of Health Guidelines Absent Without Leave, May 1994

SMHS Policies and Procedures

Leave

Clinical Risk Assessment and Management

Application of Section 111 of the Mental Health Act

Victim Notification

Associated forms

Missing Person Police Notification Report

Missing Person: notification checklist

Incident reporting

This document is to be viewed on the SMHS intranet.

Printed copies should not be used on subsequent occasions, as content may not reflect the current version.

Introduction

A consumer being treated by SMHS will at times leave inpatient wards, community facilities or their homes without informing people of their intended destination. Staff involved in their care must assess these absences in the light of the consumer's current mental status, including current and past clinical risk, and the legal status of the client.

Risk Assessment

A registered clinician determines the level of concern and risk, in conjunction with the person's RC/CM, Duty/Charge Nurse Manager, Clinical Team Coordinator, on-call psychiatrist (or other person directly involved in the consumer's treatment) assessing:

- Current management plan.
- Mental state.
- Previous history.
- Current risks.

Following this assessment, a decision will be made whether to carry out the Missing Person: notification checklist.

Attempts to locate the consumer considered at risk

Efforts to locate the consumer should include the consumer's nurse, key worker or case manager organising to:

- For inpatients, check the locale including a systematic search of the unit and surrounding area.
- Attempt contact with consumer by phone or text.
- Inform family-whānau, carers, significant others, and associates listed on the consumer's profile and ask if whereabouts is known
- Check at known addresses (using Crisis Resolution if needed).
- Check with other staff members for any leads, for instance ward reception staff, team leader, Clinical Nurse Specialist, ACS case managers.

Police notification

Regardless of age and legal status, if a:

- Missing consumer is assessed as serious risk, notify police.
- Missing consumer is not assessed as serious risk, do not notify police.

Process for police notification:

If police are to be notified, SMHS staff must:

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- Complete the Missing Person Police Notification Report clearly stating why the person is considered at serious risk and the actions requested, and email it to DCC.Canterbury@police.govt.nz.
 - Confirm by phoning Communications centre (03) 363-7400 and follow menu options to, or ask for, Southern Comms.
 - Document police event number on Missing Person notification checklist.
 - Send a copy of the form to DAMHS office: Fax form to ext: 33943 if the person is under the Mental Health Act or Criminal Procedures (MIP) Act.
 - File in Clinical Record.
- If Police assistance is required to return the consumer, the Duly Authorised Officer will complete the appropriate paperwork and assist police.
- Inform the police when a missing consumer has returned or has been located, by completing the green section on the Missing Person Police Notification Report. Email form and confirm by phone as before.

Police authority:

If the consumer is not subject to one of the following Acts, the police will act under their normal protocols for the missing person. Staff who have assessed the person (or GP or family member) within three days may complete sections 8a and 8b Mental Health (CAT) Act if clinically indicated.

The three Acts that give the police direct authority to detain on behalf of SMHS include:

- Mental Health (CAT) Act 1992
- Criminal Procedure (Mentally Impaired Persons) Act 2003
- Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003

Review

The risk assessment is reviewed each day the consumer remains missing by the person's RC/CM, Duty/Charge Nurse Manager, Clinical Team Coordinator, on-call psychiatrist (or other person directly involved in the consumer's treatment).

When the person is located:

- Risk management documentation is updated to include the best options for locating the person, should there be a reoccurrence.
- Relevant parties informed of the person's absence should be contacted and updated.

Documentation

Nurse responsible for the consumer to submit an Incident Report (Safety 1st).

Clinical Manager/Charge Nurse Manager (or designate) to complete the Incident Report (Safety 1st).

Complete Healthlinks: Case overview.

Document in clinical record, noting the Incident Report file number and police event number.

Measurement and evaluation

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Missing person reports are monitored through the Incident Reporting system.

RELEASED UNDER THE OFFICIAL INFORMATION ACT

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