Management of Mental Health Service Users / Tāngata Whaiora in Waikato Hospital

Procedure Responsibilities and Authorisation

Department Responsible for Procedure	Mental Health and Addictions service
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Target Audience	Clinical staff and managers across Waikato Hospital service and Mental Health and Addictions service
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Procedure Review History

Version	Updated by	Date Updated	Summary of Changes
02	Kylie Balzer	April 2020	Updated into current DHB procedure template, and inclusion of responsibilities in line with the Mental Health and Addictions Levels of Observation across all Mental Health and Addiction Inpatient Services.

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Contents

1 Overview

1.1 Purpose

This procedure is underpinned by the Waikato DHB Admission, Discharge and Transfer policy (1848) and supports the Waikato District Health Board's (Waikato DHB's) standards for the management of mental health service users / tāngata whaiora in Waikato Hospital. The procedure is intended to provide clear direction in the management of known mental health service users / tāngata whaiora and those presenting at Waikato Hospital that are under the Mental Health (Compulsory Assessment and Treatment) Act 1992.

1.2 Scope

This procedure is applicable to all clinical staff and managers across the Waikato Hospital service and Mental Health and Addictions service (MH&AS).

This procedure specifically details the role of the Mental Health bureau in the provision and oversight of 'specials' that monitor service users / tāngata whaiora under the Mental Health Act in accordance with Mental Health and Addictions extreme high risk or high risk observations.

1.3 Patient / client group

This procedure applies to both known mental health service users / tāngata whaiora and those presenting at Waikato Hospital that are under the Mental Health (Compulsory Assessment and Treatment) Act 1992.

1.4 Exceptions / contraindications

Forensic inpatient service users / tāngata whaiora who have been transferred to Waikato Hospital to receive medical treatment will be managed by forensic clinical inpatient staff – Senior Medical Officer (SMO) and nursing staff.

This procedure does not apply to hospital facilities outside of the Waikato hospital campus.

1.5 Definitions

EHRO – Extreme High Risk Observations	Extreme High Risk Observations: Within eyesight and arms reach at all times. Impulsive and imminent risk of violence to self / others and unable to be safely managed on any lower level of observation. One designated staff member to one service user / tāngata whaiora and sometimes two or three designated staff members (dependent on assessed level of risk) to one service user / tāngata whaiora (Refer Levels of Observation in Inpatient Services procedure (5238))
HRO – High Risk Observations	High Risk Observations:

	Same room and within eyesight at all times. Service user / tāngata whaiora expressing active suicidal, self-destructive, aggressive and / or an unpredictable psychotic state. Within same room and eyesight of the designated staff member at all times and within a distance to safely intervene should the service user / tāngata whaiora become a risk to themselves or others (Refer Levels of Observation in Inpatient Services procedure (5238)).
LOO – Levels of Observation	The Levels of Observation required are identified to ensure the assessed risk of the service users / tāngata whaiora can be safely managed (Refer Levels of Observation in Inpatient Services procedure (5238))
Service user	A person who uses mental health services. Some people do not identify with the term 'user' and may instead prefer 'patient', 'client', 'consumer; and / or 'tāngata whaiora (or whatever people choose to name their experience)

2 Clinical Management

2.1 Roles and Responsibilities

Assigned registered nurses

Increase of observations must always be considered following any change of the service users / tāngata whaiora behaviour, circumstances and or at a transition point. A proactive approach to communication and escalation of service user / tāngata whaiora condition based on any assessment of deterioration must be performed.

Senior Medical Officer (SMO) or Delegate

The medical team is responsible for assessing and reviewing levels of observation. Service users / tangata whaiora on high or extreme observations must be reviewed daily at a minimum by a consultant. This may require a handover to the after-hours / on call SMO.

Mental Health Bureau – Associate Charge Nurse Manager (ACNM) / Coordinators

Have oversight of and provide coordination in provision of mental health and addictions staff to complete the high risk observations.

Consult Liaison Team

Are responsible for oversight of the service user / tāngata whaiora ongoing mental health management / needs

2.2 Competency required

All mental health clinical staff must have completed their Ko Awatea Level of Observation training.

2.3 Equipment

- Clinical record – Clinical Workstation (CWS) and Hospital Clinical Record
- High Risk Observation (HRO) recording sheet – T1572MHF
- High Risk Observation (HRO) continuation sheet – T1056MHF
- Radio Transmitter

2.4 Procedure: Transfer of care from Henry Rongomau Bennett Centre to acute services

2.4.1 Mental Health service users / tāngata whaiora who are transferred from the Henry Rongomau Bennett Centre (HRBC) to the Emergency Department (ED) ward in Waikato Hospital

Transfers of HRBC service users / tāngata whaiora to ED will occur only after explicit discussion between HRBC medical staff and the Emergency Physician in charge (EPIC) when it is deemed there are medical issues which cannot be safely dealt with within the Henry Rongomau Bennett Centre.

An assessment by HRBC SMO / delegate to be completed

- Discussion between the Emergency Department / Ward SMO / Delegate about the pending transfer and acceptance by the Emergency Department
- Assessment completed in the clinical record by assessing Doctor, printed and any other relevant documents given to the accompanying registered nurse
- If clinically required, an ambulance is rung via the operator. If an emergency dial 99777
- The ward administrator will discharge the service user / tāngata whaiora during office hours. After hours the shift lead / afterhours Mental Health Bureau Associate Charge Nurse Manager ACNM (HRBC coordinator) will complete the discharge.
- The mental health treating team will make the decision about the level of observations required when the service user / tāngata whaiora is in ED or other wards and enact as per the Mental Health Levels of Observation in Inpatient Services procedure (5238).
- HRO are initiated for service users / tāngata whaiora who have been placed under the Mental Health Act.
- The Mental Health Bureau is then responsible for finding and coordinating the staff required. The cost of this will be attributed to the 'home ward's RC"

- An electronic referral is sent to Consult Liaison by the treating teams SMO / delegate with a follow up phone call. Evidence is documented in clinical workstation that this has occurred.
- HRBC inpatient treating team in collaboration with Consult Liaison will address the service user / tangata whaiora ongoing management / need based on their daily progress at the general hospital. During office hours the Consult Liaison team is responsible for the service user / tāngata whaiora's mental health oversight and ongoing communication with the treating medical / surgical team. The on call / duty SMO and delegate will be available to communicate with the medical / surgical team(s) after hours.
- Mental Health Bureau CNM / ACNM (HRBC Coordinators) will

  (a) oversee the management of the staff allocated to HRO:

  - ensuring adequate breaks,
  - the HRO recording sheet has been signed by the appropriate SMO,
  - Staff who are monitoring understand their responsibilities and sign the HRO continuation sheet accordingly,
  - Staff always have a radio transmitter present when monitoring the service user / tāngata whaiora.

  (b) Continue to visit each shift to oversee the management of the HRO, the wellbeing of the service user / tāngata whaiora and the mental health staff providing the monitoring. Outcomes to be recorded in the clinical record in the clinical workstation and the hospital clinical record
- Service users / tāngata whaiora under HRO will be reviewed daily by the treating SMO / delegate in Consult Liaison or by the on-call SMO over weekends and holidays – refer Mental Health Levels of Observation in Inpatient Services procedure (5238).
- It is important that service users / tāngata whaiora who have been under the care of Consult Liaison (CL) have a handover plan from Consult Liaison for the required psychiatric care for the weekend starting at 4.30 on Friday and ending 8.30 am on Monday morning. This should be handed over to the Mental Health Bureau CNM / ACNM (HRBC Coordinator) on Friday afternoon and should include all those service users / tāngata whaiora who require a review over the weekend.
- On Monday morning the Mental Health Bureau CNM is to provide Consult Liaison with an update of each service users / tāngata whaiora care over the weekend in order for Consult Liaison to develop a new care plan in consultation with the medical / surgical team.

2.4.2 Emergency department presentations

Those presenting at the Emergency Department, who are a known mental health service user / tāngata whaiora, or those presenting with a suspected mental health disorder.

The appropriate mental health service is contacted and documented in the clinical record.

Mental Health services will be notified to attend the service user / tāngata whaiora as soon as they are deemed fit to interview, which may be before they are medically cleared for discharge.

Day of week	Time	Contact information
Monday to Friday	0800 – 1600 hrs	Via electronic or the yellow referral form which is scanned to Consult Liaison mailbox CL@waikatodhb.health.nz
	1600 – 2300 hrs	Crisis Assessment and Home Treatment Team (CAHT) ph. 0800 505 050
	2300 – 0800 hrs	Via HRBC Coordinator
Saturdays, Sunday and Public Holidays	0800 – 2300 hrs	Crisis Assessment and Home Treatment Team (CAHT) ph. 0800 505 050
	2300 – 0800 hrs	Via HRBC Coordinator

- An assessment is completed by Mental Health services. The clinician will complete the IPM data requirements to meet the Ministry of Health 6 hour ED target.
- If the service user / tāngata whaiora requires admission to the HRBC this will need to be organised once the patient is medically cleared.
- The service user / tāngata whaiora may require compulsory psychiatric assessment and treatment under the Mental Health (Compulsory Assessment and Treatment) Act 1992 while still in the Emergency Department or when transferred to a general hospital ward. Once the service user / tāngata whaiora is under the Mental Health (Compulsory Assessment and Treatment) Act the Mental Health Levels of Observation Inpatient procedure (5238) is commenced and becomes the responsibility of the Mental Health and Addictions service.
- The cost of the ongoing HRO will be met by the Mental Health Bureau (RC3234)
- The Mental Health Bureau ACNM (HRBC Coordinator) will arrange staff coverage (Ph: 021 222 0021)
- If the service user / tāngata whaiora remains in the general hospital ward an electronic referral form is sent to Consult Liaison for ongoing oversight of the service user / tāngata whaiora mental health issues.
- Consult Liaison will contact and make a referral to Kaitakawaenga for tāngata whaiora requiring Māori cultural support
- The Mental Health Bureau ACNM (HRBC Coordinator) will continue to visit each shift to oversee the management of the care being provided to the service user / tāngata whaiora, and the wellbeing and needs of the mental health staff providing the monitoring. Service user / tāngata whaiora outcomes from this visit are to be recorded in the clinical record in the clinical workstation and the hospital clinical record.

- Care partners are used for a variety of reasons. Mental Health and Addictions services will only bear the cost of patients on HRO as per the Mental Health Levels of Observation Inpatient services procedure (which means those under the Mental Health (Compulsory Assessment and Treatment) Act 1992 with associated risk issues).

2.4.3 Points of note

- HRO by Mental Health and Addictions services are not used in the management for falls risk, delirium or intoxication

2.4.4 After hours assessment of children and youth in the Emergency Department

- Refer to the Mental Health and Addictions After Hours Assessment and Admission of Children and Youth to Henry Rongomau Bennett Centre and Starship procedure (2768)

3 Audit

3.1 Indicators

- Part of mental health and addictions service audit process for the Levels of Observation across all Mental Health and Addiction Inpatient Services procedure (5238).
- Any issues identified are highlighted to the Mental Health inpatient Operations Manager

3.2 Tools

- DATIX incident reporting
- Complaints

4 Evidence base

4.1 References

- Mental Health (Compulsory Assessment & Treatment) Act 1992 and Amendments 1999
- Ministry of Health (2019) Every Life Matters – He Tapu te Oranga o ia tangata Suicide Prevention strategy 2019 – 2029 and Suicide Prevention Action Plan 2019 – 2024 for Aotearoa New Zealand. Wellington: Ministry of Health.

4.2 External Standards

- Standards NZ (2008). Health and Disability Service Standards. Wellington: Author

4.3 Associated Waikato DHB Documents

- Mental Health and Addictions After Hours Assessment and Admission of Children and Youth to Henry Rongomau Bennett Centre and Starship procedure (2768)
- Mental Health and Addictions Level of Observation Inpatient Services procedure (5238)
- Mental Health and Addictions Working with Risk: Assessment and intervention for tāngata whaiora engaged with Mental Health and Addictions services who present at risk of harm to self or others protocol (5241)
- Waikato DHB Admission, Discharge and Transfer policy (1848)
- Waikato DHB Incident Management policy (0104)
- Waikato DHB Restraint policy (2162) and procedures
- Waikato DHB Suicide or deliberate self-harm thought or behaviour, management of patients policy (1811)