

Home / Community Visits

Procedure Responsibilities and Authorisation

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Target Audience	Mental Health and Addictions service staff
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Procedure Review History

Version	Updated by	Date Updated	Summary of Changes
09	Nicola Livingston	October 2022	<p>Changed to Te Whatu Ora template</p> <p>Full document review completed</p> <p>Language changed from Waikato District Health Board to Te Whatu Ora</p> <p>Purpose of procedure wording changed to better reflect guiding of practice</p> <p>Section 2. Inclusion of statement about effective clinical management</p> <p>Consistent use of tāngata whaiora and whānau</p> <p>2.4 statement about supporting home visits changed to be clearer and including constraints of resources</p> <p>Inclusion of expectation for clinicians to review available risk information prior to community/home visit</p> <p>Review of clinical processes – requirements of clinician / support worker</p>
08	Nicola Livingston	May 2019	<p>Changed from policy document to procedure</p> <p>Change of title from Home Visits to Home / Community Visits</p>

Home / Community Visits

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1 Overview

1.1 Purpose

The purpose of this procedure is to guide practice that optimises the safety of clinicians, tāngata whaiora and whānau when services are being provided in the community and away from mental health and addictions service bases. Least restrictive practice principles and a commitment to closer to home service provision encourages this practice where clinically appropriate.

1.2 Scope

This procedure applies to all employees and services offered by Te Whatu Ora Waikato Mental Health & Addiction services.

1.3 Patient / client group

Any tāngata whaiora seen by the Mental Health and Addictions service within a community setting.

1.4 Exceptions / contraindications

No exceptions.

1.5 Definitions and acronyms

Community visit	Meeting with tāngata whaiora / whānau in a community area e.g. café, park
Home visit	Meeting with tāngata whaiora / whānau at their place of residence
Safety	Safety in the widest interpretation including cultural safety and personal safety
Culturally appropriate	Respectful of Māori, other ethnicities and cultural uniqueness

2 Clinical management

Effective clinical practice involves engagement with tāngata whaiora and their whānau in a way that enables their inclusion in their recovery journey. Visiting with tāngata whaiora and their whānau in their homes or community is a key mechanism to enhance ongoing engagement and relationship building.

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2.1 Roles and responsibilities

All Staff

- Are responsible for promoting a safe environment for themselves, their colleagues, tāngata whaiora, whānau and general public.
- Are responsible for completing de-escalation for community clinicians training and ensuring they keep up to date with required skills
- Are aware of, and understand, the risks when working in the community, and take steps to mitigate the risk as much as practicable.

Clinicians

- Are responsible for identifying, in consultation with tāngata whaiora and whānau, the most appropriate place for tāngata whaiora and/or whānau interactions to take place. Clinicians will support home / community visits as much as possible.

Managers

- Managers must ensure a process is in place at each base to identify that all staff have returned to the base at the end of the working day.
- Managers must ensure that all staff are aware of risks to themselves, their clients/whanau when working in the community, and have completed required training.

2.2 Competency required

- Registered health care professional
- Support worker or psychiatric assistant under the delegation of a registered health professional
- Completion of the mandatory training “De-escalation for community clinicians” and have kept themselves updated utilising self-directed learning available through Ko Awatea online training modules such as “Introduction to Personal Safety” and “CALM Communication”.

2.3 Equipment

- Te Whatu Ora staff identification (currently also Waikato DHB ID)
- Working cell phones
- Mental Health and Addictions form / alerts system for documenting alerts
- Te Whatu Ora Waikato fleet car
- Duress systems / alarms on car keys
- Electronic calendar
- Based on physical health questions, appropriate PPE

Underlying principles

- Home / community visits are a valuable component of assessment and treatment and an integral part of the clinical treatment process
- Home / community visits will be supported as much as possible except where specific circumstances, such as the safety of clinicians, tāngata whaiora, whānau or the public are compromised or insufficient resources within the team impact on the ability of staff to provide a home visit.
- Home visits are carried out in a manner appropriate and respectful to the culture of tāngata whaiora / whānau members.

- Te Whatu Ora community mental health and addictions service bases will have a system in place to ensure the whereabouts of the clinician is known, and identify when a clinician has not returned or checked in from a home visit within 2 hours of their scheduled return to base. The charge nurse manager / team leader or delegate will follow-up on the staff member's whereabouts.
- Staff are trained in managing their own safety and that of their colleagues
- Where safety concerns have been highlighted an appropriate action plan is developed by the clinician in consultation with the MDT and / or manager, and documented in CWS. This may, for example, include two clinicians attending visits or an appointment being offered at base until safety concerns are addressed / mitigated.
- Patient alerts are noted on the alerts form and in the iPM system, for example dogs on premises or history of volatile/aggressive behaviour.
- Where appropriate an initial assessment or first contact following transfer of care to a new treating team or keyworker is completed at the clinical base. As much as possible the clinician should meet tāngata whaiora prior to the transfer of care i.e. inpatient unit or with the previous clinician when transferring from another team
- Clinicians visiting correctional facilities or other businesses must comply with the safety precautions in place at the facility.

Clinician processes for promoting safety for home /community visits

At all times the clinician / support worker will:

- Use only a Te Whatu Ora Waikato fleet vehicle for home / community visits
- Carry car keys in an easily accessible place
- Ensure their electronic calendar is kept up to date with appointment details
- Share their electronic calendar with the Team Leader / Charge Nurse Manager to ensure visibility of whereabouts at all times
- Have a functional mobile phone which has emergency numbers programmed in
- Consider their own safety to be important

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- illegal activity or firearms,
they should discuss this with their charge nurse manager / team leader immediately and the appropriate services notified.
- Clinicians / support workers should leave the home / community environment at any time they feel unsafe or if they suspect the presence of drugs, firearms or illegal activity and discuss this with their charge nurse manager / team leader immediately
- Clinicians / support workers should not enter a home / community environment if there is no means of quick escape, vicious animals are present, or intoxicated, violent / threatening people are present.

If overdue from a home visit the clinician / support worker/s will:

- Advise the charge nurse manager / team leader or delegate if overdue from a home visit or there is a change in plans
- Contact the charge nurse manager / team leader to inform them they are safe when they have returned to base.

Charge Nurse Manager / team leader or delegates processes:

- The charge nurse manager / team leader or delegate will ensure that all clinicians / support workers have returned to the base at the end of the working day or they are aware of their whereabouts
- If a clinician / support worker is overdue, and they have not contacted the team leader /charge nurse manager they must be contacted by cell phone
- If unable to be contacted, attempt to locate the staff member using Smartrak tracking system by contacting the administrators. If the vehicle cannot be located, attempt to contact the last tāngata whaiora that the staff member had scheduled to visit that day.
- If still unable to locate the staff member, the Charge Nurse Manager / Team leader will notify/inform their Operations Manager
- If within business hours, and where able to, at least two available team members may visit the last known home visit address to check if the Te Whatu Ora vehicle is present.
- If the vehicle is present, attempt to contact the staff member, or tāngata whaiora again, to ask them if the staff member is at the property. If no answer, a decision will be made in consultation with Operations Manager to approach the property or to call the Police to complete a welfare check, and provide relevant details (i.e. based on information held on the clinical files which may also include a risk form)
- The manager will make a decision in consultation with Operations Manager to notify the Police of a missing person if unable to contact the staff member.

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- All staff involved in an incident will have the opportunity to debrief / reflect
- Staff members are reminded of their ability to access the Employee Assistance Programme (EAP) as necessary
- All appropriate documentation regarding the incident is completed inclusive of a DATIX incident report.

Each tāngata whaiora / whānau must be provided with the appropriate service specific information brochures and access to information on the Code of Health and Disability Consumers' Rights.

4.1 Indicators

- Mental Health and Addictions services continue to be delivered in the least restrictive environment in the community while maintaining the safety of clinicians / support workers, tāngata whaiora and whānau.
- There is a staff whereabouts tracking system in place which is 100% compliant with this procedure.

4.2 Tools

- Team Leaders will monitor the number of service user attendances at the community base and the number of home / community visits
- Team Leaders will audit compliance with the tracking system at least annually.

5 Evidence base

5.1 External Standards

Te Whatu Ora Waikato must comply with the following legislation (this list is not exclusive):

- Health and Safety at Work Act 2015
- Human Rights Act 1993
- Privacy Act 2020
- Employee Relations Act 2000
- Treaty of Waitangi Act 1975
- Code of Health and Disability services Consumers’ Rights Act 1994
- Health and Disability service Standards NZS 8134: 2008

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- Mental Health (Compulsory Assessment and Treatment) Act 1992 and Amendment Act 1999
- Criminal Procedures (Mentally Impaired Persons) Act 2003
- Intellectual Disability compulsory Care and Rehabilitation Act 2003
- Substance Addiction (Compulsory Assessment and Treatment) Act 2017

5.2 Associated Te Whatu Ora Documents

- [Clinical Records Management](#) policy (0182)
- [Critical Incident Management for Staff](#) policy (0175)
- [Employee Assistance](#) policy (0286)
- [Employee Information](#) policy (1775)
- [Incident Management](#) policy (0104)
- [Managing Behaviour and Performance](#) policy (5250)
- [Māori Health](#) policy (0108)
- [Mental Health Risk: The assessment and management of service users at risk of harm to self or others](#) procedure (5241)
- [Vehicle Usage and Safe Driving](#) policy (0112)
- [Violence Intervention Programme](#) policy (6313)