

Leave – Puawai Inpatient wards

Procedure Responsibilities and Authorisation

Department Responsible for Procedure	Mental Health and Addictions
Document Facilitator Name	Kylie Balzer
Document Facilitator Title	Operations Manager
Document Owner Name	Rees Tapsell
Document Owner Title	Clinical Services Director
Target Audience	Mental Health and Addictions staff working in Puawai inpatient wards
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Procedure Review History

Version	Updated by	Date Updated	Summary of Changes

Leave – Puawai Inpatient wards

Contents

1	Overview	3
1.1	Purpose.....	3
1.2	Scope.....	3
1.3	Patient / client group	3
1.4	Definitions	3
2	Clinical Management	4
2.1	Roles and Responsibilities.....	4
2.2	Compet Leave – Puawai Inpatient wards ency required	4
2.3	Equipment.....	4
2.4	Procedure	5
3	Patient information	7
4	Audit.....	7
4.1	Indicators	7
4.2	Tools	7
5	Evidence base	7
5.1	External Standards	7
5.2	Associated Waikato DHB Documents	7

Leave – Puawai Inpatient wards

1 Overview

1.1 Purpose

A prolonged period of time spent in prisons or hospitals, can contribute to reduced opportunities for work, education, skill development, and social interactions. This can then result in service users / tāngata whaiora becoming so removed from the roles of community life that they lose the ability to structure their time to meet the challenges of successful community integration.

Leaves are one aspect of rehabilitation that can provide support, and opportunities to connect with the community. Community leaves have the potential to foster a sense of hope for a meaningful life outside of the hospital; they are a necessary and frequent activity involving a process of graduated leaves. The focus of the leaves should progress from basic community skills, e.g. shopping or using public transport, to eventually linking with agencies, and other services in the community.

Community leaves also provide opportunities for service users / tāngata whaiora to interact with people in the community as well as with the escorting staff member. In the context of recovery, leaves should involve activities aimed at hope of a meaningful life, supporting personal responsibility, and becoming more connected.

The escorting staff member's role is important and can have either a positive or a negative effect on the extent to which the leaves are consistent with a recovery model.

Escorted leaves must not be used to facilitate smoking or vaping.

This procedure outlines the process to be followed when identifying and implementing leave for service users / tāngata whaiora in Puawai inpatient wards.

1.2 Scope

This procedure is applicable to the entry, exit, identification and application of leave status within the Puawai inpatient wards.

This document applies to all inpatients of the Puawai wards.

1.3 Patient / client group

Service users / tāngata whaiora who are inpatients in Puawai wards.

1.4 Definitions

Special Patient	The term 'special patient' refers to mentally ill offenders detained under specific legislative provisions.
Exit forms	Weekly forms stating approved leaves and service user / tangata whaiora and staff ratios. All service users / tāngata whaiora on all Puawai wards have exit forms regardless of legislation. Exit forms are used to sign all service users / tāngata whaiora in and out of the Puawai wards.
MOH	Ministry of Health

Leave – Puawai Inpatient wards

DAMHS	Director of Area Mental Health Services
SMO	Senior Medical Officer
CNM	Charge Nurse Manager

2 Clinical Management

2.1 Roles and Responsibilities

SMO/CNM responsibility

- Apply for leave categories to MOH and DAMHS as required, providing all relevant documentation.
- Check, approve and sign exit forms on a weekly basis in accordance with legislation.

Multidisciplinary team (MDT) responsibility

- Agree on length of leave and frequency of leave after MOH / DAMHS has approved (if relevant). The actual taking of leave will be dependent on staffing and ward environment at any given point of time.
- Complete exit forms sign in/out sheet for all Service users / tāngata whaiora leaving and returning to the ward.

Registered Nurse

- Record the service user's / tāngata whaiora mental state each morning before taking already approved allocated leaves for that day..

2.2 Competency required

An SMO and the multidisciplinary team (MDT) must be involved in the allocation of, or approval of leave, dependent on legislation and MOH / DAMHS approval.

2.3 Equipment

- Relevant MOH / DAMHS approval documents
- Exit forms
- Clinical Workstation (CWS)
- PFM board
- Relevant mental health act leave forms if person under the mental health act
- Equipment for the service user to be able to identify the time when out on leave e.g. watch. Communication equipment for staff to maintain contact with ward e.g Radio transmitter or ward cell phone

Leave – Puawai Inpatient wards

2.4 Procedure

Leave status

All approved leaves are documented on individual exit forms; if the service user / tāngata whaiora has no leaves, or the leaves are on hold for some reason, then this is also recorded on their weekly exit forms. Each approved leave has an allocated time frame attached to it e.g. Up to 30 minutes.

The following leave categories apply to all service users / tāngata whaiora:

No leave
The service user / tāngata whaiora is not permitted leave from the ward
Escorted leave with a staff member
May occur on or off hospital grounds dependent on prior approval, <i>Escorted leave</i> is for the purpose of a defined therapeutic or recreational activity / intervention e.g. going to the grocery store, attending an interview at work and income, viewing a property / supported accommodation, attending the gym, clothes shopping etc. Ratios are usually 2:1, 1:1 or 1:3
Unescorted leave
May occur on or off hospital grounds dependent on prior approval, and is negotiable between the service user / tangata whaiora and allocated registered nurse
Overnight(s)
Leave to an agreed upon residence for one or more overnight periods- approved by the Responsible Clinician and MOH / DAHMS where relevant

Leave is a planned clinical intervention used to safely support reintegration into community settings. Leave is allocated in an incremental manner by the multidisciplinary team and after approval by the MOH / DAMHS if the service user is a Special Patient.

The following are the usual incremental steps of allocated leave:

Escorted hospital grounds leave
For the purpose of attending medical appointments, therapeutic programmes or short walks in the grounds
Escorted community leave
For the purpose of social inclusion in a gradual and supportive way Commences with short walks in the neighbourhood vicinity Progresses to local area leave i.e. YMCA gym / lake / Pak n Save Further progression is to Hamilton City Centre (and surrounds) which might include whānau home visits or attendance at specific functions i.e. sports events, cultural activities etc.
Unescorted hospital grounds leave
For the purpose of time management assessment, taking responsibility and establishing trust.

Leave – Puawai Inpatient wards

<p>Unescorted community leave</p> <p>For the purpose of social inclusion and promotion of independence Commences with short walks in the neighbourhood vicinity Progresses to local area leave i.e. YMCA gym /lake / Pak n Save Further progression is to Hamilton City Centre (and surrounds) which might include whānau home visits or attendance at specific functions i.e. sports events, cultural activities etc.</p>
<p>Overnight leaves (unescorted or escorted)</p> <p>For the purpose of connecting with whānau or transitioning to supported accommodation/ independent living. At times these are escorted for the purpose of tangi/ wedding/whānau illness</p>

Leave decision making is dependent on prior approval which is documented on individual exit forms, the level of service user / tāngata whaiora risk and the current context within the ward. The allocated registered nurse can decline leave due to risk for the service user / tāngata whaiora or to the ward.

Prior to the daily approved leaves being allocated it is critical that there is documentation by an RN that clearly identifies:

- Current mental state
- Current level of risk
- What clothing the service user / tāngata whaiora is wearing

The recording of leave exit and entry time is completed on the exit form

The expected return time is clearly available so that any variance from this can be immediately noted.

Anyone going on overnight leave will have a comprehensive leave management plan detailing purpose of leave, date of leave, emergency and whānau contacts, risk mitigation strategies and early warning signs.

Revocation of leave

Any clinician is able to revoke leave due to change in mental state, risk or demonstrated inability to meet the requirements of leave responsibilities. When revoked, the exit form and handover SBARR must be updated and the SMO / CNM / treating team advised.

If the service user / tāngata whaiora is a Special Patient the DAMHS will be notified

Appropriate communication with the service user / tāngata whaiora of any changes to leave approval is to occur.

Failure to return from leave

Any service user / tāngata whaiora who does not return to the ward within the agreed upon timeframe should be categorised and followed up as per the AWOL (Absent without official leave) procedure (3555).

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Leave – Puawai Inpatient wards

3 Patient information

Information on leave responsibilities and map of walking routes within hospital campus / local area will be provided.

4 Audit

4.1 Indicators

- All service users / tāngata whaiora and family / whānau/ supported accommodation providers receive leave plans prior to leave.

4.2 Tools

- A documentation review of service users / tāngata whaiora clinical record will show that service users / whānau have received information on their leave plan.

5 Evidence base

5.1 External Standards

- Health and Disability Service Standards NZS8134: 2008
- Mental health (Compulsory Assessment and Treatment) Act 1992

5.2 Associated Waikato DHB Documents

- Mental Health and Addictions [AWOL \(Absent Without Official Leave\) or Absences Causing Concern](#) procedure (Ref. 3555)
- Mental Health and Addictions [Family / Whānau Inclusive Practice](#) guideline (Ref. 5795)

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