

Leave – Adult Mental Health Inpatient Wards and OPR1

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 adult inpatient wards
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Procedure Review History

Version	Updated by	Date Updated	Summary of Changes
05	Working Group	August 2017	Reviewed escorted and unescorted leave requirements and documentation for leave
06	Kylie Balzer	April 2020	Increased emphasis on planning leave and involvement of family / whānau and carers
07	Kylie Balzer	October 2023	Key support persons added Updated into current template for procedures Updates include OPR1

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1 Overview

1.1 Purpose

This procedure outlines the process to be followed when making decisions about and facilitating leave for tāngata whaiora in adult inpatient wards.

Decisions about leave from adult and OPR1 inpatient wards must consider the rights of tāngata whaiora, their recovery goals and the anticipated benefits of leave. Leave is a planned clinical intervention used to facilitate safe transition into the community prior to discharge.

This leave procedure is applicable to leave provision for both informal tāngata whaiora and tāngata whaiora currently subject to the requirements of the Mental Health (Compulsory Assessment and Treatment) Act 1992.

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

1.2 Staff group

Mental Health and Addictions staff working in the adult and OPR1 mental health inpatient wards.

1.3 Patient / client group

This document applies to all inpatients of the adult and OPR1 mental health wards.

1.4 Exceptions / contraindications

Tāngata whaiora on any level of observation who need to attend a clinical appointment at Waikato Hospital are exempt from this procedure. A clinical rationale for the need for attendance at the clinical appointment versus the risk is to be discussed and documented in the clinical record by the medical team in this instance.

1.5 Definitions and acronyms

Informal	Tāngata whaiora who are inpatients on a voluntary basis, not admitted under the mental health act, and not legally obliged to be on the unit.
Leave authorisation plan	Plan defining tāngata whaiora individual risk and leave category
Leave record	Document used to sign tāngata whaiora in and out of the ward
Responsible adult	A person deemed as capable, by a registered clinician of taking responsibility for the tāngata whaiora during a period of leave.

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2 Clinical management

2.1 Roles and responsibilities

SMO responsibility

SMO's are responsible for approving the tāngata whaiora leave category in accordance with their current assessed level of risk. They are also required to ensure the leave authorisation plan is completed as a priority.

The multidisciplinary team should be involved in leave discussions.

Tāngata whaiora designated registered health professional on a shift

The designated registered health professional on a shift is responsible for the oversight of tāngata whaiora leave processes during their shift.

Ensure that the Next of Kin details on the registration of the clinical workstation are up to date as part of the leave planning process.

All staff

All staff working in the adult and OPR1 inpatient wards must be familiar with the leave procedure and the required processes and responsibilities.

Managers

Charge Nurse Managers are to ensure all staff receive information on the leave procedure as part of their orientation to the ward.

Any deviations from the required leave processes are to be discussed with individual staff and a process put in place to ensure the procedure can be implemented as required.

Administration Staff

Administration staff are responsible for uploading leave monitoring forms into the clinical workstation every weekday morning, and on a Monday for the weekend period.

Ensure that Next of Kin details on the registration page of the clinical workstation are updated as advised by the registered health professional.

2.2 Competency required

All staff are to be competent in their assigned responsibilities as a component of the application of the leave process.

2.3 Equipment

- Clinical Workstation (CWS)
- Electronic whiteboard
- Leave authorisation and management plan
- Leave plan
- Relevant mental health act leave forms
- Equipment for the tāngata whaiora to identify the time whilst out on leave e.g. watch
- Leave record
- Radio transmitter / ward cell phone (for staff escorting)

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2.4 Procedure

Leave for informal tāngata whaiora

While informal tāngata whaiora can leave the ward at any time, it is reasonable to ask them to remain in the ward for up to a period of 72 hours prior to being granted leave. This allows the clinical staff a period of time to review their mental state and level of risk.

If an informal client does not agree to remain on the ward for the 72 hour period the responsible clinician or delegate must be notified and a discussion held around current mental state and level of risk. If there are significant concerns for the tāngata whaiora safety or the safety of others it should be considered if the criteria for the Mental Health Act are satisfied to make an assessment, or whether it is more suitable for the tāngata whaiora to be cared for by a service within the community.

On admission the informal tāngata whaiora are informed of their rights in relation to leave, and provided with the information sheet on entry and exit of the wards. This is done as part of the informed consent process on admission. The discussion and provision of this information is to be documented in the clinical record.

Prior to any informal tāngata whaiora leaving the ward the leave monitoring form must be completed as to exit time, and intended return time. The tāngata whaiora is to be aware of the time documented that they are expected back, and have a means of contacting the ward should they be delayed.

Leave for tāngata whaiora under the Mental Health Act

Leave for newly admitted tāngata whaiora

Newly admitted tāngata whaiora under the mental health act are not to be granted leave, even for brief periods, until the treating team have developed enough familiarity with them to make a valid assessment of their mental state and risk. All tāngata whaiora admitted under the mental health act are to be made aware of their rights, and be informed that they will not be granted leave within the initial 5 day assessment period.

Tāngata whaiora requesting leave to smoke should be offered nicotine replacement aids.

Preparing for leave

Discussions about leave should occur in advance whenever possible. Ideally the tāngata whaiora, and responsible whānau / key support person / carers will be involved in discussions about leave.

These discussions should explore the tāngata whaiora views and preferences about leave, the goals and benefits of leave, and any risks, and the responsible whānau / carer's viewpoint and circumstances.

Whānau and carers must have reasonable information about the tāngata whaiora mental state and level of risk to enable them to make an informed decision about participating in the period of leave.

The leave category once identified and documented by the SMO is valid for a one week period, however may be reviewed more frequently if required. It is the responsibility of the treating team to document the duration, frequency of leave and any expectations on the leave plan. A copy of the leave plan is to be provided to the tāngata whaiora; whānau /

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carer prior to the leave being undertaken, and this must be documented in the progress notes.

Leave categories	Description
No leave	The tāngata whaiora is not currently permitted leave from the ward.
Escorted leave with a staff member	<i>Escorted leave</i> is for the purpose of a defined therapeutic intervention e.g. going to the grocery store, attending an interview at work and income, viewing a property (this is not an exhaustive list). <i>Escorted leave</i> should only be approved after the clinical team including the Responsible Clinician have reviewed the person and consulted with the whānau / key support person / carers.
Unescorted leave	May occur on or off hospital grounds, negotiable between the tāngata whaiora and allocated registered nurse or in Ward 41 a registered health professional at ACNM discretion and in accordance with the documented leave plan <i>Unescorted leave</i> should be for a therapeutic purpose and not for frequent short breaks.
Overnight(s)	Leave to an agreed upon residence for one or more overnight periods as agreed in the leave plan by the Responsible Clinician

It needs to be recognised that leaving the ward for even brief periods can present the same amount of risk as other types of leave, and requires the same amount of assessment of risk and mental state. If a request is made at short notice for special circumstances a clinician familiar with the tāngata whaiora mental state and risk must discuss this request with the on call psychiatrist and the results of this discussion are documented in the progress notes.

Process for going on leave

Prior to any leave process (escorted, unescorted, overnight) the following key actions must be completed:

- An approved leave plan has been authorised and agreed by the responsible clinician, the tāngata whaiora and whānau / key support person / carer
- A review of the current risk of the tāngata whaiora is completed and documented
- Current mental state is to be assessed and documented in the clinical record immediately prior to the period of leave. Any concerns about leave going ahead need to be discussed with the treating team.

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- The tāngata whaiora and whānau / key support person / carer are aware of the expected return time, and this is documented to enable any variance to be immediately noted by ward staff. The recording of leave exit and entry is also documented on the leave monitoring form.
- Whānau / carers accompanying tāngata whaiora on leave are aware of their responsibilities whilst the tāngata whaiora are on leave. Leave is a collaborative process and if the whānau / carers have any concerns then leave should be reconsidered.
- The full name and contact details of the whānau / key support person / carers have any concerns then leave should be reconsidered.
- The full name and contact details of the whānau / key support person / carer are documented in the leave plan
- Provision is made to ensure that the tāngata whaiora has access to any necessary medications / equipment requirements.

Revoking Leave

Any clinician is able to revoke leave due to a change in mental state, risk or demonstrated inability to meet the requirements of leave responsibilities. When revoked the leave authorisation plan must be updated and the SMO / treating team advised. Appropriate communication with the tāngata whaiora of any changes to leave approval is to occur.

The communication of this information must take account of the tāngata whaiora current state and needs upon hearing the news.

Failure to return from leave

Any tāngata whaiora who does not return to the ward within the agreed timeframe is to be categorised and followed up as per the Mental Health and Addictions [AWOL \(Absent Without Official Leave\)](#) procedure (3555).

3 Patient information

Information on leave provision and processes is discussed with tāngata whaiora and whānau.

4 Audit

4.1 Indicators

- All informal tāngata whaiora are provided with an entry and exit information sheet upon admission.
- All tāngata whaiora under the mental health act and whānau / key support persons / carers receive leave plans prior to leave being undertaken.

4.2 Tools

- Audits against the requirements of the Ngā Paerewa Health and Disability services standard

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- Compliments and Complaints
- Whānau feedback systems

5 Evidence base

5.1 Associated Te Whatu Ora Waikato Documents

- Mental Health and Addictions [AWOL \(Absent Without Official Leave\) procedure](#) (3555)
- Mental Health and Addictions [Levels of Observation across all Mental Health and addictions 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)
- Mental Health and Addictions [Whānau Inclusive Practice](#) guideline (5795)

5.2 External Standards

- Ngā Paerewa Health and Disability Services Standards NZS8134: 2021
- Mental Health (Compulsory Assessment and Treatment) Act 1992

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