Te Whatu Ora
Health New Zealand
Waikato

Procedure

Access and Management of Crisis Respite

Procedure Responsibilities and Authorisation

Department Responsible for Procedure	Mental Health and Addictions
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Document Owner Title	Clinical Services Director
Target Audience	Mental Health and Addictions clinical staff accessing respite
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Procedure Review History

Version	Updated by	Date Updated	Summary of Changes
		Feb 2018	Full review of procedure done by CAHT charge nurse manager, associate charge nurse manager, clinical nurse specialist and operations manager. Further details added to point 2.4 and point 3 regarding respite medication.
04		June 2017	Changed into up to date procedure format Inclusion of patient information and audit indicators
05		April 2021	Updated into current DHB procedure template
06	Ellyn Gooding	July 2023	Updated into Te Whatu Ora Waikato template Changes to Crisis Respite providers

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1 Overview

1.1 Purpose

This procedure describes the entry criteria and processes to be used by all Mental Health and Addictions service staff when requesting and managing crisis respite for tāngata whaiora within the Waikato District. This procedure applies to the application of crisis respite across the Mental Health ad Addictions service.

This procedure relates only to Ngā Kapua, the crisis respite service provided through the Crisis Assessment Home Treatment (CAHT) Team. This procedure doesn't cover planned respite, package of care arrangements or other respite services.

1.2 Staff group

Mental Health and Addictions staff accessing crisis respite.

1.3 Patient / client group

Mental Health tāngata whaiora experiencing an acute episode of mental illness or distress where crisis respite is considered an option.

1.4 Exceptions / contraindications

Tāngata whaiora not considered as having an acute episode of mental illness or distress requiring respite come under other package of care options or through Healthcare New Zealand planned respite processes.

Tāngata whaiora experiencing an acute episode of mental illness or distress who require a more intensive level of care.

Crisis respite is not to be utilised as a monitoring mechanism for individuals who are actively self-harming and / or are actively suicidal.

Crisis respite is not to be utilised for actual or possible substance withdrawal.

1.5 Definitions and acronyms

Crisis Respite	Crisis respite is a therapeutic intervention and supports treatment in the least restrictive and safest environment possible. Crisis respite can be used as part of a treatment plan to prevent further deterioration in mental state or as part of the discharge process from the acute inpatient unit. **Clinical responsibility remains with the referring team unless otherwise negotiated with the Crisis Assessment and Home Treatment (CAHT) Service.**
Crisis Respite Coordinator	Role that coordinates the crisis respite process. Hamilton crisis respite are overseen by the crisis respite nurse or delegate with CAHT.

	Please note – crisis respite in rural areas in managed by the local mental health service.
Crisis Respite Providers	**Ngā Kapua** Is an NGO kaupapa Māori provider who offers this respite house. Ngā Kapua is a homely environment in a residential neighbourhood. Two support workers are rostered across three shifts (am, pm, and night shift) No registered health professional are on site but staff are able to access a registered nurse for medication signing. Ngā Kapua is most suitable for clients who experience complex and challenging mental health disorders, behaviour and social / situational crisis. Ngā Kapua is more suitable for males, but also females who are familiar with mental health services.

2 Clinical management

2.1 Roles and responsibilities

Clinicians

- Clinical staff are responsible for undertaking assessments, making referrals and / or authorising crisis respite.

Managers

- Managing and monitoring the quality of crisis respite provision.

2.2 Competency required

Those making assessments / referrals or authorising crisis respite must be employed by Te Whatu Ora Waikato as a Mental Health Professional / Health Practitioner (Registered Nurse, Occupational Therapist, Social Worker, Medical Practitioner or Clinical Psychologist).

2.3 Equipment

- Referral for Case Support, Crisis Respite and Crisis Assessment and Home Based Treatment (CAHT) Service Management Form (T1298MHF)
- Consent for Respite Accommodation Form (T1026MHF)
- Mental Health progress notes (CWS electronic form)
- Risk assessment and formulation – Mental Health (CWS electronic form)

2.4 Procedure

Prior to Entry

- The mental health clinician notes a deterioration in the tāngata whaiora mental state
- The mental health clinician examines the Recovery Plan / Treatment Plan and the Advance Directive (if there is one) to examine the range of possible interventions.
- Discuss with the CAHT respite nurse to ensure a bed is available. Out of hours discussion is with CAHT through until 2330 hours. Between 2330 hours to 0800 hours consult with the HRBC coordinator.
- Complete the Crisis Respite Referral Form and tāngata whaiora consent form and then fax the completed forms to the respite provider. *Respite staff make the final determination of entry to respite.*
- Ensure the tāngata whaiora care plan is thoroughly completed with detail: including notations for every question. Not applicable (N/A) is not acceptable. E.g. *Sleeping = Client will manage own sleeping routines or; Staff to encourage awake time 9am and bedtime 10pm.*
- Explanation given to respite staff on whether tāngata whaiora is 'Formal' or 'Informal' and what that means specifically for their care plan
- Phone the respite facility and advise of the admission, also arrange a time to accompany the tāngata whaiora to the respite facility
- A contact person or a Keyworker must identify themselves or a delegate by name and provide phone numbers on the referral form
- Ensure a copy of the respite documents are uploaded to 'Documents' in clinical workstation.

One Entry

- The tāngata whaiora is to be accompanied to respite by a mental health staff member. No unaccompanied tāngata whaiora will be accepted.
- Meet with staff to discuss and explain the referral form and recovery plan
- The Mental Health clinician to ensure a progress note is completed via clinical workstation documenting the respite entry date and recovery planning information
- The Mental Health clinician to ensure the client is entered and exited from the crisis respite log book and crisis respite board
- *For medication see section 2.5 Respite Medication*
- Monitoring of tāngata whaiora: Respite staff can be asked to sight a tāngata whaiora at particular time intervals. Please talk to respite staff about the frequency of sighting the tāngata whaiora requires.
- Document and discuss the frequency of monitoring, for example, will verbal engagement be required, sight only, or will questions need to be asked of tāngata whaiora.

During Respite

- Tāngata whaiora in respite require a daily face to face review by a mental health clinician (excluding weekends and public holidays by Community Mental Health teams).
- The clinician needs to phone respite and arrange a suitable time to visit
- When visiting, the clinician must inform respite staff when they arrive and when they depart from the visit
- Use a private space for private conversations
- During the review with tāngata whaiora, continue to discuss and update the recovery goals and plan. Include discharge planning.
- Whilst still in respite, tāngata whaiora can begin transition back home, for example, leaving respite to return home for a few hours, and then return to respite, increasing timeframes away from respite to eventually leave respite entirely.
- Following the daily review with the tāngata whaiora, the clinician must verbally provide an update to respite staff and ensure the information is also documented in the tāngata whaiora respite file.
- Ensure a Te Whatu Ora Waikato Progress Note is completed via clinical workstation at each review. Include the recovery plan.
- Ensure the CAHT Respite Nurse is regularly updated on the tāngata whaiora length of stay
- If crisis respite staff contact the mental health service with concerns regarding a tāngata whaiora, the mental health service must respond as soon as possible. Response may initially be via phone call to triage the concern and plan further. During working hours the tāngata whaiora treating team will respond. Out of hours, CAHT will respond. CAHT will respond at all times to tāngata whaiora under their care.
- Where crisis respite staff have concerns requiring an emergency response, they will phone 111, for example, medical emergency or imminent threat to personal safety of the tāngata whaiora or staff.

Exiting Respite

- Ensure the tāngata whaiora and respite staff are included in the discharge plan
- Ensure all belongings are with the tāngata whaiora when they leave respite
- Liaise with the respite nurse or community mental health team regarding tangata whaiora being given their medication (safety and risk management)
- Ensure a Te Whatu Ora Waikato Progress Note is completed via clinical workstation, including the respite exit date
- Ensure the CAHT Respite Nurse is informed of the tāngata whaiora departure
- If an extension to the length of stay is required, the Keyworker / Mental Health Professional will discuss this with the Respite Coordinator / CAHT service

- If the extension is agreed , the Respite Coordinator / CAHT service will confirm the extension with the respite provider and ensure the exit date is amended on the respite record
- The Keyworker / Mental Health Professional documents their assessment and process of decision making within the Mental Health progress notes and update the 'Referral for Case Support, Crisis Respite, and CAHT service management form' (T1298MHF), ensuring the respite provider receives a copy of all relevant information.

2.5 Respite Medication

Respite providers are required to adhere to specific guidelines regarding medication packaging, storage and administration.

It is vital that Te Whatu Ora Waikato staff support the guidelines to ensure tāngata whaiora have access to prescribed medication.

ALL medication going to respite must be blister packed. No exceptions.

Physical medication and mental health medication MUST be blister packed separately from each other, i.e., one blister pack for physical medications and one blister pack for mental health medication.

A signing sheet must accompany the blister pack/s, otherwise respite staff will be unable to sign against the medication.

Include a current copy of the tāngata whaiora prescriptions for both the physical and mental health medication on admission.

No Controlled Drugs are to be sent to respite, for example morphine tablets for pain relief. There are no exceptions. Controlled Drugs are to remain at the Pharmacy or at an inpatient Henry Rongomau Bennett Centre (HRBC) ward. The mental health clinician will need to make daily arrangements for the tāngata whaiora to receive the medication, such as, collecting the medication from the ward and delivering the dose.

The clinician must ensure the tāngata whaiora has adequate medication so as not to run out afterhours or over weekends.

2.6 Rural Respite Services

Rural services are encouraged to utilise local respite services in the first instance, however, crisis respite in Hamilton is available if local services are not.

Expectations on entry, during and exiting of respite remains as previously outlined.

Given geographical factors, it may not be possible for the rural clinician to visit and review the client daily. In these cases rural clinicians are to contact CAHT and make other arrangements. Contact can be made with the respite nurse or CAHT CNM / ACNM. It may be appropriate that the tāngata whaiora care is temporarily transferred to CAHT whilst they are in respite and returned to the rural clinician upon exit and return home. This is to be negotiated and documented.

There will also need to be a discussion as to which Doctor will provide oversight – Rural or CAHT.

3 Patient information

- Tāngata whaiora must be provided the pamphlet explaining what crisis respite is.
- Conditions of respite are included in the contract signed by tāngata whaiora.

4 Audit

4.1 Indicators

- Tāngata whaiora feedback on crisis respite.

4.2 Tools

- Exit questionnaire is completed by tāngata whaiora
- Feedback is discussed at a quarterly formal meeting between Te Whatu Ora Waikato and Providers

5 Evidence base

5.1 Associated Te Whatu Ora Waikato Documents

- Mental Health and Addictions Advance Directive procedure (2181)
- 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 Transport and Escort of Tāngata Whaiora procedure (1863)
- Clinical Records Management policy (0182)
- Medicines Management policy (0138)

5.2 External Standards

- NZS8134:2021 Ngā Paerewa Health and Disability Services Standard
- Ministry of Health (2013) Medicines Management Guide for Community Residential and Facility-based Respite Services – Disability, Mental Health and Addiction. Wellington: Ministry of Health.
- Ministry of Health (2017). Adult Mental Health Services – Adult Crisis Respite – Mental Health and Addictions Services tier three service specification April 2017. Nationwide Service Framework.