

<b>Te Whatu Ora</b> Health New Zealand Hauora a Toi Bay of Plenty	<b>ACTIVE FOLLOW-UP OF TĀNGATA WHAI ORA / SERVICE USERS WHO DO NOT ATTEND PRE- ARRANGED APPOINTMENTS</b>	<b>Protocol CPM.M7.1</b>
<b>CLINICAL PRACTICE MANUAL</b>		

## PURPOSE

To ensure that appropriate actions are taken to limit risks when Te Whatu Ora – Health New Zealand Hauora a Toi Bay of Plenty informal tāngata whai ora / service users do not attend pre-arranged appointments.

Providing assertive opportunities for the re-engagement of tāngata whai ora / service users who do not attend pre-arranged appointments.

Ensuring that a review of the risk management and treatment plan is completed if the tāngata whai ora / service user exits the service in an unplanned way.

## STANDARDS TO BE MET

1. In each event of non-attendance of a tāngata whai ora / service user at a pre-arranged appointment, the level of risk must be identified from the current information. Consideration will be given to the following factors:

- 1.1 Criminal Procedures (Mentally Impaired Persons) Act status
- 1.2 Previous and current Mental Health Act (MHA) status
- 1.3 Current Treatment Plan
- 1.4 Health records
- 1.5 Current Relapse Prevention Plan
- 1.6 Contact with tāngata whai ora / service user / family / whānau or significant others
- 1.7 Status of compliance with medication regime
- 1.8 Historical pattern of deterioration
- 1.9 Substance Use
- 1.10 Historical and Current Risk Assessment and management plan
- 1.11 Clinical judgment of multidisciplinary team (MDT).
- 1.12 History of ongoing serious mental disorder
- 1.13 Possible impact on vulnerability of children and young persons

It can be considered that non-attendance of appointments by a person, who otherwise may qualify for compulsory assessment and treatment, but who chose before to be treated informally under the MHA, may be indicative of a choice to no longer adhere to treatment under the least restrictive option. That may require initiation of the MHA.

2. If unknown risk / risk unable to be established e.g. first assessment / assessment for entry to service:
  - 2.1 Tāngata whai ora / service users will be contacted by telephone and / or letter by the Responsible Clinician / Case Manager or delegate as soon as practicable on the same day as the missed appointment to ascertain the reasons for the missed appointment and another appointment made.
  - 2.2 If unable to contact, contact the referrer as soon as practicable on the same day as the missed appointment to:
    - a) Confirm contact details.
    - b) Alert to initial non-attendance.
    - c) Discuss the referrer's level of concern.
  - 2.3 Discuss next actions with Team Leader / Responsible Clinician and / or the MDT.

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Protocol Steward: Clinical Co-ordinator ACMHS	Authorised by: Chief Medical Officer	

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- 2.4 Next action determined on a case by case basis through a consultative process – minimum course of action requires two (2) appointments offered.
  - 2.5 Document actions and rationale in the tāngata whai ora / service user's health record.
- 3. If after a missed appointment, the level of risk indicates that the tāngata whai ora / service user is missing and of concern, staff should:**
- 3.1 Immediately notify the Responsible Clinician / Team Leader.
  - 3.2 Attempt contact with the tāngata whai ora / service user. If unsuccessful attempt to contact family / whānau, supported accommodation provider, other support people / agencies as appropriate.
  - 3.3 If the level of concern about a missing tāngata whai ora / service user remains high the staff member may follow the procedures for inpatients who are AWOL detailed in [CPM.M5.14 Mental Health & Addiction Services Patients Absent Without Leave \(AWOL\)](#)
  - 3.4 If MHA does not apply, notify Acute Care Team (ACT) in case the person presents through that avenue again and may need to have a current Mental Health Status assessment, and determine whether Police notification is required. If the MHA needs to be initiated the necessary Section 8a documentation needs to be completed and provided to the crisis team.
  - 3.5 Document actions and rationale on the tāngata whai ora / service user's health record.
  - 3.6 Once the tāngata whai ora / service user is located, a risk assessment and review of the treatment plan should be completed.
- 4. Successive missed appointments**
- 4.1 If a tāngata whai ora / service user misses two (2) appointments, has a current risk assessment that indicates unknown / low risk, a decision should be made based on clinical judgement / referrer's level of concern whether a third appointment should be attempted or a letter sent advising the tāngata whai ora / service user of discharge from the service if they do not contact the service within 14 days.
  - 4.2 If the referrer's level of concern is high staff should follow Point 3 of this Protocol
  - 4.3 Discharge from the service should follow [CPM.M5.17 Transition from MH&AS](#).
  - 4.4 Prior to all discharges following non-attendance, every practical effort should be made (and documented) to locate the tāngata whai ora / service user (which may include informing the family / whānau / caregiver / Police) and an appropriate discharge letter written to the referrer.
- 5. Information Systems**
- 5.1 Administration staff will ensure that the attendance status information for scheduled clinics is updated for each tāngata whai ora / service user as per the Mental Health WebPAS User Manual. p63.

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## REFERENCES

- Alcoholism and Drug Addiction Act 1966
- Code of Health & Disability Consumers' Rights Act 1996
- Criminal Procedures (Mentally Impaired Persons) Act 2003
- Ngā Paerewa Health & Disability Service Standards NZS 8134:2021
- Human Rights Act 1993
- Mental Health WebPAS User Manual.
- Intellectual Disability Compulsory Care and Rehabilitation Act 2003
- Mental health (Compulsory Assessment & treatment) Act 1992 and Amendment Act 2021
- Privacy Act 2020

## ASSOCIATED DOCUMENTS

- [Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.14 Mental Health & Addiction Services Patients Absent Without Leave \(AWOL\)](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.17 Transition from Mental Health & Addiction Services](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.30 Treatment Plan](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Absent Without Leave \(AWOL\) Notification](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty policy 2.5.2 Health Records Management](#)

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