


Ngā Rau Rākau Tāngata Whaiora Review Policy

MHAPPM/8955

Approved by:	General Manager – Mental Health & Addiction	First Issued:	August 2016	
Signature:	David Warrington	Review Date:	August 2022	
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Purpose

The purpose of this document is to outline the standards to be met to ensure all tāngata whaiora receive regular and ongoing review and assessment of their care, treatment and recovery by the appropriately qualified health professionals.

This document is to be used in conjunction with MHAPPM/8953 – [Mental Health and Addiction Group Policy](#) which outlines the shared vision and expectations for the direction, values, principles, attitudes and ways of working to deliver a values based service.

Principles

All Te Whatu Ora – Health New Zealand, Te Matau a Māui Hawke’s Bay documents are based on and link back to our values; **He Kauanuanu** (respect), **Ākina** (improvement), **Raranga Te Tira** (partnership) and **Tauwhiro** (care), and are detailed so all persons are provided with clear information on the way they are expected to practice and undertake tasks.

Scope

All staff working within Mental Health and Addiction Services.

Definitions

Refer to the Mental Health Service Definitions Glossary [\\FS3\share\Public\All Users\MHS Policy review\DEFINITIONS FOR WORDS AND TERMS IN USE WITHIN THE MENTAL HEALTH SERVICE.docx](#)

Roles and Responsibilities

Role	Responsibility
Nursing staff	To assess and document mental state, risk and nursing care requirements as often as necessary but at least once every shift and document this in the tāngata whaiora health record. To attend meetings as required and liaise with community staff regarding plans.
Medical staff	To review tāngata whaiora as outlined in the procedure and document outcomes and assessment in the tāngata whaiora health record. To liaise with the community psychiatrist regarding assessments and post discharge treatment plans. To complete a discharge summary upon a tāngata whaiora discharge and ensure that this is distributed to the relevant clinicians and the tāngata whaiora on the day of discharge.

Role	Responsibility
Key Workers	<p>To regularly review any of the people on their caseload that are currently admitted to Ngā Rau Rākau, attend discharge planning meetings/Multi-Disciplinary Team Meeting or to arrange an appropriate representative to attend.</p> <p>To review the tāngata whaiora progress via the health record on a daily basis to remain current with progress.</p> <p>To meet with newly allocated tāngata whaiora to begin forming therapeutic relationship and start discharge planning process.</p>
Allied Health	<p>To provide specialised assessment, support and treatment options as identified from the assessments and document outcomes in the appropriate format in the person's health record.</p> <p>Attend the appropriate tāngata whaiora review/meetings as required.</p>

Te Whatu Ora, Te Matau a Māui Hawke's Bay Standards

- 1 Admission and discharge to Ngā Rau Rākau is to be a seamless process for the tāngata whaiora with no disruption to their continuity of care and to enable discharge planning to commence at the point of admission.

Admission

- 2 All tāngata whaiora admitted to Ngā Rau Rākau will receive a clinically driven and regular assessment and review of their treatment, MHA status, leave options, level of observation and progress towards discharge.
- 3 All tāngata whaiora will be reviewed on regular basis by their allocated inpatient psychiatrist/responsible clinician following these time frames (at a minimum):
 - a. Seclusion must be reviewed at least daily. An RN can request further assessment based on presenting risk.
 - b. Puketea must be reviewed on a daily basis.
 - c. Kowhai must be reviewed every three days.
 - d. Kahikatea must be reviewed weekly. Please note that at times there are tāngata whaiora who must be reviewed as per Kowhai schedule.
- 4 Any new admissions must be reviewed by their allocated inpatient psychiatrist/responsible clinician either on admission or the next working day.
- 5 Any change in mental state or tāngata whaiora specific requirements will result in more frequent assessment.
- 6 All nursing staff will assess tāngata whaiora mental state, risks and nursing care requirements:
 - a. Seclusion every room entry and during constant observations whilst tāngata whaiora is awake.
 - b. Puketea shift by shift basis.
 - c. Kowhai shift by shift basis.
 - d. Kahikatea shift by shift basis.

Morning Ward Meeting

- 7 Morning Ward meetings to take place on Monday and Thursday only.
- 8 On non-meeting days, the Clinical Nurse Coordinator will provide a list of priority assessments/reviews to the Medical and/or Allied Health.
- 9 Meetings are to be attended by inpatient psychiatrists, registrar, house officer, allied health staff, nursing staff, NASC staff, HBT staff and community key workers.
- 10 Meeting will be chaired by Clinical Nurse Manager/Associate Clinical Nurse Manager/Clinical Nurse Coordinator and will cover:
 - a. Overview of any new admissions out of hours
 - b. Update on any significant changes
 - c. Any requests for MDT input
 - d. Leave status, AWOL level, Risk assessment
 - e. Plan for next 24 hours including times for review by allocated inpatient psychiatrist / responsible clinician
- 11 The clinical discussion must be documented in tāngata whaiora's health record by allocated House Surgeon or Registered Nurse.

Bed Flow Meeting

- 12 Bed Flow meetings to take place on Wednesday mornings.
- 13 The meetings are to be attended by the appropriate inpatient psychiatrist, registrar, house officer, allied health staff, allocated registered nurse, NASC representative, community keyworker representative, NGO representative, and cultural support.
- 14 Outcome of MDT will be entered in to the tāngata whaiora's health record by the House officer or Junior medical personnel.
- 15 The meeting will be chaired by CNM/ACNM/Clinical Coordinator and will cover:
 - a. Summary of presentation since last meeting and this will be documented and presented by the allocated nurse.
 - b. Clear plan of future treatment, leave and specific care requirements
 - c. Identify any meetings that need to be scheduled
 - d. All members of the MDT to give an update on progress and future treatment recommendations or requirements.
 - e. Discharge planning.

Whānau/Family Meeting

- 16 Whānau/family meetings will be scheduled as required, and mode of meeting will be determined by the needs of the individuals involved.
- 17 These are routine meetings and should occur at the earliest possible convenience for the family and the clinician. These can occur over the telephone or as an appointment with the specific clinician(s) involved and do not need to involve the MDT or keyworker.
- 18 All relevant information, discussion and outcomes pertaining to the tāngata whaiora must be documented in their health record.

Discharge Planning Meeting

- 19 Discharge Planning meetings should be arranged on admission and should be scheduled for as early as possible during the tāngata whaiora's admission to Ngā Rau Rākau.
- 20 The meeting must include the tāngata whaiora, their whānau and community keyworker if they are already open to the service, or an interim keyworker if new to the service.
- 21 This meeting is to identify any barriers to discharge, additional supports/requirements and any actions that need to be implemented to ensure that a seamless transition from inpatient services to community services occurs for the tāngata whaiora.
- 22 Roles and responsibilities of the clinicians need to be identified and timeframes for progress updates to be clear.
- 23 The responsibility for the documentation of the meeting and the outcome in the tāngata whaiora health record to be identified by the lead clinician and this must be entered by the end of the day.
- 24 Not every tāngata whaiora that is admitted will require a Discharge Planning Meeting i.e. a clear existing plan or a clear plan, goals and responsibilities indicated on admission, or it may be a very quick admission and discharge process either planned or unplanned.
 - a. If this occurs the allocated registered nurse must contact the tāngata whaiora Key Worker or interim Key Worker (or Home Based Treatment team if involved) and provide a handover of admission, progress, reason for discharge and any follow up needs in the community including copy of discharge script.
 - b. The inpatient psychiatrist/responsible clinician must also contact the community psychiatrist/responsible clinician and provide a thorough handover of treatment provided and follow up requirements.

Measurable Outcomes

All tāngata whaiora receive regular review throughout their admission and this is clearly documented in their electronic health record.

All relevant staff are aware of plans and discharge in a timely manner to enable follow up to occur in the community within a specific/indicated time frame.

Related Documents

MHAPPM/8953 – [Mental Health and Addiction Group Policy](#)

References

No references

Keywords

Discharge
MDT
Meetings
Reviews

***For further information please contact the Clinical Nurse Manager –
Mental Health Intensive Service***