Admission to the High Dependency Unit Procedure

Effective: 07 May 2020

1. Guiding Principles

1.1 This procedure is to be read in conjunction with the Broome Mental Health Unit (BMHU) BMHU Patient Admission Procedure

1.2 The High Dependency Unit (HDU) is located within BMHU/ Mabu Liyan. It provides short term intensive interventions for patients in a low stimulus environment.

1.3 HDU is a locked area that provides space and freedom of movement and at the same time maintains a safe and therapeutic environment

1.4 It includes two bedrooms and one seclusion room. One of the bedrooms is a 'swing' room and can function as either a HDU or Low Dependency Unit (LDU) room.

1.5 Where a patient is in seclusion with the door open, the patient is still in seclusion.

1.6 Admission to HDU may occur when a patient is assessed as requiring a higher level of supervision and intervention in a safe environment. This may include:

- 1.6.1 Those with significant risk to self or others
- 1.6.2 Increased vulnerability and /or
- 1.6.3 Recent history of absconding with associated high risks for the patient

1.7 Generally patients admitted must be reported as soon as practicable, when they occur in respect of a person referred or detained under the WA Mental Health Act 2014 (MHA)

1.8 Aboriginal Mental Health Worker's (AMHW) are available to assist and support Aboriginal patients in admission process to the HDU

1.9 Patients who are managed in the HDU are to have their management plan reviewed every 24 hours by the treating Psychiatrist. After hours the on-call Psychiatrist is to be contacted to review management plans as required.

1.10 A patient may request admission to the HDU as a voluntary patient due to particular vulnerabilities. This request must be documented in the patient health record. The management plan must ensure the patient's rights are maintained and the decision to continue management in the HDU is reviewed regularly.

1.11 Staff must orientate and reassure patients to the HDU as soon as practicable following admission and over the first few days. Patients are likely to be confused about where they are, particularly if it is a first admission to the HDU. Orientation is to include the HDU and its place in the whole BMHU and Broome Hospital. It is also to include explanation that the person that the person is expected to move into the LDU as their mental health improves.

1.12 For all patients including those of Aboriginal origin or Culturally and Linguistically Diverse (CALD) understanding is to be facilitated where appropriate by:

- 1.12.1 Using approved interpreter service
- 1.12.2 Involvement of an AMHW
- 1.12.3 Involvement of carer, close family member or other personal support person (PSP)

1.13 **Staffing**

1.13.1 The Shift Coordinator or delegate is responsible for the delivery of patient care in the HDU.

1.13.2 A minimum of two staff must be available to be present in the HDU.

1.13.3 Nursing staff numbers are based on assessed clinical need and

- A registered Mental Health Nurse is responsible for patients in the HDU.
- New staff must be oriented to the HDU as part of his/her overall orientation to the unit at the commencement of their first shift.
- Increased nursing staff requirement is a senior staff /management decision based

1.14 **General Security**

1.14.1 All patients entering the HDU are to undergo a search of their person and belongings with items deemed dangerous being removed and stored according to the BMHU Damage to Property Procedure. Dangerous items may include belts, shoelaces, razors, jewellery, sharp or heavy objects.

1.14.2 Matches and lighters are not permitted in the HDU.

1.14.3 Closed Circuit Television (CCTV) cameras are located in the Seclusion Room, the HDU lounge room and HDU courtyard. Control of these cameras is from within the staff base.

1.15 **Smoking**

1.15.1 Patients who are admitted under the MHA are to be informed of the partial exemption to the Smoke Free WA Health System Policy for involuntary patients.

1.15.2 Non-flammable lighters are installed in the HDU courtyard. This is in place to allow involuntary patients the ability to smoke.

1.15.3 All patients have their property searched. BMHU Personal Search and Seizure Procedure

1.15.4 Patient's tobacco lighters and matches are to be held in the staff base. Patients are offered nicotine replacement therapy. BMHU Smoking and Nicotine Replacement Procedure

2. Procedure

2.1 Patient admission to the HDU may occur in the following ways:

2.1.1 Directly upon admission via Broome Hospital Emergency Department.

2.1.2 Transfer from LDU.

2.2 The Shift Coordinator is responsible to ensure adequate staffing is available in the HDU.

2.3 Where possible usual admission processes are conducted.

2.4 Clinical review must occur by the Consultant Psychiatrist or Psychiatric Registrar as soon as possible following transfer of patient.

2.5 When the decision to transfer a patient to the HDU is made the Shift Coordinator is responsible to ensure a safe transition. Where possible and appropriate an AMHLO must be present. This may include:

2.5.1 Having sufficient staff available to assist
2.5.2 A request for security (first option) or police assistance if required
2.5.3 Informing the patient of the transfer
2.5.4 Negotiating with the patient regarding the potential for voluntary entry to the HDU. A planned and coordinated patient restraint, if required, to transfer from one area to another
2.5.5 Removal of any potentially dangerous items from the patient
2.5.6 Informing the:
- Psychiatrist and CNM at the first opportunity
- Patient of his/her rights at the first opportunity
- Patient's carer, close family member or other PSP of the transfer where possible
- Community Mental Health Case Manager as appropriate

2.6 Patient Management
2.6.1 Patient management is to be monitored as per the patient risk assessment observation category
2.6.2 Patients are monitored both by CCTV and 2:1 staff/patient interactions. BMHU Patient Observation Procedure
2.6.3 When awake all patients are to have a staff patient face to face interaction at least once per hour to attend physical and therapeutic needs.
2.6.4 Patient activity is recorded on the HDU Interaction Chart every 15 minutes.
2.6.5 All meals are to be served using plastic cutlery, plates, bowls and cups.
2.6.6 Aluminium cans and glass are not permitted in the HDU.
2.6.7 Staff are to ensure that the patient retains as much as is possible of their personal belongings. The excess can be held in the storeroom.
2.6.8 In accordance with the *WA Mental Health Act 2014*:
- Patients may only use electronic devices under strict supervision. Staff may facilitate telephone calls for patients via the digitally enhanced cordless telecommunications (DECT) telephone. BMHU Use of Electronic Equipment, Mobile Telephones and Photographic Devices procedure
- Carers, close family members and or other PSPS are to be encouraged to maintain contact with patients and visit wherever possible.
- Mental Health Advocate must request access to the HDU to the Shift Coordinator. Where there are clinical risk concerns the Shift Coordinator will refer to the Consultant Psychiatrist and a plan will be developed for the Advocate to meet with the patient.

2.7 Transitioning from HDU to LDU
2.7.1 When clinically indicated patients are to be encouraged to spend time in the LDU as a trial to determine if the patient can manage in a higher stimulus environment. This may occur at the discretion of the Consultant Psychiatrist, CNM or on call Psychiatrist who must be consulted and who will consider the following:

- Patient preference regarding location.
- Risks identified i.e. absconding, vulnerabilities
- Patient behaviour during the previous 24 hours including mental state assessment, threats or assaultive actions to other patients, family members or staff.
- Patient's ability to cooperate with staff in taking medications and nutrition.

2.7.2 During periods spent in LDU

- Any changes to the plan details must be approved by the Psychiatrist or plan initiator
- Document details on the HDU to LDU Access form (sticker) which includes:
  - Initiated by whom
  - 1:1 special explained, sighted without obstruction and is in accordance with BMHU Patient Observation Procedure
  - Duration of LDU access
  - Frequency of LDU access
  - Risk assessment completed (progressive risk sticker)
  - LDU access complete
  - LDU access terminated
- Patient observations will continue to be recorded on the HDU Interaction Chart in 15 minute intervals
- Patient leave external to BMHU
  - Usually patients are not granted leave when in the HDU.
  - In exceptional circumstances a clinical decision for patient leave may be made by the Consultant Psychiatrist.
- Patient Escort
  - The decision to arrange/keep patient appointments is a clinical decision by the treating team.
  - Staff escort is to be provided if a patient has hospital or external appointments.

3. Definitions

Closed Circuit Television	A television system in which signals are monitored, primarily for observation and security purposes.

4. Roles and Responsibilities

4.1 Clinical Director has overall responsibility for ensuring that services are delivered in accordance with this procedure.

4.2 Consultant Psychiatrist is responsible for the medical management of patients in accordance with this procedure.

4.3 Clinical Nurse Manager is responsible for the implementation of this procedure.

4.4 All Staff are required to work within this procedure to make sure Broome Mental Health Unit is a safe, equitable and positive place to be.

5. Compliance

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All clinical documentation must be in accordance with the Health Record Management Policy

7. Evaluation

Monitoring of compliance with this document is to be carried out by BMHU Clinical Incidents

Procedure will be reviewed every five years

8. Standards

National Safety and Quality Health Service Standards – 1.2; 1.4; 1.10; 1.11; 1.15; 1.27; 1.29; 1.30; 2.1; 2.2; 2.3; 5.1; 5.3; 5.4; 5.7; 5.10; 5.12; 5.13; 5.14; 5.31; 5.33; 5.34; 6.3; 8.1; 8.3; 8.4; 8.5; 8.6; 8.10; 8.12

National Standards for Mental Health Services - 1.4; 1.4.3; 1.10; 2.3; 2.11; 6.6; 6.7; 7.2; 7.4; 8.7; 8.10; 8.11; 8.19; 10.2.1; 10.3.3; 10.3.4; 10.3.5; 10.3.8; 10.3.1; 10.3.6; 10.4.1; 10.4.2; 10.4.3; 10.4.5; 10.5.2; 10.5.11

National Standards for Disability Services - 1.1; 1.4; 2.6; 3.1; 3.2; 6.2

9. Legislation

Western Australian Legislation - Mental Health Act 2014

10. References

Nil

11. Related Forms

Nil

12. Related Policy Documents

WACHS K Use of Interpreter Services Procedure
Adult Psychiatric Inpatient Services - referral, Admission, Assessment, Care, treatment and Discharge Policy
Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist
BMHU Patient Observation Procedure
BMHU Patient Admission Procedure
BMHU Patient Rights and Responsibilities Procedure
BMHU Patient Property Procedure
BMHU Patient Visitors Procedure
BMHU Police Attendance Procedure
BMHU Smoking and Nicotine Replacement Therapy Procedure
BMHU Personal Search and Seizure Procedure
BMHU Use of Electronic Equipment, Mobile Telephones and Photographic Devices Procedure

13. Related WA Health System Policies

O/D Smoke Free WA Health System Policy

14. Policy Framework

Mental Health

This document can be made available in alternative formats on request for a person with a disability

Contact:	KMHDS Safety & Quality Coordinator (M. Vandale)		
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