

Implementation of Director of Mental Health's directions on the movement of in-patients

Metro North Mental Health

Name of Authorised Mental Health Service

Directive	Required response	Daily update
Acute adult mental health wards have been locked	<p>Yes</p> <p><i>If no, please advise the number of wards that remain open.</i></p>	<p>For all advise: Change/No change</p> <p><i>If changes, detail must be provided</i> Six out seven wards are now closed. West Wing at MNMH-TPCH is not closed until capital works completed. Currently consumers on ITOs who are admitted to east wing. Requests to Engineers have been forwarded. At TPCH it comes to \$38,950. Quotes for Caboolture Hospital awaited.</p>
A plan for minor capital works to better secure the ward environments has been completed	<p>No</p>	<p>Depends on availability of contractors.</p>
If a plan for minor capital works has not yet been completed, will it be completed before the end of March 2014?	<p>No</p> <p><i>If no, explanation must be provided</i></p>	<p>Nursing staff are managing as best they can to open doors for consumers and visitors in a timely manner. It is not possible to guarantee this without the requested additional resources of 26 FTE at a cost of \$1,725,000 annually.</p>
Methods your service has implemented for managing the movement of voluntary patients, visitors and patients that have leave approvals in and out of wards	<p>Detail must be provided <i>(e.g. the following staffing arrangements have been put in place (specify) to ensure access to leave is not restricted for voluntary patients, visitors, patients with approved leave)</i></p>	<p>Yes</p> <p><i>If no, explanation must be provided</i></p>
Patients potentially subject to section 131A Qld MHA 2000 that have either absconded or attempted to abscond have been reviewed and notification to the Director of Mental Health has occurred as required	<p>Yes</p> <p><i>If no, explanation must be provided</i></p>	

Have any monitoring conditions been applied by the Director of Mental Health as a result of the above review? **No**

If yes, detail of any monitoring condition must be provided

The Director of Mental Health has been advised when a patient potentially subject to monitoring has not been placed on monitoring conditions. **Yes**

If no, explanation must be provided

Systems have been put in place to ensure briefings are being provided to HHS CE in the event an involuntary patient absconds from an acute adult inpatient facility. **Yes**

If no, explanation must be provided

A proforma is sent to the CE on business days for consumers on an ITO who AWOP and an ATR has been issued.

RTI RELEASE

Prepared by: Dr Brett Emmerson
Executive Director
Metro North Mental Health *EBE*
3646 1104
24 December 2013

Cleared by: Malcolm Stamp
Chief Executive
Metro North Hospital & Health Service
3328 9921
December 2013

Document Name: Document8

RTI RELEASE SE

Update on implementation of Director of Mental Health Directive to reduce occurrences of in-patients absconding from AMHS

Metro North Mental Health

Name of Authorised Mental Health Service		
Directive	Required response	Daily update 30 12 2013
		<p>For all advise: Change</p> <p><i>If changes, detail must be provided</i></p>
Acute adult mental health wards have been locked	<p>Yes</p> <p><i>If no, please advise the number of wards that remain open.</i></p>	<p>Six out seven wards are now closed. West Wing at MNMH-TPCH is not closed until capital works completed. Currently consumers on ITOs who are assessed as moderate to high risk of absconding are admitted to East Wing. Requests to Engineers have been forwarded. At TPCH it comes to \$38,950 for IT related costs, engineering costs are yet to be obtained. Quotes for Caboolture Hospital awaited. Depends on availability of contractors.</p>
A plan for minor capital works to better secure the ward environments has been completed	<p>No</p>	
If a plan for minor capital works has not yet been completed, will it be completed before the end of March 2014?	<p>No</p> <p><i>If no, explanation must be provided</i></p>	
Methods your service has implemented for managing the movement of voluntary patients, visitors and patients that have leave approvals in and out of wards	<p>Detail must be provided</p> <p><i>(e.g. the following staffing arrangements have been put in place (specify) to ensure access to leave is not restricted for voluntary patients, visitors, patients with approved leave)</i></p>	<p>Nursing staff are managing as best they can to open doors for consumers and visitors in a timely manner. It is not possible to guarantee this without the requested additional resources of 26 FTE at a cost of \$1,725,000 annually.</p>
Patients potentially subject to section 131A Qld MHA 2000 that have either absconded or attempted to abscond have been reviewed and notification to the Director of Mental Health has occurred as required	<p>Yes</p> <p><i>If no, explanation must be provided</i></p>	

Great state. Great opportunity.



Have any monitoring conditions been applied by the Director of Mental Health as a result of the above review?

No

If yes, detail of any monitoring condition must be provided

The Director of Mental Health has been advised when a patient potentially subject to monitoring has not been placed on monitoring conditions.

Yes

If no, explanation must be provided

Systems have been put in place to ensure briefings are being provided to HHS CE in the event an involuntary patient absconds from an acute adult inpatient facility.

Yes

If no, explanation must be provided

A proforma is sent to the CE on business days for consumers on an ITO who AWOP and an ATR has been issued.

RTI RELEASE

Prepared by: Keryn Fenton
Operations Director
Metro North Mental Health-TPCH
3139 5637
30 December 2013

Cleared by: Malcolm Stamp
Chief Executive
Metro North Hospital & Health Service
3328 9921
December 2013

Document Name: Document8

RTI RELEASE

Update on implementation of Director of Mental Health Directive to reduce occurrences of in-patients absconding from AMHS

Metro North Mental Health

Name of Authorised Mental Health Service		
Directive	Required response	Daily update 6 01 2014
Acute adult mental health wards have been locked	Yes <i>If no, please advise the number of wards that remain open.</i>	For all advise: No change <i>If changes, detail must be provided</i> Six out seven wards are now closed. West Wing at MNMH-TPCH is not closed until capital works completed. Currently consumers on ITOs who are assessed as moderate to high risk of absconding are admitted to East Wing. Requests to Engineers have been forwarded. At TPCH it comes to \$38,950 for IT related costs, engineering costs are yet to be obtained. Quotes for Caboolture Hospital awaited. Depends on availability of contractors.
A plan for minor capital works to better secure the ward environments has been completed	No	
If a plan for minor capital works has not yet been completed, will it be completed before the end of March 2014?	No <i>If no, explanation must be provided</i>	
Methods your service has implemented for managing the movement of voluntary patients, visitors and patients that have leave approvals in and out of wards	Detail must be provided <i>(e.g. the following staffing arrangements have been put in place (specify) to ensure access to leave is not restricted for voluntary patients, visitors, patients with approved leave)</i>	Nursing staff are managing as best they can to open doors for consumers and visitors in a timely manner. It is not possible to guarantee this without the requested additional resources of 26 FTE at a cost of \$1,725,000 annually.
Patients potentially subject to section 131A Qld MHA 2000 that have either absconded or attempted to abscond have been reviewed and notification to the Director of Mental Health has occurred as required	Yes <i>If no, explanation must be provided</i>	

Have any monitoring conditions been applied by the Director of Mental Health as a result of the above review?

No

If yes, detail of any monitoring condition must be provided

The Director of Mental Health has been advised when a patient potentially subject to monitoring has not been placed on monitoring conditions.

Yes

If no, explanation must be provided

Systems have been put in place to ensure briefings are being provided to HHS CE in the event an involuntary patient absconds from an acute adult inpatient facility.

Yes

If no, explanation must be provided

A proforma is sent to the CE on business days for consumers on an ITO who AWOP and an ATR has been issued.

RTI RELEASE

Prepared by: Keryn Fenton
Operations Director
Metro North Mental Health-TPCH
3139 5637
31 December 2013

Cleared by: Malcolm Stamp
Chief Executive
Metro North Hospital & Health Service
3328 9921
December 2013
07.01.2014

Document Name: Document8

Malcolm Stamp

RTI RELEASE

Update on implementation of Director of Mental Health Directive to reduce occurrences of in-patients absconding from AMHS

Townsville Mental Health Service		
Directive	Required response	Daily update
		<p>For all advise: 23.12.13 Change/No change</p> <p><i>If changes, detail must be provided</i></p>
Acute adult mental health wards have been locked	<p>Not completely The front door has been locked. However, the doors that open to the court yards remain unlocked due to the fire risk that exists as the doors that need to be locked to secure the unit do not automatically open on a fire event. An updated Fire Evacuation Plan has been developed for the locking of the doors, however this has not been approved due to ongoing fire safety concerns.</p>	
A plan for minor capital works to better secure the ward environments has been completed	<p>Yes- plan in place, with some initial work completed (temporary fencing). However, major works required for permanent fencing</p>	
If a plan for minor capital works has not yet been completed, will it be completed before the end of March 2014?	<p>Not applicable If no, explanation must be provided</p>	
Methods your service has implemented for managing the movement of voluntary patients, visitors and patients that have leave approvals in and out of wards	<p>The Unit has developed and implemented a statement for voluntary consumers regarding their rights in a locked unit, provided to consumers on admission. Signage has been posted at all exit/entry points regarding the process of leaving the unit for voluntary consumers.</p>	

Patients potentially subject to section 131A Qld MHA 2000 that have either absconded or attempted to abscond have been reviewed and notification to the Director of Mental Health has occurred as required

Yes

If no, explanation must be provided

Have any monitoring conditions been applied by the Director of Mental Health as a result of the above review?

No

If yes, detail of any monitoring condition must be provided

The Director of Mental Health has been advised when a patient potentially subject to monitoring has not been placed on monitoring conditions.

Not applicable

If no, explanation must be provided

Systems have been put in place to ensure briefings are being provided to HHS CE in the event an involuntary patient absconds from an acute adult inpatient facility.

Yes

If no, explanation must be provided

RTI RELEASE

Prepared by: Cara McCormack
Acting Service Group Director
Townsville Mental Health Service Group- Townsville Hospital and Health
Service
4433 3088
23 December 2013

Cleared by: Michael Catt
A/Chief Operating Officer
Townsville Hospital and Health Service

23 December 2013

Approved by: Kieran Keyes
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Townsville Hospital and Health Service
4433 0072
23 December 2013

Document Name: Document8

RTI RELEASE

Update on implementation of Director of Mental Health Directive to reduce occurrences of in-patients absconding from AMHS

Townsville Mental Health Service		
Directive	Required response	Daily update
Acute adult mental health wards have been locked	<p>Not completely</p> <p>The front door has been locked. However, the doors that open to the court yards remain unlocked due to the fire risk that exists as the doors that need to be locked to secure the unit do not automatically open on a fire event. An updated Fire Evacuation Plan has been developed for the locking of the doors, however this has not been approved due to ongoing fire safety concerns.</p>	<p>For all advise: 24.12.13 Change/no change Note, next update will be provided on the 30.12.13 If changes, detail must be provided</p> <p>All doors have now been locked and wing based nursing ensures that fire regulations have been met. Longer term solution is to change doors to electronic to enable automatic opening onto court in the event of a fire.</p>
A plan for minor capital works to better secure the ward environments has been completed	<p>Yes- plan in place, with some initial work completed (temporary fencing). However, major works required for permanent fencing</p>	Will also need to include changes to doors, airlock, HDU, windows
If a plan for minor capital works has not yet been completed, will it be completed before the end of March 2014?	<p>Not applicable</p> <p><i>If no, explanation must be provided</i></p>	
Methods your service has implemented for managing the movement of voluntary patients, visitors and patients that have leave approvals in and out of wards	<p>The Unit has developed and implemented a statement for voluntary consumers regarding their rights in a locked unit, provided to consumers on admission. Signage has been posted at all exit/entry points regarding the process of leaving the unit for voluntary consumers.</p>	

Patients potentially subject to section 131A Qld MHA 2000 that have either absconded or attempted to abscond have been reviewed and notification to the Director of Mental Health has occurred as required

Yes

If no, explanation must be provided

Have any monitoring conditions been applied by the Director of Mental Health as a result of the above review?

No

If yes, detail of any monitoring condition must be provided

The Director of Mental Health has been advised when a patient potentially subject to monitoring has not been placed on monitoring conditions.

Not applicable

If no, explanation must be provided

Systems have been put in place to ensure briefings are being provided to HHS CE in the event an involuntary patient absconds from an acute adult inpatient facility.

Yes

If no, explanation must be provided

Policy established with communication, marketing monitoring and accountability strategies.

RTI RELEASE

Prepared by: Cara McCormack
Acting Service Group Director
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Service
4433 3088
24 December 2013

Cleared by: Michael Catt
A/Chief Operating Officer
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24 December 2013

Approved by: Kieran Keyes
A/Health Service Chief Executive
Townsville Hospital and Health Service
4433 0072
24 December 2013

Document Name: Document8

RTI RELEASE

Update on implementation of Director of Mental Health Directive to reduce occurrences of in-patients absconding from AMHS

Townsville Mental Health Service

Directive	Required response	Daily update
		<p>For all advise: 30.12.13 Change Note, next update will be provided on the 2/01/14 <i>If changes, detail must be provided</i></p>
<p>Acute adult mental health wards have been locked</p>	<p>Not completely The front door has been locked. However, the doors that open to the court yards remain unlocked due to the fire risk that exists as the doors that need to be locked to secure the unit do not automatically open on a fire event. An updated Fire Evacuation Plan has been developed for the locking of the doors, however this has not been approved due to ongoing fire safety concerns.</p>	<p>All doors have now been locked and wing based nursing ensures that fire regulations have been met. Fire Audit conducted on the 27th December, with updating of the Evacuation Plan being completed. Longer term solution is to change doors to electronic to enable automatic opening in the event of a fire. There has been one occasion of absconding over the temporary fence on the 26th December, with the consumer being returned to the unit.</p>
<p>A plan for minor capital works to better secure the ward environments has been completed</p>	<p>Yes- plan in place, with some initial work completed (temporary fencing). However, major works required for permanent fencing</p>	<p>Will also need to include changes to doors, airlock, HDU, windows</p>
<p>If a plan for minor capital works has not yet been completed, will it be completed before the end of March 2014?</p>	<p>Not applicable If no, explanation must be provided</p>	
<p>Methods your service has implemented for managing the movement of voluntary patients, visitors and patients that have leave approvals in and out of wards</p>	<p>The Unit has developed and implemented a statement for voluntary consumers regarding their rights in a locked unit, provided to consumers on admission. Signage has been posted at all exit/entry points regarding the process of leaving the unit for voluntary consumers.</p>	<p>No Change</p>

Patients potentially subject to section 131A Qld MHA 2000 that have either absconded or attempted to abscond have been reviewed and notification to the Director of Mental Health has occurred as required

Yes

No Change

If no, explanation must be provided

Have any monitoring conditions been applied by the Director of Mental Health as a result of the above review?

No

No Change

If yes, detail of any monitoring condition must be provided

The Director of Mental Health has been advised when a patient potentially subject to monitoring has not been placed on monitoring conditions.

Not applicable

No Change

If no, explanation must be provided

Systems have been put in place to ensure briefings are being provided to HHS CE in the event an involuntary patient absconds from an acute adult inpatient facility.

Yes

Policy established with communication, marketing monitoring and accountability strategies.

If no, explanation must be provided

Prepared by: Cara McCormack
Acting Service Group Director
Townsville Mental Health Service Group- Townsville Hospital and Health
Service
4433 3088
30 December 2013

Cleared by: Michael Catt
A/Chief Operating Officer
Townsville Hospital and Health Service
30 December 2013

Approved by: Julia Squire
Health Service Chief Executive
Townsville Hospital and Health Service
4433 0072
30 December 2013

Document Name: Document8

RTI RELEASE

Update on implementation of Director of Mental Health Directive to reduce occurrences of in-patients absconding from AMHS

Townsville Mental Health Service		
Directive	Required response	Daily update
		<p>For all advise: 02/01/14 Charge Note, next update will be provided on the 03/01/14 If changes, detail must be provided</p>
Acute adult mental health wards have been locked	Yes	<p>All doors have now been locked and wing based nursing ensures that fire regulations have been met. Fire Audit conducted on the 27th December, with updating of the Evacuation Plan being completed. Longer term solution is to change doors to electronic to enable automatic opening in the event of a fire.</p> <p>There has been two occasions of absconding over the temporary fence to date. Engineering have conducted a review and have been able to structurally modify the fence to decrease the ability of absconding over the fence. It was also identified by staff that foliage in this area created an obstruction to the line of observation. Foliage has been trimmed so this is no longer an issue.</p>
A plan for minor capital works to better secure the ward environments has been completed	Yes - plan in place, with some initial work completed (temporary fencing). However, major works required for permanent fencing, changes to doors, an airlock, HDU, windows.	No further changes.
If a plan for minor capital works has not yet been completed, will it be completed before the end of March 2014?	Not applicable <i>If no, explanation must be provided</i>	No Changes

Methods your service has implemented for managing the movement of voluntary patients, visitors and patients that have leave approvals in and out of wards

The Unit has developed and implemented a statement for voluntary consumers regarding their rights in a locked unit, provided to consumers on admission. Signage has been posted at all exit/entry points regarding the process of leaving the unit for voluntary consumers.

No Change

Patients potentially subject to section 131A Qld MHA 2000 that have either absconded or attempted to abscond have been reviewed and notification to the Director of Mental Health has occurred as required

Yes

No Change

If no, explanation must be provided

Have any monitoring conditions been applied by the Director of Mental Health as a result of the above review?

No

No Change

If yes, detail of any monitoring condition must be provided

The Director of Mental Health has been advised when a patient potentially subject to monitoring has not been placed on monitoring conditions.

Not applicable

No Change

If no, explanation must be provided

Systems have been put in place to ensure briefings are being provided to HHS CE in the event an involuntary patient absconds from an acute adult inpatient facility.

Yes

No Change

Policy established with communication, marketing monitoring and accountability strategies.

Prepared by: Cara McCormack
Acting Service Group Director
Townsville Mental Health Service Group- Townsville Hospital and Health
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4433 3088
2 January 2014

Cleared by: Michael Catt
A/Chief Operating Officer
Townsville Hospital and Health Service

2 January 2014

Approved by: Julia Squire
Health Service Chief Executive
Townsville Hospital and Health Service
4433 0072
2 January 2014

Document Name: Document8

RTI RELEASE

Update on implementation of Director of Mental Health Directive to reduce occurrences of in-patients absconding from AMHS

Townsville Mental Health Service		
Directive	Required response	Daily update
		<p>For all advise: 06/01/14 Change Note, next update will be provided on the 07/01/14 If changes, detail must be provided</p>
Acute adult mental health wards have been locked	Yes	No further changes
A plan for minor capital works to better secure the ward environments has been completed	Yes - plan in place, with some initial work completed (temporary fencing). However, major works required for permanent fencing, changes to doors, an airlock, HDU, windows.	No further changes.
If a plan for minor capital works has not yet been completed, will it be completed before the end of March 2014?	Not applicable <i>If no, explanation must be provided</i>	No Changes
Methods your service has implemented for managing the movement of voluntary patients, visitors and patients that have leave approvals in and out of wards	The Unit has developed and implemented a statement for voluntary consumers regarding their rights in a locked unit, provided to consumers on admission. Signage has been posted at all exit/entry points regarding the process of leaving the unit for voluntary consumers.	No Change
Patients potentially subject to section 131A Qld MHA 2000 that have either absconded or attempted to abscond have been reviewed and notification to the Director of Mental Health has occurred as required	Yes <i>If no, explanation must be provided</i>	No Change

Have any monitoring conditions been applied by the Director of Mental Health as a result of the above review?

No

No Change

If yes, detail of any monitoring condition must be provided

The Director of Mental Health has been advised when a patient potentially subject to monitoring has not been placed on monitoring conditions.

Not applicable

No Change

If no, explanation must be provided

Systems have been put in place to ensure briefings are being provided to HHS CE in the event an involuntary patient absconds from an acute adult inpatient facility.

Yes

No Change

Policy established with communication, marketing monitoring and accountability strategies in process.

RTI RELEASE

Prepared by: Cara McCormack
Acting Service Group Director
Townsville Mental Health Service Group- Townsville Hospital and Health
Service
4433 3088
6 January 2014

Cleared by: Michael Catt
A/Chief Operating Officer
Townsville Hospital and Health Service
6 January 2014

Approved by: Julia Squire
Health Service Chief Executive
Townsville Hospital and Health Service
4433 0072
6 January 2014

Document Name: Document8

RTI RELEASE

Update on implementation of Director of Mental Health Directive to reduce occurrences of in-patients absconding from AMHS

As discussed with DMH, the template will be updated when additional information comes to hand, or matters change. In the absence of an update, no change should be assumed.

Name of Authorised Mental Health Service		
Directive	Required response	Daily update
		<p>For all advise: Change/No change</p> <p><i>If changes, detail must be provided</i></p>
Acute adult mental health wards have been locked	<p>Yes. All acute adult mental health wards at Toowoomba Hospital have been locked, at their main entry/ exit doors as required under the order made under section 483AE (2) e. This occurred following installation of electronic swipe card access last week.</p> <p><i>If no, please advise the number of wards that remain open.</i></p>	
A plan for minor capital works to better secure the ward environments has been completed	<p>Further minor capital works are planned—namely a higher fence around one unit and airlocks (anterooms) to the units.</p>	
If a plan for minor capital works has not yet been completed, will it be completed before the end of March 2014?	<p>Yes it is anticipated this timeline will be easily achieved.</p>	
Methods your service has implemented for managing the movement of voluntary patients, visitors and patients that have leave approvals in and out of wards	<p>All voluntary patients have been issued a letter outlining they are free to leave, and to approach a relevant staff member to facilitate this exit. This letter was previously forwarded to DMH.</p>	

Great state. Great opportunity.



Patients potentially subject to section 131A Qld MHA 2000 that have either absconded or attempted to abscond have been reviewed and notification to the Director of Mental Health has occurred as required

I am advised that patients risk of absconding is routinely assessed. I note the report from the DMH for Toowoomba on ATR and am advised that few (possibly one) were inpatients in AMHU.

Furthermore the criteria published by the then DMH A/Prof Gilhotra on 18 March were well known to the service.

Nevertheless, whilst the contents of the memo HC2361 signed by DMH on 6 December 2013 (received 9 December) were available to the EDMH, it is unclear to me the review required on p2 has been completed.

Accordingly, I have today personally discussed this with the Medical Director and requested the review be done asap. As it is received, I will update the DMH.

If no, explanation must be provided

Have any monitoring conditions been applied by the Director of Mental Health as a result of the above review?

Not as yet.

If yes, detail of any monitoring condition must be provided

The Director of Mental Health has been advised when a patient potentially subject to monitoring has not been placed on monitoring conditions.

The DMH is advised of all absconders. The patients who meet the criteria for notification to the DMH as restated in memo HC2361 will be notified to the DMH before any approved leave.

If no, explanation must be provided

Systems have been put in place to ensure briefings are being provided to HHS CE in the event an involuntary patient absconds from an acute adult inpatient facility.

Yes

If no, explanation must be provided

Prepared by: Peter Bristow
Health Service Chief Executive
Darling Downs HHS
46998412/ [REDACTED]
23 December 2013

Cleared by: Peter Bristow
Health Service Chief Executive
Darling Downs HHS
46998412/ [REDACTED]
23 December 2013

Document Name: D:\userdata\BristowP\Desktop\md08\AWOP_DDHHS_20131223.doc

RTI RELEASE

Update on implementation of Director of Mental Health Directive to reduce occurrences of in-patients absconding from AMHS

As discussed with DMH, the template will be updated when additional information comes to hand, or matters change. In the absence of an update, no change should be assumed.

Name of Authorised Mental Health Service		
Directive	Required response	Daily update
Acute adult mental health wards have been locked	<p>Yes. All acute adult mental health wards at Toowoomba Hospital have been locked, at their main entry/ exit doors as required under the order made under section 483AE (2) e. This occurred following installation of electronic swipe card access last week.</p> <p><i>If no, please advise the number of wards that remain open.</i></p>	<p>For all advise: Change/No change</p> <p><i>If changes, detail must be provided</i></p>
A plan for minor capital works to better secure the ward environments has been completed	<p>Further minor capital works are planned—namely a higher fence around one unit and airlocks (anterooms) to the units.</p>	
If a plan for minor capital works has not yet been completed, will it be completed before the end of March 2014?	<p>Yes it is anticipated this timeline will be easily achieved.</p>	
Methods your service has implemented for managing the movement of voluntary patients, visitors and patients that have leave approvals in and out of wards	<p>All voluntary patients have been issued a letter outlining they are free to leave, and to approach a relevant staff member to facilitate this exit. This letter was previously forwarded to DMH.</p>	

Patients potentially subject to section 131A Qld MHA 2000 that have either absconded or attempted to abscond have been reviewed and notification to the Director of Mental Health has occurred as required

I am advised that patients risk of absconding is routinely assessed. I note the report from the DMH for Toowoomba on ATR and am advised that few (possibly one) were inpatients in AMHU.

Furthermore the criteria published by the then DMH A/Prof Gilhotra on 18 March were well known to the service.

Nevertheless, whilst the contents of the memo HC2361 signed by DMH on 6 December 2013 (received 9 December) were available to the EDMH, it is unclear to me the review required on p2 has been completed.

Accordingly, I have today personally discussed this with the Medical Director and requested the review be done asap. As it is received, I will update the DMH.

If no, explanation must be provided

Updated 24 December 2013: Peter Bristow—on information from Dr Gill.

Have any monitoring conditions been applied by the Director of Mental Health as a result of the above review?

Not as yet.

If yes, detail of any monitoring condition must be provided

The Director of Mental Health has been advised when a patient potentially subject to monitoring has not been placed on monitoring conditions.

The DMH is advised of all absconders. The patients who meet the criteria for notification to the DMH as restated in memo HC2361 will be notified to the DMH before any approved leave.

If no, explanation must be provided

Systems have been put in place to ensure briefings are being provided to HHS CE in the event an involuntary patient absconds from an acute adult inpatient facility.

Yes

If no, explanation must be provided

Prepared by: Peter Bristow
Health Service Chief Executive
Darling Downs HHS
46998412/ [REDACTED]
23 December 2013

Cleared by: Peter Bristow
Health Service Chief Executive
Darling Downs HHS
46998412/ [REDACTED]
23 December 2013

Document Name: D:\userdata\BristowP\Desktop\md08\AWOP_DDHHS_20131223.doc

RTI RELEASE

Update on implementation of Director of Mental Health Directive to reduce occurrences of in-patients absconding from AMHS

**Princess Alexandra Hospital Authorised Mental Health Service
Logan-Beaudesert Authorised Mental Health Service
Bayside Authorised Mental Health Service**

Directive	Required response	Daily update
Acute adult mental health wards have been locked	Yes	For all advise: Initial Notification <i>If changes, detail must be provided</i>
A plan for minor capital works to better secure the ward environments has been completed	In progress	Minor works have been completed, however permanent environmental changes require services of a architect. Tender process in progress.
If a plan for minor capital works has not yet been completed, will it be completed before the end of March 2014?	Yes	
Methods your service has implemented for managing the movement of voluntary patients, visitors and patients that have leave approvals in and out of wards	An extra Assistant in Nursing (AIN) has been employed for the morning and afternoon shift to facilitate access to and from the ward.	
Patients potentially subject to section 131A Old MHA 2000 that have either absconded or attempted to abscond have been reviewed and notification to the Director of Mental Health has occurred as required	Yes, any high risk consumers are being managed in Princess Alexandra Hospital Acute Observation Area as this is the most secure unit within Metro South Hospital and Health Service Mental Health facilities.	

Have any monitoring conditions been applied by the Director of Mental Health as a result of the above review? **Not Applicable**

The Director of Mental Health has been advised when a patient potentially subject to monitoring has not been placed on monitoring conditions. **Not Applicable**

Systems have been put in place to ensure briefings are being provided to HHS CE in the event an involuntary patient absconds from an acute adult inpatient facility. **Yes**

RTI RELEASE

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Senior Office Manager
Addiction and Mental Health Services, Metro South Hospital and Health
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3339 4629
24 December 2013

Cleared by: Associate Professor Gail Robinson
Acting Executive Director
Addiction and Mental Health Services, Metro South Hospital and Health
Service
3339 4622
24 December 2013

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RTI RELEASES

Update on implementation of Director of Mental Health Directive to reduce occurrences of in-patients absconding from AMHS

Name of Authorised Mental Health Service Wide Bay HHS – Bundaberg and Maryborough MHU		
Directive	Required response	Daily update
Acute adult mental health wards have been locked	Yes	<p>For all advise: Change No change</p> <p><i>If changes, detail must be provided</i> Yes, the entrance doors are locked however full security will require adequate fencing of the outdoor courtyard areas</p>
A plan for minor capital works to better secure the ward environments has been completed	No	Is presently under discussion at the HHS level however the plan is incomplete as yet.
If a plan for minor capital works has not yet been completed, will it be completed before the end of March 2014?	Yes	It is anticipated at this stage that the work could be completed by March. Funding will be required
Methods your service has implemented for managing the movement of voluntary patients, visitors and patients that have leave approvals in and out of wards	Voluntary patients, visitors and patients with leave approval are required to ask nursing staff when they wish to leave the ward. Nursing staff escort person through the main exit.	
Patients potentially subject to section 131A Old MHA 2000 that have either absconded or attempted to abscond have been reviewed and notification to the Director of Mental Health has occurred as required	Nil occurrence	
Have any monitoring conditions been applied by the Director of Mental Health as a result of the above review?	Not applicable	

The Director of Mental Health has been advised when a patient potentially subject to monitoring has not been placed on monitoring conditions.

Not applicable

Systems have been put in place to ensure briefings are being provided to HHS CE in the event an involuntary patient absconds from an acute adult inpatient facility.

Yes

Prepared by: George Plint
Executive Director
Wide Bay Mental Health Service WBHS

07/01/14

Cleared by: name
position title
branch/unit title
telephone no.
date

Document Name: Document8

RTI REQUEST PLEASE

Update on implementation of Director of Mental Health Directive to reduce occurrences of in-patients absconding from AMHS

Name of Authorised Mental Health Service Sunshine Coast		
Directive	Required response	Daily update: 06/01/14
		<p>For all advise: No change</p> <p><i>If changes, detail must be provided</i></p> <p>Yes</p>
Acute adult mental health wards have been locked	<p>Yes</p> <p><i>If no, please advise the number of wards that remain open.</i></p>	<p>2 Designated units ie LGE and GE are both locked.</p> <p>Temporary additional outlier area (MHOU) reopened Monday 30/01/14 and is also locked</p>
A plan for minor capital works to better secure the ward environments has been completed	<p>Not required</p>	
If a plan for minor capital works has not yet been completed, will it be completed before the end of March 2014? Methods your service has implemented for managing the movement of voluntary patients, visitors and patients that have leave approvals in and out of wards	<p>Not applicable</p> <p>Detail must be provided</p> <p><i>(e.g. the following staffing arrangements have been put in place (specify) to ensure access to leave is not restricted for voluntary patients, visitors, patients with approved leave)</i></p>	<p>N/A</p> <p>LGE, GE and MHOU All persons (not staff with swipe access) have to be let out of LGE, GE and MHOU. Staff at staff station check appropriateness of those requiring/requesting to exit</p> <p>MHOU Note that consumers in this area have been and are generally stable consumers and often voluntary due to the unsecured general ward type environment, this area is utilised as a sub-acute predischarge area.</p>

Patients potentially subject to section 131A Qld MHA 2000 that have either absconded or attempted to abscond have been reviewed and notification to the Director of Mental Health has occurred as required

Yes

Yes

If no, explanation must be provided

Have any monitoring conditions been applied by the Director of Mental Health as a result of the above review?

Not applicable

Not applicable

If yes, detail of any monitoring condition must be provided

The Director of Mental Health has been advised when a patient potentially subject to monitoring has not been placed on monitoring conditions.

Not applicable

Not applicable

If no, explanation must be provided

Systems have been put in place to ensure briefings are being provided to HHS CE in the event an involuntary patient absconds from an acute adult inpatient facility.

Yes

Yes

If no, explanation must be provided

(Mental Health Leadership team member who is notified will forward advice to CE)

Prepared by: Lynne Halliday
A/Service Director
Mental Health Service Sunshine Coast HHS
54706063
06/01/14

Cleared by: Lynne Halliday
A/Service Director
Mental Health Service Sunshine Coast HHS
54706063
06/01/14

Document Name: Document8

RTI RELEASE

Update on implementation of Director of Mental Health Directive to reduce occurrences of in-patients absconding from AMHS

Please complete the below template for your AMHS:

Name of Authorised Mental Health Service Sunshine Coast		
Directive	Required response	Daily update: 07/01/14
		For all advise: Change
Acute adult mental health wards have been locked	Yes/No <i>If no, please advise the number of wards that remain open.</i>	Yes 2 Designated units i.e. LGE and GE are both locked. MHOU is not a designated mental health unit and is part of a medical ward. This outlier unit is outside of the scope of this report, as such this Health Service has determined that this part of the medical ward should not be locked. As per previous updates, consumers in this area are stable and often voluntary due to the unsecured general ward type environment, this area is utilised as a sub-acute pre-discharge area.
A plan for minor capital works to better secure the ward environments has been completed	Yes/No/Not required	Not required
If a plan for minor capital works has not yet been completed, will it be completed before the end of March 2014?	Yes/No/Not applicable <i>If no, explanation must be provided</i>	N/A

Methods your service has implemented for managing the movement of voluntary patients, visitors and patients that have leave approvals in and out of wards

Detail must be provided

(e.g. the following staffing arrangements have been put in place (specify) to ensure access to leave is not restricted for voluntary patients, visitors, patients with approved leave)

LGE and GE

All persons (not staff with swipe access) have to be let out of LGE, GE and MHOU. Staff at staff station check appropriateness of those requiring/requesting to exit

Patients potentially subject to section 131A Qld MHA 2000 that have either absconded or attempted to abscond have been reviewed and notification to the Director of Mental Health has occurred as required

Yes/No

If no, explanation must be provided

Yes

Have any monitoring conditions been applied by the Director of Mental Health as a result of the above review?

Yes/No/Not applicable

If yes, detail of any monitoring condition must be provided

Not applicable

The Director of Mental Health has been advised when a patient potentially subject to monitoring has not been placed on monitoring conditions.

Yes/No/Not applicable

If no, explanation must be provided

Not applicable

Systems have been put in place to ensure briefings are being provided to HHS CE in the event an involuntary patient absconds from an acute adult inpatient facility.

Yes/No

If no, explanation must be provided

Yes

(Mental Health Leadership team member who is notified will forward advice to CE)

Prepared by: Lynne Halliday
A/Service Director
Mental Health Service Sunshine Coast HHS
54706063
07/01/14

Cleared by: Lynne Halliday
A/Service Director
Mental Health Service Sunshine Coast HHS
54706063
07/01/14

Document Name: Document8

RTI RELEASE

Update on implementation of Director of Mental Health Directive to reduce occurrences of in-patients absconding from AMHS

Please complete the below template for your AMHS: Mackay

Name of Authorised Mental Health Service		
Directive	Required response	Daily update
		<p>For all advise: Change/No change</p> <p><i>If changes, detail must be provided</i></p>
Acute adult mental health wards have been locked	<p><input checked="" type="checkbox"/> Yes</p> <p><i>If no, please advise the number of wards that remain open.</i></p>	
A plan for minor capital works to better secure the ward environments has been completed	<p><input type="checkbox"/> No</p>	
If a plan for minor capital works has not yet been completed, will it be completed before the end of March 2014?	<p><input checked="" type="checkbox"/> Yes</p> <p><i>If no, explanation must be provided</i></p>	

Methods your service has implemented for managing the movement of voluntary patients, visitors and patients that have leave approvals in and out of wards

- All voluntary consumers and consumers who have approved leave are required to be released from the ward by their allocated nurse. Involuntary consumers are required to comply with their LCT order. Voluntary consumers indicate how long they intend to be out of the ward prior to leaving.
- Nursing staff or Allied Health staff members are responsible for signing the LCT orders. The staff member who signs the LCT order opens the door to allow the consumer to leave.
- Voluntary consumers are let out of the ward by their allocated nurse.
- On a consumers return to the ward the Administration staff open the door from their office and the consumer presents at the nurses station.
- Visitors sign a Visitor log prior to entering the ward and sign out when leaving. All visitors comply with the ward visiting hours (unless other arrangements have been made) and administration staff let them enter and leave by opening and closing the door from the Administration office.

Patients potentially subject to section 131A Qld MHA 2000 that have either absconded or attempted to abscond have been reviewed and notification to the Director of Mental Health has occurred as required

Yes

If no, explanation must be provided

Have any monitoring conditions been applied by the Director of Mental Health as a result of the above review?

No

If yes, detail of any monitoring condition must be provided

The Director of Mental Health has been advised when a patient potentially subject to monitoring has not been placed on monitoring conditions.

Not applicable

If no, explanation must be provided

Systems have been put in place to ensure briefings are being provided to HHS CE in the event an involuntary patient absconds from an acute adult inpatient facility.

Yes

If no, explanation must be provided

RTI RELEASE

Prepared by: Mark Blattman
Operations Director, Division of Mental Health and ATODS
Mackay Hospital and Health Service
(07) 49683833
23 December 2013

Cleared by: [redacted]
name
position title
branch/unit title
telephone no.
date

Document Name: Document8

RTI RELEASE

Update on implementation of Director of Mental Health Directive to reduce occurrences of in-patients absconding from AMHS

Please complete the below template for your AMHS: Mackay

Name of Authorised Mental Health Service		
Directive	Required response	Daily update
		For all advise: No change
		<i>If changes, detail must be provided</i>

Acute adult mental health wards have been locked

Yes

If no, please advise the number of wards that remain open.

A plan for minor capital works to better secure the ward environments has been completed

No

If a plan for minor capital works has not yet been completed, will it be completed before the end of March 2014?

Yes

If no, explanation must be provided

RTI RELEASED

Methods your service has implemented for managing the movement of voluntary patients, visitors and patients that have leave approvals in and out of wards

- All voluntary consumers and consumers who have approved leave are required to be released from the ward by their allocated nurse. Involuntary consumers are required to comply with their LCT order. Voluntary consumers indicate how long they intend to be out of the ward prior to leaving.
- Nursing staff or Allied Health staff members are responsible for signing the LCT orders. The staff member who signs the LCT order opens the door to allow the consumer to leave.
- Voluntary consumers are let out of the ward by their allocated nurse.
- On a consumers return to the ward the Administration staff open the door from their office and the consumer presents at the nurses station.
- Visitors sign a Visitor log prior to entering the ward and sign out when leaving. All visitors comply with the ward visiting hours (unless other arrangements have been made) and administration staff let them enter and leave by opening and closing the door from the Administration office.

Patients potentially subject to section 131A Qld MHA 2000 that have either absconded or attempted to abscond have been reviewed and notification to the Director of Mental Health has occurred as required

Yes

If no, explanation must be provided

Have any monitoring conditions been applied by the Director of Mental Health as a result of the above review?

Yes

If yes, detail of any monitoring condition must be provided

Prepared by: Rhonda Robinson
A/Clinical Nurse Consultant
Mackay Acute Care Inpatient Unit
(07) 4885 5701
24 December 2013

Cleared by: Rhonda Robinson
A/Clinical Nurse Consultant
Mackay Acute Care Inpatient Unit
07 4885 5701
24/12/2013

Document Name: Document8

RTI RELEASE

Update on implementation of Director of Mental Health Directive to reduce occurrences of in-patients absconding from AMHS

Please complete the below template for your AMHS: Mackay

Name of Authorised Mental Health Service		
Directive	Required response	Daily update
		For all advise: Change/No change <i>If changes, detail must be provided</i>
Acute adult mental health wards have been locked	<input checked="" type="checkbox"/> Yes <i>If no, please advise the number of wards that remain open.</i>	No Change
A plan for minor capital works to better secure the ward environments has been completed	<input checked="" type="checkbox"/> No	No change
If a plan for minor capital works has not yet been completed, will it be completed before the end of March 2014?	<input checked="" type="checkbox"/> Yes <i>If no, explanation must be provided</i>	No change

RETURN TO DEPARTMENT OF HEALTH

Methods your service has implemented for managing the movement of voluntary patients, visitors and patients that have leave approvals in and out of wards

- All voluntary consumers and consumers who have approved leave are required to be released from the ward by their allocated nurse. Involuntary consumers are required to comply with their LCT order. Voluntary consumers indicate how long they intend to be out of the ward prior to leaving.
- Nursing staff or Allied Health staff members are responsible for signing the LCT orders. The staff member who signs the LCT order opens the door to allow the consumer to leave.
- Voluntary consumers are let out of the ward by their allocated nurse.
- On a consumers return to the ward the Administration staff open the door from their office and the consumer presents at the nurses station.
- Visitors sign a Visitor log prior to entering the ward and sign out when leaving. All visitors comply with the ward visiting hours (unless other arrangements have been made) and administration staff let them enter and leave by opening and closing the door from the Administration office.

No change

Patients potentially subject to section 131A Qld MHA 2000 that have either absconded or attempted to abscond have been reviewed and notification to the Director of Mental Health has occurred as required

No

If no, explanation must be provided

Have any monitoring conditions been applied by the Director of Mental Health as a result of the above review?

No

If yes, detail of any monitoring condition must be provided

No change

The Director of Mental Health has been advised when a patient potentially subject to monitoring has not been placed on monitoring conditions.

Not applicable

If no, explanation must be provided

Systems have been put in place to ensure briefings are being provided to HHS CE in the event an involuntary patient absconds from an acute adult inpatient facility.

Yes

If no, explanation must be provided

RTI RELEASE

Prepared by: Luren Reddy
Clinical Nurse – Mental Health Acute Inpatient Unit
Mackay Hospital and Health Service
(07) 4948855713
30 December 2013

Cleared by: Kim Bradley
Nurse Educator – Mental Health Acute Inpatient Unit
Mackay Base Hospital
telephone no. 48855738
date 30/12/2013

Document Name: Document8

RTI RELEASE

Update on implementation of Director of Mental Health Directive to reduce occurrences of in-patients absconding from AMHS

Please complete the below template for your AMHS: Mackay

Name of Authorised Mental Health Service		
Directive	Required response	Daily update
		For all advise: Change/No change <i>If changes, detail must be provided</i>

Acute adult mental health wards have been locked

Yes

If no, please advise the number of wards that remain open.

A plan for minor capital works to better secure the ward environments has been completed

No

If a plan for minor capital works has not yet been completed, will it be completed before the end of March 2014?

Yes

If no, explanation must be provided

RTI RELEASED

Methods your service has implemented for managing the movement of voluntary patients, visitors and patients that have leave approvals in and out of wards

- All voluntary consumers and consumers who have approved leave are required to be released from the ward by their allocated nurse. Involuntary consumers are required to comply with their LCT order. Voluntary consumers indicate how long they intend to be out of the ward prior to leaving.
- Nursing staff or Allied Health staff members are responsible for signing the LCT orders. The staff member who signs the LCT order opens the door to allow the consumer to leave.
- Voluntary consumers are let out of the ward by their allocated nurse.
- On a consumers return to the ward the Administration staff open the door from their office and the consumer presents at the nurses station.
- Visitors sign a Visitor log prior to entering the ward and sign out when leaving. All visitors comply with the ward visiting hours (unless other arrangements have been made) and administration staff let them enter and leave by opening and closing the door from the Administration office.

Patients potentially subject to section 131A Qld MHA 2000 that have either absconded or attempted to abscond have been reviewed and notification to the Director of Mental Health has occurred as required

Yes

If no, explanation must be provided

Have any monitoring conditions been applied by the Director of Mental Health as a result of the above review?

No

If yes, detail of any monitoring condition must be provided

The Director of Mental Health has been advised when a patient potentially subject to monitoring has not been placed on monitoring conditions.

Not applicable

If no, explanation must be provided

Systems have been put in place to ensure briefings are being provided to HHS CE in the event an involuntary patient absconds from an acute adult inpatient facility.

Yes

If no, explanation must be provided

RTI RELEASE

Prepared by: Anne Oosterbroek
Clinical Nurse
Mackay Mental Health Unit
4885 5713
31/12/13

Cleared by: Kim Bradley
Nurse Educator
Mackay Mental Health Unit
telephone no: 48855713
date 31/12/13

Document Name: Document8

RTI RELEASE

Update on implementation of Director of Mental Health Directive to reduce occurrences of in-patients absconding from AMHS

Please complete the below template for your AMHS: Mackay

Name of Authorised Mental Health Service		
Directive	Required response	Daily update
		For all advise: Change/No change <i>If changes, detail must be provided</i>
Acute adult mental health wards have been locked	<input checked="" type="checkbox"/> Yes <i>If no, please advise the number of wards that remain open.</i>	
A plan for minor capital works to better secure the ward environments has been completed	<input type="checkbox"/> No	
If a plan for minor capital works has not yet been completed, will it be completed before the end of March 2014?	<input checked="" type="checkbox"/> Yes <i>If no, explanation must be provided</i>	

Methods your service has implemented for managing the movement of voluntary patients, visitors and patients that have leave approvals in and out of wards

- All voluntary consumers and consumers who have approved leave are required to be released from the ward by their allocated nurse. Involuntary consumers are required to comply with their LCT order. Voluntary consumers indicate how long they intend to be out of the ward prior to leaving.
- Nursing staff or Allied Health staff members are responsible for signing the LCT orders. The staff member who signs the LCT order opens the door to allow the consumer to leave.
- Voluntary consumers are let out of the ward by their allocated nurse.
- On a consumers return to the ward the Administration staff open the door from their office and the consumer presents at the nurses station.
- Visitors sign a Visitor log prior to entering the ward and sign out when leaving. All visitors comply with the ward visiting hours (unless other arrangements have been made) and administration staff let them enter and leave by opening and closing the door from the Administration office.

Patients potentially subject to section 131A Qld MHA 2000 that have either absconded or attempted to abscond have been reviewed and notification to the Director of Mental Health has occurred as required

No

If no, explanation must be provided

Nil patients have absconded

Have any monitoring conditions been applied by the Director of Mental Health as a result of the above review?

No

If yes, detail of any monitoring condition must be provided

The Director of Mental Health has been advised when a patient potentially subject to monitoring has not been placed on monitoring conditions.

Not applicable

If no, explanation must be provided

Systems have been put in place to ensure briefings are being provided to HHS CE in the event an involuntary patient absconds from an acute adult inpatient facility.

Yes

If no, explanation must be provided

RTI RELEASE

Prepared by: Luren Reddy
Clinical Nurse
Mackay Hospital and Health Service
(07) 48855713
6th January 2014

Cleared by: name Kim Bradley
position title Nurse Educator
branch/unit title Mental Health unit
telephone no. 48855701
date 6th January 2014

Document Name: Document8

RTI RELEASE

Fortnightly Update – For Fortnight ending 14/1/2014

Updates have been received from all Hospital and Health Services with adult acute inpatient facilities (i.e. 11 HHS in total). The information provided below is a summary of the self-report by the HHSs.

1. Acute adult mental health units operating as locked units

Eight Hospital and Health Services (HHS) have fully implemented the locked door policy, with their adult mental health units now operating as locked units.

Three HHS have partially implemented the locked door policy and are awaiting capital works to be completed prior to fully implementing the directive to operate as a locked unit.

2. Minor capital works resulting from locking units

One HHS has indicated that capital works are not required at their adult mental health unit.

Ten HHS have indicated that a plan for all/remaining capital works has been completed, or will be completed by April 2014. However, four did not provide a completion date, and this will be clarified before the next fortnightly report.

3. Managing exit/entry for voluntary patients, visitors and patients with leave approval

All HHS have indicated that they have:

1. processes in place to manage patient exit/re-entry to the ward/s in line with their voluntary/involuntary status; and
2. processes in place to ensure patients and visitors are aware of their rights and requirements for leaving/returning to the ward.

4. Compliance with DMH policy - monitoring conditions and notification of forensic patient LCT

Seven HHS have indicated that all their forensic patients have been reviewed to ensure compliance with the policy.

Four HHS have indicated that they are in the process of reviewing their forensic patients for this purpose.

5. Briefings to HHS Chief Executives in relation to patient absence without permission (AWOP)

Nine HHS have confirmed that they have processes in place to brief the Hospital and Health Service (HHS) Chief Executive regarding inpatient AWOP events.

Two HHS are still developing a process to brief their HHS Chief Executive regarding inpatient AWOP events.

6. AWOP notification processes followed as required by DMH policy

In the preceding fortnight (i.e. 31/12/13 to 13/1/14 inclusive) there have been 66 AWOP events. Of these:

- 28 events related to an inpatient
- 38 events related to a community patient

In all AWOP events relating to an Inpatient, the treating psychiatrist/psychiatrist on call was immediately notified.

In all instances where the patient was a forensic, classified or other high risk patient, the DMH was notified by phone and email about the AWOP event.

In all AWOP events relating to an inpatient, a brief was provided to the HHS Chief Executive. It is noted that some services have indicated that briefing their Chief Executive is a time consuming process and in some instances, the patient has returned to the facility prior to the brief being completed. Further, some services are informing the HHS Chief Executive via an email rather than using the briefing template provided to reduce the time taken to inform them of the AWOP event.

RTI RELEASE

Author: Jan Rodwell
Manager, Policy, Systems and Compliance
Mental Health Alcohol and Other Drugs Branch
3328 9590
15 January 2014

Cleared by: Janet Ceron
Director
Mental Health Alcohol and Other Drugs Branch
3328 9582
15 January 2014

Cleared by: Dr Jacinta Powell
A/Executive Director
Mental Health Alcohol and Other Drugs Branch
3328 9536
January 2014

Cleared by: Dr Michael Cleary
Deputy Director-General
Health Service and Clinical Innovation
3405 6181
<Date>

RTI RELEASE

Fortnightly Update – Due COB 14/1/2014

Authorised Mental Health Service: Cairns AMHS Date completed: 14/01/2014

1. Acute adult mental health units operating as locked units

- Implemented
- Partially Implemented – full implementation dependent on capital works
- Other. Specify: _____

Comments: _____

2. Minor capital works resulting from locking units

- Not applicable – no capital works required
- Capital works completed
- Plan for all/remaining capital works completed
- Plan for all/remaining capital works in progress – pending costings, quotations etc. Anticipated completion date: _____
- Other. Specify: _____

Comments: Plan to be developed and submitted by March 2014

3. Managing exit/entry for voluntary patients, visitors and patients with leave approval

- Processes are in place to manage patient exit/re-entry to the ward/s in line with their voluntary/involuntary status
- Processes are in place to ensure patients and visitors are aware of rights and requirements in relation to leaving/returning to the ward
- Other. Specify: _____

Comments: _____

4. Compliance with DMH policy - monitoring conditions and notification of forensic patient LCT

- All forensic patients have been reviewed to ensure compliance with the policy, as required by DMH memo dated 6/12/13 (attached)
- All forensic patients are in the process of being reviewed
- Other. Specify: _____

Comments: _____

5. Briefings to HHS Chief Executives in relation to patient absence without permission (AWOP)

- Processes are in place to ensure the HHS Chief Executive is briefed on all inpatient AWOP
- Processes are being developed to ensure the HHS Chief Executive is briefed on all inpatient AWOP
- Other. Specify: _____

Comments N/A

Checked by Alex Thompson 15/1/14

6. AWOP notification processes followed as required by DMH policy

In the preceding fortnight (i.e. 31/12/13 to 13/1/14 inclusive) there have been 2 AWOP events. Of these:

_____ events related to an inpatient
2 events related to a community patient

Was the treating psychiatrist/psychiatrist on call immediately notified of all inpatient events?

Yes
 No

If 'No', provide explanation:

ITO category changed from community to in-patient as both clients required inpatient treatment

Was the DMH notified by phone and email about all events relating to a forensic patient, classified patient, or other high risk patient?

Yes
 No

If 'No', provide explanation: **N/A**

Was the HHS Chief Executive briefed on all inpatient events?

Yes
 No

If 'No', provide explanation: **N/A**

Completed form to be sent to: dmh@health.qld.gov.au

RTI REQUEST

Fortnightly Update – Due COB 14/1/2014

Authorised Mental Health Service: **Central Queensland Mental Health, Alcohol & Other Drugs**

Date completed: 14/01/2014

1. Acute adult mental health units operating as locked units

- Implemented
- Partially implemented – full implementation dependent on capital works
- Other. Specify: _____

Comments:

2. Minor capital works resulting from locking units

- Not applicable – no capital works required
- Capital works completed
- Plan for all/remaining capital works completed
- Plan for all/remaining capital works in progress – pending costings, quotations etc. Anticipated completion date: End of February
- Other. Specify: _____

Comments: Minor Capital works to change fence height surrounding Inpatient Unit

3. Managing exit/entry for voluntary patients, visitors and patients with leave approval

- Processes are in place to manage patient exit/re-entry to the ward/s in line with their voluntary/involuntary status
- Processes are in place to ensure patients and visitors are aware of rights and requirements in relation to leaving/returning to the ward
- Other. Specify: _____

Comments: All consumers wanting to leave the unit must request to leave through the Shift Coordinator only. A pamphlet has been developed for Voluntary Consumers providing information about the locked unit and their rights.

4. Compliance with DMH policy - monitoring conditions and notification of forensic patient LCT

- All forensic patients have been reviewed to ensure compliance with the policy, as required by DMH memo dated 6/12/13 (attached)
- All forensic patients are in the process of being reviewed
- Other. Specify: _____

Comments: There are currently 9 Forensic Consumers that potentially fit this criteria (see Attached)

5. Briefings to HHS Chief Executives in relation to patient absence without permission (AWOP)

- Processes are in place to ensure the HHS Chief Executive is briefed on all Inpatient AWOP
- Processes are being developed to ensure the HHS Chief Executive is briefed on all inpatient AWOP
- Other. Specify: _____

Comments: _____

6. AWOP notification processes followed as required by DMH policy

In the preceding fortnight (i.e. 31/12/13 to 13/1/14 inclusive) there have been 3 AWOP events. Of these:

1. Events related to an Inpatient
2. Events related to a community patient

Was the treating psychiatrist/psychiatrist on call immediately notified of all inpatient events?

- Yes
 No

If 'No', provide explanation: _____

Was the DMH notified by phone and email about all events relating to a forensic patient, classified patient, or other high risk patient?

- Yes
 No

If 'No', provide explanation: _____

Was the HHS Chief Executive briefed on all inpatient events?

- Yes
 No

If 'No', provide explanation: _____

Completed form to be sent to: dmh@health.qld.gov.au

RTI RELEASE

Authorised Mental Health Service: Darling Downs Date completed: 14/01/2014

1. Acute adult mental health units operating as locked units

- Implemented
- Partially implemented – full implementation dependent on capital works
- Other. Specify: _____

Comments: _____

2. Minor capital works resulting from locking units

- Not applicable – no capital works required
- Capital works completed
- Plan for all/remaining capital works completed
- Plan for all/remaining capital works in progress – pending costings, quotations etc. Anticipated completion date: _____
- Other. Specify: _____

Comments: _____

3. Managing exit/entry for voluntary patients, visitors and patients with leave approval

- Processes are in place to manage patient exit/re-entry to the ward/s in line with their voluntary/involuntary status
- Processes are in place to ensure patients and visitors are aware of rights and requirements in relation to leaving/returning to the ward
- Other. Specify: _____

Comments: _____

4. Compliance with DMH policy - monitoring conditions and notification of forensic patient ICT

- All forensic patients have been reviewed to ensure compliance with the policy, as required by DMH memo dated 6/12/13 (attached)
- All forensic patients are in the process of being reviewed
- Other. Specify: _____

Comments: _____

5. Briefings to HHS Chief Executives in relation to patient absence without permission (AWOP)

- Processes are in place to ensure the HHS Chief Executive is briefed on all inpatient AWOP
- Processes are being developed to ensure the HHS Chief Executive is briefed on all inpatient AWOP
- Other. Specify: _____

Comments: _____

5. AWOP notification processes followed as required by DMH policy

In the preceding fortnight (i.e. 31/12/13 to 13/1/14 inclusive) there have been 0 AWOP events. Of these:

 events related to an inpatient

 events related to a community patient

Was the treating psychiatrist/psychiatrist on call immediately notified of all inpatient events?

- Yes
 No

If 'No', provide explanation: N/A

Was the DMH notified by phone and email about all events relating to a forensic patient, classified patient, or other high risk patient?

- Yes
 No

If 'No', provide explanation: N/A

Was the HHS Chief Executive briefed on all inpatient events?

- Yes
 No

If 'No', provide explanation: N/A

for 11/14

Completed form to be sent to: dmh@health.qld.gov.au

RTI RELEASED

Fortnightly Update – Due COB 14/1/2014

Authorised Mental Health Service: Gold Coast Date completed: 14/01/2014

1. Acute adult mental health units operating as locked units

- Implemented
- Partially implemented – full implementation dependent on capital works
- Other. Specify: _____

Comments:

Unit – Pandanus (GCUH):

Currently there is some remedial work underway with the contractors for GCUH to address issues with door locks and suitability.

Entry Doors now resolved.

Fire Doors being finalised.

Entry and exit is by allocated swipe card for staff and manual access controlled by staff for consumers and visitors.

15 Min observations are in place.

Unit – Melaleuca (GCUH):

Currently there is some remedial work underway with the contractors for GCUH to address issues with door locks and suitability.

Entry Doors now resolved.

Fire Doors being finalised.

Entry and exit is by allocated swipe card for staff and manual access controlled by staff for consumers and visitors.

15 Min observations are in place.

Acute Adult Unit (Robina):

External Courtyard requires constant supervision or to be locked if supervision cannot be provided. Quote being obtained to increase the height of the courtyard fence.

Acute Young Adult (Robina):

External Courtyard requires constant supervision or to be locked if supervision cannot be provided. Quote being obtained to increase the height of the courtyard fence.

2. Minor capital works resulting from locking units

- Not applicable – no capital works required
- Capital works completed
- Plan for all/remaining capital works completed
- Plan for all/remaining capital works in progress – pending costings, quotations etc. Anticipated completion date: _____
- Other. Specify: _____

Comments: Detail 'as above' & all units will require a review of locations of Manual Call points (Break glass alarms – Fire) in respect to having them replaced with key activated alarms to prevent patients breaking the alarm & automating the release of fire doors enabling exit.

3. Managing exit/entry for voluntary patients, visitors and patients with leave approval

- Processes are in place to manage patient exit/re-entry to the ward/s in line with their voluntary/involuntary status
- Processes are in place to ensure patients and visitors are aware of rights and requirements in relation to leaving/returning to the ward
- Other. Specify: _____

Comments:

- **Manage patient exit/re-entry to the ward/s in line with their voluntary/involuntary status – Business hours** – clinical staff review each patient's MHA status & leave authority before allowing them to exit the unit. Unit receptionists & clinical staff manage the flow of visitors into and out of the unit. **After Business hours** Intercom access at front doors to contact the unit. Nursing staff manage entry and exit. Some of the intercoms do also have video capacity to see who is calling.
- Processes are in place to ensure patients and visitors are aware of rights and requirements in relation to leaving/returning to the ward - All consumers admitted to the units are provided with their statement of rights in accordance with the act. All consumers are advised the unit is locked and there is a notice on the front doors. All consumers with an LCTO have a complete explanation of the limits and conditions of this from their treating team and their nurse on each occasion of utilising this leave.

4. Compliance with DMH policy - monitoring conditions and notification of forensic patient LCT

All forensic patients have been reviewed to ensure compliance with the policy, as required by DMH memo dated 6/12/13 (attached)

All forensic patients are in the process of being reviewed

Other. Specify: _____

Comments: _____

5. Briefings to HHS Chief Executives in relation to patient absence without permission (AWOP)

Processes are in place to ensure the HHS Chief Executive is briefed on all inpatient AWOP

Processes are being developed to ensure the HHS Chief Executive is briefed on all inpatient AWOP

Other. Specify: _____

Comments: _____

RTI REQUEST

6. AWOP notification processes followed as required by DMH policy

In the preceding fortnight (i.e. 31/12/13 to 13/1/14 inclusive) there have been 10 AWOP events. Of these:

2 events related to an Inpatient

8 events related to a community patient

Was the treating psychiatrist/psychiatrist on call immediately notified of all Inpatient events?

Yes

No

If 'No', provide explanation: _____

Was the DMH notified by phone and email about all events relating to a forensic patient, classified patient, or other high risk patient?

Yes

No

If 'No', provide explanation: _____

Was the HHS Chief Executive briefed on all inpatient events?

Yes

No

If 'No', provide explanation: _____

Completed form to be sent to: dmh@health.qld.gov.au

RTI RELEASE

Authorised Mental Health Service: Acute Adult MH Date completed: 1/1/2014

1. Acute adult mental health units operating as locked units

- Implemented
- Partially Implemented – full implementation dependent on capital works
- Other. Specify: _____

Comments: Awaiting quote to raise courtyard's fence

2. Minor capital works resulting from locking units

- Not applicable – no capital works required
- Capital works completed
- Plan for all/remaining capital works completed
- Plan for all/remaining capital works in progress – pending costing, quotations etc. Anticipated completion date: _____
- Other. Specify: _____

Comments: Awaiting requirement specification for "safe" from abscondering risks - major capital works required.

3. Managing exit/entry for voluntary patients, visitors and patients with leave approval

- Processes are in place to manage patient exit/re-entry to the ward/s in line with their voluntary/involuntary status
- Processes are in place to ensure patients and visitors are aware of rights and requirements in relation to leaving/returning to the ward
- Other. Specify: _____

Comments: Orientation booklet updated with latest information - locked unit status

4. Compliance with DMH policy - monitoring conditions and notification of forensic patient LCT

- All forensic patients have been reviewed to ensure compliance with the policy, as required by DMH memo dated 5/12/13 (attached)
- All forensic patients are in the process of being reviewed
- Other. Specify: _____

Comments: _____

5. Briefings to HHS Chief Executives in relation to patient absence without permission (AWOP)

- Processes are in place to ensure the HHS Chief Executive is briefed on all inpatient AWOP
- Processes are being developed to ensure the HHS Chief Executive is briefed on all inpatient AWOP
- Other. Specify: _____

Comments: _____

6. AWOP notification processes followed as required by DMH policy

In the preceding fortnight (i.e. 31/12/13 to 13/1/14 inclusive) there have been 0 AWOP events. Of these:

0 events related to an inpatient

_____ events related to a community patient

Was the treating psychiatrist/psychiatrist on call immediately notified of all inpatient events?

Yes

No

N/A

If 'No', provide explanation:

We had a low number of inpatients during this period, and less pressure to remove patient from PICU due to admission requirements.

Was the DMH notified by phone and email about all events relating to a forensic patient, classified patient, or other high risk patient?

Yes

No

N/A

If 'No', provide explanation:

Was the HHS Chief Executive briefed on all inpatient events?

Yes

No

N/A

If 'No', provide explanation:

to: dmhc

Completed form to be sent to: dmh@health.qld.gov.au

RTI RELEASED

Fortnightly Update – Due COB 14/1/2014

Authorised Mental Health Service: Mackay HHS Date completed: 15/01/2014

1. Acute adult mental health units operating as locked units

- Implemented
- Partially implemented – full implementation dependent on capital works
- Other. Specify: _____

Comments: _____

2. Minor capital works resulting from locking units

- Not applicable – no capital works required
- Capital works completed
- Plan for all/remaining capital works completed
- Plan for all/remaining capital works in progress – pending costings, quotations etc. Anticipated completion date: 16/3/14
- Other. Specify: _____

Comments: _____

3. Managing exit/entry for voluntary patients, visitors and patients with leave approval

- Processes are in place to manage patient exit/re-entry to the ward/s in line with their voluntary/involuntary status
- Processes are in place to ensure patients and visitors are aware of rights and requirements in relation to leaving/returning to the ward
- Other. Specify: _____

Comments: _____

4. Compliance with DMH policy - monitoring conditions and notification of forensic patient LCT

- All forensic patients have been reviewed to ensure compliance with the policy, as required by DMH memo dated 6/12/13 (attached)
- All forensic patients are in the process of being reviewed
- Other. Specify: _____

Comments: _____

5. Briefings to HHS Chief Executives in relation to patient absence without permission (AWOP)

- Processes are in place to ensure the HHS Chief Executive is briefed on all inpatient AWOP
- Processes are being developed to ensure the HHS Chief Executive is briefed on all inpatient AWOP
- Other. Specify: _____

Comments: _____

6. AWOP notification processes followed as required by DMH policy

In the preceding fortnight (i.e. 31/12/13 to 13/1/14 inclusive) there have been 0 AWOP events. Of these:

_____ events related to an inpatient

_____ events related to a community patient

Was the treating psychiatrist/psychiatrist on call immediately notified of all inpatient events?

Yes

No

If 'No', provide explanation: N/A

Was the DMH notified by phone and email about all events relating to a forensic patient, classified patient, or other high risk patient?

Yes

No

If 'No', provide explanation: N/A

Was the HHS Chief Executive briefed on all inpatient events?

Yes

No

If 'No', provide explanation: N/A

Completed form to be sent to: dmh@health.qld.gov.au

Fortnightly Update – Due COB 14/01/2014

Authorised Mental Health Service: Metro North Mental Health Date completed: 14/01/2014

1. Acute adult mental health units operating as locked units

- Implemented
- Partially implemented – full implementation dependent on capital works
- Other. Specify: _____

Comments - MNMH-TPCH East Wing locked since 15 01 14, West Wing remains open due to construction issues. TPCH Engineering Department are obtained costs. Therefore 6 of the 7 AAMHIU are locked

MNMH-TPCH Information Technology costs obtained= \$39,950

2. Minor capital works resulting from locking units

- Not applicable – no capital works required
- Capital works completed
- Plan for all/remaining capital works completed
- Plan for all/remaining capital works in progress – pending costings, quotations etc. Other. Specify: _____

Comments: MNMH-TPCH Anticipated completion date: March 2014, dependent upon contractor MNMH-RedCab Fence perimeter height to be increased= \$89,000.IT costs to be obtained

3. Managing exit/entry for voluntary patients, visitors and patients with leave approval

- Processes are in place to manage patient exit/re-entry to the ward/s in line with their voluntary/involuntary status
- Processes are in place to ensure patients and visitors are aware of rights and requirements in relation to leaving/returning to the ward
- Other. Specify: _____

Comments: Nursing staff are managing as best they can to open doors for consumers and visitors in a timely manner. It is not possible to guarantee this without the requested additional resources of 26 FTE at a cost of \$1,725,000 annually.

4. Compliance with DMH policy - monitoring conditions and notification of forensic patient LCT

- All forensic patients have been reviewed to ensure compliance with the policy, as required by DMH memo dated 6/12/13 (attached)
- All forensic patients are in the process of being reviewed
- Other. Specify: _____

Comments: _____

5. Briefings to HHS Chief Executives in relation to patient absence without permission (AWOP)

- Processes are in place to ensure the HHS Chief Executive is briefed on all inpatient AWOP
- Processes are being developed to ensure the HHS Chief Executive is briefed on all inpatient AWOP
- Other. Specify: _____

Comments: _____

6. AWOP notification processes followed as required by DMH policy

In the preceding fortnight (i.e. 31/12/13 to 13/1/14 inclusive) there have been 15_ AWOP events. Of these:

___7___ events related to an Inpatient (note from inpt AWOP – 3 pts have not returned)

___8___ events related to a community patient (note 2 AWOP pts have not returned)

Was the treating psychiatrist/psychiatrist on call immediately notified of all Inpatient events?

Yes

No

If 'No', provide explanation: _____

Was the DMH notified by phone and email about all events relating to a forensic patient, classified patient, or other high risk patient?

Yes

No

If 'No', provide explanation: _____

Was the HHS Chief Executive briefed on all Inpatient events?

Yes

No

If 'No', provide explanation: _____

Completed form to be sent to: dmh@health.qld.gov.au

RTI RELEASED

Fortnightly Update – Due COB 14/1/2014

Princess Alexandra Hospital Authorised Mental Health Service

Logan-Beaudesert Authorised Mental Health Service

Bayside Authorised Mental Health Service

Date completed: 14 /01 / 2014

1. Acute adult mental health units operating as locked units

- Implemented
- Partially Implemented – full implementation dependent on capital works
- Other. Specify: _____

Comments: _____

2. Minor capital works resulting from locking units

- Not applicable – no capital works required
- Capital works completed
- Plan for all/remaining capital works completed
- Plan for all/remaining capital works in progress – pending costings, quotations etc. Anticipated completion date: April 2014
- Other. Specify: _____

Comments: _____

3. Managing exit/entry for voluntary patients, visitors and patients with leave approval

- Processes are in place to manage patient exit/re-entry to the ward/s in line with their voluntary/involuntary status
- Processes are in place to ensure patients and visitors are aware of rights and requirements in relation to leaving/returning to the ward
- Other. Specify: _____

Comments: _____

4. Compliance with DMH policy - monitoring conditions and notification of forensic patient LCT

- All forensic patients have been reviewed to ensure compliance with the policy, as required by DMH memo dated 6/12/13 (attached)
- All forensic patients are in the process of being reviewed
- Other. Specify: _____

Comments: _____

5. Briefings to HHS Chief Executives in relation to patient absence without permission (AWOP)

- Processes are in place to ensure the HHS Chief Executive is briefed on all inpatient AWOP
- Processes are being developed to ensure the HHS Chief Executive is briefed on all inpatient AWOP
- Other. Specify: _____

Comments: _____

6. AWOP notification processes followed as required by DMH policy

In the preceding fortnight (i.e. 31/12/13 to 13/1/14 inclusive) there have been **13** AWOP events. Of these:

- 9** events related to an inpatient
- 9** events related to a community patient

Was the treating psychiatrist/psychiatrist on call immediately notified of all inpatient events?

- Yes
- No

If 'No', provide explanation: *As per dot point five, processes are still being updated / developed and being provided to staff. A monitoring process is being developed to enable accurate collection of compliance data.*

Was the DMH notified by phone and email about all events relating to a forensic patient, classified patient, or other high risk patient?

- Yes
- No

If 'No', provide explanation: _____

Was the HHS Chief Executive briefed on all inpatient events?

- Yes
- No

If 'No', provide explanation: *In some instances patients had returned to the inpatient service prior to the completion of the brief. It is noted that the briefing requirement can take some time to complete. Our Service advises the HHS Chief Executive by e-mail with relevant information as soon as practicable prior to the brief being completed.*

Completed form to be sent to: dmh@health.qld.gov.au

Fortnightly Update – Due COB 14/1/2014

Authorised Mental Health Service: Sunshine Coast Hospital and Health Service Date completed:
14/01/2014

1. Acute adult mental health units operating as locked units

- Implemented
 Partially implemented – full Implementation dependent on capital works
 Other. Specify: _____

Comments: _____

2. Minor capital works resulting from locking units

- Not applicable – no capital works required
 Capital works completed
 Plan for all/remaining capital works completed
 Plan for all/remaining capital works in progress – pending costings, quotations etc. Anticipated completion date: _____
 Other. Specify: _____

Comments: _____

3. Managing exit/entry for voluntary patients, visitors and patients with leave approval

- Processes are in place to manage patient exit/re-entry to the ward/s in line with their voluntary/involuntary status
 Processes are in place to ensure patients and visitors are aware of rights and requirements in relation to leaving/returning to the ward
 Other. Specify: _____

Comments: _____

4. Compliance with DMH policy - monitoring conditions and notification of forensic patient LCT

- All forensic patients have been reviewed to ensure compliance with the policy, as required by DMH memo dated 6/12/13 (attached)
 All forensic patients are in the process of being reviewed
 Other. Specify: _____

Comments: _____

5. Briefings to HHS Chief Executives in relation to patient absence without permission (AWOP)

- Processes are in place to ensure the HHS Chief Executive is briefed on all inpatient AWOP
 Processes are being developed to ensure the HHS Chief Executive is briefed on all inpatient AWOP
 Other. Specify: _____

Comments: _____

6. AWOP notification processes followed as required by DMH policy

In the preceding fortnight (i.e. 31/12/13 to 13/1/14 inclusive) there have been 1 AWOP event. Of these:

 1 events related to an inpatient

 events related to a community patient

Was the treating psychiatrist/psychiatrist on call immediately notified of all inpatient events?

Yes

No

If 'No', provide explanation: _____

Was the DMH notified by phone and email about all events relating to a forensic patient, classified patient, or other high risk patient?

Yes

No

If 'No', provide explanation: Not a forensic consumer

Was the HHS Chief Executive briefed on all inpatient events?

Yes

No

If 'No', provide explanation: _____

Completed form to be sent to: dmh@health.qld.gov.au

RTI RELEASES

Fortnightly Update – Due COB 14/1/2014

Authorised Mental Health Service: Townsville

Date completed: 14/01/2014

1. Acute adult mental health units operating as locked units

- Implemented
- Partially implemented – full implementation dependent on capital works
- Other. Specify: _____

Comments: Work still to be completed to achieve a secure locked unit include Airlocks, Permanent fencing changes and Unit Redesign.

2. Minor capital works resulting from locking units

- Not applicable – no capital works required
- Capital works completed
- Plan for all/remaining capital works completed
- Plan for all/remaining capital works in progress – pending costings, quotations etc. Anticipated completion date: To be advised.
- Other. Specify: _____

Comments: Temporary fence installed in the Court Yard and keypad changes completed. Quotes are in progress for remainder of capital works required.

3. Managing exit/entry for voluntary patients, visitors and patients with leave approval

- Processes are in place to manage patient exit/re-entry to the ward/s in line with their voluntary/involuntary status
- Processes are in place to ensure patients and visitors are aware of rights and requirements in relation to leaving/returning to the ward
- Other. Specify: _____

Comments: Nil

4. Compliance with DMH policy - monitoring conditions and notification of forensic patient LCT

- All forensic patients have been reviewed to ensure compliance with the policy, as required by DMH memo dated 6/12/13 (attached)
- All forensic patients are in the process of being reviewed
- Other. Specify: _____

Comments: Progress being followed up by Medical Director.

5. Briefings to HHS Chief Executives in relation to patient absence without permission (AWOP)

- Processes are in place to ensure the HHS Chief Executive is briefed on all inpatient AWOP
- Processes are being developed to ensure the HHS Chief Executive is briefed on all inpatient AWOP
- Other. Specify: _____

Comments: In place and being followed.

6. AWOP notification processes followed as required by DMH policy

In the preceding fortnight (i.e. 31/12/13 to 13/1/14 inclusive) there have been 8 AWOP events. Of these:

- 4 events related to an inpatient (2 from AAMHIU & 2 from CCU)
- 4 events related to a community patient (2 of these were from the Mt Isa HHS)

Was the treating psychiatrist/psychiatrist on call immediately notified of all inpatient events?

- Yes
- No

If 'No', provide explanation: NA

Was the DMH notified by phone and email about all events relating to a forensic patient, classified patient, or other high risk patient?

- Yes
- No

If 'No', provide explanation: NA

Was the HHS Chief Executive briefed on all inpatient events?

- Yes
- No

If 'No', provide explanation: NA

Completed form to be sent to: dmh@health.qld.gov.au

RTI RELEASES

Authorised Mental Health Service: West Moreton

Date completed: / /2014

1. Acute adult mental health units operating as locked units

- Implemented**
- Partially Implemented -- full implementation dependent on capital works**
- Other. Specify:** _____

Comments: _____

2. Minor capital works resulting from locking units

- Not applicable -- no capital works required**
- Capital works completed**
- Plan for all/remaining capital works completed**
- Plan for all/remaining capital works in progress -- pending costings, quotations etc. Anticipated completion date:** _____
- Other. Specify:** _____

Comments: Dependent on identifying a source of funding

3. Managing exit/entry for voluntary patients, visitors and patients with leave approval

- Processes are in place to manage patient exit/re-entry to the ward/s in line with their voluntary/involuntary status**
- Processes are in place to ensure patients and visitors are aware of rights and requirements in relation to leaving/returning to the ward**
- Other. Specify:** _____

Comments: _____

4. Compliance with DMH policy - monitoring conditions and notification of forensic patient LCT

- All forensic patients have been reviewed to ensure compliance with the policy, as required by DMH memo dated 6/12/13 (attached)**
- All forensic patients are in the process of being reviewed**
- Other. Specify:** _____

Comments: _____

5. Briefings to HHS Chief Executives in relation to patient absence without permission (AWOP)

- Processes are in place to ensure the HHS Chief Executive is briefed on all inpatient AWOP**
- Processes are being developed to ensure the HHS Chief Executive is briefed on all inpatient AWOP**
- Other. Specify:** _____

Comments: _____

6. AWOP notification processes followed as required by DMH policy

In the preceding fortnight (i.e. 31/12/13 to 13/1/14 inclusive) there have been _____ AWOP events. Of these:

___2___ events related to an inpatient

___6___ events related to a community patient

Was the treating psychiatrist/psychiatrist on call immediately notified of all inpatient events?

Yes

No

If 'No', provide explanation: _____

Was the DMH notified by phone and email about all events relating to a forensic patient, classified patient, or other high risk patient?

Yes

No

If 'No', provide explanation: _____

Was the HHS Chief Executive briefed on all inpatient events?

Yes

No

If 'No', provide explanation: _____

Completed form to be sent to: dmh@health.qld.gov.au

Dr Terry Stedman
Director of Clinical Services

Dr Terry Stedman
Director of Clinical Services

B Stark 14/1/14

A Kelly

Fortnightly Update – Due COB 14/01/2014

Authorised Mental Health Service: Wide Bay & Fraser Coast IMHS

Date completed: 14/01/2014

1. Acute adult mental health units operating as locked units

- Implemented
- Partially implemented – full implementation dependent on capital works
- Other. Specify:

Comments: The entrance doors are locked however full security will require adequate fencing of the outdoor courtyard areas

2. Minor capital works resulting from locking units

- Not applicable – no capital works required
- Capital works completed
- Plan for all/remaining capital works completed
- Plan for all/remaining capital works in progress – pending costings, quotations etc. Anticipated completion date: 31/03/2014
- Other. Specify:

Comments: It is anticipated at this stage that the work could be completed by March. Funding will be required

3. Managing exit/entry for voluntary patients, visitors and patients with leave approval

- Processes are in place to manage patient exit/re-entry to the ward/s in line with their voluntary/involuntary status
- Processes are in place to ensure patients and visitors are aware of rights and requirements in relation to leaving/returning to the ward
- Other. Specify:

Comments: Voluntary patients, visitors and patients with leave approval are required to ask nursing staff when they wish to leave the ward. Nursing staff escort person through the main exit.

4. Compliance with DMH policy on monitoring conditions and notification of forensic patient LCT

- All forensic patients have been reviewed to ensure compliance with the policy, as required by DMH memo dated 6/12/13 (attached)
- All forensic patients are in the process of being reviewed
- Other. Specify: Partially complete

Comments: Bundaberg complete / Fraser Coast in process

5. Briefings to HHS Chief Executives in relation to patient absence without permission (AWOP)

- Processes are in place to ensure the HHS Chief Executive is briefed on all inpatient AWOP
- Processes are being developed to ensure the HHS Chief Executive is briefed on all inpatient AWOP
- Other. Specify:

Comments:

6. AWOP notification processes followed as required by DMH policy

In the preceding fortnight (i.e. 31/12/13 to 13/1/14 inclusive) there have been 1 AWOP events. Of these:

0 events related to an inpatient

1 events related to a community patient

Was the treating psychiatrist/psychiatrist on call immediately notified of all inpatient events?

- Yes
- No
- Not Applicable

If 'No', provide explanation:

Was the DMH notified by phone and email about all events relating to a forensic patient, classified patient, or other high risk patient?

- Yes
- No
- Not Applicable

If 'No', provide explanation:

Was the HHS Chief Executive briefed on all inpatient events?

- Yes
- No
- Not Applicable

If 'No', provide explanation:

Completed form to be sent to: dmh@health.qld.gov.au

Printed Name

Printed Name

Printed Name

RTI RELEASED

COMPL3.

19/11/13

QC#0/ (27)
QCOS/002854
(172)
Queensland Government



Department of Health

MEMORANDUM

RECEIVED HSCI RECORDS
27 NOV 2013
RECEIVED QLD HEALTH

To: Chief Executive, Hospital and Health Services

Copies to: Administrators, Authorised Mental Health Service
Clinical/Executive Directors, Authorised Mental Health Services

From: Dr Bill Kingswell
Director of Mental Health

Contact No: 3328 9528
Fax No: 3328 3619

Subject: Practice guideline issued under sections 309A and 493A of the *Mental Health Act 2000* in relation to inpatients of mental health services

File Ref: HC 002855

As you may be aware, on 5 November 2013 I met with the Clinical and Executive Directors of authorised mental health services regarding involuntary patient absences without permission from inpatient facilities. Attached are the agreed outcomes from this meeting (Attachment 1).

This memorandum is to advise that, in accordance with sections 309A and 493A of the *Mental Health Act 2000*, I am issuing the following practice guidelines for the management of involuntary patients while inpatients of authorised mental health services:

1. All involuntary inpatients must have an assessment of risk of absconding undertaken on admission and at regular intervals throughout admission. Current involuntary inpatients that do not have a documented risk assessment must have this completed as a matter of priority.
2. Clinical strategies to mitigate and manage absconding risk must be developed and documented for all involuntary patients assessed as medium/high risk of absconding.
3. Action to be taken in response to an absconding event must be documented for all involuntary patients.
4. Risk assessment/s and proposed management and response strategies must be ratified by the treating psychiatrist.

Attached is a literature review undertaken by my office that may assist with assessment and management of absconding risk (Attachment 2).

Existing policy relating to absence without permission and limited community treatment as set out in the MHA Resource Guide continues to apply. In particular, I draw your attention to requirements to notify my office of limited community treatment for forensic patients in specified circumstances in order that the need for monitoring conditions can be considered (Attachment 3).

Your assistance in ensuring this practice guideline is complied with in your Hospital and Health Service is appreciated.

Dr Bill Kingswell
Director of Mental Health
19/11/2013

Clinical and Executive Directors Meeting – 5 November 2013

Summary of agreed outcomes (ITO patients AWOP)

Clinical practice improvement	<ul style="list-style-type: none"> Services to ensure appropriate focus on clinical management strategies for patient's identified as medium/high risk of absconding including: <ul style="list-style-type: none"> ways to reduce AWOP for the individual (e.g. preventative measures), and ways to respond to AWOP if occurs (i.e. identifies response by service) 	AMHS
Internal escalation processes prior to ATR	<ul style="list-style-type: none"> Services to strengthen internal processes for assessing whether there is a need for an ATR including by: <ul style="list-style-type: none"> requiring Clinical/Executive Director or Nursing Director to endorse issuing of ATR prior to being issued ensuring treating psychiatrist (or on-call psychiatrist) has knowledge of patient's absence and the processes being followed 	AMHS
Amendment of Director of Mental Health resources (AWOP flipchart)	<ul style="list-style-type: none"> Reduce complexity in flipchart to two levels of response - high risk and low risk Expand internal processes that should be followed prior ATR being issued 	MHAODE
Locking wards	<ul style="list-style-type: none"> Services to consider the need for wards to be locked where clinically indicated (case by case basis) 	AMHS

<p>Interstate benchmarking</p>	<ul style="list-style-type: none"> • Research whether interstate police data can be used to benchmark Queensland rates of AWOP against other jurisdictions 	<p>MHAODB</p>
<p>Regular data sharing</p>	<ul style="list-style-type: none"> • Regular data to be provided to Services regarding ATRs (minimum monthly basis, parameters of data to be confirmed) 	<p>MHAODB</p>
<p>NSW transfer of care policy</p>	<ul style="list-style-type: none"> • To be distributed to Services for consideration 	<p>MHAODB</p>
<p>Identification of patients</p>	<ul style="list-style-type: none"> • Services to ensure compliance with ACSQHC standards for identification of patients through use of wristbands or photos 	<p>AMHS</p>
<p>Environment/structures</p>	<ul style="list-style-type: none"> • Identification of structural/capacity deficits within Services that are contributing to instances of AWOP • Consideration to be given to funding required structural changes if capital works funding sources become available 	<p>AMHS/MHAODB</p>
<p>Queensland Mental Health Commission</p>	<ul style="list-style-type: none"> • Liaison with QMHC regarding issues relating to patients subject to involuntary orders who abscond from an AMHS 	<p>MHAODB</p>

AWOP information (literature review)

Background

Reasons for AWOP:

- Discontent with being an involuntary patient, their treatment or negative relationships with staff
- Boredom
- Fear of hospital setting or of other patients
- Feeling trapped and confined
- Having household responsibilities, worrying about security of home
- Feeling isolated from relatives and friends, homesick

Mental state or psychiatric symptoms play a role, however findings indicate that there is also generally an additional or rational reason for the patient absconding. Often patients have a combination of reasons for absconding (e.g. discontent with situation and wanting to see family).

There are two primary rationales for absconding:

- absconding in response to an event or incident (e.g. not being approved leave, confrontation with staff or patient etc), or
- absconding with a purpose (e.g. to visit friends, substance misuse etc).

There are two primary types of absconding events:

- sudden or opportunistic absconding (more common), or
- planned absconding.

Most absconding events occur within the first three weeks of admission.

Younger patients with schizophrenia appear to have the highest rates of absconding events.

Once a patient absconds, they are more likely to abscond again, and small numbers of patients can account for repeated absconding episodes.

Strategies

- Targeting resources towards higher risk patients (new admissions, young patients, history of absconding, voicing thoughts about wanting to leave)
- Case review with patient after an absconding event to ascertain why they absconded - can this need then be met differently?
- Consideration of how 'bad news' is delivered to patients (e.g. leave not approved) to minimise "reactive" absconding
- Facilitating social contact etc for patient who abscond for particular purpose of visit to family (e.g. via phone contact, visiting or targeting those patients on supervised leave)
- Clearly explaining why certain leave levels are approved to patients to assist with understanding why some patients may be able to come and go from the ward
- Utilising a signing in and out book for patients accessing leave to develop responsibility and accountability to patients leaving the ward
- Managing staff shift changes to ensure continuous monitoring of higher risk patients

The Act also provides that limited community treatment is limited to escorted limited community treatment.



The administrator must ensure the information system is updated to reflect:

- ◆ the details of the *approval* given by the Court; and
- ◆ the details of any subsequent *limited community treatment plan* issued by the authorised doctor.

4. Director may require monitoring condition for patient undertaking limited community treatment (s131A)

The Director may require that a monitoring condition be applied to a *treatment plan* for a classified patient, a forensic patient or a patient detained under a section 273(1)(b) order for the purposes of the patient undertaking limited community treatment.

4.1 What is a monitoring condition?

A monitoring condition that is required by the Director to be applied to a patient's *treatment plan* for the purposes of the patient undertaking limited community treatment is distinct from conditions applied by the treating doctor or the Tribunal and is intended to support the risk management of particularly high risk patients. Examples of the types of monitoring conditions that may be required by the Director are:

- ◆ the application of a GPS location device while the patient is undertaking limited community treatment;
- ◆ specific phone contact requirements (for example, the patient must carry a mobile phone at all times while on limited community treatment, and must phone the authorised mental health service at regular, specified intervals);
- ◆ supervision requirements regarding with whom the patient may undertake limited community treatment; and
- ◆ specific requirements regarding places to which the patient may or may not travel while on limited community treatment.

4.2 Guiding principles

The general principles for administration of the Act and exercising powers and performing functions under the Act apply in relation to a requirement for a monitoring condition to be applied to a patient's treatment plan. In addition, the following principles also apply:

- ◆ a monitoring condition may be required by the Director only if it is the least restrictive mechanism to address the risks associated with the patient accessing limited community treatment;
- ◆ a monitoring condition may be required by the Director only if there is no alternative avenue for addressing the risks associated with the patient accessing limited community treatment;
- ◆ consultation regarding the potential clinical impact on the patient of a monitoring condition must occur as outlined below prior to a requirement being issued;
- ◆ the monitoring condition must be reviewed regularly by the treating team, the Director and independently by the Tribunal; and
- ◆ regular reporting on the clinical impact of the monitoring condition must occur.

4.3 Applying a monitoring condition



A monitoring condition may only be applied to a *treatment plan* by the Director under the following circumstances:

- ◆ where the patient's forensic history indicates a need for increased monitoring;
- ◆ at critical points of limited community treatment change (for example, transitioning from escorted to unescorted limited community treatment);
- ◆ where there are significant issues identified in relation to the patient accessing limited community treatment (for example, the patient is assessed as high risk for absconding or violence); and
- ◆ if there is no alternative mechanism to manage the identified risk.

Notification to the Director of Mental Health about authorisation of unescorted limited community treatment

To facilitate consideration of the need for a monitoring condition, the Director must be notified at least one (1) week prior to a special notification forensic patient or other forensic patient where there are concerns about high risk or contentious issues in relation to the patient being authorised to access:

- ◆ their first episode of unescorted limited community treatment;

- ◆ unescorted limited community treatment after a period of cancelled or ceased unescorted limited community treatment (for example, the patient's unescorted limited community treatment approval was revoked by the Tribunal and subsequently reinstated, or the treating team ceased limited community treatment following an absent without permission event six (6) months ago but intends to reinstate unescorted limited community treatment after successful periods of escorted limited community treatment); and
- ◆ unescorted limited community treatment after a recent significant incident (for example, an incident of violent behaviour in the inpatient facility).

High risk or contentious issues in relation to a forensic patient may include:

- ◆ clinical issues, for example recent or multiple periods of being absent without permission;
- ◆ community interest, for example history of serious offences or high likelihood of attracting police attention if absent without permission; and
- ◆ known victims concerns.

The limited community treatment events outlined above, and the notification to the Director must be approved by the Clinical Director of the relevant service.



Notification to the Director must be approved by the Clinical Director of the relevant authorised mental health service and is given using the *notification to Director of Mental Health about LCT event form*.

The Director will note the information provided and will contact the Clinical Director if further information or follow up regarding the patient is required.

Consultation before condition is applied

Before a requirement to apply a monitoring condition is made by the Director, consultation with the relevant treating clinician and/or the administrator of the authorised mental health service will occur. The consultation must address:

- ◆ what has already been done to manage any identified risks for the relevant patient;
- ◆ any clinical impact that the application of a monitoring condition may have; and

- ◆ how a monitoring condition may be used (for example, management planning, timeframes) to support the patient's access to limited community treatment.

Details of requirement by the Director of Mental Health

A requirement for a monitoring condition to be applied must detail the following information:

- ◆ the following patient details:
 - name;
 - date of birth;
 - involuntary status; and
 - authorised mental health service;
- ◆ the type of monitoring required;
- ◆ broadly, the reason that the monitoring condition is required;
- ◆ the maximum time period for which the requirement is in force;
- ◆ minimum review intervals for the monitoring condition; and
- ◆ any other relevant details.

Notifications

The Director will notify the relevant administrator of the requirement for a monitoring condition to be applied to a patient's *treatment plan* by written notice.

Responsibilities of administrator

Relevant administrators must ensure the requirement to apply a monitoring condition is included in the patient's *treatment plan* and is given effect. This includes:

- ◆ communicating with the affected patient about the requirement and ensuring the patient understands the implications of the condition;
- ◆ notifying the patient's allied person (if the patient consents to the disclosure of this information); and
- ◆ reporting to the Director about the clinical impact of the condition.

4.4 Review and reporting

Administrators must report to the Director on a regular basis (in accordance with the minimum review intervals specified by the Director) about the impact of a monitoring condition. This report must include consideration of clinical implications for the patient.

The Director will review the need for a monitoring condition on a regular basis.

Regular review mechanisms for relevant patients

Administrators must establish mechanisms within their service to ensure that the following matters are regularly reviewed for forensic, classified and section 273(1)(b) order patients to assess the need for a monitoring condition:

- ◆ **forensic history and ongoing related risk issues which indicate a need for increased monitoring;**
- ◆ **critical points of limited community treatment change; and**
- ◆ **historical incidents relating to limited community treatment access (for example, successful or unsuccessful limited community treatment periods).**

In addition, the Director will review the need for a monitoring condition for relevant patients through:

- ◆ **notifications to Director of Mental Health about LCT event forms;**
- ◆ **regular monitoring of the administration of limited community treatment for the following classes of patient:**
 - **forensic/classified/section 273(1)(b) order patients in medium secure facilities;**
 - **forensic/classified/section 273(1)(b) order patients in high secure facilities; and**
- ◆ **alternative mechanisms (for example, limited community treatment approvals, Tribunal reviews and decisions, absent without permission notifications and serious incident reporting).**

MEMORANDUM

To: Ms Julie Hartley-Jones, Chief Executive, Cairns and Hinterland Hospital and Health Service
 Mr Len Richards, Chief Executive, Central Queensland Hospital and Health Service
 Dr Peter Bristow, Chief Executive, Darling Downs Hospital and Health Service
 Mr Ron Calvert, Chief Executive, Gold Coast Hospital and Health Service
 Mr Kerry McGovern, Chief Executive, Mackay Hospital and Health Service
 Mr Malcolm Stamp, Chief Executive, Metro North Hospital and Health Service
 Dr Richard Ashby, Chief Executive, Metro South Hospital and Health Service
 Mr Kevin Hegarty, Chief Executive, Sunshine Coast Hospital and Health Service
 Mrs Julia Squire, Chief Executive, Townsville Hospital and Health Service
 Ms Lesley Dwyer, Chief Executive, West Moreton Hospital and Health Service
 Mr Adrian Pennington, Chief Executive, Wide Bay Hospital and Health Service

Copies to: Dr Bill Kingswell, Executive Director, Mental Health Alcohol and Other Drugs Branch
 Dr Lesley van Schoubroeck, Mental Health Commissioner

From: Dr Michael Cleary, Deputy Director General, Health Service and Clinical Innovation **Contact No:** 3405 6181

Subject: Patient absence without permission – securing adult acute inpatient facilities

File Ref: HC002349

Since my memorandum dated 26 October 2013, the Department of Health has continued to monitor the number of patients absenting themselves without permission from adult acute mental health inpatient units. As you would appreciate, the absences pose a risk for patients and places a burden on the Queensland Police Service, who are required to locate the patients and return them to hospital. I am grateful of the activities that have been taken by Hospital and Health Services in this area since the recent forum convened by the Mental Health Alcohol and Other Drugs Branch.

However, given this situation and the risks that are posed to patients absenting themselves without permission and following discussions at recent forums, I wish to confirm that all adult acute mental health inpatient units that are currently not locked are to be locked from 15 December 2013.

To give effect to this requirement entry and egress points would need to be locked from 15 December 2013. In the event you cannot meet this requirement, I would be grateful if you could complete and return the attached self-assessment to enable consideration of essential minor capital works. The self-assessment form should be submitted to ED.MHAODD@health.qld.gov.au as soon as possible, and no later than 11 December 2013.

I am also aware that the Director of Mental Health has amended the practice guideline issued under section 309A and 493A of the *Mental Health Act 2000* in relation to inpatients of mental health services. The Director of Mental Health's memorandum and related guidelines will follow shortly. One aspect of this practice guideline that I would like to highlight for you is that in addition to the normal notification of absence without leave to the Director of Mental Health that Hospital and Health Services mental health services are also required to formally brief their Chief Executives in relation to all inpatient absence without permission.

As part of the package of measures currently being explored to assist mental health services mitigate the risks posed to patients who absent themselves without permission a program is being established that will allow for the allocation of five monitoring devices to each adult acute mental health unit. I will provide an update on this program as information becomes available

I note that it will be important to develop a communication strategy within your Authorised Mental Health Service to ensure that staff, patients and carers are aware of these changes. Ms Hayley Beck, Acting Manager Communications, will be able to provide any assistance you may need in relation to your communications requirements. Ms Beck can be contacted by telephone on 3234 1574.

Thank you for your assistance in relation to this matter.



Dr Michael Cleary
Deputy Director-General
Health Service and Clinical Innovation
6/12/2013

RTI RELEASE

Security Systems Mental Health Facilities

System	Type of Facility	Secure	Locks		Comments
			Key	Electronic	
Perimeter Fence					
Front Door					
Doors					
Air lock – external door					
Air lock – internal door					
Windows					
Reception Area for Visitors/Family					
Reception Egress					
Personal Duress Alarm System					
Electronic Security – Intruder Detection					
Electronic Security – Access Control					
Electronic Security – Close Circuit TV					
Electronic Security - UPS					
Does your adult acute unit currently have capacity to lock access point/s					
a) without alteration.....					
b) with minor alteration.....					
c) with more extensive capital works.....					

Signed by _____

Date _____

MEMORANDUM

To: Chief Executives, Hospital and Health Services

Copies to: Deputy Director-General, Health Service and Clinical Innovation
Administrators, Authorised Mental Health Services
Clinical/Executive Directors, Authorised Mental Health Services

From: Dr Bill Kingswell, Director of Mental Health **Contact No:** 3328 9538

Subject: Director of Mental Health Order under section 493AE(2)(e) Mental Health Act 2000 (Qld)

File Ref: HC002389

Further to the memorandum issued by the Deputy Director-General on 5 December 2013, I order that, subject to the matters set out below, the main entry and exit doors to all acute mental health inpatient units be locked on and from 15 December 2013.

The purpose of making this order is to prevent involuntary patients from absenting themselves from the units without permission and causing a serious risk to their own life, health or safety or a serious risk to public safety.

The order should be applied with that purpose in mind.

In particular, voluntary patients, visitors, persons who are not involuntary patients or involuntary patients who have a valid basis for departing the unit (such as a leave entitlement) should be allowed to move freely in and out of the units (and through any exit or entry doors which are otherwise locked) subject to all appropriate steps being taken to ensure that persons who do not fall into one of these categories do not depart the unit.

The appropriate steps which will need to be taken to enable such movement in and out of the units will depend on each facility.

For example, a staff member might need to be located at or near the door at all times between 7am and 11pm to check each person's identification (preferably photographic identification) against a list of involuntary patients to ensure that the person is not an involuntary patient.

The safety of patients, staff and visitors to the unit is also of critical importance. To that end, this order should not be carried out if this has the consequence that any legislative requirement is not complied with by the facility such as the Fire and Rescue Service Act 1990 (Qld) and the Building Fire Safety Regulation 2008 (Qld).

Rather, the facility should take all necessary steps to carry out any necessary works or arrange for the attendance of additional staff to enable the facility to comply with the legislative requirements so as to enable it to comply with this order. That should be done by no later than March 2014 if possible.

Further, appropriate steps should be taken to ensure that an involuntary patient is not left alone in an area within the facility with the effect that they are kept in seclusion within the meaning of section 162J Mental Health Act 2000 (Qld) applies unless allowed under Chapter 4A Part 2 of that Act.

I take this opportunity to remind all mental health services to consult with their local Occupational Health and Safety Units to ensure that appropriate fire safety arrangements and evacuation procedures are in place.

If you require clarification on this matter, please contact me on 3328 9538 or or email Bill_Kingswell@health.qld.gov.au.



Dr Bill Kingswell
Director of Mental Health
13/12/2013

RTI RELEASE



MEMORANDUM

To: Chief Executives, Hospital and Health Services

Copies to: Deputy Director-General, Health Service and Clinical Innovation
Administrators, Authorised Mental Health Services
Clinical/Executive Directors, Authorised Mental Health Services

From: Dr Bill Kingswell, Director of Mental Health **Contact No:** 3328 9538

Subject: Addendum to practice guideline issued under section 309A and 493A of the *Mental Health Act 2000* in relation to inpatients of mental health services

File Ref: HC002361

Further to my correspondence of 19 November 2013 (Attachment 1), this memorandum is to advise of additional requirements for the management of involuntary patients receiving treatment in a mental health inpatient facility.

Absence without permission – notification requirements

As agreed at the mental health Clinical/Executive Directors meeting on 5 November 2013, my office is reviewing the patient absence without permission (AWOP) flipchart. Finalisation of this document is pending clarification from the Queensland Police Service (QPS) about streamlined communication processes.

In the interim, please note the following changes that are to take effect immediately in relation to AWOP from an inpatient facility:

- the treating psychiatrist or psychiatrist on call must be notified of all AWOP from an inpatient facility (notification is currently to an authorised doctor or psychiatrist)
- If after hours, the treating psychiatrist or psychiatrist on call must phone the Director of Mental Health on call if the patient is a classified or forensic patient, or another involuntary patient that the psychiatrist considers high risk (this task is not to be delegated unless there are extraordinary circumstances).

Absence without permission – briefings to the Hospital and Health Service Chief Executive

You will be familiar with established Departmental notification and communication processes relating to patient absence without permission that were provided in guidelines issued by Associate Professor Jagmohan Gillhota, then Director of Mental Health, on 18 March 2013 (Attachment 2).

In order to ensure that Hospital and Health Service Chief Executives are effectively able to monitor and manage issues relating to patient absence without permission, a briefing to the Hospital and Health Service Chief Executive must be provided in all circumstances where a patient is absent without permission from an inpatient facility. The briefing format is a matter for local determination.

The requirements for briefing the Director-General remain unchanged. That is, Chief Executives should provide a brief based on a case by case assessment of whether the matter warrants the Director-General's attention. In the event that a briefing to the Director-General is deemed appropriate, the attached template has been developed to facilitate the process (Attachment 3).

Limited community treatment monitoring provisions

As identified in my previous correspondence, my office is to be notified prior to authorisation of unescorted limited community treatment (LCT) for forensic patients in certain circumstances. Specifically, this notification is required at least 7 days in advance of a special notification forensic patient or other forensic patient where there are concerns about high risk or contentious issues having LCT authorised in the following circumstances:

- a patient who is to undertake their first episode of unescorted LCT;
- a patient who is to recommence unescorted LCT after a previous period of unescorted LCT was cancelled or ceased; or
- a patient who is to undertake unescorted LCT after a recent significant incident.

For clarity, the Director of Mental Health's policy identifies that 'high risk or contentious issues' in relation to a forensic patient may include:

- clinical issues; for example, recent or multiple periods of being absent without permission;
- community interest; for example, history of serious offences or high likelihood of attracting police attention if absent without permission; and
- known victim concerns.

The limited numbers of notifications that have been received by my office indicate that the policy is not being adhered to in all circumstances. Therefore, I would appreciate your assistance in ensuring that all forensic patients who have accessed unescorted LCT since March 2013 be reviewed to ensure that notification has been made in the above circumstances. If a required notification has not been made, my office is to be immediately advised using the *Notification to the Director of Mental Health about LCT event form (Attachment 4)* with a covering email to MHA2000@health.qld.gov.au to explain the circumstances of non-compliance with the Director of Mental Health's policy.

In particular, I request that specific attention be given to patients with a history of recent or multiple episodes of absence without permission. To facilitate this review, the attached report identifies all forensic patients at your service, and sets out the history of absence without permission for each patient (Attachment 5).

If you require clarification on the above matters, please contact me on 3328 9638 or or email Bill.Kingswell@health.qld.gov.au.



Dr Bill Kingswell
Director of Mental Health
6/12/2013

Attach 1



MEMORANDUM

To: Chief Executive, Hospital and Health Services

Copies to: Administrators, Authorised Mental Health Service
Clinical/Executive Directors, Authorised Mental Health Services

From: Dr Bill Kingswell
Director of Mental Health

Contact No: 3328 9538
Fax No: 3328 9619

Subject: Practice guideline issued under sections 309A and 493A of the *Mental Health Act 2000* in relation to inpatients of mental health services

File Ref: HC 002255

As you may be aware, on 5 November 2013 I met with the Clinical and Executive Directors of authorised mental health services regarding involuntary patient absences without permission from inpatient facilities. Attached are the agreed outcomes from this meeting (Attachment 1).

This memorandum is to advise that, in accordance with sections 309A and 493A of the *Mental Health Act 2000*, I am issuing the following practice guidelines for the management of involuntary patients while inpatients of authorised mental health services:

1. All involuntary inpatients must have an assessment of risk of absconding undertaken on admission and at regular intervals throughout admission. Current involuntary inpatients that do not have a documented risk assessment must have this completed as a matter of priority.
2. Clinical strategies to mitigate and manage absconding risk must be developed and documented for all involuntary patients assessed as medium/high risk of absconding.
3. Action to be taken in response to an absconding event must be documented for all involuntary patients.
4. Risk assessment/s and proposed management and response strategies must be ratified by the treating psychiatrist.

Attached is a literature review undertaken by my office that may assist with assessment and management of absconding risk (Attachment 2).

Existing policy relating to absence without permission and limited community treatment as set out in the MHA Resource Guide continues to apply. In particular, I draw your attention to requirements to notify my office of limited community treatment for forensic patients in specified circumstances in order that the need for monitoring conditions can be considered (Attachment 3).

Your assistance in ensuring this practice guideline is complied with in your Hospital and Health Service is appreciated.

Dr Bill Kingswell
Director of Mental Health
19/11/2013

Mental Health Act 2000

Guidelines for Hospital and Health Service Chief Executives - Patients absent without permission under the Mental Health Act 2000

Overview

- This policy sets out requirements in relation to:
 - communication between the Hospital and Health Service (HHS) Chief Executive, the Director of Mental Health (DMH) and the Director-General, Department of Health when a patient is absent without permission – refer **PART A – Notification and communication requirements**
 - disclosure of information to the media regarding a patient's absence including decision-making by the HHS Chief Executive, and communication between the HHS and the Queensland Police Service (QPS) – refer **PART B – Public disclosure of Information.**
- This policy is to be read in conjunction with:
 - the Patients absent without permission flipchart (AWOP Flipchart), available at <http://qheps.health.qld.gov.au/mhalu/risk.htm>
 - the *Mental Health Act 2000* Resource Guide (MHA Resource Guide), Chapter 10, available at http://qheps.health.qld.gov.au/mhalu/documents/res_chapter10.pdf

Key contacts

Director of Mental Health

- During business hours (Monday to Friday - 8am to 4.00pm)
 - Phone: 3328 9899
 - Email: MHA2000@health.qld.gov.au
 - Fax: 3328 9819
- After business hours (DMH on-call)
 - Phone:
 - Email: dmh@health.qld.gov.au

Office of Director General

Phone: 3234 1570 (diverts to mobile after business hours)

Email: sdlo@health.qld.gov.au

Key resources

AWOP Flipchart

<http://cheops.health.qld.gov.au/mha/wrisk.htm>

MHA Resource Guide

http://cheops.health.qld.gov.au/mha/resource_guide.htm

MHA Forms:

- Requirement to return
- Authority to return
- Notification to DMH - absence
- Notification to DMH - return

<http://cheops.health.qld.gov.au/mha/forms.htm#absent>

Authority for disclosure and publication

<http://cheops.health.qld.gov.au/mha/templates.htm>

**Confidentiality guidelines
(update pending)**

http://www.health.qld.gov.au/foi/docs/conf_guidelines.pdf

**Departmental briefing
templates**

<http://cheops.health.qld.gov.au/com-templates/html/templates.htm>

PART A

Notification and communication requirements – patients absent without permission under *Mental Health Act 2000*

Overview

- Clinical staff are to follow the notification requirements as set out in the AWOP Flipchart. The AWOP Flipchart requires that the Director of Mental Health (DMH) and the Chief Executive, Hospital and Health Service (CEHHS) are routinely notified about the absence without permission of:
 - classified patients
 - forensic patients (including Special Notification Forensic Patients (SNFP))
 - inpatients of the high secure unit
 - inpatients of a secure mental health rehabilitation unit (i.e. also known as medium secure units)
 - other patients assessed as high risk.
- Notification to the DMH and CEHHS is, at minimum, by way of the following documents:
 - *Notification to Director of Mental Health – Unauthorised absence of a patient* (dmh.507notice, version 2, March 2013); and
 - *Authority to return* (dmh.508.add, version 4, March 2013).
- The Director-General's office requires notification of a patient's absence without permission if the patient is:
 - a classified patient
 - a forensic patient who is an inpatient at a mental health facility at the time of absence i.e. excluding those residing in the community
 - any other patient where the circumstances of absence warrant attention.
- Notification to the Director-General's office will be managed primarily through the DMH and must identify:
 - the patient's Mental Health Act status e.g. classified patient, forensic patient
 - the duration of that status e.g. when the forensic order was made
 - the offences relating to that status e.g. the index offence/s upon which the forensic order was based
 - the Authorised Mental Health Service responsible for the patient
 - the facility from which the patient is absent e.g. high secure, acute inpatient unit, etc
 - whether the patient was accessing limited community treatment (LCT) at the time of becoming absent, and if so, the level of LCT e.g. escorted, unescorted

- If the patient was accessing LCT, the immediate history of that level of LCT e.g. duration of approval, whether this is the first time accessed
- relevant clinical information including clinical risk assessment.
- The respective responsibilities of the DMH and the CEHHS in relation to a patient's absence without permission and return from absence without permission are set out below and represented in the communication pathway flowcharts (Flowcharts 1 and 2).

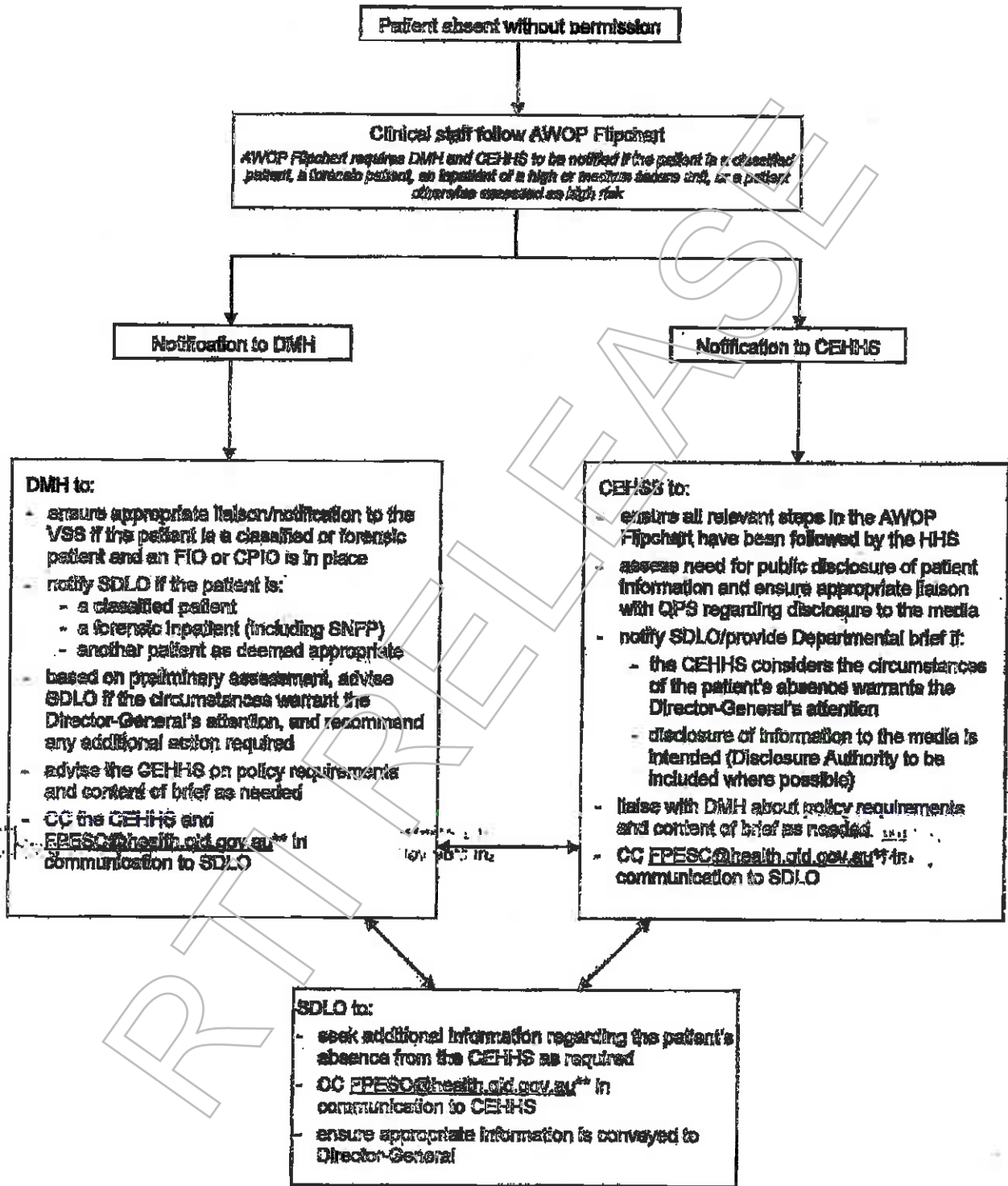
Director of Mental Health

- On receipt of notification of a patient's absence without permission, the DMH will:
 - make a preliminary assessment of the circumstances of the patient's absence based on available information
 - notify the Senior Departmental Liaison Officer (SDLO) if the patient is:
 - a classified patient
 - a forensic patient who was an inpatient at a mental health facility at the time of absence
 - another patient as deemed appropriate
 - In notifying the SDLO, advise whether the circumstances of the patient's absence warrants particular attention and, where appropriate, recommend any additional action required
 - In notifying the SDLO, copy the communication to the CEHHS and FPESC@health.qld.gov.au – an email account that automatically forwards to the DMH, the Executive Director, Mental Health Alcohol and Other Drugs Branch, the Deputy Director-General, Health Service and Clinical Innovation and the Executive Director, Office of the Director-General.
- In addition, if a Forensic Information Order (FIO) or Classified Patient Information Order (CPIO) is made in respect of the patient, the DMH will liaise with the Victim Support Service regarding the need to notify the FIO/CPIO recipient of the patient's absence without permission.
- On receipt of notification of a patient's return from absence without permission, the DMH will:
 - If the absence was highlighted as warranting attention and notice of the patient's return has not yet been given by to the CEHHS - inform the SDLO of the patient's return with a copy to FPESC@health.qld.gov.au
 - if notification of absence without permission was given to a FIO/CPIO recipient - advise the Victim Support Service of the patient's return.

Chief Executive - Hospital and Health Service

- On receipt of notification of a patient's absence without permission, the CEHHS will:
 - ensure all relevant steps in the AWOP Flipchart have been followed including issuing of relevant documentation to, and communication with, the QPS
 - assess the need for disclosure of patient information to the media to facilitate the patient's location and return - refer PART B – Public disclosure of information
 - brief the Director-General's office via SDLO if:
 - a patient absence warrants particular attention, or
 - any circumstance where disclosure of patient information to the media is intended
 - in briefing SDLO, copy the communication to FPESC@health.qld.gov.au.
- CEHHS are encouraged to contact the DMH if clarification or advice about policy requirements, content of briefs, etc. is required.
- On receipt of notification of a patient's return from absence without permission, the CEHHS will:
 - if the absence was highlighted as warranting attention and notice of the patient's return has not yet been given by to the DMH - inform the SDLO of the patient's return
 - where relevant, advise of significant issues arising from the patient's absence e.g. patient charged with serious offence
 - copy communication with SDLO to FPESC@health.qld.gov.au

Flowchart 1 - Communication pathway – Involuntary patient absent without permission

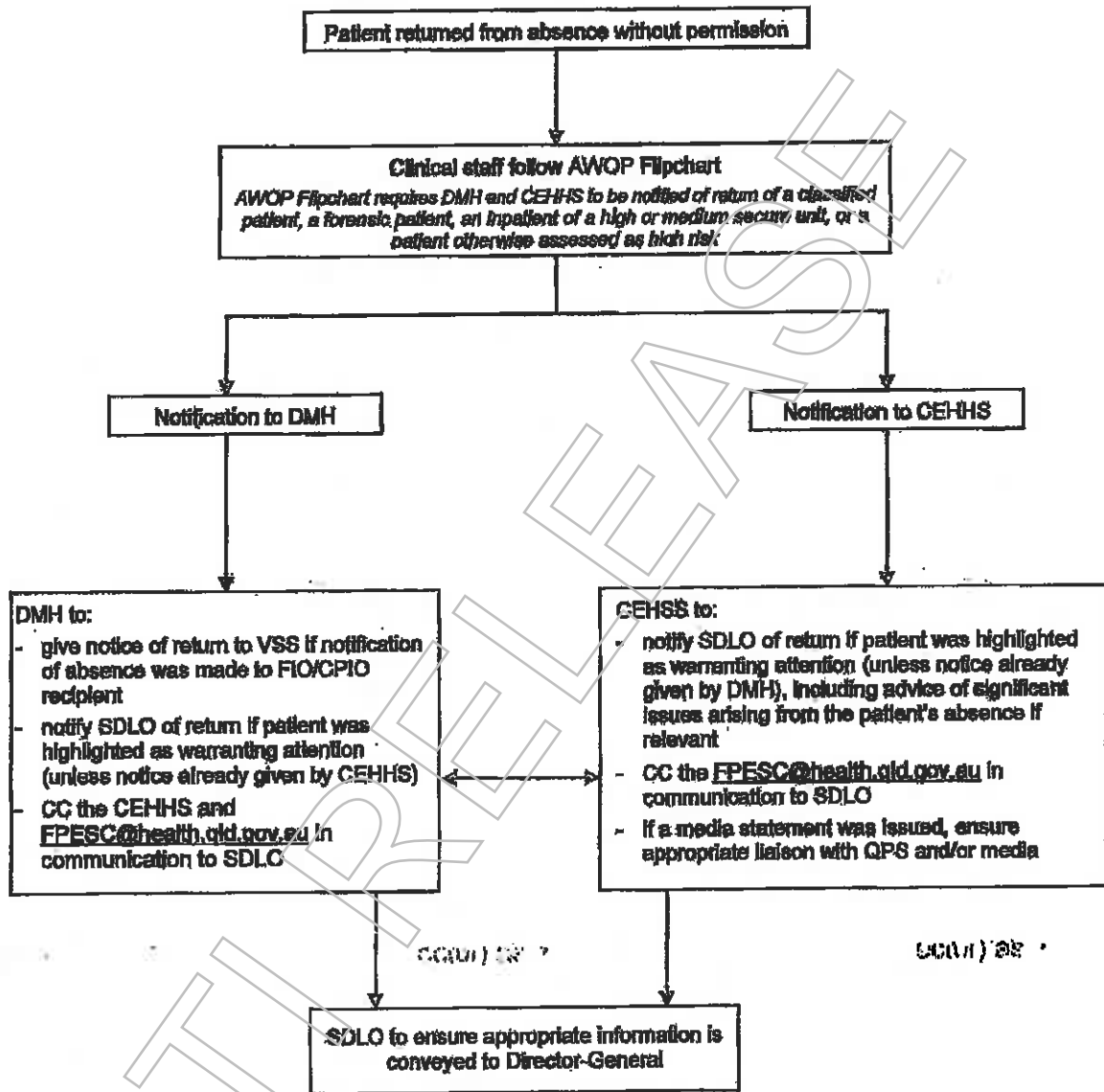


**FPESC@health.qld.gov.au automatically forwards to DMH, EDMHAODB, DDGHSCI and EDODG

AWOP – absence without permission
 CEHHS – Chief Executive, Hospital and Health Service
 CPIO – Classified Patient Information Officer
 DDGHSCI – Deputy Director General, Health Service & Clinical Innovation
 DMH – Director of Mental Health
 EDMHAODB – Executive Director, Mental Health Alcohol & Other Drug Branch

EDODG – Executive Director, Office of the Director-General
 FIO – Forensic Information Officer
 SDLO – Senior Departmental Liaison Officer
 SNFP – Special Notification Forensic Patient
 VSS – Victim Support Services

Flowchart 2 - Communication pathway – Return of Involuntary patient absent without permission



***FPESC@health.qld.gov.au automatically forwards to DMH, EDMHAQDB, DDGHSCI and EDODG**

AWOP – absence without permission
 CEHHS – Chief Executive, Hospital and Health Service
 CPIO – Classified Patient Information Officer
 DDGHSCI – Deputy Director General, Health Service & Clinical Innovation
 DMH – Director of Mental Health
 EDMHAQDB – Executive Director, Mental Health Alcohol & Other Drugs Branch

EDODG – Executive Director, Office of the Director-General
 FIO – Forensic Information Officer
 SDLO – Senior Departmental Liaison Officer
 SNFP – Special Notification Forensic Patient
 VSB – Victim Support Service

PART B

Public disclosure of information— patients absent without permission under *Mental Health Act 2000*

Legislative considerations

- Public disclosure of information about a patient who is absent without permission must have regard to the *Hospital and Health Boards Act 2011* (HHBA) provisions relating to disclosure of patient information and the *Mental Health Act 2000* (MHA) provisions relating to publication of patient information.

Disclosure of information under the HHBA

- The HHBA prohibits the disclosure of confidential patient information to another person, unless one of the exceptions provided in the HHBA apply. Relevant exceptions include:
 - disclosure to lessen or prevent serious risk to life, health or safety (s147), or
 - disclosure in the public interest (s160)
- Disclosure under either of the above provisions requires the written authorisation of the Chief Executive, Hospital and Health Service (CEHHS).
- Further information about disclosure under these provisions is set out in the HHBA Confidentiality Guidelines available at:
http://www.health.qld.gov.au/foi/docs/conf_guidelines.pdf

Publication of information under the MHA

- The MHA prohibits the publishing (i.e. publish to the public by way of television, newspaper, radio, the Internet or other communication) of certain information about mental health patients. Specifically, it is an offence to publish:
 - a decision of the Mental Health Court in relation to a charge (e.g. that the person was not of unsound mind, a forensic order was made) within specified periods (s524) or
 - a report of a proceeding of the Mental Health Review Tribunal, or the Mental Health Court in relation to an appeal against a Tribunal decision (s525).
- It is also an offence to publish information that identifies, or may lead to the identification of, a person who has been a party to proceedings in the Tribunal or an appeal in the Mental Health Court, or a young person who has been a party to any proceeding under the MHA (s526). However, publication of this information is not an offence if the Director of Mental Health (DMH) has given written authorisation for the publication.
- The DMH may only authorise the publication if the DMH believes:
 - publication is necessary to lessen or prevent a serious risk to individual life, health or safety, or public safety, or
 - publication is in the public interest.

- The DMH has delegated the power to authorise publication of patient information to all CEHHS. This power cannot be sub-delegated to another person, but can be undertaken by someone who is temporarily acting in the CEHHS position.

Operational issues

General principles/considerations

- Public disclosure of information relating to a patient who is absent without permission is to be determined on a case by case basis, having regard to the patient's clinical needs and issues of patient and community safety.
- Public disclosure / media assistance to locate an individual will be considered in all circumstances where clinical assessment indicates a medium to high risk of self harm or harm to others.
- Assessment of risk and the need to publicly disclose patient information is to occur immediately upon the patient becoming absent and should be ongoing for the duration of the absence (e.g. risk may increase over time).
- Where there is identified risk to the safety of a specific individual, the processes for notifying that person (via police) as set out in the MHA Resource Guide apply i.e. the need to notify an individual is independent of broader public disclosure determinations.
- Public disclosure of patient information represents a significant infringement of a health service consumer's right to privacy. In circumstances where it is deemed necessary to publish information, the information approved for publication must be strictly limited to that which is needed to manage risk and facilitate the patient's prompt return.
- The patient's family and/or key supports are typically contacted by HHS staff in the course of trying to locate a patient. These individuals should, as far as possible, be informed when a public disclosure regarding the patient's absence is intended.

Authorisation of disclosure/publication

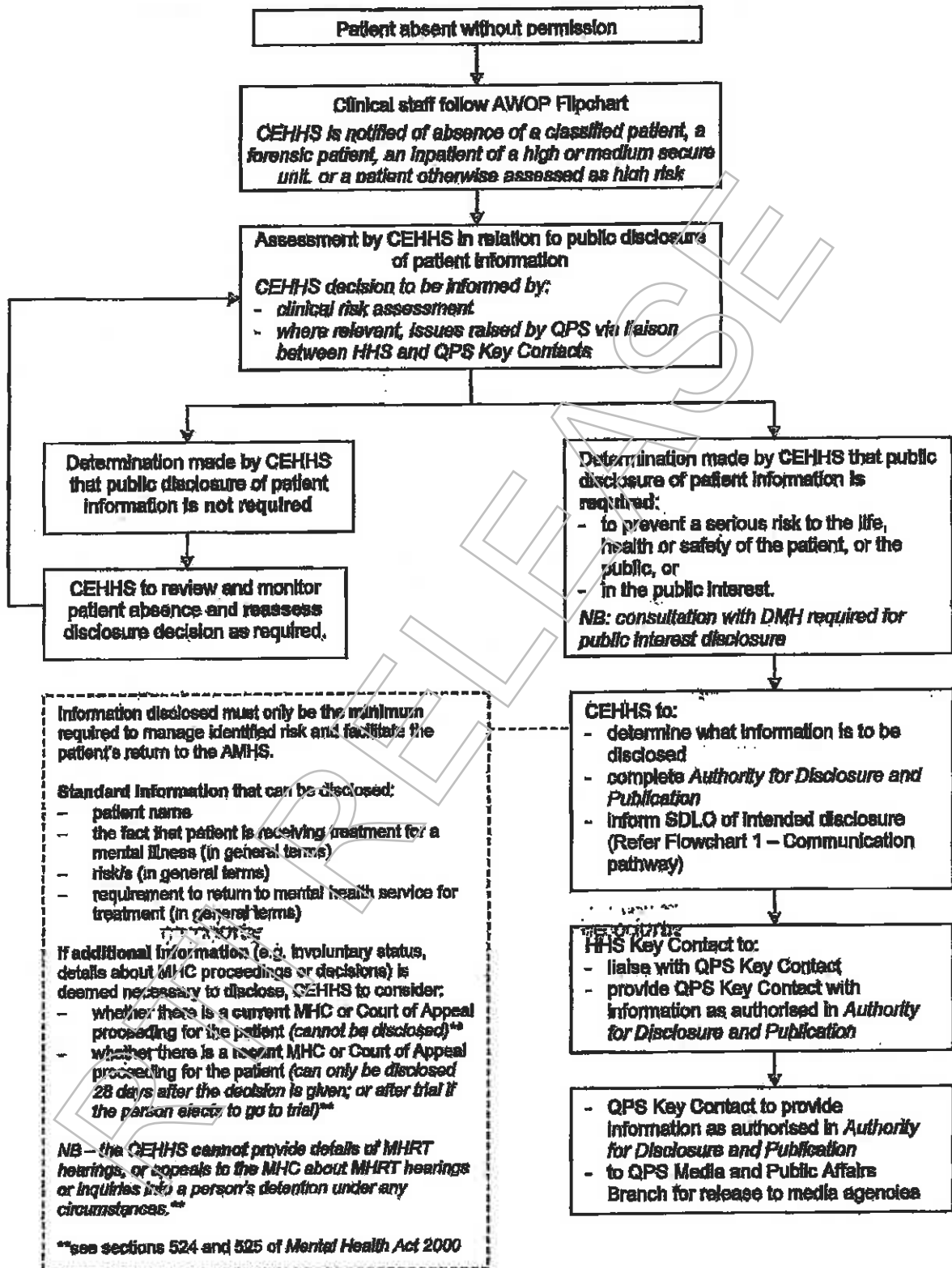
- The Chief Executive's decision to authorise publication of patient information must be in writing. The written authorisation should clearly set out the information that may be published including, if necessary, a current photograph of the patient.
- A template has been developed to facilitate the written authorisation required under the HHBA and the MHA. The *Authority for Disclosure and Publication* template is provided at Attachment 1 and a completed example at Attachment 2. An electronic version of the template is available at <http://qheps.health.qld.gov.au/mhau/templates.htm>.

- Information disclosed to the public should, as far as possible, be limited to the patient's name and general information about the circumstances e.g. 'Ms X has been receiving mental health care and is required to return to hospital for ongoing treatment. Members of the public are asked to not approach Ms X and can contact XXX with information regarding her whereabouts.'
- In circumstances where it is deemed necessary to provide more detailed information about the person's status (e.g. the fact that the person is a forensic patient), the CEHHS should ensure that no other publication restrictions apply (i.e. s524 and s525). If necessary, advice can be sought from the DMH.
- The CEHHS decision to authorise publication will usually be based on 'serious risk to individual life, health or safety, or public safety'. If this test is not met but the CEHHS believes that publication is 'in the public interest', the CEHHS must consult with the DMH prior to authorising publication.

Liaison with Queensland Police Service

- Clinical staff are to follow the processes for notifying and liaising with the Queensland Police Service (QPS) about a patient's absence without permission as set out in the AWOP Flipchart.
- Where a need/potential need to disclose information to the media is identified, additional liaison between the Hospital and Health Service (HHS) and QPS will be required.
- Each HHS and QPS district will have an established key contact and a back up position to assume responsibility for liaison about disclosure of information to the media. The CEHHS should ensure:
 - appropriate HHS officers are identified (e.g. Clinical Director, Executive Director) as the key contact and back up
 - the QPS key contact and back up are known to the nominated HHS officers.
- The need for disclosure of information to the media may be initiated by the QPS or the HHS. The CEHHS must be informed if QPS identify that media disclosure is/may be required and the reasons – even if the CEHHS has already decided not to authorise disclosure.
- In circumstances where the CEHHS authorises disclosure, the HHS key contact will liaise with the QPS key contact and provide information as authorised. The QPS key contact is responsible for providing the information to the QPS Media and Public Affairs Branch for communication to the media.

Flowchart 3 – Public disclosure of patient information



DMH-on-Call can be contacted for advice or DMH@health.qld.gov.au

AWOP – absent without permission
CEHHS – Chief Executive, Hospital and Health Service
DMH – Director of Mental Health

HHS – Hospital and Health Service
QPS – Queensland Police Service
SDLO – Senior Departmental Liaison Officer

Hospital and Health Boards Act 2011 – Section 147
Mental Health Act 2000 – Section 526

**Authority for Disclosure and Publication of Information to Lessen or Prevent
Serious Risk to Life, Health or Safety, Public Safety or Public Interest**

This Authority is given this <insert date> day of <insert month>, <insert year> by <insert Chief Executive's full name>, Chief Executive for the purposes of section 147 and 160 of the *Hospital and Health Boards Act 2011* and as authorised delegate of the Director of Mental Health for the purposes of section 526 of the *Mental Health Act 2000*.

1. You are in receipt of information that is subject to the statutory duty of confidentiality under section 142 of the *Hospital and Health Boards Act 2011*. In addition, this information is subject to the publication restrictions set out in section 526 of the *Mental Health Act 2000*.
2. For the purposes of section 147 and 160(1) of the *Hospital and Health Boards Act 2011* and section 526 of the *Mental Health Act 2000*, I believe on reasonable grounds the disclosure and publication of the information:
 - a. is necessary to assist in lessening or preventing a serious risk to:
 - i. life, health or safety of a person, or
 - ii. public safety, or
 - b. is in the public interest.

3. Accordingly:

- a. in accordance with section 147 and 160(1) of the *Hospital and Health Boards Act 2011*, I hereby authorise:

- the officers listed in Item 1 of the Schedule attached to this Authority, to disclose
- the information described in Item 2 of the Schedule
- to the persons, officers or entities listed in Item 3 of the Schedule
- for the purposes listed in Item 4 of the Schedule; and

- b. in accordance with section 526 of the *Mental Health Act 2000*, I hereby authorise:

- the publication of the information described in Item 2 of the Schedule
- by the persons, officers or entities listed in Item 3 of the Schedule
- for the purposes listed in Item 4 of the Schedule.

4. This Authority is effective from the date of this document, and is valid for the duration of the purpose described in Item 4 of the Schedule.

.....
Chief Executive and Authorised
Delegate of Director of Mental Health

Schedule

Item 1	Health service employees authorised to disclose information	<insert names or titles of officers>
Item 2	Information authorised to be disclosed and published	<insert information to be disclosed and published under s52A of the Mental Health Act>
Item 3	Persons to whom information may be disclosed and are authorised to publish the information	<insert names or titles of persons or organisations>
Item 4	Purpose for which information may be disclosed and published	<insert description of purpose>

RTI RELEASED

Hospital and Health Boards Act 2011 – Section 147
Mental Health Act 2000 – Section 526

**Authority for Disclosure and Publication of Information to Lessen or Prevent
 Serious Risk to Life, Health or Safety, Public Safety or Public Interest**

This Authority is given this 10th day of May, 2014 by Mary Louise Smith, Chief Executive for the purposes of section 147 and 160 of the *Hospital and Health Boards Act 2011* and as authorised delegate of the Director of Mental Health for the purposes of section 526 of the *Mental Health Act 2000*.

1. You are in receipt of information that is subject to the statutory duty of confidentiality under section 142 of the *Hospital and Health Boards Act 2011*. In addition, this information is subject to the publication restrictions set out in section 526 of the *Mental Health Act 2000*.
2. For the purposes of section 147 and 160(1) of the *Hospital and Health Boards Act 2011* and section 526 of the *Mental Health Act 2000*, I believe on reasonable grounds the disclosure and publication of the information:
 - a. is necessary to assist in lessening or preventing a serious risk to:
 - i. life, health or safety of a person, or
 - ii. public safety, or
 - b. is in the public interest.
3. Accordingly:
 - a. in accordance with section 147 and 160(1) of the *Hospital and Health Boards Act 2011*, I hereby authorise:
 - ~~schedule~~ the officers listed in Item 1 of the Schedule attached to this Authority, to disclose
 - the information described in Item 2 of the Schedule
 - to the persons, officers or entities listed in item 3 of the Schedule
 - for the purposes listed in Item 4 of the Schedule; and
 - b. in accordance with section 526 of the *Mental Health Act 2000*, I hereby authorise:
 - the publication of the information described in Item 2 of the Schedule
 - by the persons, officers or entities listed in item 3 of the Schedule
 - for the purposes listed in Item 4 of the Schedule.
4. This Authority is effective from the date of this document, and is valid for the duration of the purpose described in Item 4 of the Schedule.

.....
 Chief Executive and Authorised
 Delegate of Director of Mental Health

Schedule

Item 1	Health service employees authorised to disclose information	<ul style="list-style-type: none">▪ Clinical Director, Brisbane Mental Health Service▪ Executive Director, Brisbane Mental Health Service
Item 2	Information authorised to be disclosed and published	<ul style="list-style-type: none">▪ Tom Grant has been receiving mental health care and is required to return to hospital for ongoing treatment.▪ Members of the public are asked to not approach Mr Grant and should contact QPS with information regarding his whereabouts.▪ Attached photograph of Mr Grant.
Item 3	Persons to whom information may be disclosed and are authorised to publish the information	<ul style="list-style-type: none">▪ Queensland Police Service officers, including media and communications staff▪ Media agencies
Item 4	Purpose for which information may be disclosed and published	<ul style="list-style-type: none">▪ To facilitate Mr Grant's location and return to the health service.

RTI RELEASED

10/04/2017

4/10/2017

Department RecFind No:	
Division/HHS:	
File Ref No:	

**Briefing Note for Noting
Director-General**

Requested by: _____ Date requested: _____ Action required by: _____

SUBJECT: Absence without permission – (Patient name) – (Involuntary status) – (name of Authorised Mental Health Service)

Proposal
That the Director-General:

Note

Or/And

Provide this brief to the Minister for information. (If this brief is going to the Minister please complete the final page of the briefing template - the brief will come back to you if this is not completed, if it is not going to the Minister please delete the page).

Urgency

1.

Headline Issues

2. The top issues are:

-
-
-

Blueprint

3. How does this align with the Blueprint for Better Healthcare In Queensland?

-

Key Issues

4. Identify the circumstances of the patient's AWOP (i.e. whether the patient absconded from an inpatient facility, failed to return from unescorted LCT, etc), and provide a brief description of what occurred (e.g. 'The patient absconded through the main entrance to the mental health unit while domestic staff were delivering meals. Security was immediately notified but could not locate the patient on the hospital grounds.')
5. Provide the date and details of the most recently documented risk assessment (i.e. immediately prior to the patient's AWOP). In relation to absconding risk, identify the clinical strategies employed to mitigate/manage risk and the agreed actions in response to an absconding event (i.e. as required by DMH practice guideline issued on 19/11/2013)
6. Provide a summary assessment from the treating psychiatrist about the patient's absence and related risk issues.
7. Outline actions taken in response to the patient's AWOP including:
 - action taken to locate the patient, notify next of kin/relevant others, etc; and
 - confirm that processes established in the Director of Mental Health's policy relating to patient's AWOP have been followed.
8. Outline the treating psychiatrist's proposed management of the patient on return from AWOP.
9. Advise, where relevant, any actions taken/proposed to address systemic issues arising from the incident (e.g. 'Meal delivery processes are being reviewed to minimise the likelihood of re-occurrence.')

Department RecFind No:	
Division/HHS:	
File Ref No:	

Background

10. Include background information about the patient's involuntary status. For example:

- For forensic patients include:
 - whether the patient is a special notification forensic patient
 - date forensic order was made
 - index offence/s to which the order relates
 - immediate past LCT arrangements
 - history of AWOP
- For classified patients include:
 - date of classified patient admission
 - charges to which the classified status relates and whether the patient has been remanded in custody or sentenced for the charges
 - immediate past LCT arrangements
 - history of AWOP
- For ITO patients include:
 - date ITO made
 - category of ITO immediately prior to *Authority to return* being issued
 - If relevant, immediate past LCT arrangements
 - history of AWOP

11. Include relevant clinical background including for example:

- diagnosis
- duration of contact with mental health services
- significant clinical history e.g. non-compliance with treatment, use of illicit substances, etc

Consultation

12.

Attachments

13.

Department RecFind No:	
Division/HHS:	
File Ref No:	

Recommendation
That the Director-General:

Note
Or/And
Provide this brief to the Minister for information.

APPROVED/NOT APPROVED

NOTED

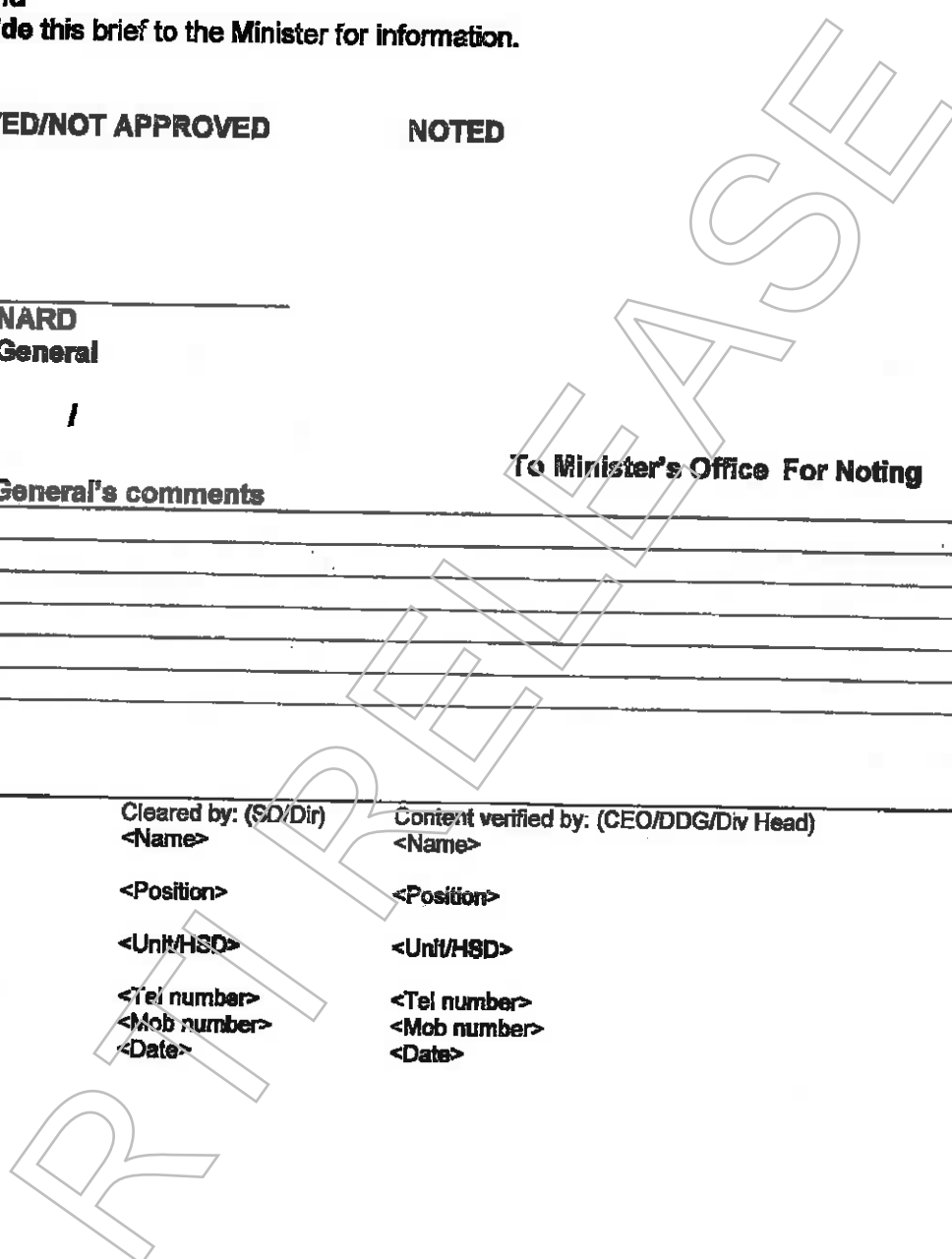
IAN MAYNARD
Director-General

/ /

To Minister's Office For Noting

Director-General's comments

Author <Name>	Cleared by: (SD/Dir) <Name>	Content verified by: (CEO/DDG/Div Head) <Name>
<Position>	<Position>	<Position>
<Unit/HSD>	<Unit/HSD>	<Unit/HSD>
<Tel number> <Date>	<Tel number> <Mob number> <Date>	<Tel number> <Mob number> <Date>



Department RecFind No:	
Division/HHS:	
File Ref No:	

Briefing Note

The Honourable Lawrence Springborg MP
Minister for Health

Requested by:	Date requested:	Action required by:
---------------	-----------------	---------------------

SUBJECT:

**Recommendation
That the Minister:
Note**

APPROVED/NOT APPROVED	NOTED	NOTED
------------------------------	--------------	--------------

LAWRENCE SPRINGBORG
Minister for Health.

Chief of Staff

/ /

/ /

Minister's comments

Briefing note rating

1 2 3 4 5

1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)

Please Note: All ratings will be recorded and will be used to inform executive performance.



Notification to Director of Mental Health About LCT event

Mental Health Act 2000 Queensland

The Director of Mental Health must be notified of proposed unescorted LCT for a special notification forensic patient (SNFP) or other forensic patient where there are high risk or contentious issues in relation to the patient if:

- the patient is accessing unescorted LCT for the first time;
- the patient is having their unescorted LCT reauthorised after a period of cancelled LCT; or
- the patient is having their unescorted LCT reauthorised after an incident.

Notification must be provided at least one (1) week prior to the planned LCT event.

BLOCK LETTERS

The patient being treated

Patient's details

Given name/s	Family name
Date of birth / /	or Age

Provide treating AMHS and Unit details

Current treating AMHS

Current AMHS → specify	Authorised Mental Health Service
Current Unit → specify	

Provide treating team details

Current treating team details

Psychiatrist:	Contact details:
PSP:	Contact details:

Notification Events

I am informing the Director that the abovementioned patient is being:

Mark applicable box(es)

1. authorised to access their first episode of <u>unescorted</u> LCT	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. reauthorised to access <u>unescorted</u> LCT after a period of cancelled or ceased LCT	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. authorised to access <u>unescorted</u> LCT after a recent significant incident	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Provide details

Mental Health Review Tribunal Status

Date of last Mental Health Review Tribunal hearing / /
--

Mark applicable box(es)

What level of LCT was approved by the Mental Health Review Tribunal at the patient's last hearing?
<input type="checkbox"/> Escorted <input type="checkbox"/> Unescorted <input type="checkbox"/> Overnight <input type="checkbox"/> More than overnight

Clinical information attachments

Please attach the following clinical documentation to this application:

Mark applicable box(es)

• Risk assessment	<input type="checkbox"/>	• LCT Plan	<input type="checkbox"/>
• Most recent MHRT Report	<input type="checkbox"/>	• Crisis Intervention Plan	<input type="checkbox"/>

Health service employee

Prepared by

Signature	Print name
	Date / /
	Designation

Clinical Director

Approved by

I am satisfied that the notification is in order and that the appropriate clinical documentation is attached.

Signature	Print name
	Date / /

To: Director of Mental Health

Director of Mental Health

Noted by

The above information is noted.

Signature	Print name
	Date / /

MEMORANDUM

To: Chief Executive, Hospital and Health Services
Chairs, Hospital and Health Service Boards

Copies to: Administrators, Authorised Mental Health Service
Clinical/Executive Directors, Authorised Mental Health Services
Deputy Director-General, Health Systems and Clinical Innovation Division

From: Dr Bill Kingswell
Director of Mental Health

Contact: 3328 9538
No:
Fax No: 3328 9619

Subject: Update regarding guidelines issued under sections 309A and 493A of the *Mental Health Act 2000* in relation to inpatients of mental health services

File Ref: HC002454

As you are aware, a directive was issued in December last year requiring all adult acute inpatient wards to be locked from 15 December 2013. Further to this, on 17 December 2013, I issued guidelines under the *Mental Health Act 2000* in relation to achieving this directive (Attachment 1).

The urgency with which these guidelines were issued and enacted did not provide me with an opportunity to fully convey the impetus for the directives at that time. For this reason, there was uncertainty regarding the directives which was not aided by the unfortunate manner in which the directive was reported on in the media.


I would like to take this opportunity to clarify the purpose of these directives. First and foremost the securing of acute wards is aimed at improving patient care. In particular, the directive and guidelines have been issued following a number of concerning incidents regarding involuntary patients absconding from inpatient facilities. It is important to note that this directive has not been issued in isolation. Rather, securing wards is part of a number of strategies to improve patient management including increased clinical oversight, local escalation processes and improving assessments of risk.

Of particular concern from services and the general public has been the impact of securing wards on voluntary patients. As you are aware, acute inpatient wards cater for both involuntary and voluntary patients and it is critical that all patients are managed in a manner that is conducive to their clinical needs. I am aware that services have developed local processes to ensure that voluntary patients are not inadvertently impacted by these changes, including for example consumer consent forms and local communication strategies. I would be happy to share examples of these for services who have not yet implemented such responses.

I wish also to reiterate that I am available to discuss any concerns you may have regarding the implementation of this directive as required. I have already met with Clinical and Executive Directors to discuss implementation of the directive and will continue to liaise with services in this regard.

Finally, I would like to take this opportunity to thank you for your assistance in complying with this directive under difficult circumstances. The manner in which services were able to respond to the request without impacts to patient care is highly commendable.

If you have any questions regarding this matter, please contact my office on 3328 9540.



Dr Bill Kingswell
Director of Mental Health
9/01/2014

Attachment – Guidelines issued under section 309A and 493A

RTI RELEASE

Policy and practice guideline for Hospital and Health Service Chief Executives – Securing adult acute mental health inpatient units

Overview

This policy and practice guideline is issued under sections 309A and 493A of the *Mental Health Act 2000* ("the MH Act"). It relates to the securing of adult acute mental health inpatient units as required by the Director of Mental Health pursuant to an order made under section 493AE(2)(e) of the MH Act (*Action director may take for a significant matter and related risk*).

This policy and practice guideline sets out requirements in relation to securing adult acute mental health inpatient units effective on and from 15 December 2013.

Purpose

The purpose of making this policy and practice guideline is to prevent involuntary patients from absenting themselves from adult acute mental health inpatient units without permission and causing a serious risk to their own life, health or safety or a serious risk to public safety.

This policy and practice guideline should be applied with that purpose in mind.

Policy and practice guideline

Further to the memorandum issued by the Deputy Director-General, Health Service and Clinical Innovation, on 6 December 2013, and to the order made on 13 December 2013, this policy and practice guideline requires that, subject to the matters set out below, the main entry and exit doors to all acute mental health inpatient units be locked on and from 15 December 2013.

However, voluntary patients, visitors, persons who are not involuntary patients or involuntary patients who have a valid basis for departing from the unit (including a leave entitlement) should be allowed to move freely in and out of the units (and through any exit or entry doors which are otherwise locked), subject to all appropriate steps being taken to ensure that persons who do not fall into one of these categories do not depart from the unit.

The appropriate steps that need to be taken to enable such movement in and out of the units will depend on each facility.

For example, a staff member might need to be located at or near the door at all times between 7am and 11pm to check each person's identification (preferably photographic identification) against a list of involuntary patients to ensure that the person is not an involuntary patient. Consideration should be given to compliance

with the requirements of Part 7 (Confidentiality) of the *Hospital and Health Boards Act 2011* (Qld) in selecting the appropriate person to perform such a role.

Consideration should also be given to ensuring that persons who have a valid basis for departing from the unit if the door is unattended at any time are able to make arrangements to depart when they wish to do so or are otherwise made aware of the circumstances in which they will be able to depart the unit.

The safety of patients, staff and visitors to the unit is also of critical importance. To that end, this policy and practice guideline should not be carried out if this has the consequence that any legislative requirement is not complied with by the facility.

For example, each facility must ensure that it complies with the *Fire and Rescue Service Act 1990* (Qld) and the *Building Fire Safety Regulation 2008* (Qld). All mental health services should consult with their local Occupational Health and Safety Units to ensure that appropriate fire safety arrangements and evacuation procedures are in place.

The facility should take all necessary steps to carry out any required works or arrange for the attendance of additional staff to enable the facility to comply with all legislative requirements (to be identified by each facility) and this policy and practice guideline, by no later than March 2014 if possible.

For example and depending on the facility, a staff member may need to be located at or near the door at all times during the day and night to ensure compliance with legislative requirements relating to evacuation for fire.

Further, appropriate steps will need to be identified and taken to ensure that an involuntary patient is not left alone in an area within the facility with the effect that they are kept in seclusion within the meaning of section 162J of the MH Act applies unless allowed under Chapter 4A Part 2 of the Act.

Key contacts

Director of Mental Health

- During business hours (Monday to Friday - 8am to 4.00pm)
Phone: 3328 9540
Email: MHA2000@health.qld.gov.au
Fax: 3328 9619

Key resources

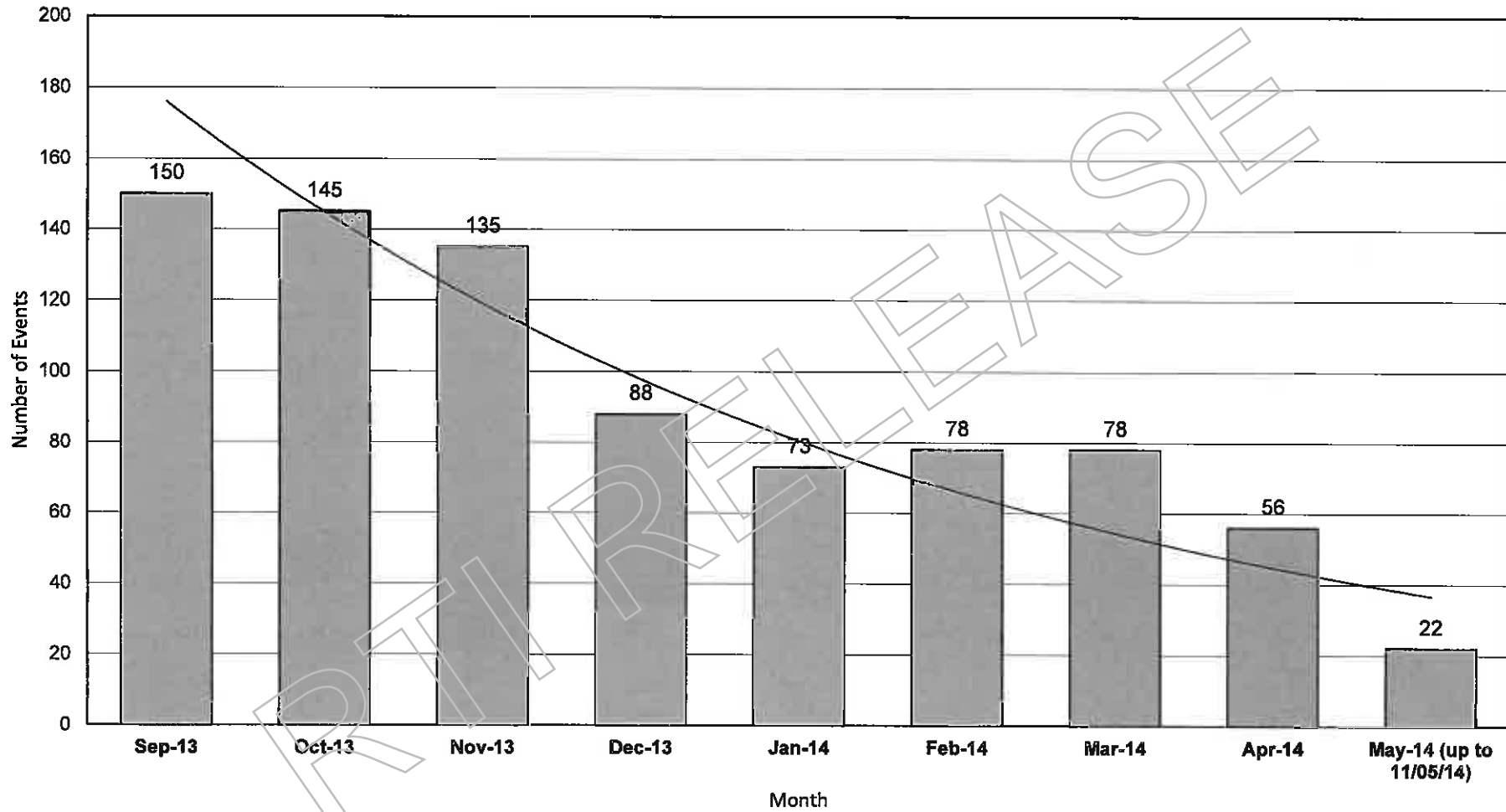
Mental Health Act 2000

<https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/M/MentalHealthA00.pdf>

Hospital and Health Boards Act 2011 (Qld) Confidentiality guidelines (update pending)

http://www.health.qld.gov.au/foi/docs/conf_guidelines.pdf

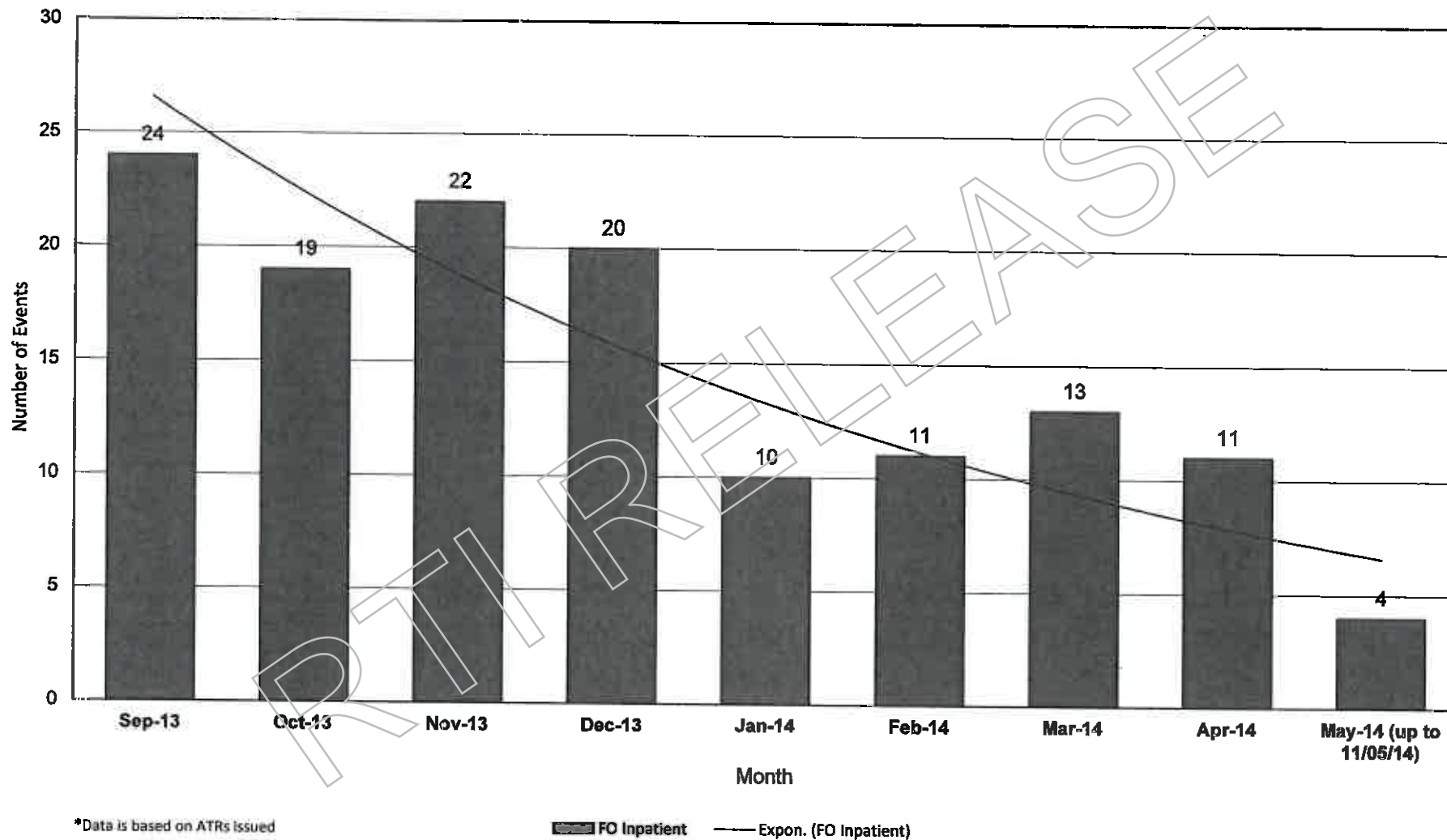
Graph One - Incidence of AWOP* for ITO Inpatients



*Data is based on ATRs issued

■ ITO Inpatient — Expon. (ITO Inpatient)

Graph Two - Incidence of AWOP* for FO Inpatients



From: Bill Kingswell
Sent: Friday, 13 December 2013 1:17 PM
To: Sdlo; news
Subject: ITOs

Hi
in 12-13 there were
6508 Involuntary Treatment Orders issued
3145 authority to return documents issued
The ATRs related to 1522 patients (absconded more than once)
Approx 60% were issued in relation to inpatients.

We had notification on 15/11/13 that a patient thought to be a significant risk to the community had absconded.
He was returned by QPS 17/11
Absconded again 19/11
Returned by QPS 21/11
Absconded 22/11
Returned by QPS 23/11
Discharged 24/11 (?why given advice of identified high risk)
Picked up by QPS same day 24/11 and returned to a different mental health facility.

cheers Bill K

Kind regards

Dr William John Kingswell
Executive Director
Mental Health Alcohol and Other Drugs Branch

Health Service and Clinical Innovation Division | Department of Health
Level 2, 15 Butterfield Street, Herston QLD
P: 3328 9538
F: 3328 9126
E: bill.kingswell@health.qld.gov.au

From: Lindsay Farley
Sent: Tuesday, 10 December 2013 5:34 PM
To: Bill Kingswell; ED_MHAODD
Cc: Thomas John
Subject: Self Assessment Form
Attachments: State Audit. Security Systems MHIU.10.12.13.pdf

Dear Bill

We can secure our unit and have already implemented this. I noticed that the DDG's memo requested that we complete the tool if we were not able to secure the unit but I have completed (and attached an audit for our inpatient unit) as there are gaps which require identification.

Key areas for us would be HDU refurbishment to use the space in a more therapeutic manner, no air locks, gates are chained and pad-locked, all our patient bed-rooms have 2 doors but importantly the doors into the courtyard are not able to be electronically secured. We also have limited video monitoring

If we looked at the key factors of being able to lock our entry / egress that as a base seems inadequate without financial / capital works when you look at a total package and really a change of model.

Kind Regards,
Lindsay

Lindsay Farley
Director
Central Queensland
Mental Health Alcohol & Other Drugs Division

Security Systems Mental Health Facilities

System		Type of Facility	Secure	Locks		Comments
				Key	Electronic	
Perimeter Fence		Wooden and Iron Corrugated Fence.	Requires modification or upgrade / replacement	HDU vehicle / courtyard LDU access gates	No	Quotes obtained through BEMS for fence modification / replacement (HDU) Improved quick access locking for both gates would reduce risk of absconding when gates are open. HDU fencing is wooden.
Front Door Doors Air lock – external door Air lock – internal door		Nil air-locks on external doors Air lock between HDU & LDU Dual proximity and Key locking	Learning and Development door needs upgrade from key to proximity	Yes	Yes	No Air locks at external doors NUM progressing additional Proximity access for Learning and Development Area to control egress. Entry through into Inpatient Unit to remain keyed. Air-locks would require Small Capital / Minor Works Projects to external doors
Windows		Windows secured	Secure	No Fixed	No Fixed	Windows sealed / fixed shut, if determined some may be forced open in LDU .
Reception Area for Visitors/Family		The Inpatient Unit Reception area has an open counter	No	Door	Door	Unit philosophy has been to not to enclose the reception. The unit philosophy has consistently ensured some of the lowest seclusion / restraint rates in country.
Reception Egress		Egress may be through either HDU or; Activity Office	Yes	Yes	HDU	Upgrade to Activity Officer's Office Egress Door to an electronic push button exit would help emergency egress as an option.

Personal Duress Alarm System	Yes, Rockhampton Inpatient Unit & Community MH / CYMHS building	Yes	N/A	N/A	Quotes obtained to upgrade to a system with a higher level of security.
Electronic Security – Intruder Detection	No	No	N/A	N/A	This could be considered if it could be implemented within the context of the Unit's position within the hospital campus.
Electronic Security – Access Control	Yes, main doors / <u>but not</u> patient doors into external courtyards or external gates	No	No	No	Yes, apart from external gates. 1 HDU entrance & courtyard gates & LDU Gate. All patient bedroom areas into courtyards are keyed and need to be key locked at night for security. This may be a costly upgrade worth considering with a major upgrade, eg provision of ensuites.
Electronic Security – Close Circuit TV	Yes, partial, non-monitored	No	Yes	Yes	Partial, outpatient reception area & Inpatient Unit external, side entrance door. TV monitor in Nursing Station System does not meet AS (not monitored or recorded).
Electronic Security - UPS	No – GPS (?)	No	No	No	At this time no consumer has been identified as requiring UPS

Does your adult acute unit currently have capacity to lock access point/s

- a) **without alteration:** No, 2 gates access / egress gates HDU and LDU plus the courtyard gate which have chains and locks we can secure the unit electronically and patient bedroom doors into courtyards.
- b) **with minor alteration Note:** The gates need upgrading to meet higher security / entry or egress, the chains also pose a risk should a high risk consumer manage to grab chains for use as a weapon.
- c) **with more extensive capital works:** It is recommended that at the minimum the High Dependency Unit area be upgraded to reduce risk of AWOP and safety of entry by police, ambulance or prison services to support safe transfer patients (Classified /

Forensic / High Risk).

The 2 gates access / egress gates HDU and LDU plus the courtyard gate which have chains and locks we can secure the unit electronically and patient bedroom doors into courtyards require consideration with a larger upgrade such as provision of ensuites / Improved bathroom / toilet facilities.

Please note

The HDU has not been upgraded for over 10 years, it is cramped, fencing is inadequate, there is no surveillance monitoring or recording. Consideration around redesign for better space use / security may support safety and reduce risk of AWOP especially at higher risk times when transfers occur in or out of the HDU with QPS, QAS or Prison Services.

For further clarification or information please contact Lindsay Farley, Director CQ MHAODD on 49206101 / Mob:

Signed by



Date

10/21/13

Lindsay Farley
Director
CQ Mental Health Alcohol
and Other Drug Division
(CQ/MHAODD)

RTI RELEASED

From: Karlyn Chettleburgh
Sent: Tuesday, 10 December 2013 5:41 PM
To: Bill Kingswell
Subject: Self Assessment template

Dear Bill

Following our conversation I can confirm that all 4 acute adult mental health inpatient units managed by Gold Coast Hospital and Health Service can be locked and will meet the requirements of a locked unit without any alteration being required.

I understand that I am not required to complete the Security Self Assessment under these circumstances.

Kind regards, Karlyn

Karlyn Chettleburgh
General Manager Mental Health & Integrated Care
Gold Coast Hospital and Health Service
Ph: 07 56877001

RTI RELEASES

From: Alan Mayer
Sent: Thursday, 12 December 2013 4:18 PM
To: Bill Kingswell; Marie Kelly
Cc: Shona Warren
Subject: Logan Acute Security

Hi Bill and Marie,

Spoke to Shona this afternoon and she has advised that they would have the Unit "all locked up" as far as doors and windows are concerned, but that the courtyard fences/screens need addressing.

In line with your comments on aesthetics, the "normal" approach would be to go through the HIB process of engaging an architect to do a design, get the HHS to approve same and then call tenders etc etc etc, and under our normal procedures of Checklists and Approvals processes I would guesstimate that the finished product would be handed over in approx 2 to 3 months.

The other consideration would be funding - do you have any idea where this funding will come from?

I will try to get to Jason Flenley to see if he has any advice on funding, and if there is any way to fast-track this work (Glenn is away this week),

Regards,
Alan.

Alan Mayer
Director, Mental Health Program
Systems Support Services
Health Infrastructure Branch
Department of Health
L5, 200 Adelaide St, Bne.
P:3006 2846 M:

From: Lindsay Farley
Sent: Friday, 13 December 2013 5:44 PM
To: Bill Kingswell
Cc: Len Richards; Nik Fokas; Rod Boddice; Thomas John
Subject: feedback on fire and building safety compliance

Dear Bill

I am writing to advise that we have discussed the issue in relation to fire & building with OH&S. They believe we are compliant and will conduct an audit on Monday afternoon.

As the model the building operates due to the requirement to lock doors I would suggest that we are partially compliant in relation to building certification against the building code due to the matters identified within the assessment completed earlier this week.

We are compliant with the direction to lock doors as required

Please do not hesitate to contact me should you require further information

Kind Regards,
Lindsay

Lindsay Farley
Director
Central Queensland
Mental Health Alcohol & Other Drugs Division

From: Shirley Wigan
Sent: Friday, 13 December 2013 3:02 PM
To: Bill Kingswell; Peter Bristow
Subject: Final Letter
Attachments: Untitled.pdf

PLEASE FIND ATTACHED THE FINAL LETTER THAT WILL GIVEN
TO PATIENTS AS OF TODAY.

THANKS
SHIRLEY

RTI RELEASE



Mental Health Service

Darling Downs Hospital
and Health Service

Enquiries to: Shirley Wigan
Telephone: Executive Director Mental Health & ACDS
(61 7) 4616 6200
Facsimile: (61 7) 4616 6233
Our Ref: MHDocs131213

Dear

I am writing to advise you that Department of Health has announced that all 16 of the state's Acute Adult Mental Health inpatient facilities are to be secured. The instruction has been made in response to the high number of people absconding whilst they are on orders made under the Mental Health Act requiring them to remain or return to authorised mental health facilities, such as the Toowoomba Hospital.

Bamal, Acute Mental Health Unit will become a locked ward from Sunday 15 December 2013, in accordance with this instruction.

However, voluntary patients such as yourself, have the right to request the doors to the Bamal, Acute Mental Health Unit be opened at your request for your access, or for you to leave. Staff are aware of this, so please approach a nurse or allied health staff member if you wish to leave.

If you have any questions or concerns in relation to this matter, or would like further clarification on how this instruction will impact on you personally, Mr Mark Kennedy, A/Nursing Director is able to assist you. Mark can be called on 4616 5486 or let one of the staff know, and they will contact Mark.

Yours sincerely

Shirley Wigan
Executive Director Mental Health & ACDS
Division of Mental Health
Darling Downs Hospital and Health Service
13/12/13

Mental Health Service
Pachay Street Toowoomba
PMB 2 Toowoomba
Queensland 4350 Australia
Telephone +61 7 4616 6000
Facsimile +61 7 4616 6170
www.health.qld.gov.au/darlingdowns

ABN 64 109 516 141

From: Brett Emmerson
Sent: Friday, 13 December 2013 3:29 PM
To: Bill Kingswell
Cc: Arriold Waugh; CE_MNHS; Jacinta Powell; Keryn Fenton; Nathan Dart
Subject: FIRE SAFETY COMPLIANCE

Dear Bill

As requested MNMH can confirm our three wards at RBWH, two wards at TPCH and two wards at Caboolture Hosp. are compliant. Please be aware as in previous communication, TPCH will only be closing one ward initially.

regards

Brett

Dr Brett Emmerson
Executive Director
Metro North Mental Health
Metro North Hospital & Health Service
J Floor Mental Health Centre
Royal Brisbane & Women's Hospital
Qld 4029

Phone: 07 36361104
Fax: 07 36368063
Email: Brett_Emmerson@health.qld.gov.au

From: Terry Stedman
Sent: Friday, 13 December 2013 2:37 PM
To: Bill Kingswell
Subject: Fire Safety Ipswich Mental Health Unit

The District Fire Safety officer has confirmed that the Ipswich Mental Health Unit has building certification which permits its operation in a secure mode (ie locked). All automatic fire doors and polices are in place.

Regards

Terry

Dr Terry Stedman
Director of Clinical Services
The Park: Centre for Mental Health
Cnr Ellerton Drive and Wolston Park Rd
Wacol Q 4076

Ph 32718545 Fax 32718544
email terry_stedman@health.qld.gov.au

www.health.qld.gov.au/the_park
SEE WEBSITE FOR CHANGED ROAD ACCESS

RTI RELEASED

From: Shirley Wigan
Sent: Friday, 13 December 2013 3:41 PM
To: Bill Kingswell; MD08-DarlingDowns-HSD
Subject: Fwd: Security Provisions - AMHU
Attachments: Security Provisions - AMHU; Locking of Jarrowair Courtyard; Locking Of Bahal Ward

INFORMATION AS REQUESTED.

SO PREVIOUSLY IDENTIFIED, JARROWAIR IS ALREADY SECURE BUT WILL REQUIRE UPGRADING AND THIS WILL OCCUR OVER THE NEXT FEW WEEKS.

AS IDENTIFIED BAHAL WARD WILL BE SECURE AS FROM SUNDAY 15TH AND OH&S & FIRE COMPLIANT. THE COURTYARDS OF BOTH WARDS NOT SO. I HAVE ATTACHED MANAGEMENT PLANS FOR BOTH COURTYARDS UNTIL THE RECTIFICATION WORKS ARE COMPLETE.

SHIRLEY

RTI RELEASED

From: Mitchell Williams
Sent: Friday, 13 December 2013 3:30 PM
To: Peter Bristow; Shirley Wigan
Cc: Michael Loan; Nicole Relph
Subject: Security Provisions - AMHU

Hi all

Further to yesterday's email -

1. The doors can be safely locked on Sunday - the doors comprise electric mortice locks which feed back to the fire system. OH&S have endorsed the solution.
2. Swipe cards are being installed on Monday
3. Air locks to Jarrowwir (spelling?) and Bamal - Bamal will be installed first over the next couple of weeks. The other air lock will require relocation of the door to the staff lunch room with a new entrance to be created. Some minor joinery reconfiguration to the existing kitchen is required.
4. Fencing - Contractor out next week to provide options.

Mitch

Mitchell Williams

Director Infrastructure and Planning | Darling Downs Hospital and Health Service
p: 4699 8791 | m:
e: mitchell_williams@health.qld.gov.au

From: Daniel Aldons
Sent: Friday, 13 December 2013 3:25 PM
To: Aaron Kruger; Adrian Kearton; Adrian Woods; Andrew Deuble; Anthony Faraker; Bethany Matteo; BHH CNO; Cassandra Garner; Christopher MILES; Corey Urquhart; David Haydon; David Joyce; David Mendels; Deborah Lamkin; Donna Luck; Elizabeth Shaw; Francis Schibrowski; Furhan Iqbal; Gail Turner; Graeme Thomson; Graham Mellso; Graham Stark; Greg Phillips; Greg Neilson; Hayley Cox; Jacqueline Gill; James Thorpe; Jamie Wann; Janelle Flavel; Jason Briese; Jodie Parsons; John Gesler; Julie Giacosa; Karen Campbell; Karin Decker; Katelyn Shearing; Kathryn Clancy; Katrina Rowe; Kaye Carncross; Kellie Gutterson; Kylie Eshman; Luke Sprong; MARK KENNEDY; Meghann Maddern; Merelyn Dowdle; Narelle Costello; Nazanine Vojdani; Neeraj Gill; Nick Net; Nithya Somanathan; Philip Evans; Praseon Gupte; Rebecca Smallcombe; Sally Young; Samuel Suarez; Sandra Bakerwarner; Sandra Bowyer; Sandra Phillips; Santosh Prabhu; Sarah-Jane Auchter; Shane Brennan; Shirley Wigan; Simon Barritt; Sims Brent; Stella Holz; Stephen Hennessy; Steve Bendall; Susan Mulkey; Vicki Munro; Victoria Layton; Warren Williams; Wynita Sheehan
Subject: Locking of Jarrowair Courtyard
Attachments: Jarrowair Security Memo.pdf

Good afternoon,

Many of you would be aware of the Health Minister's recent directive regarding the locking of Acute Mental Health Units. For your information and dissemination please see the Memorandum attached regarding the Implications of this directive for Jarrowair. The measures listed in the Memorandum will be in effect until the courtyard fencing has been improved to the required standard.

Thanks,

Dan Aldons
Nurse Unit Manager
Jarrowair - Acute Mental Health Unit
Darling Downs Hospital and Health Service
Telephone: (07) 4616 5312
Fax: (07) 4616 5344
Email: Daniel.Aldons@health.qld.gov.au

MEMORANDUM

To: Jarrowair Nursing Staff
Mark Kennedy – Acting Nursing Director – AMHU
Graham Stark – Acting Manager – Acute & Community
Greg Neilson – Nursing Director
Shirley Wigan – Executive Director Mental Health

Copies to: Dr Praseon Gupte – Clinical Director MH
Dr Neeraj Gill – Director of Clinical Services MH
Kaye Carncross – Director of Nursing MH
Team Leaders – Adult, Older Persons, SWIFT and ACT
CNO - BHH

From: Dan Aldons **Contact** 4616 5312
NUM – Jarrowair/HDU **No:**
Fax No: 4616 5344

Subject: Locking of Jarrowair Courtyard

File Ref:

BACKGROUND

Lawrence Springborg, the Minister for Health, has issued a directive that all Acute Mental Health Units in Queensland will be locked from Sunday 15 December 2013.

ISSUE

Following an assessment of the Jarrowair Unit a decision has been made that the Jarrowair courtyard does not meet the security requirements of the Minister's directive and as such access to the courtyard will be restricted from 15 December 2013.

Until the perimeter fence of the courtyard is upgraded to the required standard the following measures will be put in place:

- The door to the courtyard will be locked with staff key access only.
- Patient smoking and other access to the courtyard will be on an hourly basis for 15 minutes (commencing at 0630hrs and finishing at 2030hrs) with nursing staff unlocking the courtyard door for voluntary patients and ITO patients with leave provisions (either escorted or unescorted) only.

- Patients who have leave entitlements must have these signed or endorsed by the Consultant Psychiatrist.
- Nicotine replacement therapy is to be actively encouraged.
- Patients can retain their tobacco products unless the products need to be held in the Nurse's Station for safety reasons (i.e. smoking in bedrooms, bathrooms or on the ward).

Your assistance in relation to the above is appreciated.



Dan Aldons
Nurse Unit Manager
Jarowair and the High Dependency Unit
Darling Downs Hospital & Health Service
13/12/2013

RTI RELEASE

From: David Joyce
Sent: Friday, 13 December 2013 1:27 PM
To: Aaron Little; Adrian Kearton; Alexandra Blonski; Andrew Gordon; Angela Kair; Caron Cummins; Casey Noonan; Catherine Clare; Christopher MILES; Deidre Ross; Diana Bryant; Gabrielle McInnan; Graeme Thomson; Janelle Flavel; Jennifer Waterson; Julie Giacosa; Julie Kinnear; Karin Decker; Kathryn Clancy; Kerry Wolski; Kylie McNulty; Leah Reer; Leanne Westhead; Malgorzata Wolnicki; Maria Bowater; Mark Padget; Mavis Duncan; Merelyn Dowdle; Michele Kilgour; Mikaela Chauntler; Milbi Kottarathiparambil; Naomi Poetschka; Peter Lewis; Rebecca Russell; Regina Francis; Sally Young; Sandra Phillips; Sandra Willis; Sarah-Jane Aughter; Sharlene Padget; Stella Holz; Steve Bendall; Susan Head; Virginia Suarez; Warren Williams
Cc: Carla Ruffini; Christine McGuire; David Haydon; Donna Luck; Gail Turner; Graham Stark; Greg Neilson; Jamie Wann; Kaye Camcross; MARK KENNEDY; Michelle Lingard; Neeraj Gill; Philip Evans; Prasoon Gupte; Shane Brennan; Shirley Wigan
Subject: Locking Of Bamal Ward
Attachments: Untitled.pdf
Importance: High

Good afternoon,

Please see the attached Memorandum in relation to Bamal becoming a locked ward as of 15 December 2013.

For your information and dissemination please.

Many thanks

David Joyce
Nurse Unit Manager
Bamal Ward
Acute Mental Health Unit
Toowoomba Hospital
07 46165400

Darling Downs Hospital & Health Service

MEMORANDUM

To: Bamal Nursing Staff

Mark Kennedy – Acting Nursing Director - AMHU
 Graham Stark – Acting Manager – Acute and Community
 Greg Neilson – Nursing Director/Project Manager MH CAIRE

Copies to: Shirley Wigam – Executive Director MH
 Dr Praseon Gupte – Clinical Director MH
 Dr Neeraj Gill – Director of Clinical Services MH
 Kaye Camcross – Director of Nursing MH
 Team Leaders – Adult, Older Persons, SWIFT and ACT
 CNO - BHH

From: David Joyce NUM Bamal AMHU **Contact No:** 46165400

Subject: LOCKING OF BAMAL WARD **Fax No:** 46165411

File Ref: Ref Number

Background

The Bamal Ward – AMHU Toowoomba will become a locked ward on 15th December 2013 as per the Minister's State-wide Directive.

Issues

Until the Bamal entrance door is made swipe access and the new perimeter fence is installed, the following measures will be put in place:

- the Bamal entrance door will be locked and staff key activated
- the Bamal and Bamal Older Persons Unit courtyard doors will be locked and staff key activated
- patient smoking and other access to Bamal and Bamal Older Persons Unit courtyard areas will be on an hourly basis for 15 minutes (commencing at 0630hrs and finishing at 2030hrs) with nursing staff unlocking the courtyard door for voluntary patients and ITO patients with unescorted LCT leave provisions only

- nicotine replacement therapy is to be actively encouraged
- patient visitors will need to access the ward via the AMHU reception desk
- patient visitors will need to utilise the Bamal visitors rooms only
- ensure that the two doors between the Bamal ward area and the Bamal Older Persons Unit are closed and locked at all times of the day
- patients can retain their tobacco products unless the products need to be held in the nurses station for fire safety reasons (ie smoking in bedrooms, bathrooms or on the ward).

Your assistance in relation to the above is appreciated.



David Joyce

NUM Bamal – AMHU

Darling Downs Hospital and Health Service

13/12 /2013

RTI RELEASE

Version Control Information:

File path: [\[redacted\]](#)

Printed copies of this document or part thereof should not be relied upon as a current reference document.
ALWAYS refer to the electronic copy for the latest version.

From: Katie Eckersley
Sent: Friday, 13 December 2013 3:45 PM
To: Bill Kingswell
Subject: Metro South Update
Attachments: comprtf.001

Hi Bill

All Metro South Acute MH inpatient units will lock at 8pm on Sunday 15th December. I believe we will be fully compliant with the building and fire regulations but have sought for documented confirmation which I will forward to you on receipt.

Please note that whilst our units will be locked, they can not be considered secure until various capital works projects are completed. Although some temporary measures have been put in place this week, it will not be possible for the majority of this work to be undertaken until the New Year.

Kind regards
Katie

RTI RELEASE

Metro South Addiction and Mental Health Services

Consumer Consent Form Inpatient Services

(Affix identification label here)

URN: _____

Family name: _____

Given name(s): _____

Address: _____

Date of birth: _____ Sex: M F I

Acute mental health units in Queensland are locked environments.

If you are a **voluntary consumer**, you are free to come and go from the unit.

Staff will assist with opening the doors when you are entering and exiting the unit unless there are concerns for your safety. If there are concerns for your safety, a further assessment may be undertaken.

If you are a consumer managed under the *Mental Health Act 2000* as an **involuntary consumer**, you may still be entitled to periods of leave from the unit. Leave arrangements should be discussed with your treating doctor.

During periods of peak activity there may be a short delay in unlocking the door. Your patience is appreciated at these times.

I, _____, DOB _____ / _____ / _____

understand that I am:

a voluntary consumer an involuntary consumer

and that if I am entitled to leave the unit, I can request staff open the door for my entry and exit.

I acknowledge that during periods of peak demand there may be some delay experienced but that staff will make efforts to minimise this inconvenience.

Consumer to sign: _____ Date: _____

Statutory health attorney (if applicable): _____ Date: _____

Clinician to sign: _____ Date: _____

Name of clinician: _____

From: Monica O'Neill
Sent: Friday, 13 December 2013 2:30 PM
To: Bill Kingswell
Cc: Brett Emmerson
Subject: Red/Cab Fire Compliance

Importance: High

Hello Bill

I can confirm our wards meet the necessary fire compliance in order for them to be locked.

Kind Regards

Monica

Monica O'Neill
Director
Metro North Mental Health - Redcliffe Caboolture
Metro North Hospital and Health Service
Ph 07 5316 5656
Fax 07 5316 5660

RTI RELEASES