Therapeutic Leaves (Mental Health & Substance Use)

Site Applicability

VCH:
- All Acute Mental Health and Substance Use (MHSU) units and Tertiary MHSU units
- Excludes: Psychiatric Assessment Unit (PAU) and Psychiatric Emergency Assessment and Triage (PEAT)

PHC:
- Acute MHSU units: SPH 2N, 8C, 9A, 4NW, MSJ-1S
- Tertiary MHSU Units: Alder & Parkview
- Excludes: Acute Behavioral and Stabilization Unit (ABSU) and the Psychiatric Assessment and Stabilization Unit (PASU)

Practice Level

Basic Skill: RN, RPN, MD, NP, SW, OT

Basic Skill: Unregulated Mental Health Recreation Therapist/Recreation Worker/Psychiatric Worker: provide input to care team for determining eligibility for therapeutic leaves. May accompany individual as per unit guidelines within their employer training and job descriptions.

Requirements

- Therapeutic leaves must be ordered by a treating provider (MD/NP) with the input of the inter-professional team and documented in the client's health record.
- All leaves must be documented with clear rationale of therapeutic purpose in line with recovery goals, psychosocial rehabilitation needs and substance use approaches. As outlined in the Mental Health Act, all leaves should have therapeutic value.
- Risk assessment (i.e., for self-harm, suicide, violence, harm to others, substance use, overdose, and abscondment) must take place to determine eligibility for leaves.
- Client-specific risks related to the leave must be documented along with mitigation strategies (e.g., review of Safety Plan).
- Upon client transfer, leaves will be reviewed by receiving provider and inter-professional team.
- This document applies to adult clients (ages 19 and over), including both voluntary and involuntary clients.

Need to Know

- A therapeutic leave (or "pass") is any authorized absence from the unit for up to 24 hours (although exceptions can be made), and may include: off-unit supervised/unsupervised leaves, accompanied leaves (staff and/or family), unaccompanied leaves, or overnight leaves.
- While "leave" and "pass" can be used interchangeably, we will use "leave" for the purposes of this document. (Note that "pass" is still used on some of the associated documentation tools.)

- On-site leaves:
  - Can be considered at specified regular intervals in order to facilitate physical activity and promote some level of independence.
  - Supervision/accompaniment for on-site leaves will be determined based on an assessment of the client's mental status, ability to follow directions, and risk assessment.
  - Consider mutually appropriate time schedules for patient/client and unit operations.
- For adult clients who are vulnerable and/or experiencing abuse, the legal plan in place will be reviewed (e.g., Adult Guardianship Act Support and Assistance Plan), and the appointed Substitute Decision Maker (i.e., Committee of Person or Representative) will be involved in all decisions related to care. If abuse is suspected, it will be reported to a designated responder for investigation. (See Capability and Consent Tool and Adult Protection Policy: VCH or PHC.)
- Note that clients receiving Electro-Convulsive therapy (ECT), ketamine treatment, or midazolam interviews must be accompanied if leaving the unit in the 24-hour period after treatment.
- Leaves are not a privilege to be approved or declined as a form of reward or punishment.
- Therapeutic leaves will not be restricted for the sake of enforcing compliance with medical recommendations, unless relevant to enabling sustainable return to community.
- The client's bed is held unless the client is discharged during this absence.
- Discharge from hospital should be considered first and foremost for all clients who demonstrate adequate ability to function outside a secure unit. Therapeutic leaves should not prolong the client's hospital stay.

PHC only: All leaves on inpatient units will be taken between the hours of 1400 and 1900 on weekdays and 1200 and 1900 on weekends. The maximum number of leaves per day is two (2) during the week and three (3) on weekends. The exceptions to the above are leaves for client's to attend groups, appointments, or any other therapeutic activities. These may not count as leaves for the day.

Guideline

Overview

- Initiate the planning process for leaves upon admission of the client. Clients and families will be engaged and informed about the guidelines regarding leaves at the time of admission and at regular intervals. Leave policies and processes should be communicated in simple, clear language.
- The treatment team should encourage involvement of family and support persons, including Indigenous Elders, knowledge keepers, and Indigenous Patient Navigators (see Family Involvement/Presence Policy for VCH or PHC). Involvement of family and support persons is a vital component of the framework of recovery.

Pre- Leave

Assessment for Reviewing Eligibility

- In making decisions about leaves, careful consideration should be made around the following:
  - Client wishes and goals

  - Risks and benefits of leaves
  - Discharge planning
- Leave duration should be appropriate for the planned activity.
- Clients who are very close to discharge or ALC (Alternate Level of Care) may require longer leaves to implement discharge plans.

Review of Goals

Confirm the purpose of therapeutic leave and goals of care to be accomplished during leave:

- e.g. participating at the resource centre, attending recovery group, volunteering, emotional regulation, exercise, practicing IADLs (Instrumental Activities of Daily Living) such as shopping and taking transit, connecting with family, support persons, community, etc.

Risk Assessment & Mitigation for Leave Approval

- At admission, prior to each leave, and at discharge, identify the client-specific risks that need to be mitigated for a reasonable level of safety on leaves, including:
  - Self-harm and/or suicide (see Suicide Risk Management)
  - Violence, harm to others, and/or impulsive behaviours
  - Substance use and related complications like toxic drug exposure and psychosis (see Harm Reduction in Acute Care: **VCH** or **PHC)**
  - Risk of/history of abscondment (see Absconding Protocol (PHC))
  - Physical/medical concerns (e.g. mobility, falls, seizures)
- When conducting risk assessments, clinicians should practice trauma-informed care and cultural humility to create safety and recognize the influence of cultural biases on assumptions and perceptions (see Trauma Informed Practice (VCH) and Indigenous Cultural Safety: VCH or PHC).
- Determine strategies and protective factors for mitigating risks during therapeutic leave and upon return, according to harm reduction principles (see also Client and Family Education):
  - e.g. developing/reviewing a Safety Plan (see also Suicide Risk Management re: safety planning), naloxone training, safe injection sites, safety planning, accompaniment/support, offering mobility aids/physio, social contracts, education on coping strategies, protective factors (i.e. goal oriented, family/friend support, religious beliefs)

Risk Assessment & Mitigation for Leave Restriction

Determine risks if leaves are restricted:

- e.g. mood dysregulation, anxiety, hopelessness, loss of internal locus of control, frustration, aggression, deconditioning, inability to demonstrate progress, loss of family connection and sense of belonging in the community

Determine strategies for mitigating risks of ongoing leave restriction:

- e.g. accompanied walks by staff, activity kits, access to technology, gym time, 1:1 care, family visits, Spiritual Care and Multifaith Services, virtual services, coping skills support, counselling,

culture-specific activities and supports, religious or faith community services (i.e. Catholic Mass, Buddhist or Mindfulness meditation retreat, memorial services etc.)

Appeal

Clients have the right to request a review of the rationale for leave restrictions as it relates to their individual care and/or request a second opinion.

- If it is decided not to approve leaves, identify the risks to be addressed before leaves can be approved: (see Appendix A for sample discussion)
    - Engage the client and family in reviewing care goals and needed supports
    - Set date to review progress with client and family to determine if client is ready for leaves to be approved (review eligibility)
- If consensus with the client and/or support persons cannot be reached:
    - Initiate team consultation with ethicist/risk management team.
    - If client is Indigenous, consider involving an Indigenous Wellness Liaison or Elder from their First Nations community.
    - Inform the client and family of the site-specific process for appeal (e.g. second opinion, care team, family involvement liaison)

Table 1. PHC Leave Level Considerations

No Leaves	• A member of the collaborative multidisciplinary team must accompany the client if medical/diagnostic procedures are to be performed outside the unit. • Client attire: hospital pajamas and slippers/non-slip socks.
Limited Leaves	• The client should be encouraged to attend prescribed ward activities such as therapeutic groups, exercise activities and recreational activities. • Staff must accompany the client to medical/diagnostic procedures that are to be performed outside the unit. • Attire for clients with limited leaves should be carefully considered and reflect their leave status. • The client may be prescribed short, accompanied leaves with family/supervising person at the treatment team's discretion by the procedures outlined in this document.
Leaves	• The client is eligible for a leave outside the unit/hospital according to the procedures described in this document. • The client may wear their own clothing and shoes.

Provider Orders

Leaves are ordered by the treating provider. In collaboration with the care team, client and their support person(s), determine leave parameters and document as described below:

In Provider Order:

- Purpose of leave and goal to be accomplished during leave
- Name of accompanying individual (if relevant)

- Dates and times for departure and return
- Frequency of leave
- Destination
- Any exceptional conditions or medication orders
- Medications that require dispensing prior to leave
- Note that overnight leave orders should be completed in advance to allow sufficient time for pharmacy to prepare medications (i.e., 24 hours prior to leave or as per site-specific process).

In Provider Progress Note:

- Individualized clinical assessment of client safety
- Considerations of client-specific risks, including risk of harm to self or others, recommendation for search of belongings upon return, and adult protection
- Discussion and decisions with respect to leaves, including plans, risks versus benefit analysis and expectations

Check-Out

- Although a client may have an approved provider order for leave, it is at the discretion of the client's nurse (based on clinical judgment before each check-out) if and when the client will go on leave.
- Nurse reviews medications and ensures adequate supply for length of leave as per Dispensing Medications (Nurses): **VCH** or **PHC**.
- **Before a client leaves the unit**, nurse to review and document the following details with the client (and accompanying person if applicable):
    - Goals of leave
    - Risks and mitigation plan (see Pre-Leave)
    - Client-specific education and resources – e.g., My Safety Plan, Naloxone kit (see Client and Family Education for more)
    - Details of the leave (e.g., supervision, location, specific activity planned, duration of leave, and expected time of return)
    - Medication provided to client to be taken while on leave, with instructions (including timing)
    - Contact information where client can be located (and accompanying person if applicable)
    - Client's awareness of and agreement with leave guidelines, including possible search of belongings upon return.
    - Remind client and/or accompanying persons of importance of contacting the unit if they are feeling unsafe, have any questions, or anticipate being late

Post-Leave

Check-In

Upon the client's return to the unit, unit nurse to document the following:

- Reassessment of the goal of the leave
- Time of return
- Any changes to client's clinical status and/or risk assessments
- Management of medication while on leave and retrieval of any unused medication (including take home naloxone kit if applicable)
- Report on successes/challenges of the leave from client and/or accompanying person.

Risk Assessment

- If there is any change in mental status or safety concern based on clinical judgment, re-assess for risk of suicide, self-harm, violence, harm to others, substance use, overdose, and/or future abscondment.
- A physical search of client belongings may be appropriate, depending on client's clinical risks, and/or if there is reasonable grounds to believe that the client may have harmful items on them that puts clients and/or staff at risk (see PHC Search Policy; VCH Policy is currently in development).

Abscondment

If a client has not returned or called to explain delay, within one hour of the expected time of return and with clinical judgment:

- Attempt to contact the client (and their accompanying person if applicable).
- Attempt to contact additional designated family or support person(s).
- If the client is certified and/or there are safety concerns, call police (VPD/RCMP) or the provider can issue a form 21.
- If needed, consult with Risk Management regarding client-specific risks and when escalation would be appropriate.
- Refer to site-specific procedure if applicable. See also Absconding Protocol (PHC) and Emergency Response Procedures (VCH).

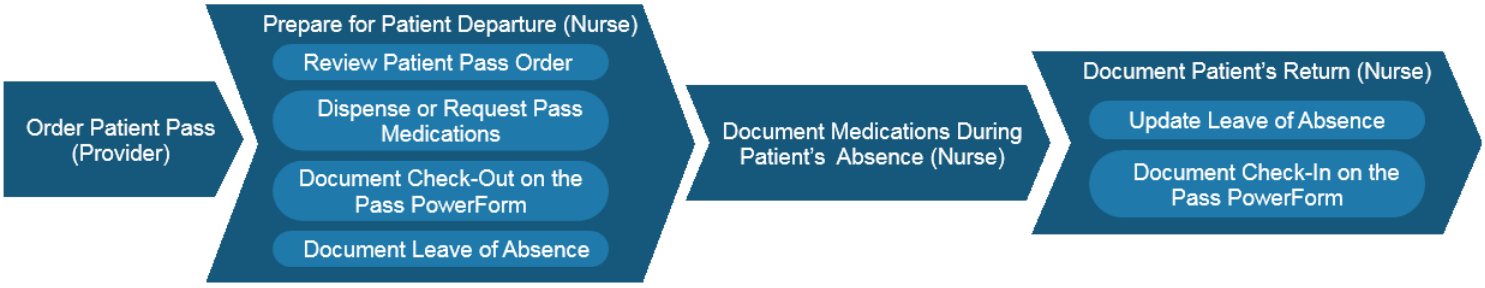
Review and Update

- Reassess risks/benefits of leave based on client progress, needs, goals or concerns.
- Provide regular opportunities for client and family members/supports to debrief leaves with team and discuss learning progress or challenges
- Use information gained to update the leave plan and begin planning for transition/discharge

Client and Family Education

The care team will provide education and resources to empower clients' informed decision-making and mitigate risk where possible. Discuss relevant recovery goals, education, and safety strategies with client and their family members/supports prior to leave and complete required documentation.

- Interventions may include: reviewing goals, engaging client in filling out My Safety Plan, providing cell phone with unit phone number, Harm reduction education (Appendix D) and Naloxone kit teaching (see Naloxone Kit Dispensing: VCH or PHC). See also Harm Reduction: VCH or PHC.



- The process to be followed if the client feels unsafe or is experiencing any problems while on leave, including contact number of the unit.
- Review any previous client teaching just prior to client departure on leave.

Documentation

Nurses should assess and document client's clinical status and risk factors before the leave and upon the client's return (see Check-Out and Post-Leave for more details). See Table 2 below for tools to use for documenting leaves at Cerner sites and non-Cerner sites.

Table 2. Documentation Tools

	Cerner Sites	Non-Cerner Sites
Leave Approval	**Provider Pass Order** (see Cerner Help: Order Patient Pass)	**Provider Note**
Client Check-Out	**Pass PowerForm: Check-Out** (see also Prepare Patient Pass Departure) If there is suicide risk: My Safety Plan	**Patient Pass Tool or Narrative Note** If there is suicide risk: My Safety Plan
Client Check-In	**Pass PowerForm: Check-In** (see also Document Return From Pass)	**Patient Pass Tool or Narrative Note**

If there is possible risk of suicide (i.e., non-zero C-SSRS Screen – see Suicide Risk Management), also complete My Safety Plan with the client (and support person(s) where possible).

Figure 1. Cerner Sites: Documentation Workflow for Therapeutic Leaves

(See also Cerner Help: Patient Pass Workflow or Appendix E for more details.)

Related Documents

Related Policies

- Adult Protection Policy: VCH or PHC
- Family Involvement Policy VCH or Family Presence Policy PHC
- Harm Reduction Policy: VCH or PHC
- Indigenous Cultural Safety: VCH or PHC
- Mental Health Act
- Observation Levels: Acute Mental Health
- Observation Levels for Patients in Acute Mental Health - Richmond
- Provincial Suicide Risk Reduction Framework for Clinical Care Settings (development in progress)
- Supporting Choices Through Informed Decision-Making and Collaboration

Guidelines/Procedures/Forms

- Colour codes and emergency response procedures
- Columbia-Suicide Severity Rating Scale (C-SSRS) Screen Version
- Capability and Consent Tool
- Discharge: Self-Discharge by Voluntary Acute Mental Health Patients
- Dispensing Medications (Nurses): VCH or PHC
- Harm Reduction in Acute Care: VCH or PHC
- Involuntary Admission Under British Columbia's Mental Health Act (MHA)
- Naloxone Kit Dispensing: VCH or PHC
- Patient and Family Pass Brochure (**PHC**)
- Patient Valuables and Belongings in the Mental Health Unit: VCH or PHC
- Pharmacy Pass Medication
- Search of Inpatient Rooms and/or Belongings (**PHC**)
- Search of Inpatient Rooms and/or Belongings (**VCH**) (in development)
- Suicide Risk Assessment & Management for Acute & Tertiary MHSU (revision in progress)
- Cerner Help Topics:
  - Order Patient Pass: Cerner Help Topic
  - Patient Pass Workflow: Cerner Help Topic
  - Prepare Patient Pass Departure (Nurse): Cerner Help Topic
  - Document Patient's Return From Pass: Cerner Help Topic
  - Leave of Absence: Cerner Help Topic
  - Document Medications as Not Done for Patients on Pass: Cerner Help Topic

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Definitions

On-site leaves: Time limited leaves within hospital grounds or certain areas of the hospital considered to be a safe therapeutic area (e.g. gym, sacred space, etc) in order to enable autonomy as long as it is deemed clinically safe, appropriate and feasible and does not interfere with therapeutic activities.

Therapeutic Leave (or pass): any authorized absence from the hospital for less than 14 days that allows a client off the unit/hospital site for therapeutic, socialization, and/or community integration purposes. Any leave longer than 14 days requires completion of a Form 20 (Leave Authorization).

> According to the BC Guide to the Mental Health Act, "Subject to section 40 and the regulations, if the director considers that leave would benefit a client detained in the designated facility, the director may release the client on leave from the designated facility providing appropriate support exists in the community to meet the conditions of the leave. Leave should have anticipated therapeutic value for the involuntary client. It may be used for a variety of reasons such as medical treatment in another hospital, day passes, overnight visits, pre-discharge trial placements in the community, and 'extended' leave."

Appendices

- Appendix A: Sample Discussion to Approve or Deny Leaves
- Appendix B: My Safety Plan
- Appendix C: Patient Pass Tool
- Appendix D Harm Reduction Strategies
- Appendix E: Cerner Sites – Documenting Leaves

Appendix A: Sample Discussion to Deny, Approve, Decrease or Extend Leaves

Case study 1: Discussion determines leaves DENIED

After discussing with client, team and family, (unaccompanied) leaves were denied because client has ongoing seizure disability, mobility impairment, paranoia and developmental delay which may lead to falls, acute hospitalization, police encounters and disruption in community. Client has 1:1 Community Integration (CI) workers who will provide regular accompanied outings to enable client to engage in her preferred activities, which mitigates the risks of denying any independent leaves. This plan is sustainable as CI workers will follow client after discharge.

Case study 2: Discussion determines leaves APPROVED

After discussing with client and team, leaves were approved. Client has been provided with harm-reduction education (incl. naloxone kit) and is currently awaiting low-barrier housing. In addition, client frustration with lack of leaves has led to him considering desperate measures (e.g. AWOL). Client does not wish to abstain from substances and therefore might use on leave, but temporary holds will be enacted as needed if client displays acute psychotic symptoms that impair his decision-making ability.

Case study 3: DECREASING leaves

Ct has maintained abstinence over the last 6 months in accordance with their rehab goal but has had 2 slips in the past week and reports being afraid of relapse. After discussing ways staff can support, Ct agreed to a temporary hold on unaccompanied leaves for two weeks. After this period, Ct and staff will review if Ct is able to follow a safety plan and leaves will be gradually re-instated. Meanwhile, accompanied leaves have been approved for recovery meetings of their choice.

Case study 4: EXTENDING leaves

Ct is working 2 x 4-6 hour shifts per week at community grocery store and returns on time. Ct is making positive progress with her primary rehab goal of working in community while she awaits discharge and is requesting a third leave in order to take an additional work shift. Team has no concerns, leaves are extended. Team checks in regularly with client to ensure she is not overwhelmed by increase in work hours and provides support for client in scheduling her time to ensure balance including adequate rest.

Appendix B: Safety Plan

For VCH: Available soon via VCH Printing, Cerner (FormFast), PARIS, and Profile EMR. For more information, see Suicide Risk Assessment & Management for Acute & Tertiary MHSU.

MY SAFETY PLAN

Date of Safety Plan/Update: _____

My family/support person(s) are: ☐ aware of my Safety Plan (where possible & with my consent) ☐ not aware of my Safety Plan

Step 1 Warning Signs that a crisis may be developing *(e.g., thoughts, images, mood, situation, behaviour)*
1. 2. 3.
Step 2 Internal Coping Strategies to take my mind off my problems *(e.g., relaxation technique, physical activity)*
1. 2. 3.
Step 3 People and Social Settings that Provide Distraction
1. 2. 3.
Step 4 People I Can Ask for Help
1. Name: Contact: 2. Name: Contact: 3. Name: Contact:
Step 5 Professionals or Services I Can Contact

Step 6 Make my Space Safer *(e.g., remove unsafe items)* **or Go to a Safer Place**			
1. 2. 3.			
Step 7 Call or Chat with Crisis Lines			
Step 8 Receive Emergency Services			

Reviewed by: _____ _____ _____

Patient Name | Support Person (where possible with consent) | Staff Name

For PHC: Available via FormFast (Form 10236-PS293). For more information, see Suicide Risk Assessment & Management for Acute & Tertiary MHSU.

PHC MENTAL HEALTH SAFETY PLAN

* 1 0 2 3 6 *

Mental Health Assessment

Step 1. **Recognize my warning signs** *(thoughts, images, mood, situation, behavior)* that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2. **Try using my coping strategies** - Things I can do myself to take my mind off my problems without contacting another person *(relaxation technique, physical activity):*

1. _____
2. _____
3. _____

Step 3. **Remind myself of reasons for living:**

1. _____
2. _____
3. _____

Step 4. **Call someone I can ask for help:**

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

Step 5. **Go to a safer place:**

1. _____
2. _____
3. _____

Step 6. **Call 1-800-SUICIDE** (1-800-784-2433) or the **Access and Assessment Centre** (604-674-3700).

Step 7. **Go to the Emergency Room at the nearest hospital.**

Step 8. **Call 911 and request transportation to the hospital if I feel that I can't get there safely myself.** They will send someone to transport me safely.

Step 9. **After the crisis has passed, I will care for myself by:** _____

_____

_____

_____ _____ _____

Clinician signature Printed name Date

FORM ID - 10236 (PHC-PS293) VERSION 2022 AUG 11 Page 1 of 1

Appendix C: Patient Pass Tool

Available from VCH Printing.

Vancouver CoastalHealth

MENTAL HEALTH PATIENT PASS TOOL

PCIS LABEL

PATIENT CHECK-OUT Date: _____

ASSESSMENT: (to be done within 1 hour of departure)	**Time:**	**Time:**	**Time:**
Is the patient:			
• expressing any thoughts of self harm or harm to others?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
• currently demonstrating aggressive or violent behaviour?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
• experiencing psychosis?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
• Does patient have access to weapons/lethal means?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
• Does patient have a history of AWOL while on hospital passes?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Time of departure:			
Expected time of return:			
Patient has signed out:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Clothing description:			
BELONGINGS DESCRIPTION: e.g. belt, wallet and cell phone.	Patient initial	Patient initial	Patient initial
Type of pass:	☐ Accompanied ☐ U/A	☐ Accompanied ☐ U/A	☐ Accompanied ☐ U/A
'Take Home Naloxone' kit dispensed as per guidelines	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
Goals of pass:			
Has patient been given prescribed medications and dosing information?	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
Any special medical instructions provided?	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
Contact information: Patient cell number:			
Supervising person's contact information:			
Unit phone number provided:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Patient/supervising person aware: • contact/return anytime	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
• belongings will be checked and signed back in upon return	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
• urine drug screen may be required upon return	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Additional Comments:			
Staff Signature:			
Printed name:			

Vancouver CoastalHealth

MENTAL HEALTH PATIENT PASS TOOL

PCIS LABEL

PATIENT CHECK-IN

Date: _____

Time of return:			
Patient has signed in:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Patient has gone AWOL **Hold bed until:**			
* Any significant change in mental status. * *Assess and document areas pertinent to risk, as appropriate: self harm, harm to others, level of aggressive/violent behaviour, degree of psychosis, cognitive impairment, AWOL**	☐ No ☐ if Yes, describe change:	☐ No ☐ if Yes, describe change:	☐ No ☐ if Yes, describe change:
Supervised urine drug screen obtained:	☐ Yes, if suspected substance use ☐ No suspected substance use	☐ Yes, if suspected substance use ☐ No suspected substance use	☐ Yes, if suspected substance use ☐ No suspected substance use
Were the goals of pass met?	☐ Yes ☐ No, explain:	☐ Yes ☐ No, explain:	☐ Yes ☐ No, explain:
Were all prescribed medications taken?	☐ Yes ☐ N/A ☐ No, explain:	☐ Yes ☐ N/A ☐ No, explain:	☐ Yes ☐ N/A ☐ No, explain:
Was 'Take Home Naloxone' kit returned?	☐ Yes ☐ N/A ☐ No, explain:	☐ Yes ☐ N/A ☐ No, explain:	☐ Yes ☐ N/A ☐ No, explain:
Report from supervising person (if applicable):			
Patient belongings checked by staff, returned and signed back in:	Patient initial	Patient initial	Patient initial
Additional Comments:			
Staff Signature:			
Printed name:			

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Appendix D: Harm Reduction Strategies

For VCH: Available via VCH Forms.

For PHC: Available via PHC PHEM.

Providence Health Care
How you want to be treated.

Mental Health Program Harm Reduction Tips:

Staying safer in a drug poisoning crisis

We care about you and want you to be safe

Things we can do to help keep you safe:

- Give you medications to treat your withdrawal, cravings and pain
- Support you if your goal is not to use - let us know and tell us what will help
- Provide take home naloxone kits

Things you can do to help keep you safe:

- Talk to your care provider if your Opiate Agonist Therapy (e.g., methadone) isn't managing your withdrawal or cravings
- Be aware that your tolerance might be lower (e.g., if you have been using less when in hospital and/or due to feeling unwell)
- **Don't use alone:**
  - Use with a friend or ask someone to check on you
  - Use somewhere where people can see you
- **Start low and go slow:**
  Use a little first (test dose), then the rest
- Check your drugs at an Overdose Prevention Site (OPS) or with take home test strips from an OPS
- **Have a phone?**
  - Use while on the phone with a friend so they can send help if you become unresponsive
- Get sterile injection and supplies from the Overc Prevention Site (OPS)

Adapted from a VCH community handout - March 2023

DB.500.M528.PHC (Aug-23) Page 1 of 1

Patient Approved
This material has been reviewed and approved by patients, families and staff

providencehealthcare.org

Appendix E: Cerner Sites – Documenting Leaves

Ordering Leaves

- The interdisciplinary team decides, with the input from the supervising person, whether leave is indicated.
- Leaves are ordered by a treating provider (MD/NP) as "Patient pass with medications" or "Patient pass without medications". **Orders** are available via the **Quick Orders tab** in Provider view in PowerChart or from the Order page in PowerChart
- Click to expand the Passes button under Patient Care, then select "Patient Pass with medications" or "Patient Pass without medications".
- Complete the Start Date of Pass and time and End Date of Pass.
- Provider will identify goal(s) of leave, conditions, and special instructions in the "**Special instructions**" section of the orders.

Ordering Patient Leaves with medications

- Review the medication list and indicate **"Yes"** or **"No"** for dispense. Ensuring quantity of medications are noted
- Click the "**Sign Order**" button to complete
- Pass medication requisition will automatically print on unit for nurse to review
- Pass medication information can be viewed in the Comments of the pass order after the order is placed
    - NOTE: Scheduled medications are defaulted to Yes.
    - PRN medication orders are defaulted to No in the Dispense for patient column
    - PRN medication orders require dose field to be completed.

Cancelling Leaves

- Leaves are cancelled by right clicking the pass order and choosing *cancel/discontinue*. Once leave has been cancelled, a new risk assessment should be completed as a progress note in the documentation section of PowerChart.

Documenting Leaves

- See Cerner Patient Pass Workflow
- Nurses review Patient Pass Order(s) in **Care Compass** and mark as reviewed.
- Nurses review medication orders from the "Comment" section of the Pass Order
- Nurses document on the **Pass PowerForm** before a client leaves the unit and upon the client's return to the unit (see Documentation).
- Document any risk assessments and mental status examinations before the client's leave via **Pass Powerform**, **iView** or **Nursing Narrative Notes**.
- Document any contact with unit (by client or accompanying person) under "Communication while on pass" in the **Pass Powerform**.

- Ensure Pass orders are documented in the **orders** section.
- Ensure **Pass PowerForm** (see Documentation) is completed before and after the patient's pass.
- Ensure the **Medications section** of the **Pass PowerForm** is completed if medications have been dispensed.

First Released Date:	13-OCT-2023	
Posted Date:	13-OCT-2023	
Last Revised:	13-OCT-2023	
Last Reviewed:	13-OCT-2023	
Review Due by:	13-OCT-2026	
Approved By: *(committee or position)*	PHC	VCH
	PHC Professional Practice Standards Committee	VCH: (Regional SharePoint 2nd Reading & Repeat 2nd Read) Health Authority Profession Specific Advisory Council Chairs (HAPSAC) Health Authority & Area Specific Interprofessional Advisory Council Chairs (HAIAC) Operations Directors Professional Practice Directors Final Sign Off: Vice President, Professional Practice & Chief Clinical Information Officer, VCH
Owners: *(optional)*	PHC	VCH
	Clinical Nurse Educator, St. Paul's Hospital, Mental Health Program	Regional Lead, Regional Mental Health & Substance Use Program Medical Director & Department Head, Mental Health & Substance Use Regional Lead, Regional Mental Health & Substance Use Program Regional Lead, Regional Mental Health & Substance Use Program