

STUDENT
ORIENTATION
GUIDE
TE WHARE O
MATAIRANGI.



INTRODUCTION.

Welcome to Te Whare o Matairangi, the Acute and Intensive Care Admission unit for Mental Health Services at Capital & Coast District Health Board. We are delighted that you have come to work with us and hope that you will enjoy your time with us. We recognise that the first few weeks may be a stressful time as you adjust to our environment and our way of doing things.

We are currently under refurbishing until April 2012. our ward has been divided into Thr sites. We are currently operating from Kenepuru Hospital Campus. The sites are Tauria, Manaaki and Rauta.

Te Whare o Matairangi covers the Wellington area and includes Kapiti. We also work closely with a range of services within the Mental Health Services and this booklet aims to give you a brief outline of these.

This booklet is designed to help you learn what is expected of you in Te Whare O Matairangi. It provides an outline, which will enable you to find out what you need to know and to monitor your progress.

The Treaty of Waitangi.

As the founding document of New Zealand, Te Tiriti o Waitangi must be acknowledged and its principles incorporated in all aspects of health service provision for all New Zealanders, and in particular for tangata whenua

Article One

Article One places an obligation on the Crown as the governing body of the nation to consult and collaborate with iwi, hapu and Maori, as tangata whenua, in order to determine their attitudes and expectations with regard to the functions and operations of ‘good government’. With regard to the public funding and provision of mental health services, this requires meaningful consultation with Maori, and Maori involvement in the planning of the mental health services.

Capital Coast Health Mental Health Services (CCMH) as agents of the Crown is required to consult meaningfully with Maori with regards to the impact service changes may have on Maori communities and organisations.

Article Two.

Article Two guarantees Maori rights of ownership, including non-material assets such as Te Reo Maori, Maori health and Tikanga Maori, and confirms the authority of iwi, hapu and Maori, as tangata whenua over their own property, assets and resources. Article Two establishes the principle of “tino rangatiratanga”-self determination and jurisdiction for Maori communities and organisations –such that they can manage their own property, assets and resources. This article directs agents of the Crown to negotiate directly with Maori social constructions such as iwi, hapu and whanau with regard to policy that impacts on them.

CCMH acknowledges tino rangatiratanga through specification for more Kaupapa Maori Services and direction and guidelines, which will provide increased opportunities for Maori to create and implement strategies and services which, will improve mental health services and mental health outcomes for Maori.

Article Three.

Article Three guarantees Maori the same rights of citizenship and privileges as British subjects, including the rights of equal access to mental health services and to equal health outcomes, and the right to access mainstream mental health services which meet the needs of Maori.

The Treaty of Waitangi is the foundation for the development of the Biculturalism in our health services. A commitment to the Treaty of Waitangi is an immediate affirmation of the Tangata Whenua status of Maori and the principles of Tino Rangatiratanga and Partnership. The government has indicated its commitment to these principles in the Health and Disability Services Bill by requiring all Health Sectors Agencies through their Statement of Intent and the contractual and administrative arrangements outlined in the Bill to reflect the government's commitment to the development of Biculturalism and Maori Mental Health throughout the Services.

This is your own booklet so feel free to write on it.

OUR STAFF.

Team Leader: Derek Challenor

Acting Clinical Nurse Specialist: Roy De Groot
Clinical Co-ordinator: Sharon Smith.

Consultants : Dr Mark Alami
Dr. Sarah Romans
Dr Ira Gaddy

We have two house surgeons who rotate every three months.
Acute resource coordinator: June Roberton
Acute resource coordinator James Satherley
Social Workers: Leah Cooper and Gesine Kruger Zimmerman
Psychologist: Emily Street
Occupational Therapist: Dianna Rogers and Katie Jackson.
Consumer Consultant: John Tovey
Family Advisor: Tricia Fitzgerald
Cultural Advisor: Flo Gardener
A team of nursing staff

The Acute Services.

There are fifteen beds in Taura, Three of these beds can be used for intensive nursing when required. The clinical coordinator or nurse in charge can make the decision to close the area for this purpose. Manaaki has ten beds for the less acute patients. RaUta has Four beds for the elderly mentally ill.

The in-patient unit provides a therapeutic environment designed to reduce acute symptoms of mental illness. Admissions are requested through the acute resource coordinator, or CAT team after hours. There is specialised nursing, with a team allocated to the individuals care. The treatment plan also involves the community care manager and the tangata whaiora/consumer and, where possible and appropriate, their whanau/ family and other significant support persons. On their first admission the tangata whaiora/ consumer may be referred to the community team in advance of their discharge to ensure appropriate supports are instigated for their return to the community. There is a system of referring Clients to the community teams. This will usually be discussed at the MDT. The documentation for this is kept on the ward.

Treatment plans within the unit will involve assessment by the Psychiatrist, Registrar, Nurses, Social Workers and sometimes the Occupational Therapist's. Involvement of the cultural worker and/or a cultural assessment through Te Whare Marie is also important as part of the assessment and treatment planning processes.

The assessment and treatment may also involve x-rays, blood tests, medication monitoring and psychological tests.

Additional in-patient activities that are offered include

- Illness management/ completion of the electronic Health records
- Medication management, including reviewing and monitoring
- Whanau/ family support and education
- Anxiety management.
- Assessment and management of living skills
- Pre-discharge planning and involvement of significant supports groups
- Assistance with appropriate accommodation support options
- Tangata whaiora/consumer assisted illness management programmes and supports
- Provision of daytime activities through Te Korowai Whakamana

These may change from time to time according to the needs of the tangata whaiora/ consumers who are currently in the units.

Crisis Assessment and Treatment Team (CATT)

The Crisis Assessment & Treatment Team (CATT) are an integral part of the acute mental health services. They have key interfaces with the Acute In-patient units, the Acute Day Service (located at Manaaki.) The Home Based Treatment Team and Crisis Respite Services (24hr support for 3-5days) based in Wellington and Porirua. They are effectively the “gate keepers” of all admissions in the area, as no admissions come to Te Whare O Matairangi without first being triaged by CATT

CATT is accessible, responsive and mobile and aims to offer assessment, interventions and treatment in the least restrictive environment possible. CATT incorporates the functions of Crisis Response, Intake, CATT Acute management, Home Based Treatment and referrals on to appropriate follow-up services within and/or external to Capital and Coast Mental Health Services.

Home Based Treatment Team.

As its name suggests HBT is treatment in the home setting, as opposed to being in a hospital. HBT offers alternatives to inpatient hospital care and their core characteristics include:

- Availability 24 hours a day, 7 days a week.
- Mobile – assessment at place of presentation and home visiting.
- Rapid response – within one hour for existing clients, within two for new referrals.
- Social systems intervention
- Involvement of doctors 24hour availability
- Lengthy assessment – especially at initial contact
- Frequent visiting –up to 3 times a day
- Medication management
- Support for social networks
- Stay on until crisis is resolved
- Hand over to ongoing care when necessary.

In order to support these interventions HBT is supported by:

- Acute day services
- Crisis respite

- Support workers in the home
- In patient acute unit
- Service coordination.

Te Korowai Whakamana (The cloak of empowerment)/ **Acute Day Service.**

Day services programmes are held at Tuaira and Manaaki for in patients only. During the refurbishment the ward will not be able to provide a service for out patients. This is an acute day service providing a therapeutic environment within which individuals experiencing an acute episode of mental illness can engage in meaningful activities to promote functioning and well being.

Rangatuhi Acute day Service (RADS)

RADS provides a range of clinical and therapeutic services for consumers, who need intensive support, supervision and treatment in hospital and community settings. Their activities are tailored to meet individual needs. They operate 7 days a week and can provide services up to 6 weeks. Longer times may be negotiated with the service co-ordinator.

Community Teams/Speciality Services.

There are four Community Mental Health Teams in the Wellington area, and various speciality teams that we have contact with regularly. They are community based multidisciplinary teams who monitor and follow-up clients in the community. They receive referrals from the inpatient unit depending on address, ethnicity, age or diagnosis. As many of our admissions are current clients in the service we liaise very closely with the Teams to facilitate short admissions with discharge planning and follow-up appropriate to the clients needs. Many Care managers attend the Multi-disciplinary team meeting which are held every week to over feedback about the client/tangata whaiora and their situation in the Community as part of this process. The teams are:

- South,
- Central,
- TACT (Assertive outreach)
- Kapiti,)
- Pember (Porirua area
- Te Whare Marie (Maori Mental Health),
- Health Pasifika.
- Early Intervention Service.
- Rangatahi Unit.
- Forensic's services.
- Regional Rehabilitation.

We have a Cultural Liaison officer, whom we utilise on the unit until the specialty services pick the clients up on their caseload. The Cultural Liaison officer will work on the unit beside the staff and will meet with ALL Maori clients to help determine what needs they may have.

Service Co-Ordination.

Service Co-ordination is a specific service that identifies options, which will support clients to live in the community. These options are:

- Assist Clients to access services e.g. Accommodation, home based support and carer relief service.
- Client is assessed by a support needs assessment tool, standardised by the Health Funding Authority. This assessment prioritises the clients unmet needs and the appropriate level of support is given to the client in the community.
- The assessment identifies the level of support the client requires in supported accommodation or support in their home (Support for Independence)
- Clients are assessed every six months to ensure they are in the appropriate level of care and have the opportunity to progress.

What you need to know.

Shifts

Our shifts are: Night shift 2245-0715

Morning shift (am) 0700-1530

Afternoon shift (pm) 1430-2300.

You will be on rostered and rotating shifts; the roster is out approx 4 weeks in advance and is available to you by email and the hand copy is kept in the nurses office. Changes to this roster must not be made without being discussed with the coordinator or the Team leader..

It is important that you are prompt at arriving as this enables the prior shift to hand-over properly and finish at the correct time. Please sign on the roster at every shift. Hand-over's are held in the interview room near at the entrance of the actual acute unit in Taurira, and in the nurses' office at Manaaki. Primary nurses at hand-over select their service users/ tangata whaiora and other clients for the shift. Lunch breaks are worked out early in the shift so there is sufficient cover at all times. Lunches usually start at 1120 and are 30 mins, (with 5 minute walking time each way), for the morning shift and at 17.30 for the afternoon shift. The Coordinator will assist in cover and ensuring staff get their breaks. The Clinical Coordinator will indicate on the roster where you will be working, it would be either Taurira or Manaaki. It is your responsibility to check the roster.

SMOKE FREE-Requirement of staff and service users/ tangata whaiora

Smoking by staff, contractors, patients and visitors is prohibited on C&C DHB premises and grounds. Staff smoking in DHB vehicles is prohibited.

Staff who wish to smoke should do so away from hospital grounds and entrances.

Medication Administration Requirements

- Medicine administration is covered by the policy "Medicines - administration by C&CDHB staff (MED-06) and the associated e-learning package [enter link] must be completed as part of the orientation for new Registered Nurses as well as the psychopharmacology competency package.
- The administration of all medication must be carried out by a registered nurse (who assumes the responsibility and accountability for administration).
- Casual nurses are required to double check if they are not familiar with the medicine and are advised to check the identity of the patient with another Registered Nurse if they are not familiar with that patient.
- Nurses are advised to double check IM medications with other registered nurse before administration to avoid errors.

- No registered nurse may administer medication until they have successfully completed the requirements of the medication competency.

If a registered nurse has concern or confusion over the prescription on the medication chart, medication must not be administered until it is clarified with a doctor.

The shift coordinator will allocate a surgery nurse in each shift. The surgery nurse is responsible for the surgery keys and the safety of the surgery. The night nurse is responsible for the recording the temperatures of the medication fridge.

How to access policies

All policies are available electronically on the intranet site under Capital Doc copies can be made available if you are unable to gain access, however once printed they are no longer considered void.

How to access medical cover after hours

Please discuss requirements with the afternoon shift coordinator who can contact the on call Psychiatric Registrar for assessment or arrange for Service user/Tangata Whaiora to be assessed and advise. If the Service user needs to be transferred to the Emergency Department, the coordinator will advise you on the process of doing this. In emergency Ring 777 and state you emergency. While awaiting minimise the risks as much as possible.

Nursing Model of Care

We like to promote continuity of care here at Te Whare o Matairangi. We therefore encourage Primary Nursing. The Clinical nurse Specialist or Clinical Coordinator may suggest Patients for you depending on your skills and personality. The role of the Primary Nurse is to be responsible for the planning of nursing care for Service Users/Tangata whaiora and co-ordination of the involvement of the Multi-Disciplinary Team. It involves planning care, completing the Electronic Health records and completing the second health professional report for the court, for Patients under the Mental Health Act.

Direction and Delegation

Mental Health Support Workers are employed to provide a number of activities under the direction and supervision of a Registered Nurse.

Indirect supervision is provided when the registered nurse works in the same facility or organisation as the supervised person but does not constantly observe his/her activities. The registered nurse must be available for reasonable access.

You can access policies regarding delegation on the silent one. Please familiarise yourself with these.

Keys.

If you are a permanent staff member you will be issued with a keys and swipe card of your own. These become your responsibility and you must advise the Security orderlies if you loose your swipe card as they can deactivate it, also inform the Clinical Co-ordinator and complete a Reportable event form. Medication keys are to be held by a Registered Nurse at all times. The Coordinator carries a spare key.

Sick Leave

If you are not fit to work you should advise the unit as soon as possible, no later than 8pm for night duty, 11am for pm duty and 6am for an am duty. If you are a permanent staff member you will have information about your entitlement in your contract. Students will need to negotiate make up time with their tutor and tertiary education provider.

Clinical Supervision.

As a requirement of the CCDHB Mental Health Service wide policy and the National Mental Health Standards all clinical staff are required to participate in regular clinical supervision. There are trained supervisors available within CCDHB who readily make themselves available to supervise other staff and this list is available on the unit and from the Clinical Nurse Specialist.

You must make yourself available for supervision and this will be subject to review in your yearly Performance Appraisal. This is a valuable forum to support your professional practise.

There is also a requirement that staff wanting to progress on the Career Pathway, are receiving supervision and should be trained to provide supervision to others.

Calming and Restraint.

The Mental Health Services runs a Calming & Restraint course for staff. It is part of the orientation for permanent staff in Te Whare o Matairangi and a necessary competency before you work on Te Whare o Matairangi. You will be rostered for the initial 4-day training and you are required to do a refresher course annually.

The course is based on the British Home Office Restraint Courts and has been combined with an Australian manual of ways of dealing with “challenging behaviour”. It complies with existing Ministry of Health Guidelines for dealing with patients who display aggressive or otherwise problem behaviour.

The Clinical Co-ordinator will arrange for this training and advise you of the date, time and place, you are responsible for completing and submitting training application forms to the Team Leader

Preceptors.

On your arrival on the units you will be allocated a ‘preceptor’ or buddy. These will be permanent staff members who know the units the routines and policies and who will be able to offer you guidance until you are familiar with the units. For permanent staff this will be until you are comfortable with your role here, for the students and New Graduates they will be your first point of contact during your stay here. Sometimes due to mixes of shifts and days off etc you may not be working with the same person all the time. It is yours and their responsibility to connect regularly to ensure you have the support needed to work safely and confidently. You need to identify with the CNS / Coordinator that you assigned a preceptor/ buddy for each shift in the absence of your normal designated buddy CNS / The Clinical Co-ordinator can also be used for questions and support. The rule with any issue would be “If you are not sure we would prefer you asked than made a mistake”.

The Clinical Nurse Specialist will meet with you regularly either on an informal or formal basis to see how you are going.

Peer Support Services

Buddies

Buddies provide trained volunteers who have experienced mental illness, and wish to share their experience of recovery. They attend the ward and organise community events. They will announce their visits.

Atareira

Atareira provides mental health support for family/whanau and will visit the ward weekly. Atareira advocates for timely and appropriate intervention to relieve stress and worry for the family/whanau and friends of someone experiencing mental illness

Complaints

Should a client or their family wish to make a complaint on any of the units around any issue please refer to your preceptor or try to address it immediately. There is a CCDHB form available on the unit should you or the senior nurse be unable to resolve the issue. Please give it to the person and explain how to complete it. They should be addressed to the Quality Improvement Unit. They can also make a complaint to the Team leader if it is a clinical issue.

Bodily Fluid Exposure

Should you or any staff on duty with you suffer a needle stick injury or be bitten, spat at or have any bodily fluid exposure to a cut / sore there is a procedure that must be followed. There are packs on the unit detailing the procedure. Please familiarise yourself with these packs **BEFORE** you need them and follow the instructions fully if you are exposed. Many of our clients have high risk lifestyles and this protocol has been developed for your protection. If a client should be exposed this pack is not used but the procedure should be the same. (This will be initiated by the on call medical officer)

Documentation.

Most of our admission and discharge documentation can be accessed on- line through electronic health records (EHR). The Clinical coordinator will arrange your training for permanent staff and students will be taught by their preceptors.

Competencies.

All new staff are required to attend the generic orientation at Wellington Hospital and the 2 day Mental health Orientation . Each year staff are also rostered to attend compulsory Fire training days and CPR refreshers. You will be advised when to attend these. Calming and Restraint Training is also a compulsory competency for our unit and you will be rostered a full 4 day training or a refresher depending on your experience. Separate to this booklet (unless you are a student) you will be given the Pharmacology, Seclusion and Mental Health Act competency workbooks. You will need to complete these ASAP as this will assist in you performing your duties as recommended by the DHB in a safe and appropriate manner. The Clinical Nurse Specialist will go through them with you to confirm your competency. You will also need to be trained in Honos, MH Smart and Map. The Clinical Coordinator will arrange this.

You are NOT able to give out medications until completion of the Pharmacology competency or be the initiating clinician for seclusion without completion of mental health Act or Seclusion competencies.

Students may give medication/depot injection under supervision as part of their learning.

Daily Schedule.

0700–0715 all staff receives handover from the senior staff nurse on night duty. Details from the previous afternoon shift and last night's shift's pertaining to each patient are given at Taura an Mannaki are handed over to the day shift.

715-730 Each Staff member is responsible for ensuring that their name is on the Patient board for that shift.
If there is a resource or Co-ordination issue, please discuss with the Clinical Co coordinator on duty.
Nurses are responsible for their assigned Patient's medications.

Roster made for any 15/60 observations of patients.
Nurse's lunch breaks are organised.

- 08.00** Client breakfasts served.
Multi Disciplinary Team Meetings are held at Taurira and Nursing staff from each present their patients. Manaaki staff go to Taurira to present their patients at approximately 10.00hrs.
- 945-1030** Patient's morning tea.
- 13.00-13.30** Patient lunches.
Patient medications administered.
- 1430-1500** **ALL** afternoon staff receives handover of **all** Patients.
Shift coordinator ensures Patients are assigned a nurse and discusses any major concerns.
Students are assigned buddies
- 1500-1530** Patient's afternoon tea.
Nurses introduce themselves to their allocated Patients and ensure documented 15/60 observations are continued.
- 1700-1800** Patient medications administered.
Patients Dinner is served.
- 2000** All visitors leave building.
Security checks of buildings, securing all appropriate doors, windows etc.
Patients supper.
- 2100** Patient medications administered.
2200 **All** cigarettes and lighters to be collected.
22.45 **All** night staff receive a handover of **all** the Patients.

Evaluation of Clinical Experience

Nurse: _____

Date of placement: _____

Date of Evaluation: _____

Preceptor: _____

This evaluation is intended to offer feedback to the preceptor and their clinical area.

Clinical Learning	1 Strongly Agree	2 Agree	3 Neither agree or disagree	4 Disagree	5 Strongly disagree	Comments
The staff were welcoming and learned to know the students by their personal name						
The staff were easy to approach and generally interested in student supervision						
A preceptor(s) was identified/introduced to me on arrival to area						
One preceptor had an overview of my experience and completed my assessment						
An orientation to the clinical area was provided						
My learning objectives were achieved						
I felt integrated into the nursing team						
I formally met with the "named preceptor" at least fortnightly						
There were sufficient meaningful learning situations in the clinical placement						
How was the Preceptor?						
The preceptor assessed and acknowledged my previous skills and knowledge						
The preceptor discussed my prepared learning objectives						
The preceptor assisted with planning learning activities						
The preceptor supported me by observing and supervising my clinical practice						
The preceptor was a good role model for safe and competent clinical practice						
I felt comfortable asking my preceptor questions						
The preceptor provided me with regular constructive feedback on my practice						

Additional comments:

Please return this form to Charge Nurse Manager or Clinical Nurse Educator