

# Deep dive audit of Absent Without Leave ('AWOL') incidents

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## INTRODUCTION

The term 'AWOL' is specifically applicable to patients detained under a section of the Mental Health Act 1983. The Trust's AWOL Policy outlines the procedures to be adopted for locating and returning absconding patients.

### Objectives:

1. Evaluate the compliance with the Absent Without Leave ('AWOL') Trust Policy in KMPT
2. Recognise areas of poor compliance
3. Identify barriers to prevent AWOL incidents
4. Outline a model to reducing their number

## METHODS

In this audit, we reviewed the patient electronic medical records. We included 108 cases of AWOL across 68 patients who have been AWOL between 04/04/2020 and 26/10/2020.

Data was collected retrospectively from DATIX records and Electronic Patient Records ('RiO') and compared against six standards and 13 additional variables outlines from the policy.

## RESULTS

Standards	Compliance
Police should be informed immediately if moderate or high risk, or after 2 hours if low risk	88.9% (L) 75% (M/H)
Patient should be reviewed by nurse in charge or duty doctor upon return	75.9%
All AWOL patients should be considered at the ward review	74%
The Multi-Disciplinary Team and the care co-ordinator should review the care plans the next working day	68%
All risk assessments and risk management plans should be reviewed and amended	67.6%
The Serious Incident process should be implemented as appropriate	13%

### Additional variables:

1. Gender: No significant difference M:F
2. Age: 72% aged between 19 and 40
3. Smoking status: Positive in 89%
4. Site: More frequent at St Martin's Hospital (46%)
5. Diagnosis: Underlying psychotic illness in 56%
6. Length of time between admission and AWOL: Most went AWOL within 7-30 days of admission (42%)
7. Duration: Most stayed AWOL for <24h (63%)
8. Consequent harm: No harm in 90% (all low severity and most alcohol intoxication)
9. Previous episodes of AWOL: Not first episode in 72%
10. Observation level prior to AWOL: Most on general observation (72%)
11. Completed police risk classification: 100% completed
12. Classification risk: Medium risk in 57%
13. Absconding care planned for in 46%

## DISCUSSION AND CONCLUSIONS

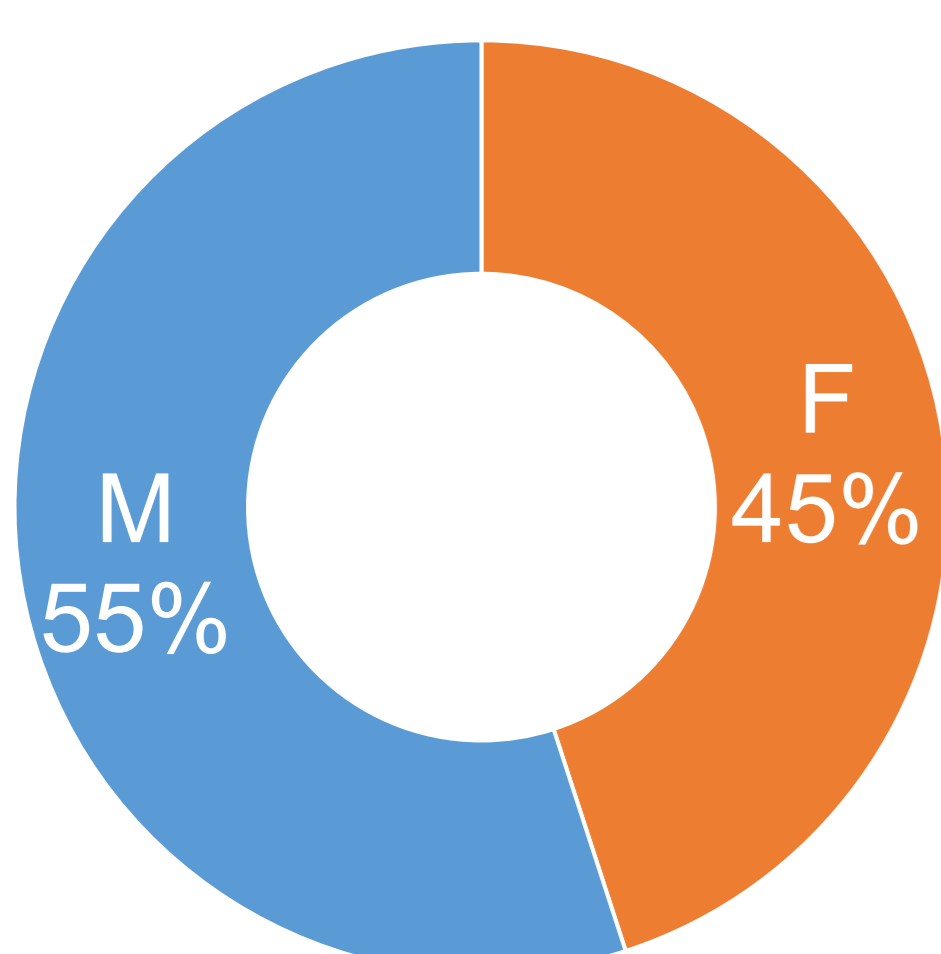
- Suboptimal compliance with Policy
- Particular attention should be given to patients aged 19-40 with positive smoking status, underlying psychotic illness and previous episodes of AWOL
- Results have been discussed in consultants meeting and circulated to the wards for awareness
- Template form for risk assessment for doctors will be improved to include AWOL risk and post AWOL assessment
- Policy due to be reviewed
- Incorporation of NRT prescribing as variable for next cycle for patients with smoking status

## REFERENCES

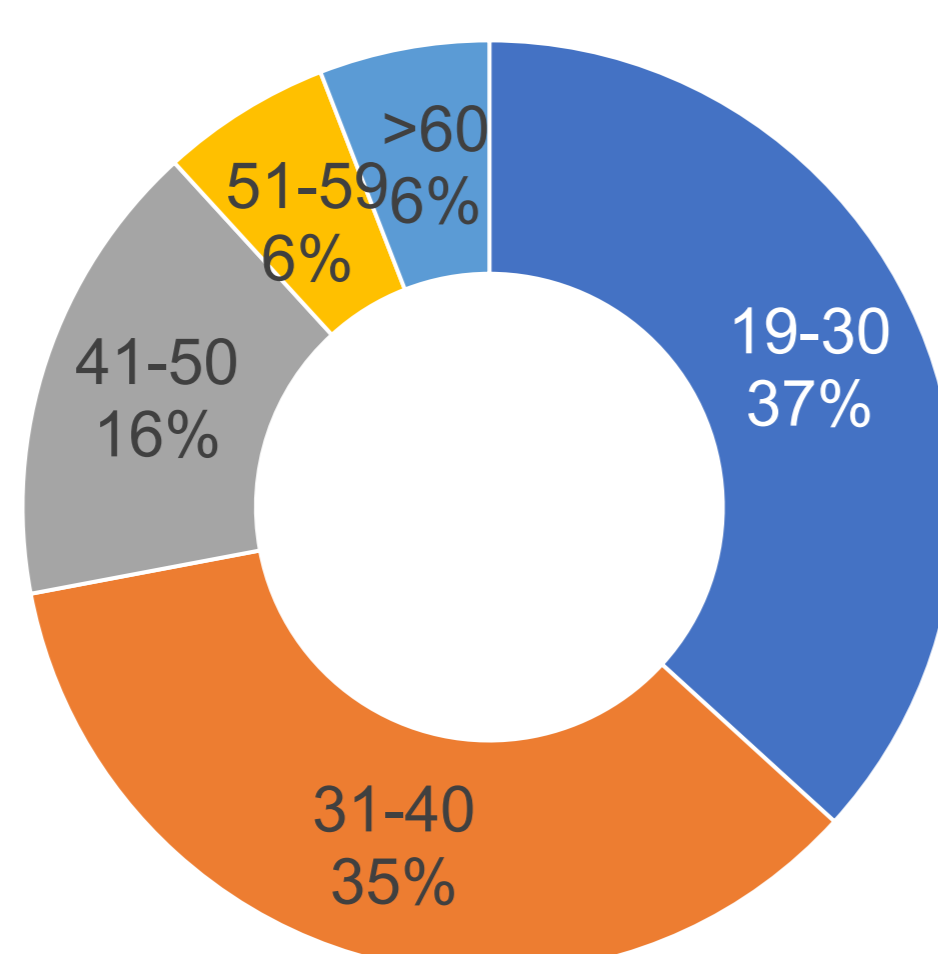
Absent without Leave (AWOL), Welfare Checks and Missing Patient (Inpatient and Community Patients) - Kent and Medway NHS and Social Care Partnership Trust (KMPT) Policy.

## Additional Variables

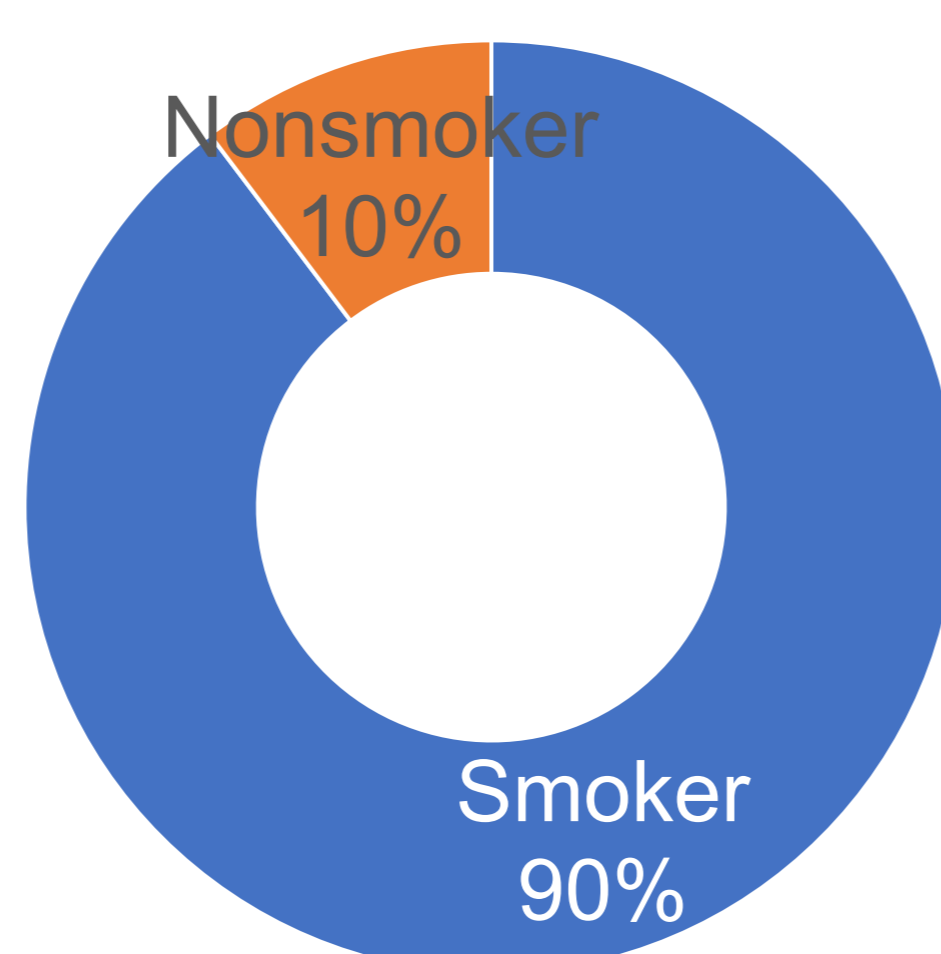
Gender



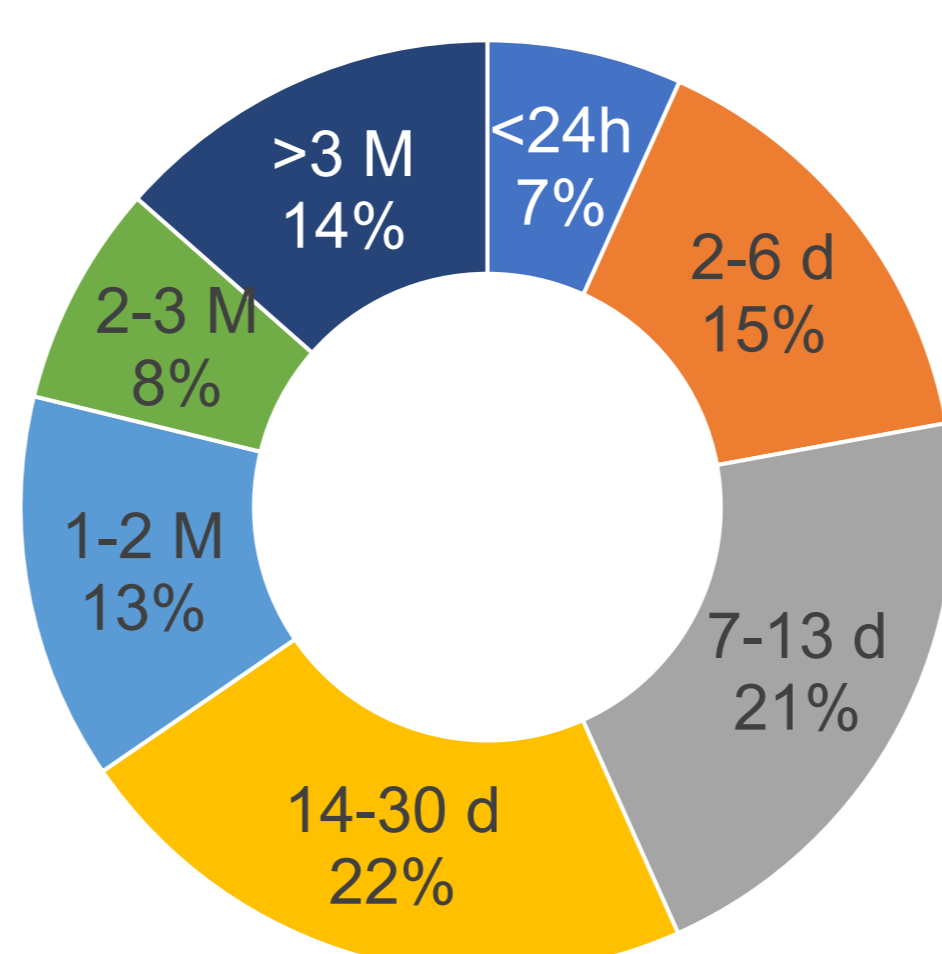
Age



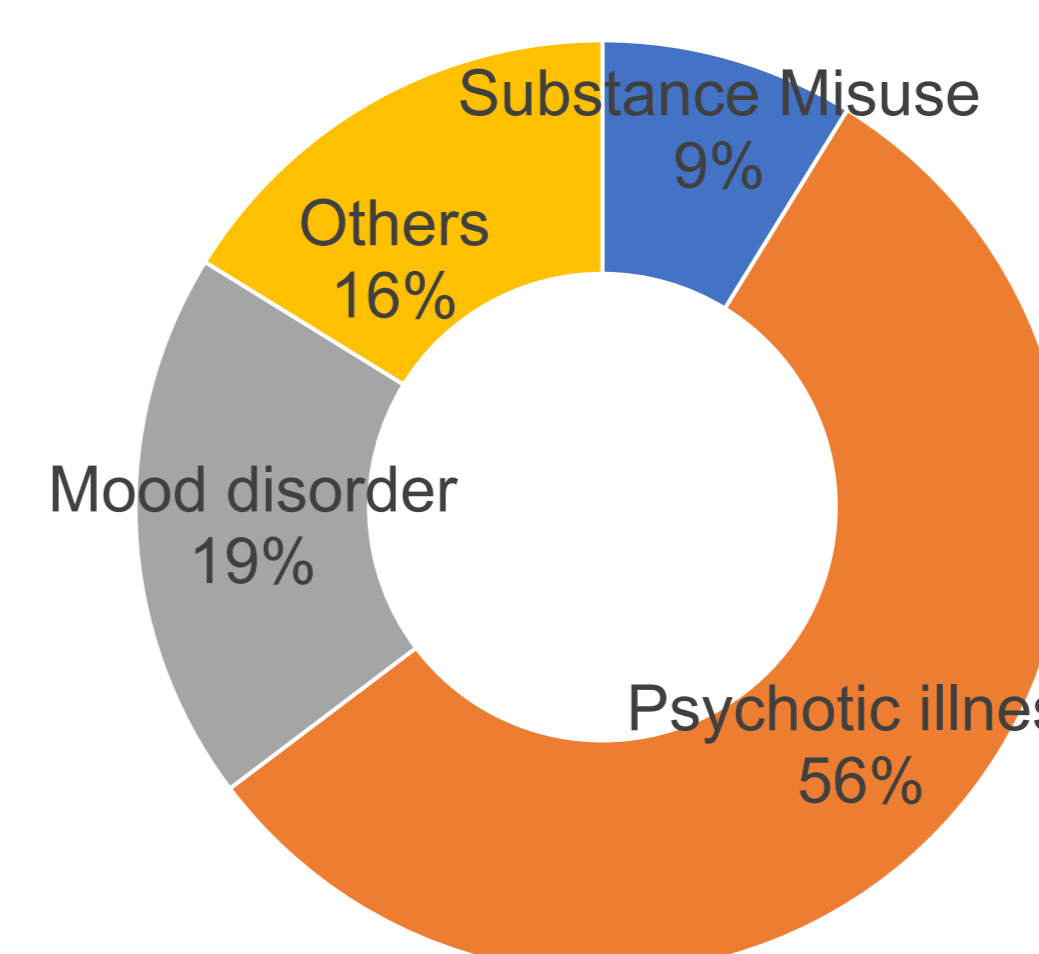
Smoking status



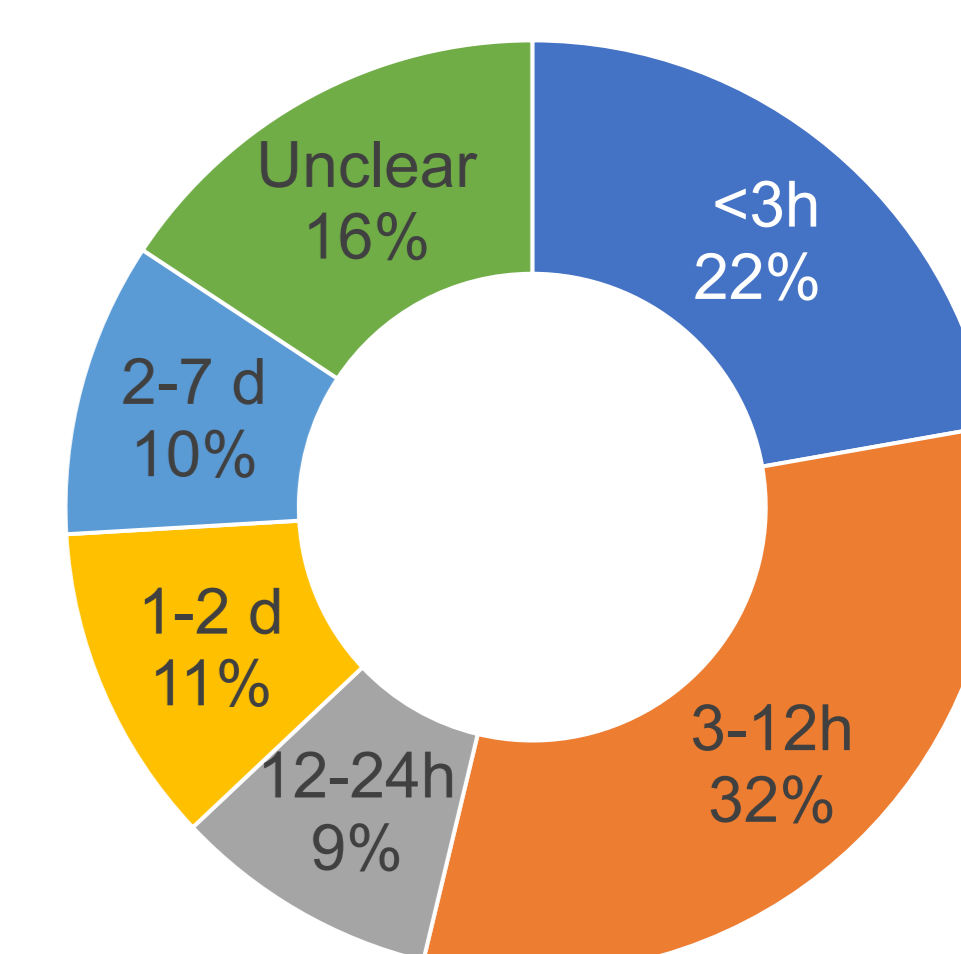
Length of time between admission and AWOL



Primary Diagnosis



Duration of AWOL



## Standards

