

ADULT ACUTE INPATIENT SERVICES

TIER LEVEL THREE

SERVICE SPECIFICATION

STATUS:

Approved for recommended use for nationwide non-mandatory description of services to be provided.

RECOMMENDED

Review History	Date
Approved by Nationwide Service Framework Coordinating Group (NCG)	June 2009
Published on NSFL	June 2009
Working Party Review	April 2009
Consideration for next Service Specification Review	Within three years

Note: Contact the Service Specification Programme Manager, Sector Accountability and Funding, Ministry of Health to discuss the process and guidance available in developing new or updating and revising existing service specifications. Web site address Nationwide Service Framework Library: <http://www.nsfl.health.govt.nz/>

**ADULT ACUTE INPATIENT SERVICES
TIER THREE
SERVICE SPECIFICATION
MHA01**

This tier three service specification for Adult Acute Inpatient Services (the Service) is linked to tier one Mental Health and Addiction Specialist Services and tier two Adult Mental Health service specifications.

1. Service Definition

The Service includes:

- delivery of Service in a mental health setting on a general hospital site
- integration with mental health intensive care, day services, and community mental health services, in forming part of a continuum of services
- a focus on ensuring recovery-focused intervention, crisis intervention and prevention of the escalation of the service user's illness, prevention of disability, and support to minimise dependency
- awareness of the safety needs of patients and the broader community, including staff, reflecting that some Service users may present a risk of suicide, self-harm or danger to others
- delivery of Services in accordance with a comprehensive system of risk management within which least restrictive evidence-based intervention strategies will be practiced
- engagement with family/whānau
- consideration of Service user's dependents and appropriate involvement.

A comprehensive range of hospital-based treatment and therapy options will be available including:

- pharmacotherapy and bio-medical investigations and interventions
- psychological treatments
- social treatments
- occupational therapy
- recreational activities
- social skills training
- budgeting
- domestic skills training
- assertiveness and self-esteem building
- development of cultural links.

Individualised care plans are developed and implemented for each person admitted to the service. These plans are comprehensive, based on assessed needs, and include identified goals for the period of inpatient care. Plans are developed in conjunction with the Service user concerned, their family/whānau or carers, where appropriate, and relevant community services are involved.

Special arrangements are developed to meet the needs of particular sub-groups, wherever possible. This could include inpatient treatment for eating disorders, or mothers and their babies in the post-partum period, where no other provision is available for these groups.

Acute inpatient services are expected to have a length of stay based on a clinical assessment and treatment plan. Average length of stay will be captured in the Key Performance Indicator Benchmarking project.

Accommodation and personal care services are provided at no cost to the Service user, including the provision of personal care items when such items are lacking on admission.

2. Service Objectives

To provide inpatient care for people in the acute stage of mental illness, who are in need of a period of close observation and/or intensive investigation, support and/or intervention, where this is unable to be safely provided within a community setting or less acute inpatient service.

2.1 Māori Health

An overarching aim of the health and disability sector is the improvement of health outcomes and reduction of health inequalities for Māori. Health providers are expected to provide health services that will contribute to realising this aim. This may be achieved through mechanisms that facilitate Māori access to services, provision of appropriate pathways of care which might include, but are not limited to, matters such as referrals and discharge planning, ensuring that the services are culturally competent and that services are provided that meet the health needs of Māori. It is expected that, where appropriate, there will be Māori participation in the decision making around, and delivery of, the Service.

3. Service Users

The Service users are eligible adults as detailed in the tier two Adult Mental Health service specification

4. Access

4.1 Entry and Exit Criteria

Access is through acute assessment teams or community mental health teams (providing acute community-based care). Some referrals will be from other less acute inpatient services (for people experiencing acute exacerbation who are unable to be managed in a less acute setting) or from more secure settings (for people making transitions to less secure care). Service users may also access via a hospital transfer.

5. Service Components

5.1 Processes

The following processes apply but are not limited to: assessment, treatment, intervention and support, review process and discharge.

5.2 Settings

The Service is provided in a hospital setting.

5.3 Key Inputs

The Service is provided by:

a multi-disciplinary team of people with skills and experience in mental health intervention, treatment and support, made up of:

- health professionals regulated by the Health Practitioners Competence Assurance Act 2003
- people regulated by a health or social service professional body
- people who interact with service users and who are not subjected to regulatory requirements under legislation or by any other means.

6. Service Linkages

Linkages include, but are not limited to those described in tier one Mental Health and Addiction Specialist Services and tier two Adult Mental Health service specifications.

7. Quality Requirements

The Service must comply with the Provider Quality Standards (PQS) described in the Operational Policy Framework (OPF) or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

8. Purchase Units and Reporting Requirements

Purchase Units are defined in the joint DHB and Ministry's Nationwide Service Framework Purchase Unit Data Dictionary. The following Purchase Units apply to this Service.

PU Code	PU Description	Unit of Measure	Reporting Requirements
MHA01	Acute 24 hour clinical intervention (inpatient)	Available bed day	PRIMHD

The Service must comply with the requirements of national data collections: PRIMHD.

After PRIMHD Reporting to Information Directorate, Ministry of Health:

Frequency	Data
Monthly	Occupied bed days
Quarterly	Available beds
Quarterly	Available bed days
Quarterly	Number of suicides of current clients
Quarterly	Senior medical FTEs
Quarterly	Junior medical FTE
Quarterly	Nursing and allied FTE
Quarterly	Non clinical FTE
Quarterly	Cultural FTE
Quarterly	Peer support FTE
Quarterly	Staff turnover ratio
Annually	Number of FTEs in each of these groups: Medical Nursing Psychology Occupational Therapy Social Work Maori Mental Health Other

Prior to PRIMHD Reporting to Information Directorate, Ministry of Health:

Frequency	Data
Monthly	Occupied bed days
Monthly	Number of people supported by services at end of period (by NZ Maori, Pacific Island, Other)
Monthly	Number of people supported by services during month (by NZ Maori, Pacific Island, Other)
Monthly	Number of inpatient admissions
Quarterly	Available beds
Quarterly	Available bed days
Quarterly	Average length of Stay
Quarterly	Number of suicides of current clients
Quarterly	Number of readmissions
Quarterly	Senior medical FTEs
Quarterly	Junior medical FTE
Quarterly	Nursing and allied FTE
Quarterly	Non clinical FTE
Quarterly	Cultural FTE
Quarterly	Peer support FTE
Quarterly	Staff turnover ratio
Annually	Number of FTEs in each of these groups: <ul style="list-style-type: none"> • Medical • Nursing • Psychology • Occupational Therapy • Social Work • Maori Mental Health • Other