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|  | **All District Health Boards** |
| ADULT MENTAL HEALTH – ADULT ACUTE INPATIENT SERVICES MENTAL HEALTH AND ADDICTION SERVICESTier THREE**Service Specification** |
| **STATUS: These service specifications may be amended to meet local agreement needs.** | **NON-MANDATORY** |
| Review History | Date |
| First Published on NSFL | June 2009 |
| **Amended:** clarified reporting requirements | February 2013 |
| Amended: removed standard provider monitoring reporting tables. Minor editing. | April 2017 |
| Consideration for next Service Specification Review | Within five years |

**Note:** Contact the Service Specification Programme Manager, Service Commissioning, Ministry of Health to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications.

Nationwide Service Framework Library web site <http://www.nsfl.health.govt.nz>

**ADULT MENTAL HEALTH- ADULT ACUTE INPATIENT SERVICES**

**MENTAL HEALTH AND ADDICTION 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 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**

**2.1 General**

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.

**2.2 Māori Health**

Refer to tier one Mental Health and Addiction Services service specifications.

**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 Services and tier two Adult Mental Health service specifications.

**7. Purchase Units and Reporting Requirements**

**7.1** Purchase Unit (PU) Codes are defined in the DHB and Ministry’s Nationwide Service Framework Purchase Unit Data Dictionary. The following codes apply to this Service.

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| **PU Code** | **PU Description** | **PU Definition** | **Unit of Measure** |
| MHA01 | Acute 24 hour clinical intervention (inpatient) | A service that provides inpatient care within a hospital setting 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. The service will be provided by a multidisciplinary team of people trained in mental health intervention, treatment and support. | Available bed day  |

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| --- | --- |
| **Unit of Measure** | **Unit of Measure Definition** |
| Available Day Bed | Total number of inpatient beds that are available to be occupied during the period multiplied by the number of days they are available during that period. To be counted as available the bed must be resourced, and either empty or occupied by a user of this service. |

**7.2 Reporting**

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

Additional information to be reported and the frequency of collection are specified by the Funder in the Provider Specific Terms and Conditions as agreed with the Service Provider.

The information required by the Funder will be sent to:

Performance Reporting

Sector Operations

Ministry of Health

Private Bag 1942

Dunedin 9054

Email performance\_reporting@moh.govt.nz

The Performance Monitoring Reporting tables for the Mental Health and Addiction Service Specifications[[1]](#footnote-1) may be used for performance monitoring if specified as agreed with the Funder.

1. Performance Monitoring Reporting cluster tables for Mental Health and Addiction Services are published on the Nationwide Service Framework Library, Mental Health and Addiction Service specifications page, Downloads section www.nsfl.health.govt.nz/service-specifications/current-service-specifications/mental-health-and-addiction-services [↑](#footnote-ref-1)