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|  | **All District Health Boards** |
| ADULT MENTAL HEALTH - ADULT INTENSIVE CARE INPATIENT BEDSMENTAL HEALTH AND ADDICTION SERVICESTier THREEService 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, purchase unit table completed. | 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 intensive care INPATIENT BEDS**

**MENTAL HEALTH AND ADDICTION SERVICES**

**TIER THREE SERVICE SPECIFICATION**

**MHA02**

This tier three service specification for Adult Intensive Care Inpatient Beds (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 will include:

* intensive care services in a mental health setting on a general hospital site where specialist skills are required for the assessment, review, treatment or management of people with serious acute mental disorders
* high levels of nursing care including: observation assessment, nursing intervention are provided
* good integration with the other acute and inpatient services provided within the district or region.
* 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
* 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 intensive and 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.

Particular care will be given to ensuring that the rights of Service Users subject to intensive care are protected. Attention will be paid to the legal status of people receiving this care to ensure compliance with the New Zealand Bill of Rights Act 1990 and the Mental Health (Compulsory Assessment and Treatment) Act 1992 and Amendments (2001).

Generally, intensive care for any individual is required for only short periods of time, with a mean length of stay of five to six days.

There is access to care for physical health requirements and liaison with primary care.

**2. Service Objectives**

2.1 General

The Service will provide the most intensive level of clinical care and skilled observation for acutely ill Service Users, within the context of acute inpatient services.

The Service Users who present an immediate risk of harm to themselves or others may require a period of close observation for assessment and to clarify diagnosis, or may require close medical and nursing care because of the nature of their disorder.

**2.2 Māori Health**

Refer 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 to the Service is:

* through community mental health teams providing acute community-based care
* for people experiencing acute exacerbation who are unable to be safely managed in a less intensive setting or
* for people from more secure mental health settings making transitions to less secure care.

**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.

Staff will require skills and experience of working with mental health Service Users with high acute needs.

**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 Definitions** | **PU Measure** |
| MHA02 | Intensive care | A service that provides the most intensive level of clinical care and skilled observation for acutely ill service users who present an immediate risk of harm to themselves or others within the context of acute inpatient services, in a hospital setting. | Available bed day |

|  |  |
| --- | --- |
| 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)