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|  | **All District Health Boards** |
| **EATING DISORDERS SERVICES -****EATING DISORDERS INPATIENT, INTENSIVE TREATMENT AND CONSULTATIVE SERVICE****TIER THREE****SERVICE SPECIFICATION** |
| STATUS: These service specifications may be amended to meet local agreement needs. | **NON-MANDATORY** |
| Review history | Date |
| First Published on NSF Library | June 2009 |
| Amended: clarified reporting requirements | April 2013 |
| Amended: removed standard provider monitoring reporting tables. Minor editing. | July 2016 |
| 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> .

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| **EATING DISORDERS –****INPATIENT, INTENSIVE TREATMENT AND CONSULTATIVE SERVICE****TIER THREE SERVICE SPECIFICATION****MHE27** |

This tier three service specification for Eating Disorders Inpatient, Intensive Treatment and Consultative Service (the Service) is linked to tier one Mental Health and Addiction Services and tier two Eating Disorders Services service specifications.

1. **Service Definition**

The Service provides specialist recovery-orientated inpatient treatment for people with eating disorders in need of close medical and psychiatric observation and/or intensive support and treatment. This will be provided in a dedicated eating disorder unit within a hospital setting with appropriately trained and experienced multi-disciplinary staff. Inpatient treatment may be for a period of weeks or months, depending on the severity of illness and needs of the service user. The aim of inpatient treatment is to reduce the physical risks associated with an eating disorder and focus on the psychological aspects of the eating disorder.

The Service will be integrated with a clinical outpatient service and may include a day programme as part of a stepped down continuum of care.

As a speciality service delivering to a wide geographical area, consultation will be provided to clinicians to support Service users where possible in their own communities, including provision of case discussions, team meetings, telephone contact, teleconferences, staff training and supervision. The details for this Service is outlined in the specification: Consultative Service within a Specialist Eating Disorder Service.

**2. Service Objectives**

**2.1 General**

This inpatient service will include, but is not limited to:

* designated eating disorders inpatient beds in an age- and gender-appropriate hospital setting
* medical and psychiatric treatment, monitoring, management, support and rehabilitation
* engagement with the service user’s family and whānau and, where appropriate, family and whānau should be involved in the service user’s treatment programme
* integration with clinical outpatient and community mental health services, including the District Health Board (DHB) where the patient resides
* integrated clinical pathway and continuum of care
* supported and/or supervised meals
* education about coping strategies and managing physical good health, including nutrition and eating practices
* crisis intervention and prevention of the escalation of the service user’s illness
* risk management within which the least restrictive intervention strategies are used
* appropriate support and consultation for referrers on the waiting list for inpatient services
* relapse prevention and maintenance, which may include discharge to outpatient and community services
* wherever possible, evidence-based treatment in line with international guidelines should be used
* appropriate transition planning and links with other services.

Individualised recovery plans encompassing treatment, risk and relapse prevention are developed with each person admitted to the service. The plan should be comprehensive, based on assessed needs and include identified goals for the period of inpatient care. Plans are developed in conjunction with the individual concerned, relevant community or outpatient services and, where appropriate, family and whānau.

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.

**2.2 Māori Health**

Refer to the tier one Mental Health and Addiction Services service specification.

**3. Service Users**

This Service is for eligible people of any age.

Eating disorders in children and young adolescents differ from older age groups because of differences in physiology, development and cognition. Involving family and whānau in treatment is crucial. Children and young adolescents have a much higher risk of rapid deterioration, requiring a lower threshold for intervention.

A paediatric medical approach with eating disorder specialist input may be the most appropriate treatment for some children and adolescents aged 15 or under.

**4. Access**

**4.1 Entry and Exit Criteria**

Referral to this Service is from a secondary mental health services generally, although it may be necessary for a primary care provider to refer a person in urgent need of tertiary care.

**5. Service Components**

**5.1 Processes**

Processes include but are not limited to assessment; treatment, intervention and support, review, discharge, consultation and liaison.

More specifically Assessment in Eating Disorder Services require the following**:**

* appropriate eating disorder specialist assessment including, but not limited to:
* comprehensive physical state, including potential need for medical stabilisation and other physical health requirements
* full mental health assessment and focus on eating disorder symptomatology and co-existing disorders or issues, such as drug and alcohol use, personality disorders, risks.
* Provision will be made for specialised assessments and intervention for particular sub-groups, including service users experiencing:
* anorexia, bulimia or EDNOS
* co-existing problems of eating disorders and substance abuse or other disorders
* severely compromised physical condition.
	1. **Settings**

Separating children and young adolescents from adults in in-patient settings is strongly recommended. This separation may occur within the same facility, or with separate facilities.

**5.3 Key Inputs**

A multi-disciplinary team of people with skills and experience in eating disorder intervention, treatment and support, and who belong in one of the following categories:

* 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 the following:

| **Service Provider** | **Nature of Linkage** | **Accountabilities** |
| --- | --- | --- |
| DHB Provider Arm Mental Health and Addiction services  | Referrer | Identification of Eating Disorder and referral to Eating Disorder Services. |
| Other DHBs where Eating Disorder inpatient and consultation and liaison service not provided | ReferrerReceiver of consultation and advisory service | Refer for inpatient servicesSeek advice regarding clinical management |
| DHB Personal Health expertise | Provider of consultation, advice and collaborative working. | Collaborative working to address complex medical needs of service user. |

**7. Purchase Units and Reporting Requirements**

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

| **PU Code** | **PU Description** | **PU Definition** | **Unit of Measure** |
| --- | --- | --- | --- |
| MHE27 | Intensive treatment and consultative service | Service to provide specialist recovery-orientated inpatient treatment for people with eating disorders in need of close medical and psychiatric observation and/or intensive support and treatment. This will be provided in a dedicated eating disorder unit within a hospital setting with appropriately trained and experienced multi-disciplinary staff. | Available Bed Day |

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| **Unit of Measure** | **Unit of Measure Definition** |
| Available bed day | 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)