

## ADULT ACUTE PACKAGE OF CARE

### SERVICE SPECIFICATION

### TIER LEVEL THREE

**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 PACKAGE OF CARE  
SERVICE SPECIFICATION  
TIER THREE  
MHA06, MHA06C, MHA06D**

This tier three service specification for Adult Acute Package of Care (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 will include acute packages of care that are:

- well integrated with other specialist adult mental health services
- focused to ensure active treatment, crisis intervention and prevention of the escalation of development of the Service user's illness, prevention of disability, and the prevention of the development of dependency
- conscious of the safety needs of the Service user and the community, including staff, reflecting that some Service users may present a risk of suicide, self-harm or danger to others
- delivered in accordance with a comprehensive system of risk management within which least restrictive intervention strategies will be determined.

Individualised treatment plans and relapse prevention plans are developed for each person using the Service. These plans are comprehensive, based on assessed needs, and include identified goals for the period of treatment/care. Plans are developed in conjunction with the Service user and their family/whānau, and carers, and with relevant community service involvement.

The provider will be responsible for:

- the development and funding of individualised packages of treatment/care aimed at meeting the specific needs of each service user and their family/whānau
- reviewing and monitoring the safety and appropriateness of each acute care package, modifying according to need, and the assessment of ongoing requirements
- ensuring an emphasis is placed on the provision of treatment and support in an environment and context that is safe and familiar for the Service user
- ensuring that acute care packages are culturally appropriate and safe for each individual and their family/whānau
- ensuring that criteria and guidelines are in place to manage entry to and exit from the service, including criteria for prioritisation of referrals
- ensuring that acute care funding is not used to duplicate existing services but it is used to provide supports in addition to those provided by existing health, welfare and support agencies and to those services provided by other specialist mental health services
- management of the acute package of care funding (including flexi-fund budgets) within the annual budget and ensuring that the available funding is used efficiently and effectively.

The provider may enter into subcontracting arrangements with other organisations for the delivery of components of the package but will be accountable for the total package deliverables.

Acute packages of care are expected to have a duration of less than four weeks at any one time. Any extension to this timeframe will be rare and expected to comply with locally agreed protocols.

## **2. Service Objectives**

To provide individually tailored packages of care/treatment for adults who are experiencing an acute episode of a serious mental illness/mental health problem.

### **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 to the Services will be via the community mental health service.

## **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 community based.

### **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
MHA06	Acute package of care	Occupied bed day	PRIMHD
MHA06C	Acute package of care – Nursing/allied health staff	FTE	PRIMHD
MHA06D	Acute package of care – Non-clinical staff	FTE	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	Group sessions delivered
Monthly	Consultation/liaison training sessions
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
Quarterly	Number of suicides of current clients
Six monthly	Number of NGO Board member changes (NGOs only)
Six monthly	Number of NGO Governance meetings held (NGOs only)
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:**

<b>Frequency</b>	<b>Data</b>
Monthly	First face-to-face contact with individual/family
Monthly	Follow up face-to-face contact with individual/family
Monthly	Group sessions delivered
Monthly	Face-to-face contact group
Monthly	Consultation/liaison contact
Monthly	Consultation/liaison training sessions
Monthly	Number completed support needs assessments
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)
Quarterly	Senior medical FTE
Quarterly	Junior medical FTE
Quarterly	Nursing and allied FTE
Quarterly	Non clinical FTE
Quarterly	Cultural FTE
Quarterly	Peer support FTE
Quarterly	Staff turnover ratio
Quarterly	Average length of stay
Quarterly	Number of suicides of current clients
Six monthly	Number of NGO Board member changes (NGOs only)
Six monthly	Number of NGO Governance meetings held (NGOs only)
Annually	Number of FTEs in each of these groups: <ul style="list-style-type: none"> <li>• Medical</li> <li>• Nursing</li> <li>• Psychology</li> <li>• Occupational Therapy</li> <li>• Social Work</li> <li>• Maori Mental Health</li> <li>• Other</li> </ul>