MINISTRY OF HEALTH
MANATŪ HAUORA

DHBNZ
on behalf of all DHBs

ADULT INTENSIVE CARE INPATIENT BEDS

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 INTENSIVE CARE INPATIENT BEDS
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 Specialist 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

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.

2.1 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 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 hospital 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.

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 Specilaist 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
MHA02	Intensive care	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: Medical Nursing Psychology Occupational Therapy Social Work Maori Mental Health Other