# Mental Health and Addiction Services Adult Intenstive Care Inpatient Beds Tier 3

September 2024

Health New Zealand Te Whatu Ora

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## 1. Status

These service specifications may be amended to meet local agreement needs.

MANDATORY 🗷 RECOMMENDED 🗹

## 2. Review History

Review History	Date
First Published on NSFL	June 2009
<b>Amended:</b> clarified reporting requirements, purchase unit table completed.	February 2013
<b>Amended:</b> removed standard provider monitoring reporting tables. Minor editing.	April 2017
Consideration for next Service Specification Review	Within five years
Moved to Health NZ template. Updated links for PUDD and NSFL only. Amended DHB to become District/Region where appropriate. No other changes to content made.	September 2024

**Note:** In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

**Note:** Contact the NSF Team, Te Whatu Ora | Health New Zealand to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications. <u>NSF@tewhatuora.govt.nz</u>

Nationwide Service Framework Library web site here

## 3. Introduction

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.

# 4. 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.

## 5. Service Objectives

#### 5.1 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.

#### 5.2 Māori Health

Refer tier one Mental Health and Addiction Services service specifications.

## 6. Service Users

The Service Users are eligible adults as detailed in the tier two Adult Mental Health service specification.

# 7. Access

### 7.1 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.

## 8. Service Components

#### 8.1 Processes

The following processes apply but are not limited to: assessment, treatment, intervention and support, review process and discharge.

#### 8.2 Settings

The Service is provided in a hospital setting.

### 8.3 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.

## 9. 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.

### 9.1 **Purchase Units and Reporting Requirements**

### 9.2 Purchase Units

Purchase Unit (PU) Codes are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary. The following codes apply to this Service.

PU	PU	PU Definitions	PU
Code	Description		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.

#### 9.3 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:

Email: performance\_reporting@health.govt.nz

The Performance Monitoring Reporting tables for the Mental Health and Addiction Service Specifications<sup>1</sup> may be used for performance monitoring if specified as agreed with the Funder.

<sup>&</sup>lt;sup>1</sup> 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 https://www.tewhatuora.govt.nz/health-services-and-programmes/nationwide-service-framework-library/about-nationwide-service-specifications/mental-health-and-addiction-service-specifications