PURPOSE

To ensure Te Whatu Ora – Health New Zealand Hauora a Toi Bay of Plenty Mental Health Services for Older People (MHSOP) staff are aware of the guidelines utilised to manage the bed occupancy at all times.

To ensure all Mental Health & Addiction Services (MH&AS) Medical Team and Tauranga Hospital Duty Nurse Manager (DNM) has a memorandum of understanding for the process to manage admissions when MHSOP inpatient unit has no bed availability.

To ensure that MHSOP over occupancy does not exceed 11 tāngata whai ora / service users at any given time.

OBJECTIVE

- To ensure timely access to MHSOP inpatient unit for all tāngata whai ora / service users
- To ensure principles of safe risk management and optimal mental health and physical care are always maintained
- To ensure over occupancy of the unit is managed in a safe manner for all tāngata whai ora / service users and staff
- To ensure safe care for new tāngata whai ora / service users who are required to be outlied to another Mental Health or medical ward until a bed is available in MHSOP
- For all staff to have a clear definition of “medically clear” status.

STANDARDS TO BE MET

1. Pre Admission

1.1. Management of all admissions to the unit during business hours are co-ordinated via the MHSOP Community Team Leader who has oversight of both community and inpatient bed requirements, in consultation with the Consultant and inpatient Clinical Nurse Manager (CNM).

1.2. After hours admissions via Acute Care Team and on call Psychiatric Registrar / SMO will be co-ordinated with the MHSOP ACNM / Shift Co-ordinator and the DNM.

1.3. Review of physical status needs to occur prior to any admissions in order to rule out any medical causes being the primary cause of the presenting problem. This can be completed by the GP or ED.

1.4. **Medical clearance** requires the tāngata whai ora / service user to have had a physical examination and required laboratory testing, which has been reviewed and excludes any medical cause for presenting symptoms.

1.5. Tāngata whai ora / service users presenting with a medical condition who are declining to engage in treatment - consider treatment under a duty of care which does not require admission to MHSOP or the Mental Health Act (MHA).

1.6. The presenting tāngata whai ora / service user meets MHSOP admission criteria in protocols CPM.M5.31 Consultation Liaison Psychiatry (CLP) Tauranga - Interface between other Mental Health and Addiction Services and Clinical Pathway and CPM.M8.1 Access and Referral to Mental Health for Older People Service

1.7. Check mental health history for triggers and previous episode / diagnosis – establish options for treatment, community or inpatient environment.

1.8. MHA admissions require admission and if no bed availability please proceed to "No bed Availability" section.

2. Bed Management

2.1 All tāngata whai ora / service users must be admitted by the Psychiatric Medical Officer and the House Officer (HO).
2.2 Discharge process begins at admission. Clear identification of health needs for admissions and goals to be met to enable discharge need to be identified on admission. Maintaining review and updating of the care plan on all shifts to ensure efficiency in safe discharge planning and efficiency of bed management.
2.3 All tāngata whai ora / service users, family / whānau / enduring power of attorney (EPOA) and Welfare Guardians are to be involved in all processes of the treatment plan from admission to discharge as per policy.
2.4 Consider respite options if appropriate as part of the discharge plan – either care respite (SupportNet) or mental health respite funded.
2.5 Ensure TrendCare EDD (21 days post admission or sooner as clinically indicated) and VRM are completed with any occupancy changes.

3. No Bed Availability

3.1 Priority for admission / over occupancy is deemed on risk. Tangata whai ora / services users presenting with:
  a) post serious self-harm; life threatening mental health illness; risk of harm to others; and residing in community with no 24-hour support.
  b) requiring admission under assessment of MHA.
3.2 MHSOP Service Manager is to be kept informed of any over occupancy requests by the Community Team Leader and / or CNM.
3.3 If the tāngata whai ora / service user requires admission leading to over occupancy, please ensure all below options are considered:
  a) Assess current inpatient acuity, before considering over occupancy.
  b) Determine the planned discharges within the next 24 hours.
  c) What the staffing requirement will be and can the ward obtain the staff to maintain tāngata whai ora / service user and staff safety.
  d) Can a current inpatient safely utilise the SHSOP flat as a bed space?
  e) Is the presenting tāngata whai ora / service user or a current inpatient appropriate to transfer to Te Whare Maiangiangi (TWM)?
  f) Is the presenting tāngata whai ora / service user at home and can be safely cared for by family / whānau until a bed is available?
  g) Is the presenting tāngata whai ora / service user a current resident in an Aged Residential Care (ARC) facility and with extra staffing be able to maintain safety to enable on-going treatment? If yes, discuss with MHSOP Community Team Leader.
  h) Is the tāngata whai ora / service user currently an inpatient in APU or on a medical ward? Consider staffing arrangements to enable safety while waiting for a MHSOP bed.
3.4 Procedure if outlying is required:
  a) Admitting tāngata whai ora / service users able to stay in APU or transferred to medical ward (e.g. frail older people with medical co-morbidities). Discuss with APU Physician for the day (in hours) / DNM. Please ensure MHSOP CNM / Shift Co-ordinator knows where the client has been outlied to.

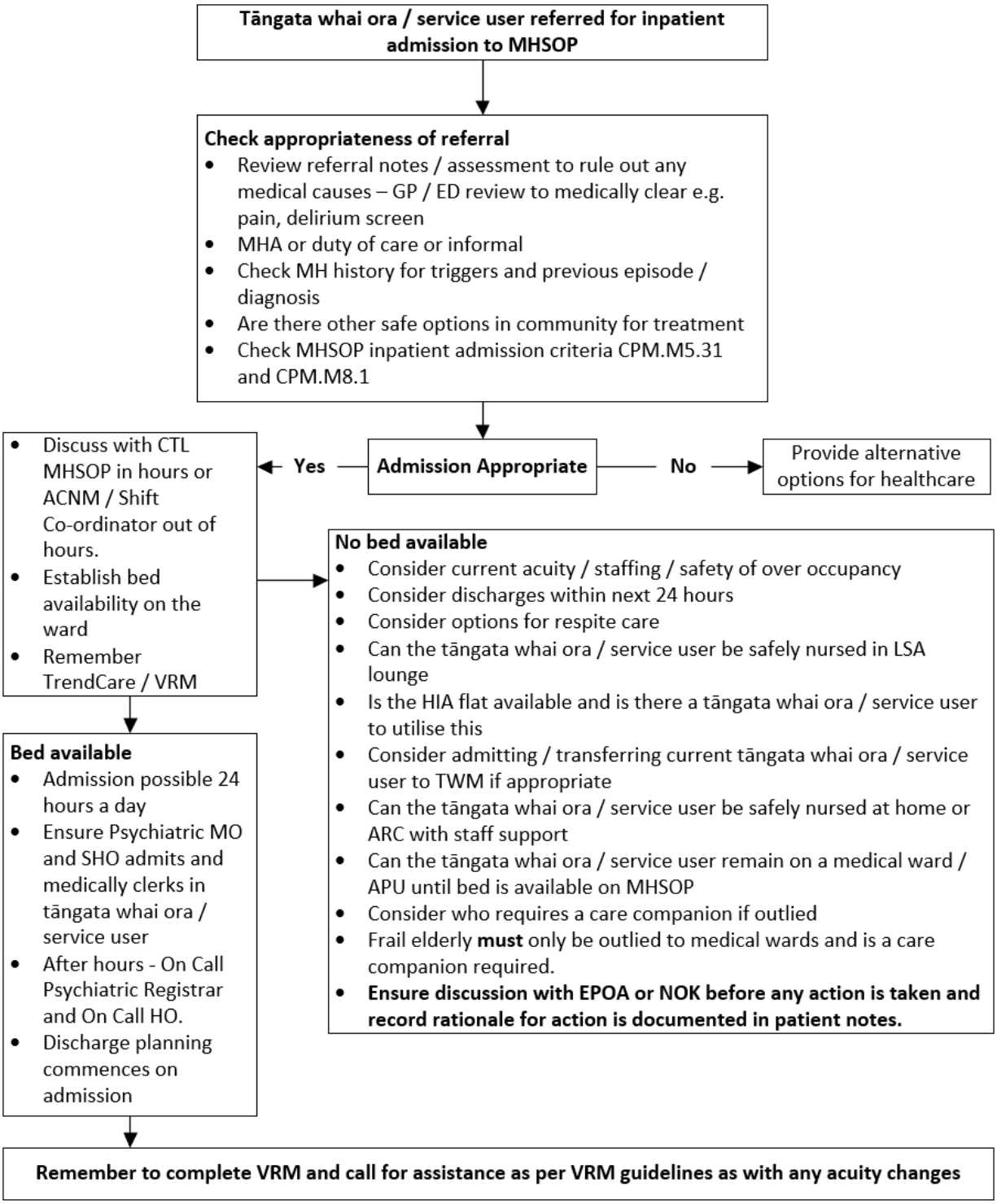
b) Outlie to Medical wards / TWM depending on clinical assessment by either CNM / Shift Co-ordinator, DNM and MHSOP Consultant or after-hours Registrar / Consultant.
c) Do not to outlie current MHSOP inpatients after hours or any tāngata whai ora / service user who will pose a risk to self or others, unless in an extreme situation. Please ensure a care companion is assigned to the tāngata whai ora / service user for safety.
d) All outlied tāngata whai ora / service users will receive daily Monday – Friday reviews by MHSOP SMO, HO – Tauranga.
e) After hours new admitted outlied tāngata whai ora / service users need to be admitted under the On-Call Psychiatric Consultant. This will be changed to MHSOP Consultant during working hours. Email to be sent to MHSOP CNM of the admission by the DNM.

4. Staff Responsibilities

4.1 The MHSOP CNM / ACNM / Shift Co-ordinator will be deemed to have the specialist knowledge to assist determining the decision of the outlied admitting tāngata whai ora / service user. They will ensure they have reviewed the admission assessment, check that the physical / lab tests have been completed and the On-Call Psychiatrist has reviewed these prior to final placement decision – if the tāngata whai ora / service user has come via ED.
4.2 No current MHSOP inpatients are to be discharged after hours unless this was the arranged plan with MHSOP Consultant or reviewed by On-Call SMO.
4.3 CNM / ACNM / Shift Co-ordinator / DNM will determine with the Psychiatric Team if a current inpatient is able to be outlied and to which area.
4.4 Please ensure that the MHSOP Community Team Leader / Service Manager is advised the next working day of any outlied tāngata whai ora / service user by the MHSOP CNM.
4.5 MHSOP Service Manager will advise Operations Meeting daily office hours of the number and location, expected transfer time to MHSOP for all tāngata whai ora / service users who are outlied.

ASSOCIATED DOCUMENTS

- Te Whatu Ora Hauora a Toi Bay of Plenty policy 6.2.3 Patient Flow and Bed Utilisation
- Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.10 Assessment in MH&AS
- Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.15 Crisis respite Care
- Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.17 Discharge from MH&AS
- Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.20 Family/Whanau Participation
- Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.26 Risk Assessment in MH&AS
- Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.31 Consultation Liaison Psychiatry (CLP) Tauranga - Interface between other Mental Health and Addiction Services and Clinical Pathway

- Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M8.1 Access and Referral To Mental Health For Older People Service

Appendix 1: Bed Management Guidelines Flowchart