Te Whatu Ora
Health New Zealand

Te-Upoko-me-Te-Karu-o-Te-Ika
Mental Health, Addiction and Intellectual Disability Service

Acute adult inpatient model of care

Workshop outputs: purpose, values, principles

8 August 2022

Model of care

Delivering best practice care by applying a set of principles across identified clinical streams and supporting pathways through care for people accessing services

Agenda

1. Opening – karakia & introductions
2. Scene setting
3. Workshop – purpose, vision, values
4. Workshop – principles
5. Wrap up & close

Purpose, vision, values

- Why is the inpatient service here?
- What are we trying to achieve?
- What values do we need to have in order to achieve our purpose?
- Are they different or additional to the wider organisational values?

30 mins

+ report back

Why is the inpatient service here? What are we trying to achieve?

To provide an **accessible, safe and therapeutic environment with 24-hour care for acutely unwell whaiora**, who cannot be supported clinically in the community

- Disrupt unwellness
- Away from home
- Timely access
- Available
- Facilitate use of the Mental Health Act, has a restrictive component
- Also accessible for voluntary entry before escalation
- A last resort to resolve the immediate concern of safety of self and others (safety net, protection for all)
- Saves lives and break pathway of ‘normal life’ to gain support
- A place where ‘you want to go’ for ‘healing’
- A place/model of care where dignity and individual and group needs are met
- Meets cultural, disability and safety needs

Why is the inpatient service here? What are we trying to achieve?

To provide **increased support and intensive, specialist clinical treatment for acutely unwell whaiora** (beyond what can be provided in the community), to recover (re-establish wellbeing/hauora)

- Alternative options initiated
- Intensive treatments
- Effectiveness evaluated
- Behaviours outside of normative social constraints are supported towards wellbeing/hauora
- Enabling shortest, appropriate length of stay
- Address health concerns – clinical, cultural, support
- ‘Trauma’ work with unresolved issues, abuses, addiction
- Equitable relationships, walking alongside
- Open to change
- Least restrictive environment possible
- Model of care informed by data

Why is the inpatient service here? What are we trying to achieve?

To **allow connections to the outside** (e.g. **whānau, community**) to continue to support recovery.

- Close to home (in the Hutt Valley so close to family)
- Close to whānau support and input (inclusive)
- Integration with community
- Transition team, from inpatient to whare

To **facilitate transition** out of acute care and **back to the community at appropriate time**

- One part of a continuum of care
- Initiate ongoing community support as required
- Able to facilitate NGO/social supports to come in to help a person transition out
- Restorative/rest to then return to ‘life’
- Support pathways
- Transition out of acute services is challenging but we have developed relationships with the inpatients so strengthen them (inpatient staff) to do outreach to support those leaving and supporting that better

Why is the inpatient service here? What are we trying to achieve?

Questions

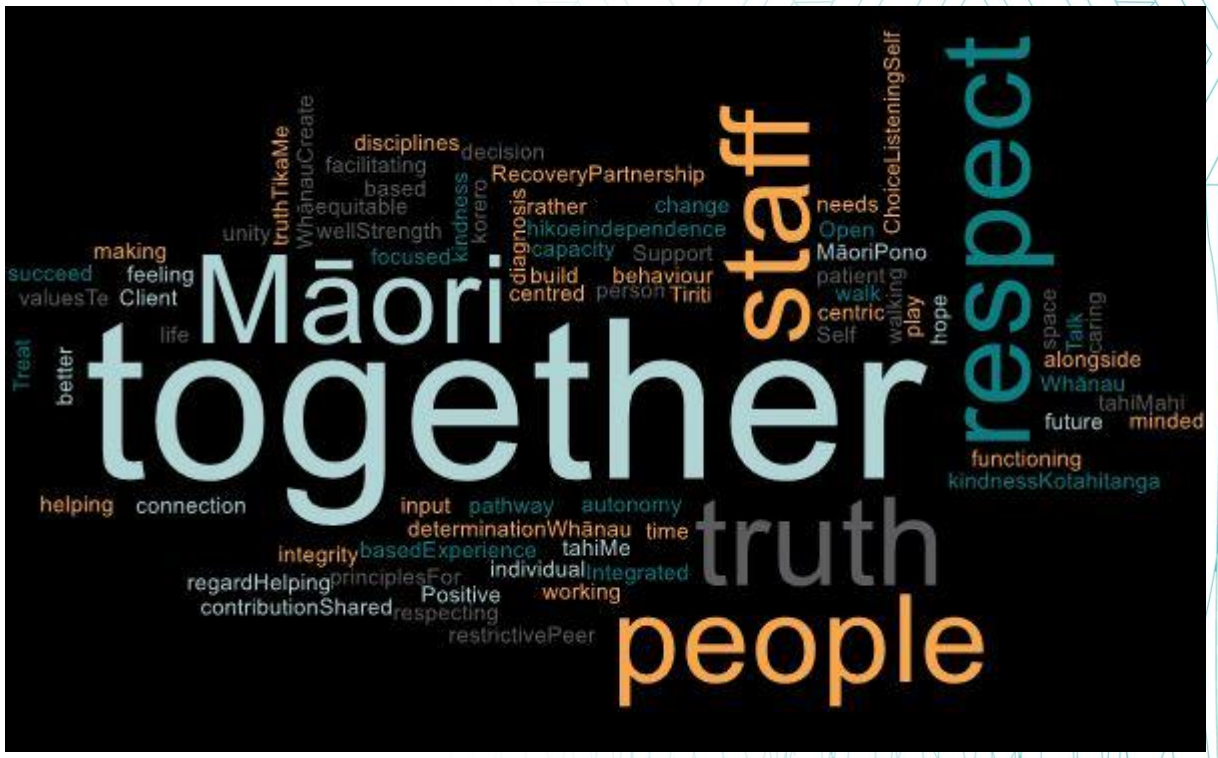
- Is it for more than people of the Hutt?
- Should it include Wairarapa?
- Should it have a short stay unit?
- In a context of change happening now and we could be more dynamic

What values do we need to have to achieve our purpose?

- Connection, Reconnection
- Person-centred, Client-focused, Treat the person not the diagnosis or behaviour, Support pathway – independence, Self determination
- Whānau-centric, Whānau input, Whānau
- Supporting feeling better and functioning well
- Strength-based
- Experience that is equitable with staff, walking alongside, restorative
- **Manaakitanga** – respect, caring, kindness
- **Kotahitanga** – connection, unity, equity
- **Rangatiratanga** – autonomy, integrity, excellence
- Whanaungatanga
- Kaupapa Māori values
- Te Tiriti principles
- For Māori by Māori
- Equity
- Pono (truth, respect, kindness) both patient truth and staff truth
- Tika
- Me korero tahi
- Me hikoe tahi
- Mahi tahi
- Hauora
- Whakapapa
- Create space to build capacity and capability
- Open minded, Open to change/future based for individual needs at the time, Positive regard
- Recovery
- Instill hope
- Partnership, Helping people succeed
- Respect – speaking, manners, do what you say you will, believe in person
- Kindness – offer food, activity, whānau connection

What values do we need to have to achieve our purpose?

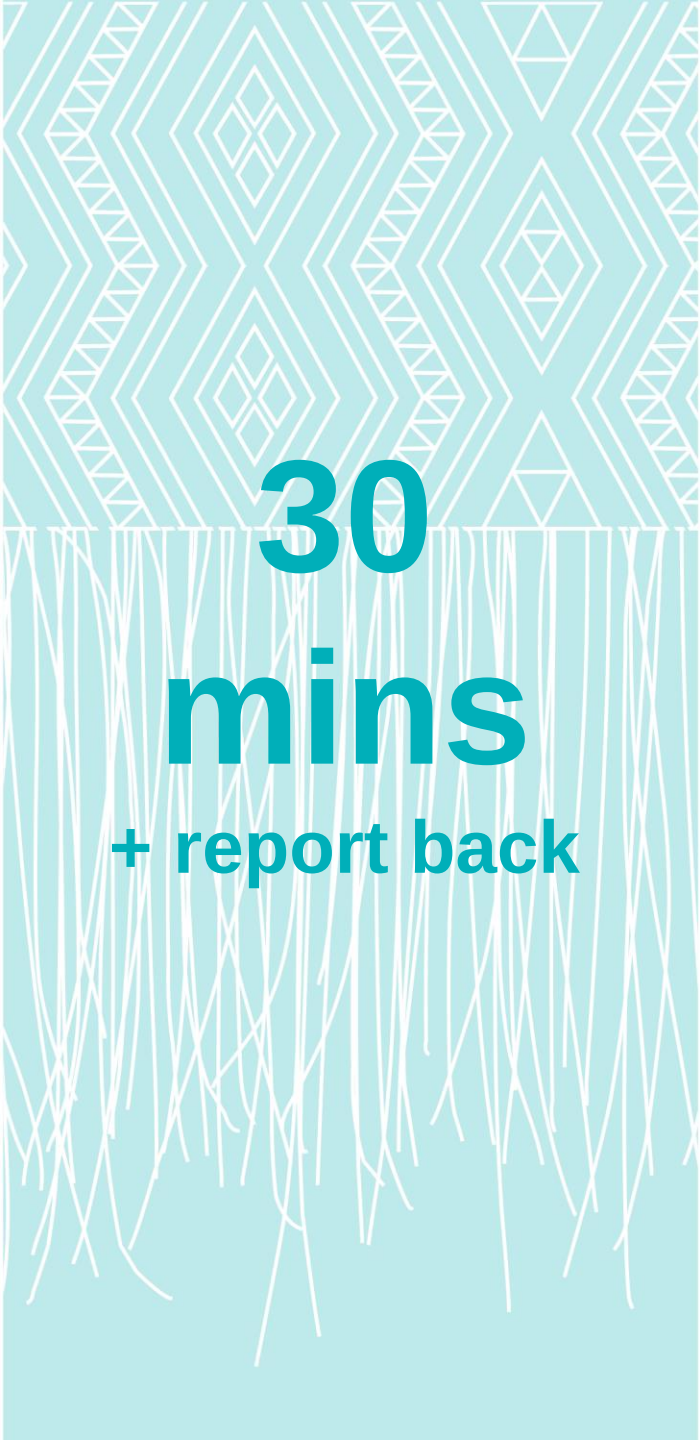
- Collaboration, Integrated working, respecting each discipline's contribution
- Shared decision-making, Choice
- Listening, Communication
- Self determination
- Privacy, Dignity
- Protection
- Responsive
- Least restrictive
- Compassion – acknowledge pain, spend time, touch, being with me
- Relational
- Inclusive



We need to describe what the values look like in practice

Principles for inpatient care

- What are the key principles for inpatient care in the future?
- How are these different to current practice?
- What would people who use the service experience in future?



Person and whānau centred

Collaborative – engaged with and involving the person, their whānau, primary care provider, and other services involved with their health care

Culturally appropriate – variety of approaches according to individual assessment

Respectful and **responsive to individual** preference, circumstances, needs and values

Bicultural service

Holistic

Rights based

Recognising value of **Māori knowledge and approaches** to understanding and fostering health and wellbeing. Integration of **Māori models of hauora, cultural practices** within the programme of care

Least restrictive care and environment

Equitable access and outcomes

Trauma-informed care

Supported decision-making

Strengths-based and **recovery focussed/oriented**

Partnering with people with lived experience when developing and evaluating services

Partnership approach (service user, whānau, health care team, other sector agencies, community); integrated policies, systems and services

Evidence-based/best practice care

Timely and responsive

Transparency e.g. cross-agency info

Safe, protective, therapeutic environment (includes safe working environment)

Continuity and consistency

Quality improvement through monitoring and evaluation and consistent data collection

Flexible range of services that are dynamic and responsive to changes in circumstances

Appropriate workforce (compassionate, culturally and clinically competent, valued, supported, training); clinical leadership; well resourced; multidisciplinary approach and working at top of scope

Looking across existing material that is available…

What are the key principles for inpatient care in the future?

Whole system approach – continuum of care with somewhere for everyone and no gaps

- Accessibility – physical and ability to access when needed
- More resources – matching resource to the need
- Bridging the gaps in the system
- Inpatient in part of the continuum and has continuity with before and after (done in conjunction with the community)
- Birmingham UK – Deaf inpatient unit, Deaf would like a ‘national’ space, Part of the service for working with deaf and disabled with mental health issues
- Developing alternative options to strengthen clinical resource in community setting (crisis respite)
- Crisis respite could offer more and are not fully utilised to free up inpatient unit for the high-level care
- Not just a building, it is the skills and people, and needs to reach out to the community and that skill could go outside the building. See past the building and home-based treatment service…extend care delivery outside of the building to bridge the gap and transition team to fill the gap

What are the key principles for inpatient care in the future?

Approach – evidence-based care

- Structure – programme options, Therapeutic programme for acute level of care – evidence-based
- Quality improvement
- Least restrictive care and a way of actualising it
- Specialised mental health services for some groups (eg. deaf community would prefer one national unit)
- Short stay but not to the point of feeling pushed out again as need the space
- Adequate services/provision of care based on needs

Partnership – bigger focus on what this can be

- Whānaungatanga – time and space to connect, skills of kaimahi to support people to share in different ways
- Community mental health teams and whānau and person in multi-disciplinary teams
- Access and choice (not institutionalised)
- Needs staff to work together with whaiora
- How to work with staff across all services

What are the key principles for inpatient care in the future?

Holistic

- Holistic/all health/hauora – more of an overall view of a person (eg. gym, podiatry, gynae, practice nurse, CVD risk assessment, metabolics, etc.). Health is bio, psycho, social…need to look at it all
- Practical support for building capability to self manage (social determinants for wellbeing)
- Increase skill base to manage own trauma (trauma-informed care) – increase kaimahi to share skills to whaiora and build kete
- Hauora/support diagram ie. better hauora needs less support and other way around
- Hauroa, Whānau, Whakapapa – reconnection with te taiao
- Mana enhancing
- Include spiritual needs
- Positive experience

Technology enabled

- For consumers (eg. feedback)
- For staff (eg. less intrusive monitoring)

What are the key principles for inpatient care in the future?

Well trained appropriate workforce

- Advance practice pathways (e.g. Registered Nurse (RN) prescriber, Clinical Nurse Specialist, specialty clinical RN)
- Mātanga tapuhi/Nurse practitioner
- Appropriate workforce – suitable skill mix
- Needs peer support
- Working closer with other providers, whānau, NGO, primary care
- Skill mix and staff development, Safe staffing
- Space/care flexible/options of utilising ‘expertise’ as needed eg. intellectual disability
- Active participation – all teams
- Feedback – Pono (truth)
- Information & communication
- Maintain privacy & dignity, Protection
- Encourage like minded staff. Experienced and bring new people on to challenge the old ways

What are the key principles for inpatient care in the future?

Physical environment

- Safe wards model
- Light, air, greenery
- Zero seclusion, de-escalation areas
- A homely feel so that people have a respect for the building
- Whare to welcome people
- Places that are appropriate for different levels of need and support (e.g. people with intellectual disabilities can be there and vulnerable). Also need staff that are flexible enough to help support them or for outside carers to come in to support the person and staff
- Develop beyond the traditional clinical environment (eg. colour, music, pets, plants)
- Welcoming environment and space for doing it so not adding to trauma by the process
- Individual bathrooms
- Whānau able to stay and be part of treatment
- Shared spaces
- Autism pods

How are these different to current practice?

- Finding solutions to current shortfalls
- Suitable staff skill mix
- Different parts to the unit that go across the spectrum
- Home-based treatment/transition team from the unit – would be a component that delivers treatment (inpatient care) at home
- Creating a quiet/healing environment
- Purpose built environment with thoughtful design around spaces
- Thoughtful use of resource within
- Use of technology to enhance connection
- Able to consistently offer spaces and resources (eg. sensory modulation)
- Opportunity to revolutionalise the way we practice by changing the environment
- Safety
- Shorter length stay
- Service that is a centre of excellence is the aim so evidence based.

What would people who use the service experience in future?

- Therapeutic programmes at an individual level
- Shorter admissions
- More intensive treatment when discharged
- The rest of service is able to support the model of care
- A safer environment
- Will feel more ‘Māori’
- Continuity of care
- Whānau feeling supported
- Peer support workers
- Cultural workers
- No seclusion rooms
- More ‘quiet’ spaces – not too busy a place…is some calm and quietness
- Staff more available to spend time with person
- No windows in office
- Ensure unit is ‘connected’ (ie. technology like devices for whānau/clients)
- Welcome to the service
- Should not be seen as a standalone service
- Integration of inpatient and community
- Karakia, connecting
- Like-minded staff
- Greater connection between inpatient and community, NGOs
- Beyond traditional clinical environments
- Using other forms of stimuli, technology, music, colours, plants, animals
- A positive experience
- Active participation

What would people who use the service experience in future?

- Person-centred, Trauma informed
- Whānau and community support
- Accessible – should be short lengths of stays for people that need to be there so need to look at what else there is
- Space for options
- Technology available to enhance connection eg. screen in room for zooming and connecting etc.
- Technology for staff to do things less intrusively (eg. checking overnight)
- Sensory modulation
- Appropriate workforce that are skilled and have skill mix
- No gaps

Comments and questions

- Opportunity to revolutionise the way we practice
- Need to think about how will do it and how will we know we have done it
- Where are the gaps outside the service?
- Where do we pitch the unit? Lounge or prison? Need to consider risk and clinical environment

Te Whatu Ora
Health New Zealand

Te-Upoko-me-Te-Karu-o-Te-Ika
Mental Health, Addiction and
Intellectual Disability Service

Ngā mihi nui