



ACT
Government

**Canberra Health
Services**

Adult Acute Mental Health Services Inpatient Units Model of Care



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Contents

Contents.....	i
Approvals	iii
Document version history.....	iii
Introduction	4
Principles.....	4
Mental health services within the ACT	5
Description of services.....	6
The AAMHS Inpatient Unit environments.....	8
Services provided by the AAMHS Inpatient Units.....	9
AAMHS Inpatient Units Admission Criteria	10
AAMHS Inpatient Units Model of Care Governance	11
Operational Procedures.....	11
Operational Procedure for AAMHS Inpatient Units.....	11
AAMHS policies and procedures	12
Strategic Framework	13
Patient Pathway.....	13
Arrival	14
AAMHS Inpatient Unit stay	15
Departure	15
Deteriorating patients.....	15
Workflow and work processes.....	16
Interfaces with other mental health services.....	17
Adult Mental Health Unit.....	18
Mental Health Short Stay/12B MHU.....	18
Adult Mental Health Unit- Access to therapeutic and activity spaces (AMHU).....	18
Alcohol and Drug Services.....	18
Adult Community Mental Health Services	18
Community managed organisations	18
Service Support Elements	19
Clinical Support Services	19
Security	19
Risk Management	19

Environmental safety	20
Procedural safety	21
Relational Safety and situational awareness	21
Medical Emergency Team (MET)	21
Pharmacy	21
Central equipment and courier service	22
Infection prevention and control unit.....	22
Patient Flow Unit	22
Tissue Viability Service	22
Phlebotomy Service	22
Support services	22
Administration	22
Interpreter service	22
Spiritual support.....	22
Environmental and supply services.....	22
Cleaning.....	22
Linen.....	22
Waste	23
Food services.....	23
Information and Communications Technology	23
Workforce	23
Nursing Workforce	24
Allied Health Team	24
MHSSU Workforce Profile	25
12B Workforce Profile	25
Accreditation, training, education, and research	26
Benefits of MoC	26
Monitoring and Evaluation	26
MoC development participants	28

Approvals

Position	Name	Signature	Date
Executive Director MHJHADS	Katie McKenzie		7 July 2022

Document version history

Version	Issue date	Issued by	Issued to	Reason for issue
Draft v0.1	14 January 2022	Adult Acute Mental Health Services	NMPSS Ratio Implementation Working Group	Document development and alignment to the ACT Public Sector Nursing and Midwifery Safe Care Staffing Framework and schedule 10 of the Enterprise Agreement 2020-2022. The workforce changes will be effective as at 1 February 2022 in line with the implementation of this framework.
Draft v.02	4 July 2022	Adult Acute Mental Health Services	MHJHADS Governance Committee	Feedback incorporated post consultation
Draft v.03	7 July 2022	Adult Acute Mental Health Services	Executive Director, MHJHADS	Additional updates made following receipt of further feedback

Introduction

This Model of Care (MoC) outlines the principles, aims and objectives of the elements of care and service delivery for the operation of Adult Acute Mental Health Services (AAMHS). The AAMHS is operated by the Division of Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS) and comprises three acute inpatient units; the Adult Mental Health Unit (AMHU), Ward 12B Mental Health Unit (12B) and the Mental Health Short Stay Unit (MHSSU).

The MoC provides the basis for how we will deliver evidence-based care to every person accessing the service, through integrated clinical practice, education and research. The MoC contains information about bed access (the areas from where people enter and exit the service) and service coordination (the linkages required for seamless treatment).

Models of care are dynamic and can be changed over time to support new evidence and more efficient ways of working. The MoC will be further refined in the evaluation processes.

Principles

These service principles will guide our work and how we deliver services in the AAMHS Inpatient Units.

1. Recovery oriented

- The AAMHS Inpatient units foster a culture of hope and empowerment that values respectful and therapeutic relationships, builds on the strengths and resources of the person, their family, carers, and their community.
- The AAMHS Inpatient units promote autonomy, self-determination and the awareness of rights and responsibilities.
- The AAMHS Inpatient units support people to maintain or develop connection to, and participation in, the communities and activities that people value.

2. Person-centered

- People (and where possible their family members and carers) are equal partners within the multidisciplinary care team (MDT), enabling them to be actively involved in their own care.
- The service and staff recognise the important role of carers in supporting someone who requires acute inpatient mental health treatment.
- The AAMHS strives to strengthen the three-way partnership between consumers, their carers and health professionals. The AAMHS provides education and support to staff to enable the provision of trauma-informed and culturally safe care, guided by the aspirations, priorities, needs and preferences of the person and their family/carers.
- The AAMHS Inpatient units recognise the rights of a person in line with all relevant legislative requirements.

3. Embracing diversity and accessibility

- The service and staff acknowledge the diversity and complexity of people accessing services through the adoption of informed, flexible and adaptive practices including acknowledging gender identity and preferences of our LGBTIQ+ community.
- The AAMHS support staff to participate in education and training opportunities to better deliver gender diversity and culturally appropriate care.

- The AAMHS Inpatient Units will provide services that are timely and responsive to people's needs.

4. **Multidisciplinary**

- The AAMHS Inpatient Units provides a range of evidence-based interventions supported by MDT including peer workers, families, carers and people with lived experience of mental illness.
- MDT engagement is integrated into all aspects of a person's journey through The AAMHS Inpatient Units commencing within 24 hours of admission.

5. **Safe and effective**

- The AAMHS Inpatient Units provides a safe physical, psychological and relational environment for people and staff to minimise the risk of violence and aggression in the spirit of least restrictive practices.

Mental health services within the ACT

There are over 30 distinct public mental health services within the ACT. These include inpatient, and community based and provide services to people presenting with different levels of acute mental illness. The AAMHS Inpatient Units is one component of the mental health inpatient services within the primary care and community sector which provides mental health services to adolescents, adults, and older people.

The ACT Public Advocate, Official Visitor and Health Care Commissioner have oversight of all public mental health inpatient units. Each unit can facilitate virtual hearings on site with Australian Civil Administrative Tribunal (ACAT).

The AAMHS Inpatient Units located at CH provide care and treatment for people presenting with high acuity mental illness. The units include MHSSU, HDU LDU beds. The HDU provides the highest level of inpatient care within the ACT for the general adult population.

The Dhulwa Mental Health Unit (DMHU) is a secure mental health facility. DMHU provides 24-hour, contemporary, evidence-based clinical mental health care for people who require secure inpatient treatment.

Gawangal Mental Health Unit (GMHU), formerly known as ECU is a specialist mental health facility adjacent to Calvary Hospital in Bruce. GMHU sits within the Stepped Care Model of mental health care, providing medium term residential care for people who require rehabilitation and support to transition into the community setting.

The Acacia Ward and Older Persons Mental Health Unit (OPMU), are based at Calvary Public Hospital Bruce, provides inpatient services to people presenting with acute and sub-acute mental health concerns.

The Adult Mental Health Rehabilitation Unit (AMHRU) provides specialist rehabilitation beds for 3 to 12 months as well as sub-acute inpatient services for consumers who require an extended hospital admission however do not require this to be provided in the acute mental health care setting.

Many public mental health services exist within community settings. These services are focused upon early detection, intervention, and hospital diversion. Adult Community Recovery Service teams (CRS), Child and Adolescent Mental Health Services (CAMHS) and Older Persons Mental Health Services (OPMHS) provide community-based treatment and support services together with primary health care networks to consumers and their families.

There are also a range of other community-based services, Non-Government Organisations and government funded service providers, which provide specialist care to specific populations. These services will support people who may be presenting with a range of mental health concerns.

Other key components of the broader mental health system include General Practitioners (GP's), private psychiatrist and allied health services as well as community managed providers. They may provide specialist mental health support services or more generalised health and social support services.

The interface between AAMHS and community-based services is key to successfully supporting people to return home. Most people leaving the AAMHS will be followed up by their GP, some with the addition of follow up by a CHS Community Recovery Service and/or additional support of community managed organisations. Accordingly, partnerships between the AAMHS and the community based mental health teams, community managed service providers and GPs will be actively maintained to ensure successful discharge planning.

This MoC specifically address three acute inpatient units; the Adult Mental Health Unit (AMHU), Ward 12B Mental Health Unit (12B) and the Mental Health Short Stay Unit (MHSSU).

Description of services

AMHU High Dependency Unit (HDU)

The AMHU HDU is a dedicated 18-bed acute mental health inpatient unit located within Building 25 of the Canberra Hospital (CH). The unit provides assessment, treatment and therapeutic intervention for persons aged 18 years and over (unless otherwise approved for people under aged 18 years at the discretion of the Clinical Director).

The HDU model provides an environment of multi-disciplinary interventions for people with higher acuity mental health presentations. The HDU caters for people with mental health presentations requiring inpatient care with a higher risk of behavioural disturbance, vulnerability, or other issues that cannot be cared for in the less restrictive environment of the AMHU Low Dependency Unit (LDU), 12B or MHSSU. The AMHU has a dedicated de-escalation space and two seclusion rooms for use in exceptional circumstances. A change in risk assessment or care needs may initiate a transfer to another unit.

The HDU is a restrictive environment, designed to provide a safe, low stimulus environment for people who need a high level of care at a point in their recovery journey. People accommodated in HDU are usually detained under the *Mental Health Act 2015* however, length of stay in the HDU is kept as short as possible in keeping with least restrictive practices. Leave from the unit will be dependent on clinical risk and legal status. A change in risk assessment or care needs may initiate a transfer to another unit.

AMHU Low Dependency Unit (LDU)

The LDU is a 22 -bed acute mental health inpatient unit also located within Building 25. The unit provides assessment, treatment and therapeutic intervention for persons aged 18 years and over (unless otherwise approved for people under aged 18 years at the discretion of the Clinical Director)

with mental health presentations requiring inpatient care with a lower risk of behavioural disturbance, vulnerability or other issues than persons requiring a more restrictive environment.

There will be no set length of stay for LDU although it anticipated that most people accessing LDU will have a length of stay greater than 72 hours. If the need for inpatient treatment is likely to be less than 72 hours the person will be first considered for admission to the MHSSU. A person may also be admitted to LDU if there is a possibility they will require care in the HDU environment during their admission; prior history and current risk assessment will be considered when admitting a person to LDU. A change in risk assessment or care needs may initiate a transfer to another unit.

The LDU model provides an environment of multi-disciplinary interventions for people with lower acuity mental health presentations. The LDU is an approved facility under the *Mental Health Act 2015* and leave from the unit will be dependent on clinical risk and legal status.

Ward 12B (12B)

The Ward 12B is a 10-bed inpatient acute mental health inpatient unit located in Building 3 of Canberra Hospital. The unit provides assessment, treatment and therapeutic intervention for persons aged 18 years and over (unless otherwise approved for people under aged 18 years at the discretion of the Clinical Director) with mental health presentations requiring inpatient care with a lower risk of behavioural disturbance, vulnerability, or other issues than persons requiring a more restrictive environment. Ward 12B has a dedicated de-escalation space and seclusion room for use in exceptional circumstances. Persons admitted to 12B should be assessed as unlikely to require HDU; prior history and current risk assessment will be considered when admitting a person to Ward 12B. A change in risk assessment or care needs may initiate a transfer to another unit.

There is no set length of stay for 12B although most people accessing 12B will have a length of stay greater than 48 hours. If the need for inpatient treatment is likely to be less than 72 hours the person is first considered for admission to the MHSSU.

Ward 12B provides an environment of multi-disciplinary interventions for people with lower acuity mental health presentations. Ward 12B is an approved facility under the *Mental Health Act 2015* and leave from the unit will be dependent on clinical risk and legal status.

Mental Health Short Stay Unit (MHSSU)

The MHSSU is a 6-bed inpatient acute mental health inpatient unit located within Building 2 of the CH. The unit provides assessment, treatment and therapeutic intervention for persons aged 18 years and over (unless otherwise approved for people under aged 18 years at the discretion of the Clinical Director) with mental health presentations requiring inpatient care with a lower risk of behavioural disturbance, vulnerability, or other issues than persons requiring the more restrictive environment of the AMHU. The MHSSU does not have a dedicated de-escalation space or seclusion room. Persons admitted to MHSSU should be assessed as unlikely to require HDU; prior history and current risk assessment will be considered when admitting a person to the MHSSU. A change in risk assessment or care needs may initiate a transfer to another unit which will be facilitated at the earliest opportunity.

Length of stay for the MHSSU is up to 72 hours, after this time the person will be considered for admission to either 12B, AMHU or another inpatient unit (pending risk assessment and individual needs).

The MHSSU model provides an environment of multi-disciplinary interventions for people with lower acuity mental health presentations. MHSSU is an approved facility under the *Mental Health Act 2015* and leave from the unit will be dependent on clinical risk and legal status.

The AAMHS Inpatient Unit environments

The AAMHS Inpatient Units provide a range of flexible, therapeutic environments and design characteristics which are consistent with the unit's principles of care and are designed to support an individuals' recovery. The ambience of each unit reflects a comfortable environment that is calm, light filled and welcoming. There are flexible spaces that can be adapted to individual needs. Some of the environmental design features include the following:

- *A range of environments to support people to self-manage emotional distress and engage in therapeutic activities through self-direction and support.* These include sensory rooms, tactile gardens, communal areas, dining areas and internal and external activity spaces. In addition, spaces are available for when people might require greater intervention including a de-escalation suite with access to a private courtyard. The de-escalation suite also has access to seclusion rooms for use in exceptional circumstances as required under the *Mental Health Act 2015*. HDU and MHSSU do not have a sensory rooms however sensory modulation equipment/activities can be accessed if required.
The MHSSU does not have a dedicated de-escalation space or seclusion room.
- *Flexible bedroom spaces to support a range of diverse needs.* This includes several larger size bedrooms and the Vulnerable Person Suite (VPS)/de-escalation complexes. The VPS/de-escalation suite in 12B is interconnected and can be flexibly configured depending on the persons need. This suite along with the larger rooms in 12B, can potentially be configured to allow for two beds within four of the larger rooms. These spaces may be used to support kinship or family/carer stay as well as the option of a discharge lounge/transit lounge within the safety of the unit. The VPS in 12B contains a separate bedroom and lounge area that can be set up to support the needs of people with higher levels of vulnerability such as adolescents, younger adults, people with frailty and people with acute agitation. The VPS in AMHU has 2 single rooms with ensuites and have access to a VPS courtyard.
12B accommodates bariatric equipment. There are bedrooms in each unit to support persons with accessibility needs.
- *Provision of care for consumers under the age of 18 across all units.* Staff are supported to provide care to the younger age group through in-reach and education from specialist teams such as Paediatrics and Child and Adolescent Mental Health Services (CAMHS).
- *Spaces to support people to have contact with carers, family, and visitors in culturally and age-appropriate ways, both internal and external.* This includes private and quiet spaces where people can be more or less interactive with others.
- *Centralised placement of the staff stations within the main communal spaces.* This provides staff accessibility to people within the units while providing clear lines of sight to much of the ward.
- *Facilities and equipment which support therapeutic activity, such as for meal preparation, laundry, exercising, leisure, creative activities, social and occupational activities, large communal dining and living spaces.* These are accessible in some areas to support independence and encourage the maintenance and enhancement of skills. The kitchen and dining areas provide opportunities for people to participate in meal preparation and dining, social activities, leisure, and therapeutic activities.

- *Concepts of safety through design will be implemented to minimise the risks of occupational violence, misadventure, and suicide.* This includes the provision of suitable egress points, furniture, landscaping, and glass which supports clear lines of sight and minimises hidden areas and ligature points. Fixed duress alarms, pressure sensor doors are also installed on bedrooms throughout the units.
- *Large light filled courtyards* that will provide a range of outside environments with therapeutic potential including sensory gardens, areas for physical activity and opportunity for indoor-outdoor dining areas.
- *Information and Communications Technology*, including network ports and WIFI, is installed throughout all units. This supports therapeutic technologies such as light boards and audio in the sensory room, contemporary adoption of multipurpose devices including duress, as well as computer facilities to support people to continue to engage in day-to-day activities that may require computer access and entertainment. The ICT infrastructure allows for future upgrades as improved technology becomes available. This may include technology that enhances and personalises people's experience while in the ward and therapeutic applications.

Safewards Model

The AAMHS Inpatient Units align with the Safewards model and interventions for use in mental health inpatient units. The Safewards model is designed to reduce conflict and containment or restrictive practices within in-patient units by identifying and addressing the causes of behaviours in staff and patients that may result in harm (conflict) and reduce the likelihood of this occurring. Staff are trained to use a range of methods to manage patient behaviours in a concerted effort to reduce restrictive or coercive interventions. This also requires staff to review their own behaviours and responses to conflict and the strategies used to manage challenging behaviours.

Services provided by the AAMHS Inpatient Units

The services provided by the AAMHS Inpatient Units include, but are not limited to:

- mental state examination and assessment
- medication treatment and education
- psychosocial assessment, review, and education
- medical assessment and support for concurrent physical health issues, including health monitoring and prevention
- assessment and treatment for concurrent alcohol and other drug (AOD) issues
- comprehensive and individualised collaborative care planning involving carers and family as appropriate
- stabilisation of mental health
- brief psychological intervention
- occupational therapy focused interventions
- a comprehensive set of therapeutic activities and groups focused on enabling recovery such as occupational/functional activities, creative arts, opportunities to exercise, recovery groups and leisure activities
- organisation of follow up care for primary mental health issues, provided by the MDT (medical, nursing, allied health clinicians)

- comprehensive peer-led support and intervention for both consumers and family and carers
- access to cultural services including Aboriginal Liaison and Torres Strait Islanders Liaison Officers.
- access to spiritual and religious services including those provided through the CH Chaplaincy service.
- close liaison with community health providers e.g. Community Recovery Service teams, GPs, family and carers, as well as community managed organisations.

AAMHS Inpatient Units Admission Criteria

AMHU HDU

The HDU is intended to be safe environment for people presenting with a range of mental health concerns. Typically, people suitable for a high dependency unit will present with high risk of behavioural disturbance, vulnerability, or other issues. People will be deemed eligible for admission to HDU if they are:

- experiencing a mental illness or disorder
- likely to require a mental health admission extending beyond 48 hours
- admitted under a Mental Health Order (Mental Health Act 2015)
- assessed as medically stable
- assessed as high risk of aggression, self-harm, suicide, absconding or risk to reputation
- not exhibiting signs of delirium, overt confusion, or decreased level of consciousness
- do not have a primary diagnosis of dementia, developmental disability, or traumatic brain injury (unless they are experiencing a significant psychiatric disorder), and
- are not acutely intoxicated from alcohol or other drugs or experiencing effects of drug or alcohol related conditions without significant mental health co-morbidities.

AMHU LDU and 12B

These wards are intended to be safe environment for people presenting with a range of mental health concerns. Typically, people suitable for a low dependency unit will present with low risk of behavioural disturbance, vulnerability or other issues. People will be deemed eligible for admission to LDU or 12B if they are:

- experiencing a mental illness or disorder
- likely to require a mental health admission extending beyond 48 hours
- admitted under a Mental Health Order (Mental Health Act 2015), although not all patients admitted to LDU or 12B are under a Mental Health Order (Mental Health Act 2015)
- assessed as medically stable
- assessed as low-moderate risk of aggression, self-harm, suicide, absconding or risk to reputation
- not exhibiting signs of delirium, overt confusion, or decreased level of consciousness
- do not have a primary diagnosis of dementia, developmental disability, or traumatic brain injury (unless they are experiencing a significant psychiatric disorder), and

- are not acutely intoxicated from alcohol or other drugs or experiencing effects of drug or alcohol related conditions without significant mental health co-morbidities.

MHSSU

MHSSU is intended to be a safe environment for people presenting with a range of mental health concerns. Typically, people suitable for MHSSU will present with low risk of behavioural disturbance, vulnerability or other issues. People will be deemed eligible for admission to MHSSU if they are:

- experiencing a mental illness or disorder
- likely to require a mental health admission up to 72 hours
- admitted under a Mental Health Order (Mental Health Act 2015), although not all patients admitted to LDU or 12B are under a Mental Health Order (Mental Health Act 2015)
- assessed as low-moderate risk of aggression, self-harm, suicide, absconding or risk to reputation
- not exhibiting aggressive behavioural disturbances
- not exhibiting signs of delirium, overt confusion, or decreased level of consciousness
- do not have a primary diagnosis of dementia, developmental disability, or traumatic brain injury (unless they are experiencing a significant psychiatric disorder), and
- are not acutely intoxicated from alcohol or other drugs or experiencing effects of drug or alcohol related conditions without significant mental health co-morbidities.

Admissions to AAMHS Inpatient Units can occur through a number of methods. This includes admission via the CH Emergency Department (ED), transfer from CH medical wards once medically cleared, or transfer from other inpatient facilities. During business hours, direct admissions from community teams may be considered on approval from the Clinical Director.

The AAMHS Inpatient Units are part of CH which is an approved facility able to accommodate people subject to the *Mental Health Act 2015* and *the Crimes Act 1900 (Section 309)*.

AAMHS Inpatient Units Model of Care Governance

The AAMHS Inpatient Units are clinically and operationally governed by MHJHADS. When a person is admitted to an AAMHS Inpatient Unit, responsibility for their care and treatment transfers to AAMHS. Clinical governance within AAMHS Inpatient Units is the responsibility of the entire multidisciplinary team. The team works within professional, quality, and legal frameworks to ensure the safe delivery of mental health inpatient care for people admitted to the AAMHS based on evidence informed practices.

Oversight of clinical operations is supported by the MHJHADS and CHS governance frameworks. The allocation of staff to the AAMHS Inpatient Units from AAMHS resources allows the workforce to be flexible and agile across AAMHS Inpatient Units to optimise skill mix to provide a safe and therapeutic environment.

Operational Procedures

Operational Procedure for AAMHS Inpatient Units

The current CHS AAMHS Operational Procedure (2017) will be expanded to include AMHU, MHSSU, Ward 12B. The operational procedure will distinguish:

- The roles and responsibilities of AAMHS delivered at CHS

- Relationships between AAMHS Inpatient Units and other clinical units and teams across CHS including The Mental Health Consultation Liaison Team, ED and Community Recovery Services.

These operational procedures will be developed and aligned to other AAMHS procedures in areas such as:

- Management and operational protocols
- Management of the deteriorating patient
- Management and operational reporting arrangements – both clinical and administrative
- Management of admission and discharge procedures
- The financial and budget expectations, and tolerances
- Recruitment, workforce development and supervision rules
- Staffing levels, staffing mix, ratios and ‘work teams’, and tolerances
- Performance reporting arrangements
- Service level benchmarks – clinical and non-clinical, and
- Clinical Risk Assessment

AAMHS policies and procedures

All CHS policies will impact upon the services delivered within the AAMHS Inpatient Units. Services provided by AAMHS Inpatient Units also align with National Standards set by the Australian Council on Healthcare Standards (ACHS) and other policies specifically developed by CHS.

Key sources of information that are relevant to the operation of the AAMHS Inpatient Units, include (but are not limited to):

- Canberra Health Services (2017). Adult Mental Health Unit Operational Procedures. CHHS17/299.
- ACT Health (2017). Canberra Hospital and Health Services Operational Procedure: Emergency Department and Mental Health Interface. Canberra Hospital and Health Services; CHHS17/052.
- Restraint and Seclusion Procedure
- ACT Government 1900. Crimes Act 1900
- ACT Government 1991. Guardianship and Management of Property Act 1991
- ACT Government 1997. Health Records (Privacy and Access) Act 1997
- ACT Government 2015. Mental Health Act 2015
- ACT Government 2012. Official Visitor Act, 2012
- ACT Government Privacy Act 1988
- ACT Government Discrimination Act 1991
- ACT Government Work Health and Safety Act 2011
- ACT Health Child Protection Policy
- ACT Health Consent and Treatment
- ACT Health Searching: Limits to Staff Ability to Search a Consumer’s Person and Property
- ACT Health Violence and Aggression by Patients, Consumers or Visitors: Prevention and Management
- ACT Guardianship and Property Act

- ACT Children and Young People Act
- ACT Human Right Act
- ACT Carers Strategy 2018-2028
- The Carers Recognition Act 2021
- Productivity Commission Mental Health
- National Safety Health Services Standards Second Edition 2018
- Challenging Behaviour Guideline
- Occupational Violence Strategy, Policy and Procedure
- Ligature Management procedure
- ACT Health Smoke Free Environment Policy and Procedure
- ACT Health. ACT Charter of Rights for People who experience Mental Health Issues. 2015.
- Mental Health Coordinating Council (MHCC) 2013, Trauma-Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in ACT Australia, A National Strategic Direction, Position Paper and Recommendations of the National Trauma-Informed Care and Practice Advisory Working Group
- Australian Government National Framework for Recovery Orientated Mental Health Services: Guide for Practitioners and Providers. Department of Health, Canberra.
- Department of Health, Australian Government. 2013 A National Framework for Recovery-Oriented Mental Health Services: Guide for Practitioners and Providers

These and other sources of information summarise the relevant evidence base that is used to inform guidelines for clinical service delivery.

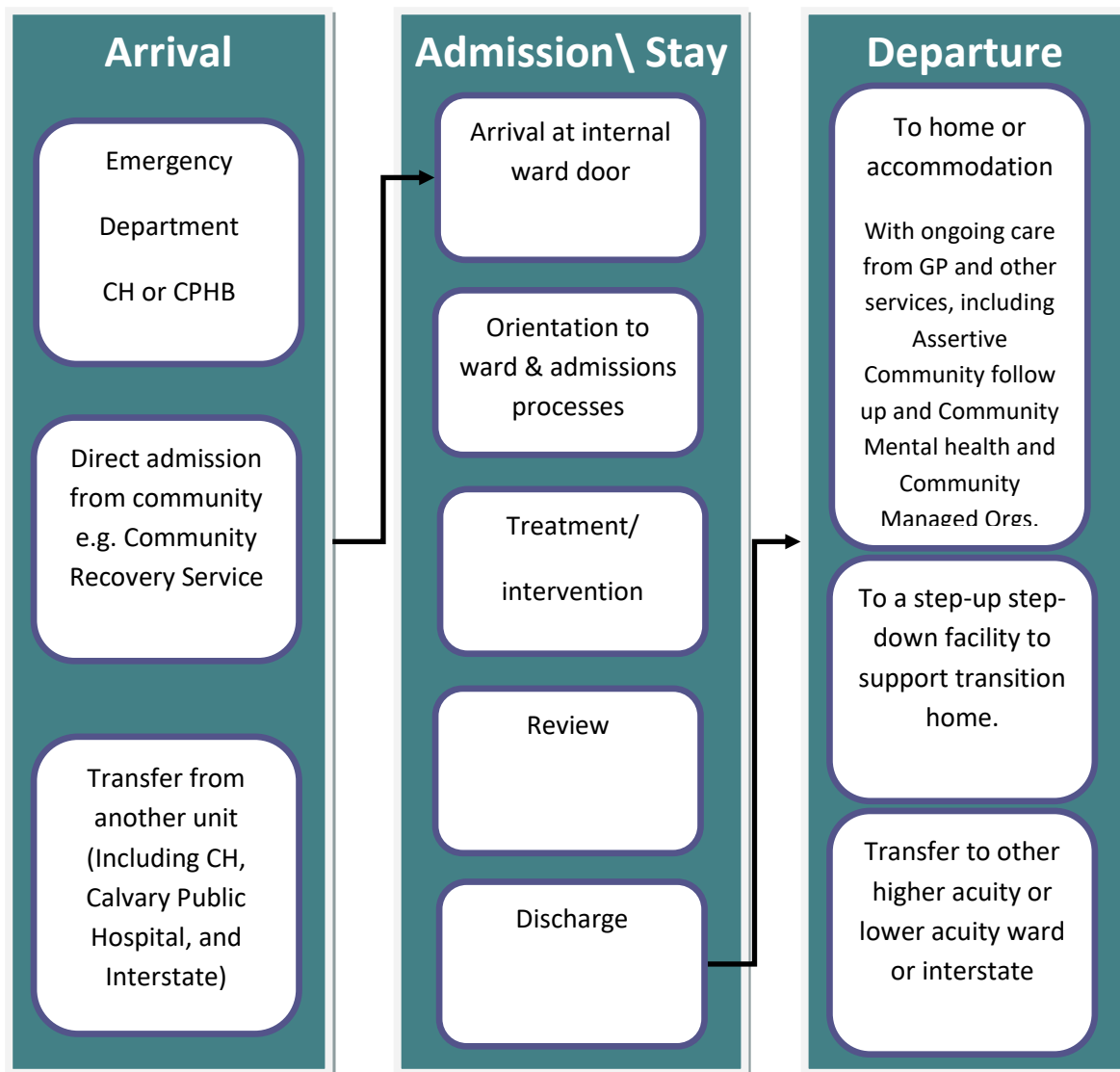
Strategic Framework

The delivery and operations of AAMHS Inpatient Units are informed by the following strategic documents:

- Canberra Health Services Strategic Plan- 2020-2023
- Canberra Health Services Corporate Plan 2020-2021
- Mental Health, Justice Health, Alcohol and Drugs Services Business Plan
- The Fifth National Mental Health and Suicide Prevention Plan
- Canberra Health Services Creating Exceptional Health Care Together Exceptional Care Framework 2020–2023
- Canberra Health Services Partnering for Exceptional Care Partnering with Consumers Framework 2020–2023

Patient Pathway

A person's typical journey through an AAMHS Inpatient Unit is illustrated below from admission to discharge or transfer:



Arrival

Many people eligible for admission to an AAMHS Inpatient Unit initially present to the ED. Admission to a unit may be the outcome of a review by the Mental Health Consultation Liaison team and acceptance of the admission by a Consultant Psychiatrist.

All admissions to the unit are coordinated with the Territory Wide Bed Access Coordinator or After-Hours Hospital Manager (AHHM) subject to bed availability.

Direct admissions from the community may also occur if the person is deemed medically stable. Direct admissions will primarily occur for people who are already known to MHJHADS and facilitated through a Community Recovery Service (CRS) team. Direct admissions are facilitated during standard business hours by arrangement between the admitting team, the AAMHS Clinical Director or delegate and the Territory Wide Bed Access Coordinator.

Transfer from other inpatient units is another common pathway of admission. Transfers may be from other units within CHS, from Calvary Public Hospital Bruce or from an interstate hospital. Direct transfers are available during standard business hours by arrangement between the admitting team, the AAMHS Clinical Director or delegate and the Territory Wide Bed Access Coordinator.

AAMHS Inpatient Unit stay

The admission/transfer process will include but is not limited to:

- ISBAR clinical handover involving the person, the admitting nurse, and the mental health clinician. This may occur by telephone.
- A physical health assessment prior to entering the unit; this may be attended in the preadmission/transferring unit
- Completion of admission/transfer paperwork
- Check and recording of the person's belongings (removal of prohibited items); including but not limited to high-risk medications and illicit substances
- Information about the person's legal status
- provision of a copy of the person's rights and responsibilities and a consumer welcome to AAMHS pack
- Orientation to the unit, ward activities, mealtimes, and allocated room.

Admitted persons will be seen by a medical officer within 24 hours of admission or the next business day. Persons who have been transferred from other inpatient areas of the service may have already been offered this.

The admission process supports the collaborative development of an individualised care plan that guides the expected date of discharge and discharging planning requirements. Additional assessment and intervention are considered wherever relevant, such as a Cultural Assessment completed by an Aboriginal Liaison Officer. Care plans are reviewed on an ongoing basis with the patient, their carer/nominated person/guardian, CRS team and inpatient treating team. This will be informed by psychosocial interventions and assessment of mental state based on participation in group programs.

Discharge planning commences on admission, with any supporting community managed organisations, community teams, nominated persons, family, and carers; all of whom are encouraged to participate in the discharge planning. This recognises the important role family and carers play in a person's recovery journey.

Departure

People will typically depart the AAMHS Inpatient Unit to one of three destinations:

- return to their usual accommodation or alternative accommodation within the community.
- transfer to adult step-down mental health services in their local area if active monitoring and support is required.
- transfer to a longer stay acute, sub-acute or rehabilitation mental health service for ongoing treatment and care.

A discharge summary will be sent to the referrer and/or the person's GP and provided to the patient family/carer or nominated person when requested and available (within 48 hours of discharge). The discharge summary will outline ongoing care arrangements that have been organised, and Community Mental Health providers will have been involved in discharge planning and be contacted (in accordance with pre-arranged care plans) to commence or continue with ongoing care.

Deteriorating patients

The following options are available for people who are deteriorating in mental state:

- **A sensory room** (12B and LDU) is available to people who have the capacity to self-soothe or soothe with the assistance of a staff member. This is accessible from the main ward corridor space.
- **The Vulnerable Persons Suite (VPS)** (12B and AMHU) is available for people with special considerations e.g. presenting with higher levels of acute mental illness, trauma history, or interpersonal difficulties. It consists of two bedrooms with an ensuite, a lounge area, and access to a private courtyard. This area can be configured according to the person's needs.
- **Increased Observation and Transfer of care** consideration of transfer to another facility or increase in visual observations/engagement may be considered if a person's risks increase or needs change.
- **The De-escalation Suite** (12B and AMHU) provides a configurable space to place a person who requires separation from the general ward. People may either choose to enter the de-escalation suite or be placed within the de-escalation suite to soothe and self-manage emotional distress. The de-escalation suite has direct access to an ensuite, a seclusion rooms and a private courtyard.
- **Seclusion rooms** (12B and AMHU) are available if alternative and less restrictive methods of supporting someone to maintain safety have been unsuccessful. Seclusion is a restrictive practice and is used only as a last resort when imminent risk of serious harm to self or others is present. Seclusion should only be used for the minimum time necessary to maintain safety. The use of seclusion is determined and guided under the *Mental Health Act 2015*.
- **For Medical Emergencies** a response will be provided by the CHS Medical Emergency Team (MET).

Workflow and work processes

The workflows and work processes are:

- **Territory-Wide Bed Flow Management:** Prior to admission to any mental health facility across the Territory, each consumer is assessed, and the appropriate clinical setting is identified to best meet their care requirements. These include HDU, LDU, 12B, and MHSSU at Canberra Hospital; the AMHRU at UCH, Acacia and OPMU located on the Calvary Hospital Bruce campus, Dhulwa and Gawanggal.
- **Hospital admission:** Consumers cared for in any of the AAMHS inpatient units are formally admitted as inpatients to CHS. People may arrive through CH ED, by direct admission from the community teams, or by transfer from another ward or facility.
- **Allocation of a bed:** A bedroom is allocated to each person following their arrival. Facilities are made available to cater for people with special needs e.g. larger bedroom with accompanying ensuite, VPS.
- **Orientation to the unit:** People who are admitted to AAMHS are given an orientation to the unit including a brief tour of the facilities, and explanation of the process of care including access to personal belongings and the prohibited items. They are made aware of their Rights and Responsibilities and legal status, and have an opportunity to ask the staff questions.
- **Observation and assessment:** Assessments may be conducted in several ways including within an interview room within the unit, a bedside or lounge-based discussion, private discussion in the external courtyard and/or via observation and engagement within the unit.
- **Care planning:** Care planning occurs as soon as practicable with the person, their carer/nominated person/guardian, and key members of staff within the unit. Family/carers and other service providers are actively included in the development of care plans where appropriate.

Community mental health service care plans are consulted and considered in care planning processes to facilitate continuity across the settings. Community mental health services are actively encouraged to maintain ongoing contact with current consumers admitted to the unit.

- **Interventions:** Treatment first focusses on stabilisation of the person (as appropriate to their needs). Interventions include pharmacotherapy, brief psychological interventions, psychoeducation, family-based therapeutic interventions, occupation focused interventions, creative and expressive arts interventions, exercise physiological interventions and other psychosocial interventions. Care is recovery oriented and tailored to the individual and cultural needs of each person. Interventions are designed to engage the person actively in their recovery with a focus on maintaining or enhancing their skills in managing their wellbeing.
- **Therapeutic program:** The ward program is led by the Allied Health Team however the MDT will support a person to engage where able. The program includes a range of scheduled therapeutic and social activities. There is an expectation that all people will participate in the program depending on their capacity and clinical presentation.
- **Peer-led intervention and support program:** The MDT includes a Consumer Peer Worker and a Carer Peer Worker, who support people and their family/carers with information, education, care planning, discharge planning and sharing of recovery stories.
- **Carer support program:** People and their families/carers have access to the Carer Peer Worker who may support them with information, education, support, linking with carer supports in the community, care planning and discharge planning.
- **Cultural support:** People will have access to culturally specific services to support their recovery. Services in AMHU HDU include access to Aboriginal and Torres Strait Islander Liaisons Officers, translators, spiritual and religious services and other Culturally and Linguistically Diverse services as required.
- **Referral to Allied Health:** Referrals to allied health can be made via the patient journey board, morning handover meetings or contacting the relevant discipline/ department directly.
- **Referral for ongoing community support:** Ongoing care arrangements are discussed at the point of initial care planning and implemented prior to people being discharged from the unit. Wherever possible, community mental health services are engaged in the discharge planning process.
- **Deteriorating patient- Mental Health:** Staff provide support to a person when emotionally distressed. AAMHS offers a variety of spaces that can be used for persons with a deteriorating mental state, including the sensory modulation room, VPS, and the private courtyard. Some people require higher levels of intervention and separation from the rest of the ward in DES. A seclusion room is available in exceptional circumstances.
- **Deteriorating patient- Physical Health:** Medical ward cover will be organised according to hospital policy, including JMO cover 24/7, with the backup option of the specialties registrars. Ward 12B and AMHU have treatment rooms, where physical examinations and treatments can take place. A Medical Emergency Team (MET) response is available to all wards for MET calls/code blue emergencies. A code blue emergency call system and a MET trolley is located within each unit.

Interfaces with other mental health services

Adult Mental Health Unit

For people in HDU who are ready for a lower level of care, the Low Dependency Unit of AMHU is available. Clinical Risk Assessments completed by the treating doctors will determine who is suitable for this environment. A person can be transferred to the LDU without having to leave the larger AMHU building. People in HDU are generally not suitable for transfer to MHSSU or 12B unless they meet the lower care requirements of these units outlined on page 6 of this document. Persons within LDU can transfer between all other units when clinically appropriate or operationally required. If a transfer is occurring to another unit during business hours, the person must be accepted by the treating consultant taking over care for them when on that unit. Transfer to MHSSU or 12B is by government vehicle.

Mental Health Short Stay/12B MHU

Persons within MHSSU or 12B can transfer between all other units when clinically appropriate or operationally required. If a transfer is occurring to another unit during business hours, the person must be accepted by the treating consultant taking over care for them when on that unit. The mode of transport from these units to the AMHU is by government vehicle.

Adult Mental Health Unit- Access to therapeutic and activity spaces (AMHU)

In addition to the Therapeutic Activities Program provided within the AAMHS Inpatient Units, people are also able to access therapeutic and activity spaces such as the gym, kitchen, and art room when safe to do so. Depending on clinical risk and legal status, staff may provide supervised access to these spaces or encourage people to independently access these activities.

Alcohol and Drug Services

Alcohol and drug comorbidity advice will be provided to the ward through the Alcohol and Drug Service Consultation Liaison (ADS CL) service. The Mental Health Comorbidity Clinician will be available for staff development and support in working with people with comorbid mental health, alcohol, and other drug presentations.

Adult Community Mental Health Services

AAMHS Inpatient Units have strong collaborative relationships with community mental health teams from the various program areas of MHJHADS. These are maintained through community teams participating regularly in ward meetings and other forums to support continuity and discharge planning. Any processes for communicating with community based mental health teams are consistent across AAMHS.

The CRS teams provide key services to AAMHS Inpatient Units, which include support for early discharge through the Intensive Home Treatment component of the Home Assessment and Acute Response Team will support (HAART), post-discharge support through HAART and/or the relevant Community Recovery Services (Community Mental Health Team), acceptance of transfer of care for ongoing support of the person through community based clinical management.

Community managed organisations

There are a large range of Community Managed Organisations which provide both specific mental health services and more generalised service which are relevant to the AAMHS Inpatient Unit

population. In some cases, the AAMHS Inpatient Units have ongoing interfaces while others are as needed. Some of these key services include, but are not limited to:

- Way Back Support Service
- Transition to Recovery
- Step Up Step Down
- Mental Health Foundation Discharge Support Program

Active in-reach of community managed organisations is actively encouraged and facilitated by the AAMHS Inpatient Units in order to support early assessment, discharge and improved ongoing care.

Service Support Elements

Clinical Support Services

Security

To ensure all people, staff and others accessing the AAMHS Inpatient Units are provided with a safe environment and workplace, appropriate guidelines, policies and where appropriate, training and education to mitigate and safely manage occupational violence and behavioural disturbances are in place.

To support the safety and security of staff, a fixed and wireless duress system is available throughout the unit, particularly in interview rooms and in staff stations. Personal duress alarms worn on the body of staff members as the move through the unit. Code Black procedures will be part of staff training and will be used in any cases of behavioural disruption within the unit.

CHS Security Services support clinicians in the management of security incidents (including response to problematic visitors, occupational violence episodes, fire alarms, evacuations, and other protective services functions). Working collaboratively as part of a MDT, a Security Officer will accompany patients subject to a section 309 order to ensure their safe and humane detainment in accordance with court orders and the CHS management of patients subject to Section 309 policy.

Wardspersons work collaboratively as part of the MDT as an occupational violence risk mitigation through early intervention and engagement with people. Wardspersons are non-clinical staff and provide support to people to increase engagement in therapy-based activities.

The AMHU always has a CHS Security Supervisor onsite.

The AMHU and 12B always have Wardspersons onsite.

Emergency Department has onsite Security and Wardspersons who can provide support to MHSSU if required

Risk Management

The management of clinical risk for the AAMHS Inpatient Units is integrated within the management of organisational, financial, workplace safety and patient safety systems as endorsed under the ACT risk management system. Clinical risks will be identified, assessed and actions taken for mitigation, incidents reported and investigated. There will be a 'lessons learned' approach to the review of incidents.

The AAMHS Inpatient Units are guided by the MHJHADS Ligation Management Policy and Procedure to inform clinical risk of admitted persons. People deemed to be of a high clinical risk may be considered for AMHU HDU as the most clinically appropriate inpatient facility. Clinical assessment tools also inform the level of observation required.

The MHJHADS Divisional Framework for the Management of Aggression and Violence is adopted for use in the AAMHS Inpatient Units through the adoption of the endorsed principles relating to the practice of environmental, procedural, and relational security.

Clinical risk assessment and management is in accordance with CHS and MHJHADS Policies and Procedures.

Environmental safety

The physical safety of people, staff, and visitors in the AAMHS Inpatient Units is paramount. This is achieved by:

- Staff supporting safe clinical practices with staff taking responsibility for personal safety and the safety of others
- Monitoring of items brought into the unit which may be identified as a personal or environmental risk to others
- Monitoring and removal of contraband (e.g. dangerous items or weapons, illicit substances)
- Maintaining visual observations
- Searching consumers as per CHS policy
- Conducting regular and ad hoc environmental checks
- Ensuring staff are trained and use relevant equipment such as duress alarms and safety equipment
- Acting immediately to respond to identified risks and escalate concerns
- Understanding and being confident in initiating and responding to emergency procedures
- To enable a therapeutic environment and to promote engagement, people need to be able to move around freely without duress of any kind. Persons admitted to the unit and their visitors are advised of unit procedures as a part of the orientation process in order to promote a mutual understanding and expectations of acceptable and unacceptable standards of behaviour to promote a safety culture for all. Required behaviours are set out under the Occupational Violence Policy and Procedures.
- Incorporating safe design principles including:
 - clear lines of sight to all entrances,
 - dual egress in interview rooms,
 - enclosed staff stations in AMHU HDU to prevent someone from entering the clinical space,
 - restricted access of visitors to the units without staff authorisation,
 - restricted viewing of and access to medication,
 - secure storage for personal belongings and valuables,
 - minimising loose objects that may be used as potential weapons,
 - clear delineation of public areas, staff only areas and restricted areas which includes the ability to easily restrict access if required (such as a lockdown button) and signage,
 - a suitable area or room with minimal furniture and fittings designed for patients exhibiting behavioural issues or under police/corrections guard,

- a duress system which is integrated to current systems to allow for response to occupational violence episodes,
- installation of electronic access control systems to control ingress and egress at ward entry points, staff only areas, courtyards, etc.; and
- access to a patient journey board in the staff area and the staff write up room that identifies alerts and clinical risk indicators for staff to understand the clinical and occupational violence risk in the unit at a given time.

Procedural safety

Procedural safety relates to all policies and procedures which maintain safety and security and the governance systems that provide oversight. All AAMHS staff and contractors will be trained at the time of orientation with regular training updates provided. Staff are expected to comply with CHS, MHJHADS and AAMHS policies, procedures, and guidelines.

At a minimum, AAMHS staff and contractors are required to;

- Undertake essential education as stipulated in the CHS Essential Education policy and framework including recent occupational violence training
- Be trained in the function, testing, and reporting of the duress alarm system including fixed and personal duress alarms and if system and device failures occur in accordance with procedures
- Ensure personal and professional behaviours do not contribute to the potential to escalate risk
- Apply safe work practices which involve proactive assessment, mitigation, and management of risk
- Record all reportable incidents through Riskman, your line manager and to CHS Security as required.
- Report acts of violence to ACT Policing where appropriate
- Participate in clinical review of incidents to support a culture of learning and quality improvement, including support post incident

Relational Safety and situational awareness

Relationships between people and staff can be safe and effective while remaining professional, therapeutic, and purposeful with understood limits. Collaborative, person centred, multidisciplinary practices have been adopted and include well defined core values, clear boundaries, and the development of a therapeutic environment which people can be supported through participation in their own treatment and recovery. This promotes a sense of relational security which underpins the therapeutic work to be undertaken. The Safewards model interventions aim to improve relational security leading to greater therapeutic rapport and reduced incidence of occupational violence.

Medical Emergency Team (MET)

The MET will provide a response to Code Blue emergencies on all AAMHS wards. A MET trolley is available on each unit to support staff to undertake Basic Life Support and for use by the MET when they attend.

Pharmacy

Access to pharmacy services within the AAMHS Inpatient Units is provided by pharmacy staff. Pharmacists also provide support, counselling, and advice regarding the medications to the patients. Restricted and individualised medications are monitored and stocked by pharmacist/s available seven days a week.

Central equipment and courier service

The CHS central equipment and courier service is utilised for the delivery of pathology and pharmacy couriers, as well as the delivery and collection of specialised equipment (e.g. air mattresses, bariatric equipment, etc).

Infection prevention and control unit

The universal CHS Infection control processes and guidelines apply to the AAMHS Inpatient Units, including those from the Infection Prevention and Control Unit (IPCU). The IPCU service at CHS provides advice and guidance on issues pertaining to people requiring support for transmissible microorganisms, multi resistant organisms and other infectious diseases. The IPCU provides feedback in relation to blood stream infections, support and advice on hand hygiene, education, maintenance, cleaning, linen and reusable stock and equipment.

Infection control in the AAMHS Inpatient Units includes the following elements:

- *Clinical hand wash basins* and associated equipment and consumables provided throughout the unit.
- In accordance with the Australasian Health Facility Guidelines “*Alcohol based hand rub (ABHR) should not be mounted on walls or beds in consumer areas of the PECC. Staff may carry ABHR instead.*” (p. 9)

Patient Flow Unit

The Patient Flow Unit co-ordinates the bed allocations, patient flow and facilitates transfer of people into and out of CHS (in discussion with the MHJHADS Territory Wide Bed Access Coordinator).

Tissue Viability Service

The Tissue Viability Service provides expert advice and education regarding the management of all wound types across specialties and will attend the AAMHS Inpatient Units if required.

Phlebotomy Service

The phlebotomist is a medical professional who collects blood from the patients and sends them to the laboratory.

Support services

Administration

Clerical services relating to admission are located at the entrance to the units (within MHSSU).

Interpreter service

Interpreter services can be accessed as needed, either in person or via telephone.

Spiritual support

Pastoral Care involves social, emotional, and spiritual support – not only to admitted people, but also their families, visitors and CHS staff. The Chaplaincy and Pastoral Care services provide pastoral care and healing as part of holistic health care to people in the units (as requested).

Environmental and supply services

Cleaning

Dedicated cleaners are allocated to the units. Cleaning equipment is securely stored near clinical areas to enable prompt cleaning of spills. Cleaning services work to ensure that facilities are clean and hygienic as per Infection Prevention Guidelines and contemporary best practice.

Linen

Supplies scheduled are regularly delivered and replenished by the linen contractor staff. Clean linen

supplies are stored on trolleys within the designated linen bay. Restocking is completed by a trolley exchange roll in/roll out system.

Dirty linen carriers (skips) are stored in a dirty utility room. Once full they are tied off by a staff member. Staff transport dirty linen out of the ward to the dock where they are transported offsite for washing by linen contractor staff.

Waste

Waste is removed by the cleaners from all areas and disposed or recycled in a range of receptacles located at the hospital loading dock. Waste streaming bays are located in the clinical areas and staff areas, subject to the assessment to safety, and an exchange bin model where clean, empty spare bins are exchanged for waste bins once they become full. These bins are taken by cleaning staff to the hospital dock where they are emptied.

Food services

Most meals are delivered in a food retherm trolley by a food services staff member and distributed by a Health Services officer (nursing staff in MHSSU).

A community lunch is held once a week where nursing and other staff will join people staying on the ward and eat together. Ward staff will serve the lunch in this case.

Food preparation facilities are available to people and can be utilised for therapeutic groups by the Allied Health staff.

Information and Communications Technology

There are a range of Information Communications Technology (ICT) requirements to be met to support effective clinical care and amenity. These requirements include, but are not limited to:

- integrated patient wrist band systems
- Wi-Fi access throughout the ward
- network enabled throughout all areas including ports for future expansion
- entertainment systems
- internet access for participation in therapeutic interventions and for psychosocial reasons, such as housing, employment, banking etc.
- Contemporary multifunctional devices incorporating duress
- video-conferencing and smart board facilities to support participation in ACAT hearings and other meeting activities.

The ICT infrastructure also allows for future upgrades as improved technology becomes available. This may include therapeutic applications and technology that enhances and personalises the persons experience while in the ward.

Workforce

The staff profile requires a skilled workforce adept at assessing and treating people presenting in mental health crisis. Members of the AAMHS Inpatient Unit multidisciplinary workforce are required to work flexibly across all of the inpatient units, and in the wider MHJHADS Division as required.

The AAMHS Inpatient Units comprises specialist medical, nursing, allied health team members, inclusive of peer workers and, Aboriginal Liaison Officer team with access to additional support. This includes access to expertise within the extended Adult Acute Mental Health Service. In-reach specialist consultation services are also provided (e.g. Alcohol and Drug Service, Mental Health

Service for People with an Intellectual Disability, Older Persons Mental Health Service) along with other medical specialties.

Nursing Workforce

All AAMHS Inpatient Units are staffed in line with the current nursing ratio outlined in the Nursing and Midwifery Enterprise Agreement 2020-2022.

- HDU 1:2 Morning, evening, and night shift
- LDU 1:4 Morning and evening; and 1:6 on night shift
- Additional staff above ratios may be allocated to ensure staff and consumer safety and to enable care to be provided in line with the Model of Care.

Allied Health Team

CHS Allied Health practitioners work collaboratively as part of the multi-disciplinary team offering a range of allied health services including:

- Aboriginal and Torres Strait Islander Liaison officers (ALO): provide support to Aboriginal and Torres Strait Islander People and their families who are patients of Canberra Hospital
- Audiology: provide assessment and referral for ongoing management of patients with conductive or sensorineural hearing losses, including assessing tolerance of ototoxic medications.
- Social Work: provides psychosocial support to patients and families, collaborates between the multidisciplinary team and facilitates communication, patient advocacy, provides information on support services and links eligible patients to appropriate service providers.
- Physiotherapy: provides assessment, goal-based interventions, health promotion and discharge planning for patients across the lifespan with cardiorespiratory, neurological and musculoskeletal problems. Physiotherapists work as part of the multidisciplinary team to maximise patient's function and quality of life.
- Occupational Therapy: provides functional and cognitive assessments, refers eligible clients to equipment loan service and organises short-term loan equipment, conducts home visits, liaises with appropriate service providers, and organises home modifications as needed for eligible clients. This service includes Hand Therapy
- Podiatry: provides treatment for disorders of the foot, ankle, and their related structures. They help prevent, diagnose, and treat a wide range of conditions including post operative footwear requirements and ongoing wound care and debriding.
- Dietitian: provides nutritional assessment and support, and education and information on dietary requirements. They play a key part in preventing and treating malnutrition and ensuring increased nutritional requirements are met for recovery.
- Clinical Psychology: provides psychological expertise and support for clients who may need assistance with mental health changes related to their illness, injury, or health-related problem.
- Neuropsychology: provides a specialist service focused on understanding the relationship between the brain and behaviour in conditions/disorders affecting the nervous system, for example, strokes, brain injuries, dementia. Neuropsychologists assess cognitive functioning/thinking skills, for example, attention, memory, ability to solve problems, language)

to help clients and their medical team understand changes in cognition and how this might impact on the individual's recovery.

- Speech Pathology: provides evaluation and treatment of cognitive, speech and language, and voice and swallowing disorders.

AMHU Workforce Profile

- Medical staff, including:
 - Staff Specialist
 - Psychiatry Registrar
 - Junior Medical Officer
- Nursing staff, including:
 - Clinical Nurse Consultant
 - Clinical Nurse Educator
 - Clinical Development Nurse
 - Registered and Enrolled Nurses
 - Assistants in Nursing
- Allied Health and other services (please refer to *Allied Health Team* section)
- Security Supervisor and Wardspersons are onsite 24 hours – additional response from the main hospital is available to minimise an identified safety risk on the unit.

MHSSU Workforce Profile

- Medical staff, including:
 - Staff Specialist
 - Psychiatry Registrar
 - Junior Medical Officer
- Nursing staff, including:
 - Clinical Nurse Consultant
 - Clinical Development Nurse
 - Registered and Enrolled Nurses
 - Assistants in Nursing
- Allied Health and other services (please refer to *Allied Health Team* section)
- Allied Health and other services are provided by the larger team located at AMHU. Security and/or Wardspersons at CH will attend the unit if a code black is called, or to minimise an identified safety risk on the unit.

12B Workforce Profile

- Medical staff, including:
 - Staff Specialist
 - Psychiatry Registrar
 - Junior Medical Officer
- Nursing staff, including:
 - Clinical Nurse Consultant
 - Clinical Development Nurse
 - Registered and Enrolled Nurses
 - Assistants in Nursing

- Allied Health and other services (please refer to *Allied Health Team* section)
- Allied Health and other services are provided by the larger team located at AMHU. Security and/or Wardspersons at TCH will attend the unit if a code black is called, or to minimise an identified safety risk on the unit.

Accreditation, training, education, and research

All new the AAMHS Inpatient Unit staff will be provided with CHS MHJHADS and local orientation as an essential element of their induction to the Division and to the AAMHS Inpatient team.

Orientation and induction to AAMHS Inpatient team will include mandatory training, as well as work health and safety and occupational violence training. General information relating to access and key management, an overview of equipment and technology, building management including duress, emergency procedures, room management and lighting control and ICT including entertainment systems, TV's and multifunction devices is also provided.

All staff working in the AAMHS Inpatient Units will complete essential education requirements specific for the team as per CHS, MHJHADS and local procedures.

Benefits of MoC

A range of benefits associated with the delivery of care within the AAMHS Inpatient Units at the CHS will be monitored.

Key benefits of the MoC include:

- Improved patient experience,
- Improved carer and consumer engagement in care delivery
- Improved staff experience and satisfaction; and
- Increased positive feedback and reduced complaints received by the CHS Patient Liaison service.
- Consumers receive the right care in the right place at the right time
- Trauma informed, diverse and culturally safe care is provided to consumers admitted to the AAMHS Inpatient Units
- Timely admission and transfers in and out of other mental health units to the AAMHS Inpatient Units
- The AAMHS Inpatient Units Average Length of Stay aligns with National benchmarking
- The AAMHS Inpatient Units service model is enhanced through the current suite of monitoring and evaluation tools by the design and collection of patient reported outcomes data.

Monitoring and Evaluation

Monitoring and evaluation of the AAMHS Inpatient Units will occur through a range of mechanisms, including:

- CHS's Clinical Governance Structure and Committees
- CHS's Risk Management Processes
- CHS's structures for MHJHADS Morbidity and Mortality Committee
- Operational and management performance monitoring processes that indicate accountabilities, synergies and efficiency measures occurs externally through the re-accreditation process
- Australian Council of Healthcare Standards (ACHS) against the National Safety and Quality Health Service (NSQHS) Standards set by the Australian Commission on Safety and Quality in Health Care (ACSQHC).
- NSQHS Standards User guide for Aboriginal and Torres Strait Islander health
- MHJHADS and program area Governance Committees
- MHJHADS Strategic, Corporate and Business plan deliverables

This Model of Care will be reviewed and consulted on every three years unless otherwise required.

MoC development participants

Position	Name
Executive Director, MHJHADS	Katrina Rea
Clinical Director, Adult Acute Mental Health Services	Florian Wertenuer
Director of Nursing, Adult Mental Health Services	Sonny Ward
ADON, AMHU, MHSSU, 12B MHU	Shaun Bayliss
Acting Clinical Nurse Consultant (CNC)	Hayden Turnbull
Acting Clinical Nurse Consultant (CNC)	Meenu Rana
Clinical Nurse Educator (CNE) Acting Clinical Nurse Consultant (CNC)	Anita Cregan
Allied Health, AMHU	Roz Fitzgerald David Warren
Aboriginal Liaison Team	Suzanne Clarke Darren Solomons
AAMHS NUM	Monique Fielder
Business Manager, MHJHADS	Jenna Kratzel
Consumer Consultant	Kurt Schreiber

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ACT Health acknowledges the Traditional Custodians of the land, the Ngunnawal people. ACT Health respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. ACT Health also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

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