

Te Whatu Ora Health New Zealand Hauora a Toi Bay of Plenty	MENTAL HEALTH & ADDICTION SERVICES ADMISSION TO ACUTE INPATIENT UNIT	Protocol CPM.M5.9
CLINICAL PRACTICE MANUAL		

PURPOSE

It is Te Whatu Ora – Health New Zealand Hauora a Toi Bay of Plenty Mental Health & Addiction Service's (MH&AS) aim that access and admission to Inpatient MH&AS occurs in an efficient and safe manner, following a comprehensive assessment for tāngata whai ora / service users who meet the criteria.

OBJECTIVE

- To provide psychiatric care to those tāngata whai ora / service users who have been assessed as being acutely mentally unwell and are unable to be safely cared for in a community setting.
- To ensure a welcoming, effective and efficient entry to inpatient services is provided to tāngata whai ora / service users, their families and whānau.
- To facilitate tāngata whai ora / service users and their family / whānau (with consent) involvement in the assessment, treatment and treatment planning processes in the acute phase of mental illness.
- To meet Health & Disability Service Standards.

STANDARDS TO BE MET

1. Criteria for Admission

- 1.1. Acute and severe symptoms of mental illness requiring 24 hour assessment, care and treatment; and / or.
- 1.2. Care is unable to be safely provided within a community setting.

2. Exclusions for Admission

Any of the following in the absence of acute and severe symptoms of mental illness:

- 2.1 **Intoxication – (unless admitted for planned withdrawal, or it is not possible to accurately assess the tāngata whai ora / service user for symptoms of acute and severe mental illness due to intoxication)**
- 2.2 Homelessness or other social / financial difficulties
- 2.3 Intellectual disability as the main presenting problem

3. Assessment

- 3.1 A comprehensive assessment will be commenced as per [CPM.M5.10 Assessment](#) as soon as is practicable, by a Medical Officer and / or appropriately trained mental health professional.
- 3.2 The completed assessment will be recorded in the tāngata whai ora / service user's health record and available to the admitting registered nurse (RN) for completion.
- 3.3 A risk assessment will be carried out as part of the assessment and admission process. This will be commenced by the health professional carrying out the initial assessment and passed on to the admitting RN (refer to [CPM.M5.26 Risk Assessment](#)).

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Review Date: Apr 2026	Version No: 9	
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- 3.4 A medical physical examination and assessment should occur within 8 hours of admission and / or prior to medication being administered but it is recognised that this is not always possible due to the urgency of treatment or the tāngata whai ora / service user's presentation state. In these cases medication may be required prior to examination and assessment.
- 3.5 Psychiatric reassessment and review will occur within 24 hours of admission and is the responsibility of the tāngata whai ora / service user's designated Responsible Clinician / Senior Medical Officer and Registered Nurse (RN).
- 3.6 Unless subject to the Mental Health (CAT) Act, or the tāngata whai ora / service user has been admitted under the SACAT Act, the tāngata whai ora / service user's written consent should be obtained prior to administering medication. Any further investigations from rCP / Éclair shall be recorded in the tāngata whai ora / service user's health record.

4. Admission Process

- 4.1 Admission to the inpatient service involves acceptance of the tāngata whai ora / service user following handover to the Senior Medical Officer (SMO) and an Associate Clinical Nurse Manager (ACNM).
- 4.2 A mental health professional involved will liaise with a ACNM to co-ordinate the tāngata whai ora / service user's arrival to the inpatient facility.
- 4.3 Where admission is required, every attempt is made to provide care in the least restrictive manner e.g. voluntary admission.
- 4.4 When tāngata whai ora / service users are brought to the ward the responsibility for tāngata whai ora / service user care remains with the assessing team until admission has occurred.
- 4.5 Family / whānau members or significant others, as identified by the tāngata whai ora / service user are encouraged to stay with the tāngata whai ora / service user throughout the admission process, and can be offered the opportunity to stay.
- 4.6 Māori clients will be given written and verbal information on Māori Health Services and Te Pou Kōkiri (Cultural Worker) supports within the hospital.
- 4.7 In Tauranga the option of being cared for by the Kaupapa Māori nursing team will also be offered.
- 4.8 A RN will be identified and responsible for receiving and welcoming the tāngata whai ora / service user and their family / whānau on arrival to the unit, and to complete or co-ordinate the admission procedure.
- 4.9 Each tāngata whai ora / service user is orientated to the unit environment and informed of the process of assessment, treatment and discharge.
- 4.10 Written and verbal information is given to the tāngata whai ora / service user and their family / whānau in respect to their rights while receiving inpatient services.
- 4.11 Access to interpreters is facilitated for tāngata whai ora / service users whose preferred language is not English.
- 4.12 Assessment and care is prioritised and provided in a way that meets the tāngata whai ora / service user's needs for safety and dignity.
- 4.13 Admission to the inpatient unit is documented in the tāngata whai ora / service user's health record and on the relevant assessment and admission forms.

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5. Treatment Plan

- 5.1 The RN responsible for admitting the tāngata whai ora / service user will formulate an initial treatment plan in collaboration with the admitting medical officer, the tāngata whai ora / service user and their family / whānau (where appropriate), in a timely manner following entry to the unit and admission assessment.
- 5.2 A comprehensive plan will be completed as clinically appropriate and in time for the next multidisciplinary team (MDT) meeting (refer [CPM.M5.30 Treatment Plan](#)).
- 5.3 The initial treatment plan will include a risk management plan (refer [CPM.M5.26 Risk Assessment](#)) completed by the admitting team.
- 5.4 Discharge planning will be organised throughout the inpatient stay.

6. Continuity of Care

Continuity of care between Community Mental Health (CMH) services / teams and inpatient care is promoted by having:

- 6.1 A designated Responsible Clinician and inpatient RN for each tāngata whai ora / service user who is identified at the point of admission and communicated to both staff and the tāngata whai ora / service user while an inpatient. A CMH Case Manager is identified as soon as possible and occurs prior to the first weekly CMH / Inpatient meeting where discharge planning is commenced. Wherever possible the same Psychiatrist responsible for community care will also provide inpatient care for the tāngata whai ora / service user.
- 6.2 The designated Case Manager is to be involved wherever possible in the admission, treatment and discharge processes. If for some reason this does not occur, it is the responsibility of the designated inpatient RN to notify the Case Manager as soon as it is practical of the tāngata whai ora / service user's admission and document any alteration to the treatment plan. The CMH Case Manager has to be notified as soon as practicable about the date and address of discharge or within 24 hours after leaving the inpatient unit
- 6.3 One health record for each tāngata whai ora / service user accompanies them from the community to the inpatient service - this includes current assessment(s).

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PROCEDURE

Admission To Inpatient Service

PROCESS	STANDARDS/TASKS	WHO
Assessment	<ul style="list-style-type: none">Initial Assessment occurs prior to decision to admit tāngata whai ora / service user to inpatient service by a Psychiatrist or Medical Officer (MO)	MO
Decision To Admit	<ul style="list-style-type: none">Does the tāngata whai ora / service user meet inpatient admission criteria?Has crisis/respite or intensive home based assessment and treatment been considered?What is the preference of the tāngata whai ora / service user / family whānau?	
Contact Inpatient Service And Co-Ordinate tāngata whai ora / service user Arrival	<ul style="list-style-type: none">Contact Inpatient Associate Clinical Nurse Manager (ACNM)	MO / Community / Case Manager / Acute Care Team Member
Is The Person To Be Admitted Via IPC Or General Acute	<ul style="list-style-type: none">Discuss tāngata whai ora / service user’s current mental state, presentation, risks and needs, to establish whether IPC or general admission is indicated.Forward Comprehensive and Risk Assessment documentation to ACNM prior to tāngata whai ora / service user arrival whenever possible.	Admitting Assessor(s) ACNM
IPC		
Acute See Separate Flow Chart		
Admission Nurse Allocated	<ul style="list-style-type: none">Prior to admission a nursing staff member is identified to facilitate patient admissionAttention should be given to tāngata whai ora / service user’s gender, culture and immediate care needs.	ACNM
Tāngata whai ora / service user, family / whānau (if Present) Are Met And Welcomed	<ul style="list-style-type: none">Tāngata whai ora / service user, family / whānau are met by the admitting RNThey are taken to an appropriate private and comfortable area - according to need or circumstancesFamily / whānau, significant others notified if not presentOn admission the RN discusses the tāngata whai ora / service user, family / whānau understanding of reasons for admissiontāngata whai ora / service user (inpatient) data entry (front sheet, demographic data)	Admitting Nurse
Assessment & Treatment Handover	<ul style="list-style-type: none">The assessment outcomes and initial treatment needs will be recorded and discussed	Admitting Nurse and Admitting MO

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Admission To Inpatient Service

PROCESS	STANDARDS/TASKS	WHO
Orientation And Immediate Needs	Orientation to Inpatient Service including: <ul style="list-style-type: none"> Physical environment Care & Treatment programme Likely length of stay Rights Responsibilities Immediate needs assessed and responded to 	Admitting RN
Tāngata Whai Ora / Service User, Family / Whānau Information	The tāngata whai ora / service user and their family, whānau or support people (with consent) will remain involved and informed of: <ul style="list-style-type: none"> The outcome of assessment, including any Mental Health Act assessments Any proposed treatment options This information should be gone through verbally and also given in written format where available: Any Mental Health Act papers addressed to the client A copy of Health & Disability Code of Rights and Patients Rights pamphlet Inpatient information booklet The role of the Te Pou Kokiri (Whakatane) and the option of Kaupapa nursing care (Tauranga) Client advocacy and support services Contact phone numbers and visiting hours Where family, whānau, support are not present on admission, attempts should be made to contact the client's preferred support as soon as possible and within 24 hours of admission 	Medical Officer and Admitting RN
Patient Personal Property	<ul style="list-style-type: none"> tāngata whai ora / service user personal property should be checked as per policy prior to being put in tāngata whai ora / service user's bedroom Care should be taken particularly to note any valuables or items that present a safety risk 	Admitting RN
Initiate Treatment Plan	<ul style="list-style-type: none"> An initial Treatment Plan should be in place as soon as practicable after arrival in the unit The initial Treatment Plan is developed following psychiatric admission assessment, nursing assessment and risk assessment. The initial Treatment Plan should incorporate a provisional diagnosis made by admitting Medical Practitioner 	Admitting RN

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Admission to Inpatient Service when Inpatient Unit Beds Full

PROCESS	STANDARDS/TASKS	WHO
Patient Flow Meetings	<ul style="list-style-type: none"> Patient flow meetings are held 3 x per week Mon, Wed, Fri and urgent meetings also held when inpatient unit is at capacity. Purpose of the meeting is to review current patient readiness for discharge and identifying barriers to discharge, highlighting probably admissions and stocktaking current community (Respite & funded NGO) resources. 	CNM, ACNM, Ward MDT and Crisis
Urgent Patient Flow Meetings	<ul style="list-style-type: none"> This Patient flow meeting is held when the Inpatient Unit is at Capacity. Inpatient capacity is the trigger for an urgent patient flow meeting coupled with expected demand 	Clinical Director, Nurse Leader, SMO's and staff roles as above
<div>Patient Requiring Admission</div> <div>↓</div> <div>Inform Tāngata Whai Ora / Service User And Their Family / Whānau</div> <div>↓</div> <div>Review Of Options</div> <div>↓</div> <div>Outcome Of Review</div> <div>↓</div> <div>Inform Tāngata Whai Ora / Service User And Their Family / Whānau</div> <div>↓</div> <div>Fully Admit Tāngata Whai Ora / Service User or Arrange Transfer To Alternate Facility</div>	<ul style="list-style-type: none"> Where admission of a tāngata whai ora / service user is required, but all beds are full, then the admission process should be initiated as appropriate while suitable transfer of care or alternatives are arranged 	Medical and Admitting Staff
	<ul style="list-style-type: none"> Inform tāngata whai ora / service user and their family and whānau of the current situation and potential options. Seek their preferences in respect to possible options Commit to keeping them informed and updated 	Medical and Admitting Staff
	<ul style="list-style-type: none"> Psychiatrists called and asked to review their current inpatients for discharge or supported early discharge via intensive home based care. If unit beds remain full following Psychiatrist review, then Te Whatu Ora Hauora a Toi Bay of Plenty consider transfer / admission to: <ul style="list-style-type: none"> Ward including Tauranga & Whakatane psychiatric or medical. Community Resources - Respite provider & funded NGO. Liaise regionally with other Districts 	ACNM and Psychiatrists /on-call Psychiatrist
	<ul style="list-style-type: none"> Best option identified taking into consideration tāngata whai ora / service user, family or whānau view and current resource service availability 	ACNM and Psychiatrist
	<ul style="list-style-type: none"> Inform and discuss outcome of review and proposed plan 	ACNM and Psychiatrist
		Admitting RN and ACNM

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REFERENCES

- Mental Health (Compulsory Assessment & Treatment) Act 1992 and Amendments
- Health & Disability Services Standards NZS 8134:2008 Standards New Zealand
- The Blueprint for Mental Health Services in New Zealand, Mental Health Commission, November 1998
- Guidelines for Clinical Risk Assessment and Management in Mental Health Services, Ministry of Health, July 1998
- Ngā Paerewa Health & Disability Service Standards NZS 8134:2021
- National Service Specification – Adult Mental Health Services, 2009

ASSOCIATED DOCUMENTS

- [Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.10 Assessment](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.26 Risk Assessment](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.30 Treatment Plan](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty policy 2.5.2 Health Records Management](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty policy 7.104.1 protocol 1 Care Delivery - Nursing and Midwifery and protocols](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty policy 6.2.3 protocol 35 SOP – Prioritisation of Care Guidance](#)

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