ACT Government | Canberra Health Services

12B Low Dependency Unit

Model of Care

Model of Care

August 2021

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Position	Name	Signature	Date

Document version history

Version	Issue date	Issued by	Issued to	Reason for issue
Draft v0.1	2 July 2020	Adult Acute Mental Health Services	AAMHS	Development of preliminary draft
Draft v0.2	31 July 2020	Adult Acute Mental Health Services		Incorporates changes based on consultations with: • Office of the Director of Allied Health • Adult Community Mental Health Services • Alcohol and Drug Services • Aboriginal Liaison Service • Adult Acute Mental Health Services Leadership and Senior Staff • Alcohol and Drugs Services • Environmental Services • Food Services • Medical Emergency Team • Safe Wards Project • Protective Services and Transport DONs Office not consulted Adds primary interfaces including mental health services and community managed orgs.
Draft v0.3	14 December 2020	Adult Acute Mental Health Services	AAMHS	

Introduction

This Model of Care (MoC) outlines the principles, aims and objectives of the elements of care and service delivery for the operation of the 12B Low Dependency Unit (LDU).

It provides the basis for how we will deliver evidence-based care to every person accessing the unit, through integrated clinical practice, education, and research. The MoC contains information about patient flows (the areas from where people enter and exit the service) and service co-ordination (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. This first version of the 12B LDU MoC has been developed to inform the design process and as a starting point of broader consultation. The MoC will be further refined in the time leading up to the opening of the unit. The 12B LDU MoC will be similar to the Adult Mental Health Unit (AMHU) LDU MoC but also reflects the unique opportunities provided by the 12B built environment.

Principles

These service principles will guide our work and how we deliver services in 12B LDU.

1. **Recovery oriented**
   - 12B LDU will foster a culture of hope and empowerment that values respectful and therapeutic relationships, builds on the strengths and resources of the person, their family, and their community.
   - 12B LDU will promote autonomy, self-determination and the awareness of rights and responsibilities.
   - 12B LDU will 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) will be equal partners within the multidisciplinary care team (MDT), enabling them to be actively involved in their own care.
   - Service provision will be trauma-informed and culturally safe and guided by the aspirations, priorities, needs and preferences of the person and their family.
   - 12B LDU will support individual and family/carer involvement in the planning of their care.
   - 12B will recognise the rights of a person in line with all relevant legislative requirements.
3. **Embracing diversity and accessibility**
   - The service and staff will acknowledge the diversity and complexity of people accessing services through the adoption of informed, flexible and adaptive practices.
   - 12B LDU will provide services that are timely and responsive to people's needs.

4. **Multidisciplinary**

- 12B LDU will provide a range of evidence-based interventions supported by MDT including peer workers.
- MDT engagement is integrated into all aspects of a person's journey through 12B commencing within 24 hours of admission.

5. **Safe and effective**
   - 12B LDU will provide 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.

Description of service

The 12B LDU will be a dedicated 10-bed inpatient acute mental health inpatient unit located within Canberra Hospital (CH) and operated by the Division of Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS), Canberra Health Services (CHS). The unit provides assessment, treatment and therapeutic intervention for persons aged 18 years and over (unless otherwise approved for people under aged 18 years) 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 High Dependency Unit (HDU).

There will be no set length of stay for 12B LDU although it anticipated that most people accessing 12B LDU 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 will be first considered for admission at the Mental Health Short Stay Unit (MHSSU).

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

Mental health services within the ACT

There are over 30 distinct public mental health services within the ACT. These may be inpatient, or community based and may provide services to people presenting with a range of different acuity level. 12B LDU is one component of the mental health inpatient services within the primary care and community sector which provide mental health services to adolescents, adults and older people.

The AMHU located at CH provides care and treatment for people presenting with the high levels of acuity. The unit includes high dependency and low dependency beds. The HDU provides the highest level of inpatient care within the ACT for the general adult population. The AHMU LDU provides a similar service to that which will be provided at 12B LDU. It is anticipated that in the future the models for both these units will be aligned.

The Mental Health Short Stay Unit is a low dependency 6 bed inpatient unit in the CH Emergency Department for people requiring extended mental health assessment and or treatment initiation.

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.

The Extended Care Unit (ECU) is a specialist mental health facility adjacent to Calvary Hospital in Bruce. The ECU 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 (Older persons mental health unit), 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. Sub-acute (or extended care) services also include step-up and step-down facilities aimed at re-stabilising or monitoring potential deterioration of people living in the community, as well as providing step-down care after admissions to an acute inpatient unit.

Many public mental health services exist within community settings. These services are focused upon early detection, intervention and hospital diversion. Adult Community Mental Health Services (ACMHS), 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 levels of acuity.

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 12B LDU and community-based services is key to successfully supporting people to return home. Most people leaving 12B LDU will be followed up by their GP and many with the addition of follow up by a CHS community mental health team and/or additional support of community managed organisations. Accordingly, partnerships between the 12B LDU community based mental health teams, community managed service providers and GPs will be actively maintained to ensure successful discharge planning.

The 12B LDU environment

12B LDU will provide a range of therapeutic environments and design characteristics which are consistent with the unit's principles of care and will be designed to support an individuals' recovery. The ambience of the unit will reflect a comfortable environment that is calm, light and welcoming. It will be characterised by flexible spaces that can be adapted to individuals' needs. Some of the environmental design features are outlined below.

- *A range of environments to support people to self-manage emotional distress and engage in therapeutic activities through self-direction and support.* These include a sensory room, gardens, communal areas, a dining area and, internal and external activity spaces. In addition, spaces are available for when people might require greater intervention including a De-escalation Suite (DES) with access to a private external courtyard. The DES also has access to a seclusion room for use in exceptional circumstances as required under the *Mental Health Act 2015.*

- *Flexible bedroom spaces to support a range of diverse needs*. This includes several larger size bedrooms and the Vulnerable Person's Suite (VPS) / DES complex. The VPS/DES suite will be interconnected and can be flexibly configured depending on the persons need. This suite along with the larger rooms can potentially be configured to allow for two beds within the space. This space may be used to support kinship and family/carer stay as well as the option to explore discharge lounge and transit lounge options withing the safety of the unit. The VPS contains separate bedroom and lounge areas that could be set up to better support the needs of people with higher levels of vulnerability such as adolescents, younger adults, people with frailty and people with acute agitation. One of the larger rooms will also support the installation of bariatric equipment.

- *Spaces to support people to have contact with carers, family and visitors in culturally and age appropriate ways both internal and external.* This will include quiet spaces and areas where people can be more active.

- *The placement of the staff station within the main communal space*. This will provide staff accessibility to people within the unit 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.* These will be accessible to people to support independence and encourage the maintenance and enhancement of skills.

- *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. Duress alarms, pressure sensor doors

- *A large light filled courtyard* that will provide a range of outside environments with therapeutic potential including sensory gardens, areas for sport and physical activity and potential for indoor-outdoor dining areas.

- *A large communal dining and living space* with a kitchen that provides opportunities for people to participate in meal preparation and dining, social activities, leisure, and therapeutic activities.

- *Information and Communications Technology,* including network ports and WIFI, will be installed throughout the unit. This will support 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 will also allow 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.

Services provided by 12B LDU

The services provided by 12B LDU will include, but will not be 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
- occupation 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 Officers.
- access to spiritual and religious services including those provided through the CH Chaplaincy service.
- close liaison with community health providers (e.g. Community MH Teams, GPs, family and carers, as well as community managed organisations)

12B LDU Admission Criteria

12B LDU is intended to be adaptable to service needs and it is expected people with a wide range of mental health concerns will be admitted. As a low dependency unit people will need to be presenting with mental health presentations requiring inpatient care with a lower risk of behavioural disturbance, vulnerability or other issues and will be deemed eligible for 12B LDU admission if they are:

- likely to require a mental health admission extending beyond 48 hours
- assessed as medically stable physically
- 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 intoxicated from alcohol or other drugs or experiencing effects of drug or alcohol related conditions without significant mental health co-morbidities.

Admissions to 12B LDU may come from the CH Emergency Department (ED) or be transferred from other inpatient facilities which may include AMHU or Calvary Public Hospital Bruce. During business hours direct admissions from community teams may be considered.

The 12B LDU is 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).*

12B Model of Care Governance

The 12B LDU is an integrated inpatient unit which will be clinically and operationally governed by the MHJHADS AAMHS. Once a person is admitted to the 12B LDU, responsibility for their care and treatment transfers to AAMHS. Clinical governance within the 12B LDU 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 12B LDU based on sound and evidence informed practices.

Oversight of clinical operations is supported by the MHJHADS and CHS clinical governance frameworks. The allocation of staff to 12B LDU from AAMHS resources will be developed with the workforce plan prior to the opening of the new unit. Staffing will be flexible and agile across AAHMS inpatient units. Skill mix will be optimised to provide a safe and therapeutic environment.

Operational Procedures

Operational Procedure for the 12B LDU

The AAMHS Operational procedure will be expanded. The operational procedure will distinguish:

- The roles and responsibilities of 12B LDU services delivered at CHS
- Relationships between the 12B LDU and other clinical units across CHS including others AAMHS, ED and community mental health services.

These operational procedures will be developed and aligned to other AAMHS procedured and then refined in the period leading to the opening of the new unit and will include 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, and
- Service level benchmarks – clinical and non-clinical
- Clinical Risk Assessment

12B LDU policies and procedures

All CHS policies will impact upon the services delivered within 12B LDU. Services provided by the 12B LDU will also align with National Standards set by the Australian Council on Healthcare Standards (ACHS) and other policies specifically developed by CHS.

12B LDU policies and procedures specific to 12B LDU will be developed in the 12 months leading to the opening of the ward.

Key sources of information that are relevant to the operation of the 12B LDU, 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
- National Safety Health Services Standards Second Edition 2018
- Challenging Behaviour Guideline
- Occupational Violence Strategy, Policy and Procedure
- Ligature Management procedure
- ACT Health. ACT Charter of Rights for People who experience Mental Health Issues. 2015.
- Cusack, K. J., Frueh, B. C., & Brady, K. T. (2004). Trauma history screening in a community mental health center. Psychiatric Services, 55(2), 157-162

- Mann, J., Gostin, L., Gruskin, S., Brennan, T., Lazzarini, Z., and Fineberg, H. 1994. Health and Human Rights, Health and Human Rights 1 (1) pp. 6-23
- 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.
- Steffen, S., Kosters, M., Becker, T., Puschner, B. 2009. Discharge planning in mental health care: a systematic review of the recent literature. Acta Psychiatric…a Scandinavia 120(1) 1-9
- Department of Health, Australian Government. 2013 A National Framework for Recovery-Oriented Mental Health Services: Guide for Practitioners and Providers
- World Health Organization. "Investing in mental health." (2003).

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

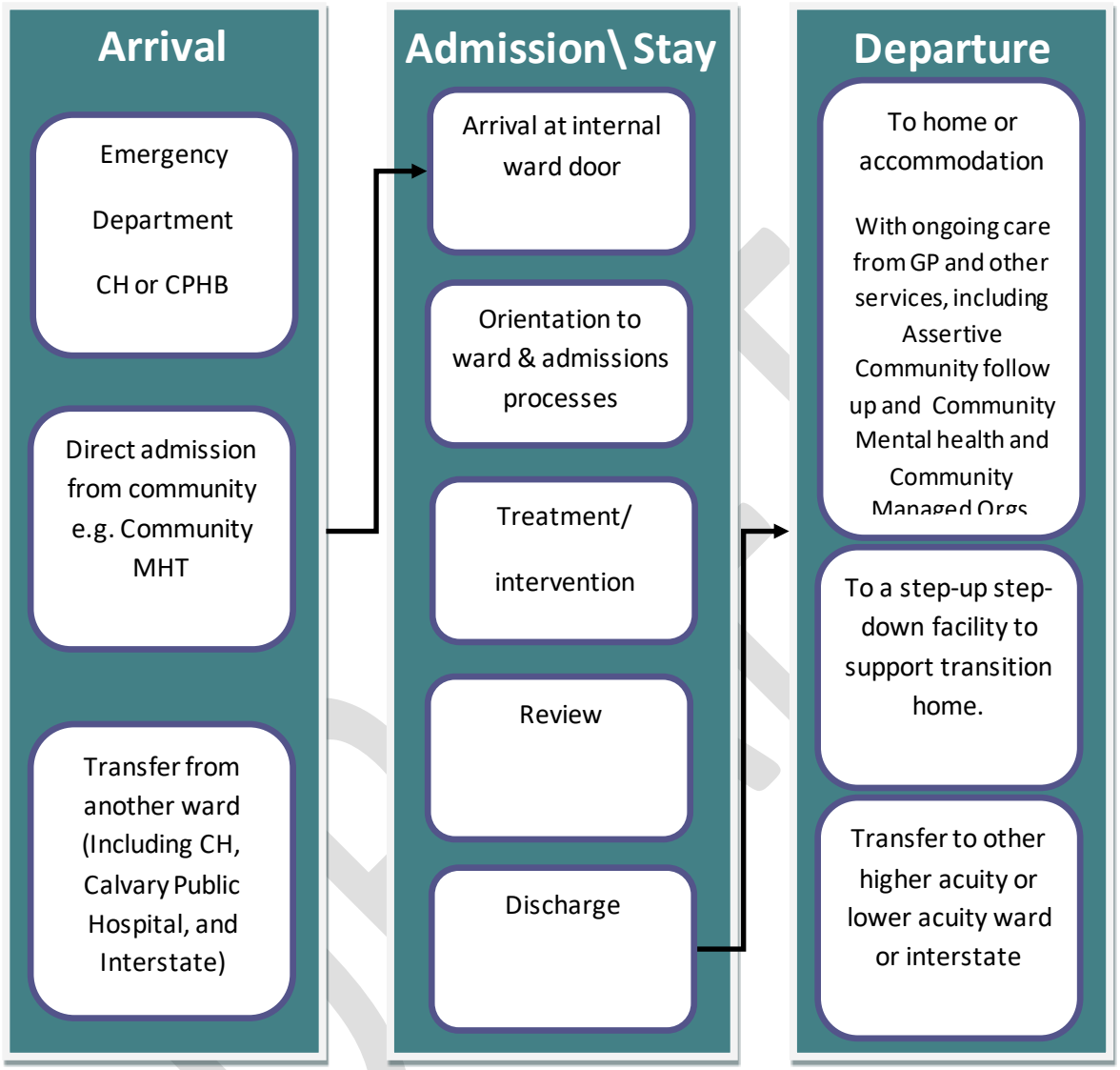
Strategic Framework

The delivery and operations of 12B LDU will be informed the following strategic documents:

- Canberra Health Services Strategic Plan- 2020
- Canberra Health Services Corporate Plan 2020
- Mental Health, Justice Health, Alcohol and Drugs Services Business Plan
- The Fifth National Mental Health and Suicide Prevention Plan Dates

Patient Pathway

A person's typical journey through 12B is illustrated below from admission to discharge or transfer.



Arrival

Many people eligible for admission to 12B LDU will initially present to the ED. Admission to 12B may be the outcome of a review by the Mental Health Consultation Liaison team and acceptance of the admission by a consultant psychiatrist.

Any non-direct admissions to the unit will be coordinated with the ACT-Wide Bed Access Coordinator or After-Hours Hospital Manager (AHHM) subject to bed availability.

Direct admissions from the community may also occur. Direct admissions will primarily occur for people who are already known to MHJHADS and most likely facilitated through a community mental health team. Direct admission will be facilitated during standard business hours by arrangement

between the admitting team, the AAMHS Clinical Director or delegate and the ACT-Wide Bed Access Coordinator.

Transfer from other inpatient units may also occur. This may be from other units within CHS, from Calvary Public Hospital Bruce or from an interstate hospital. Direct transfers will be available during standard business hours by arrangement between the admitting team, the AAMHS Clinical Director or delegate and the ACT wide bed access coordinator.

12B LDU Stay

On admission a person will be offered a physical health assessment within 24 hours of arrival. Persons who have been transferred from other inpatient areas of the service may have already been offered this. 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 see a medical officer within 24 hours of admission or the next business day.

The admission process will support the collaborative development of an individualised care plan and guide the expected date of discharge and discharging planning requirements. Additional assessment and intervention will be considered wherever relevant, such as a Cultural Assessment completed by an Aboriginal Liaison Officer. The care plan will be reviewed on an ongoing basis with the patient, their carer/nominated person/guardian, community mental health 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 will commence on admission, with any supporting community managed organisations, community teams, nominated persons/ family encouraged to participate in the discharge planning.

Departure

People will typically depart the 12B LDU 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. 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** 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)** is available for people with special considerations, e.g. presenting with higher acuity, trauma history, or interpersonal difficulties. It consists of a bedroom with en-suite, a lounge area, and access to a private courtyard. This area can be configured according to the person's needs (and could include the De-escalation Suite as well).
- **The De-escalation Suite (DES)** provides a very configurable space to place a person who requires separation from the general ward. People may either choose to enter the DES or be placed within the DES to soothe and self-manage emotional distress. The DES has direct access an en-suite, the seclusion room and a private courtyard. The Vulnerable Persons Suite is co-located to the DES and can be joined to provide a larger space if required.
- **Seclusion room** is available if alternative less restrictive methods of supporting someone to regulate have been unsuccessful. This is used as a last resort and for brief periods only (if this level of care is envisaged to be required, then transport to AMHU HDU is recommended). The use of seclusion is determined guided under the *Mental Health Act 2015*.
- **Higher dependency care** will be available at AMHU if a person is requiring higher levels of observation and support.
- **For Medical Emergencies** a response will be provided by the CH Medical Emergency Team (MET).

Workflow and work processes

The workflows and work processes are:

- **Hospital admission:** People who arrive at the 12B LDU will be formally admitted as inpatients to CHS. People may arrive through CH ED, by direct admission or by transfer from another unit.
- **Allocation of a bed:** A bedroom will be allocated to each person following their arrival. Facilities will be made available to cater for people with special needs (e.g. larger bedroom with accompanying ensuite, VPS, DES)

- **Orientation to the unit:** People will be 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. People will 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 of people within the unit.
- **Care planning:** Care planning will occur immediately with the person, their carer/nominated person/guardian and key members of staff within the unit. Family/carers and other service providers will be actively included in the development of care plans where appropriate. Community mental health service care plans will be consulted and considered in care planning processes to facilitate continuity across the settings. Community mental health services will be actively encouraged to maintain ongoing contact with current consumers admitted to the unit.
- **Interventions:** Treatment will first focus on stabilisation of the person (as appropriate to their needs). Interventions may 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 will be recovery oriented and tailored to the individual and cultural needs of each person. Interventions will be 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 will be led by the Allied Health Team however the MDT will support a person to engage where able. The program will include a range of scheduled therapeutic and social activities. There will be an expectation that all people will participate in the program which will be dependent on their capacity and clinical presentation.
- **Peer-led intervention and support program:** All people and their families will have access to a Consumer Peer Worker and Carer Peer Worker who may support the person and their family with information, education, care planning, discharge planning and sharing of recovery stories.
- **Carer support program:** All people and their families will 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:** All people will have access to culturally specific services to support their recovery. Services in 12B LDU will 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 for ongoing community support:** Ongoing care arrangements will be discussed at the point of initial care planning and implemented prior to people being discharged from the unit. Wherever possible, community mental health services will be engaged in the discharge planning process.

- **Deteriorating patient- Mental Health:** Staff will support a person when emotionally distressed. The ward will offer 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 may require higher levels of intervention and separation from the

rest of the ward in DES. A seclusion room is available in exceptional circumstances. There may be a need for some people to be transferred to AMHU HDU. The use of seclusion and transfer to HDU is anticipated to be low in part due to the admission criteria to 12B LDU.

- **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. The unit will have a treatment room, where physical examinations and treatments can take place (the MET trolley will be located in this room). A MET response will be available to the ward for MET calls/code blue emergencies. A code blue emergency call system will be located within the ward.

Interfaces with other mental health services

Adult Mental Health Unit- High Dependency Unit

For people who require a higher level of care the High Dependency Unit of AMHU will be available. Clinical risk and deterioration will determine the mode of transport by government vehicle or ambulance. Ambulance access to the ward will be via the external courtyards on the northern and southern sides of the unit or via the unit's external door on Hospital Road.

Adult Mental Health Unit- Access to therapeutic and activity spaces

People will be able to access therapeutic and activity spaces in AMHU such as the gym, kitchen and art room when safe to do so. Access to these spaces will likely be via walking with ward staff escort and dependent on clinical risk and legal status.

Alcohol and Drug Services

Alcohol and Drug Service consultation will be available to the ward through the ADS Consult Liaison service. The Mental Health Comorbidity Clinician will be available for staff development and support in working with people with comorbid mental health and alcohol and other drug presentations.

Adult Community Mental Health Services

12B LDU will develop and maintain strong collaborative relationship with community mental health teams from the various program areas of MHJHADS. These will be 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 will be consistent across 12B LDU and AMHU.

These teams will provide the same services they provide to AMHU. Some of the key services 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 12B LDU population. In some case 12B LDU will have ongoing interfaces while others will be 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 will be encouraged and facilitated by 12B LDU in order to support early assessment, discharged and improved ongoing care.

Service Support Elements

Clinical support services

Security
To ensure all people, staff and others accessing the 12B LDU 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 will be in place.

To support the safety and security of staff, a fixed and wireless duress system will be available throughout the unit, particularly in interview rooms and at staff stations. Personal duress alarms worn on the body of staff members as the move through the unit will also be used. Code Grey and 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 will 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.

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

Risk Management
The management of clinical risk for the 12B LDU 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.

12B LDU will be guided by the MHJHADS Ligature Management Policy and Procedure to inform clinical risk of admitted persons. People deemed to be of a high clinical risk may be considered for

transfer to the most clinically appropriate inpatient facility. Clinical assessment tools will also inform the level of observation required.

The MHJHADS Divisional Framework for the Management of Aggression and Violence is adopted for use in 12B LDU through the adoption of the endorsed principles relating to the practice of environmental, procedural and relational security.

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

Environmental safety

The physical safety of people, staff and visitors in the 12B LDU environment is paramount. This will be 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 will be advised of unit procedures as a part of the 12B LDU 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. Requirement for behaviour 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;
    - staff station counters of adequate height and width to prevent someone jumping or reaching over;

- restricted access of visitors to the short stay area without staff authorisation;
- restricted viewing of and access to pharmaceuticals;
- 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 (EACS) 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 t 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 which provide oversight. All 12B LDU staff will be trained at the time of orientation with regular training updates provided. Staff will be expected to comply with CHS, MHJHADS and AAMHS policies, procedures and guidelines.

At a minimum, 12B LDU staff will be 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 will be adopted and will 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.

Medical Emergency Team

The Medical Emergency Team (MET) will provide a response to Code Blue emergencies on the ward. A medical emergency trolley will be available on the ward to support staff to undertake BLS and for use by the MET when they attend.

Pharmacy

Access to pharmacy services within the 12B LDU will be provided by pharmacy staff. Restricted and individualised medications will be monitored and stocked by pharmacist/s available seven days a week.

Central equipment and courier service

The CHS central equipment and courier service will be utilised for the delivery of pathology and pharmacy couriering, as well as the delivery and collection of specialised equipment (e.g. air mattresses, humidifiers, hover mattresses, etc).

Infection prevention and control unit

The universal CHS Infection control processes and guidelines will apply to the 12B LDU, including those from the Infection Prevention and Control Unit (IPCU). The IPCU service at CHS will provide advice and guidance on issues pertaining to people requiring support for transmissible microorganisms, multi resistant organisms and other infectious diseases. IPCU will also provide 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 12B LDU will include the following elements:

- *Clinical hand wash basins* and associated equipment and consumables will be 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 (PFU) will continue to co-ordinate 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 will provide expert advice and education regarding the management of all wound types across specialties.

Support services

Administration
Clerical services relating to admission will be located at the 12B LDU staff station.

Interpreter service
Interpreter services will be provided as needed, either in person or via telephone.

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

Environmental and supply services

Cleaning
Dedicated cleaners will be allocated to 12B LDU. Cleaning equipment will be near clinical areas to enable prompt cleaning of spills. Cleaning services will ensure that facilities are clean and hygienic as per Infection Prevention Guidelines and contemporary best practice.

Linen
Supplies are delivered and replenished daily by the linen contractor staff. Clean linen supplies will be stored on trolleys within the designated linen bay. Restocking will be by a trolley exchange roll in/roll out system.

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

Waste
Waste will be 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 will be 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 will be delivered in a food retherm trolley by a food services staff member and distributed by a member of the 12B LDU team.

A community lunch will be 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 will be available to people and will be utilised for therapeutic groups by the Allied Health staff.

Information and Communications Technology
There will be 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
- wifi 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 the Mental Health Tribunal and other meeting activities.

The ICT infrastructure will also allow 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 in the 12B LDU requires a skilled workforce adept at assessing and treating people presenting in mental health crisis. The 12 LDU workforce have been recruited to MHJHADS and may be required to work flexible across the division as required.

Accordingly, as an extension of the AAMH service, the unit is comprised of a specialist medical, nursing, allied health team, inclusive of peer workers and, Aboriginal Liaison Officer team with access to additional support including access to expertise within the extended Adult Acute Mental Health Program. In-reach specialist consultation services will also be provided (e.g. Alcohol and Drug Service, Mental Health Service for People with and Intellectual Disability, Older Persons Mental Health Service) and other medical specialties.

It is anticipated that the 12B LDU will require a range of different personnel comprising:

- 3 FTE Medical staff, including a 1 FTE Staff Specialist, 1 FTE Psychiatry Registrar, and 1 FTE Junior Medical Officers
- 23.9 FTE Nursing staff, including 1 FTE Clinical Nurse Consultant (this position will have responsibilities across 12B and MHSSU), 0.5 Clinical Development Nurse, and FTE Registered Nurses (3 Morning Shift, 3 Evening shift, 2 Night shift on a 1:4 ration for morning and evenings and a 1:6 ratio overnight) and AINs.
- 5.7 Allied health staff, including Social Workers, Psychologists, Occupational Therapists Exercise Physiologist, Art therapist and Allied Health Assistants.
- 1 FTE Peer Worker and 1 FTE Carer Peer Worker.

- 0.8 Aboriginal Liaison Officer.
- 1 FTE Administrative Officer (Ward Clerk shared with MHSSU)
- 0.2 Tribunal Liaison Officer
- 1 FTE Ward Support (1x11.5hr shift per day 0700-18.30)
- 1x 24-hour Wardspersons (4.5 FTE)
- Security 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 12B LDU staff will be provided with CHS MHJHADS and local orientation as an essential element of their induction to the Division and to the ward 12B LDU.

Orientation and induction to the 12B LDU will include Fire and Emergency, 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.

All 12B LDU staff will complete essential education requirements specific for this unit as per CHS, MHJHADS and local procedures.

Benefits of MoC

A range of benefits associated with the delivery of 12B LDU services at the CHS will be monitored.

Qualitative benefits

Qualitative benefits will primarily be assessed through:

- Patient experience surveys,
- Staff experience and satisfaction surveys; and
- Compliments or complaints received by the CHS Patient Liaison service.

Quantitative benefits

The 12B LDU has an obligation to report both locally and nationally on its performance. Specific key performance and quality indicators will continue to include:

- The total number of people admitted to 12B LDU
- The number of transfers from other mental health units to 12B LDU
- The number of transfers out of 12B LDU to other mental health units
- The total number of people discharged from 12B LDU
- The total number of 12B LDU bed days
- The 12B LDU Average length of Stay
- The 12B LDU Relative Length of Stay (RSI) index
- A number of quality indicators, including but not limited to:
  - The percentage of clients with outcome measures completed
  - The proportion of clients of public mental health services in the ACT subject to seclusion during an inpatient episode of care measured against the strategic indicator target (7 per 1000 bed days)
  - The number of unplanned ED representations within 48 hours of discharge from the unit
  - The number of unplanned hospital readmissions within 28 days of discharge from the unit
  - The number of unauthorised leave events
  - The Number of Occupational violence events
  - The number of Restraint events
  - The number of Seclusion events
  - The number of Forcible Giving of Medication events
  - Discharge summary completed within 48 hours
  - Offered or completed physical health assessment within 24 hours of admission
- And other mandatory KPIs as required

The 12B LDU service model will be enhanced through the extension to the current suite of monitoring and evaluation tools by the design and collection of 12B LDU patient reported outcomes data. A final list of relevant indicators will be agreed with 12B LDU staff.

Monitoring and Evaluation

Monitoring and evaluation of the 12B LDU 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 (Meetings)
- Operational and management performance monitoring processes that indicate accountabilities, synergies and efficiency measures, and externally through the

- 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

MoC development participants

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Operational Director, Adult Acute Mental Health Services	Katrina Rea
ADON, AMHU and MHSSU	Sonny Ward
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AAMHS NUM	Monique Fielder

ACKNOWLEDGMENT OF COUNTRY

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.

ACCESSIBILITY

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Draft Model of Care – 12B Low Dependency Unit

I write in accordance with consultation provisions outlined in G1 of the ACTPS Enterprise Agreements (c155 of the Nursing and Midwifery Agreement; and c124 of the Medical Practitioners Agreement), regarding the draft Model of Care for 12B – Low Dependency Unit for Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) Division.

At the Critical Services Building (CSB) - Industrial Relations Forum held on 5 August 2021, an outline of the consultation process that would be followed for new or updated Models of Care was provided to you.

In accordance with that process, please find attached the new (draft) Model of Care for 12B Low Dependency Unit, for your review and feedback.

Consultation on the draft Model of Care document opens 6 August 2021 and will **close COB Friday 20 August 2021.** Please provide your feedback to CHS.CHEunionforums@act.gov.au. Any feedback received will be treated in confidence.

Canberra Health Services staff and key stakeholders will be provided the document for feedback as part of this consultation.

If you have any further questions or concerns, please provide these in writing to: CHS.CHEunionforums@act.gov.au

Yours sincerely

Katrina Rea, Executive Director, MHJHADS

6 August 2021