

SOUTH ISLAND REGIONAL ACCESS SERVICE PROVISION FRAMEWORK

EATING DISORDERS TEAM

The SPF sets out the standards to which the service is provided. It cannot capture all possible clinical scenarios, and therefore clinical judgement and the safety of the client and the community must remain utmost in each Clinicians mind.

SECTION TWO

CLINICAL FOCUS

Mental Health Services	Canterbury DHB	Issue Date: 24/2/2000
Eating Disorders Team Service Provision Framework		Date Reviewed: 30 Nov 2005

Table 2a	
CLINICAL FOCUS	
DESCRIPTION	<p>The Christchurch Eating Disorders Service was established in the mid-1970's and is a specialist service providing comprehensive assessment and treatment of eating disorders within the New Zealand Public Health System. The Eating Disorders Service is part of the Mental Health Services of the Canterbury DHB which facilitates the appropriate management of concurrent psychiatric and medical problems, through liaison with GPs and referrers.</p>
SPECIFIC TASKS OF THE UNIT	<ul style="list-style-type: none"> • Comprehensive psychiatric assessment resulting in advice regarding treatment needs and options. • Appropriate treatment, as either an outpatient, or inpatient, delivered by the Multi-Disciplinary Team. • A range of treatment options for diagnosed eating disorders, primarily with a Cognitive Behaviour Therapy focus and underpinned by an understanding of dynamic/family issues and psycho-education. • Inpatient weight gain programme. • Active involvement in research projects, including the evaluation of all assessment and treatment processes. • Actively seek consumer feedback/evaluation. • Provide services that respect and are responsive to the cultural needs of its clients, within available resources. • Provide consultation/liaison to designated South Island Specialty Mental Health Services District Person(s). • Family education. • Family meetings / support. • Education and liaison with other community agencies. • Inpatient admission for district patients with Anorexia Nervosa.

Mental Health Services	Canterbury DHB	Issue Date: 24/2/2000
Eating Disorders Team Service Provision Framework		Date Reviewed: 30 Nov 2005

Table 2b		
ACCEPTANCE CRITERIA - COMPREHENSIVE OUTPATIENT ASSESSMENT		
	Patients will be assessed by the Eating Disorders Team if:	
		1. The patient has a suspected diagnosis of an eating disorder, as defined by DSM IV
	and	2. The patient is 13 years of age or over
	and	3. The patient lives within the geographical region of the Canterbury District Health Board. <i>And</i> A written referral is received from a G.P, or a health professional, or a Mental Health Service.

Mental Health Services	Canterbury DHB	Issue Date: 24/2/2000
Eating Disorders Team Service Provision Framework		Date Reviewed: 30 Nov 2005

Table 2c		
ACCEPTANCE CRITERIA - INPATIENT ADMISSION FOR DISTRICT PATIENTS		
	District patients will be accepted for Inpatient admission by the Eating Disorders Team if:	
		1. The patient has a provisional diagnosis of an eating disorder, as defined by DSM IV.
	and	2. The patient is 14 years of age or over.
	and	3. An inpatient admission is indicated.
	and	4. The Eating Disorders Team believes that the patient will benefit from inpatient admission.
	and	5. The patient resides within the geographical region of the South Island.
	and	6. A written referral is received from a designated District Team member and Consultant Psychiatrist.

Mental Health Services	Canterbury DHB	Issue Date: 24/2/2000
Eating Disorders Team Service Provision Framework		Date Reviewed: 30 Nov 2005

Table 2f	
ACCEPTANCE CRITERIA - REGIONAL/DISTRICT CONSULTATION/LIAISON	
	Consultation / Liaison will be provided by telephone/telemedicine within 10 working days by the Eating Disorders Team Consultant Psychiatrist or Registrar if:
	1. A completed Eating Disorders Team Consultation/liaison referral form is faxed to the Eating Disorders Service from a designated district team member. or 2. A completed Eating Disorders Team Consultation/Liaison form is faxed to the Eating Disorders Service from a clinician that has advised the designated district team member.
	and 3. The patient has a provisional diagnosis of an eating disorder as defined in DSMIV.
	and 4. There is a clear clinical issue related to the patient's eating disorder/treatment.
	and 5. The District Service Consultant Psychiatrist or their nominated representative maintains Clinical Responsibility.

NOTE:

Eating Disorders Team and the District Service will negotiate, on a case by case basis, visits to the district service based on clinical requirements. Every effort will be made to optimise these visits by including an educational component where possible.

Mental Health Services	Canterbury DHB	Issue Date: 24/2/2000
Eating Disorders Team Service Provision Framework		Date Reviewed: 30 Nov 2005

Table 2g	
DISCHARGE / TRANSFER CRITERIA - INPATIENT	
	Patients will be discharged from the Inpatient Unit when:
	1. The goals of treatment have been met or the patient is satisfactorily working towards them.
or	2. A primary diagnosis of an eating disorder has not been confirmed.
or	3. The patient declines further inpatient treatment and does not meet the criteria for use of the Mental Health Act.
or	4. There is not sufficient progress towards agreed treatment goals and ongoing treatment would not be of benefit to the patient.
or	5. The team believe that the treatment needs would be best met by another service.

Mental Health Services	Canterbury DHB	Issue Date: 24/2/2000
Eating Disorders Team Service Provision Framework		Date Reviewed: 30 Nov 2005

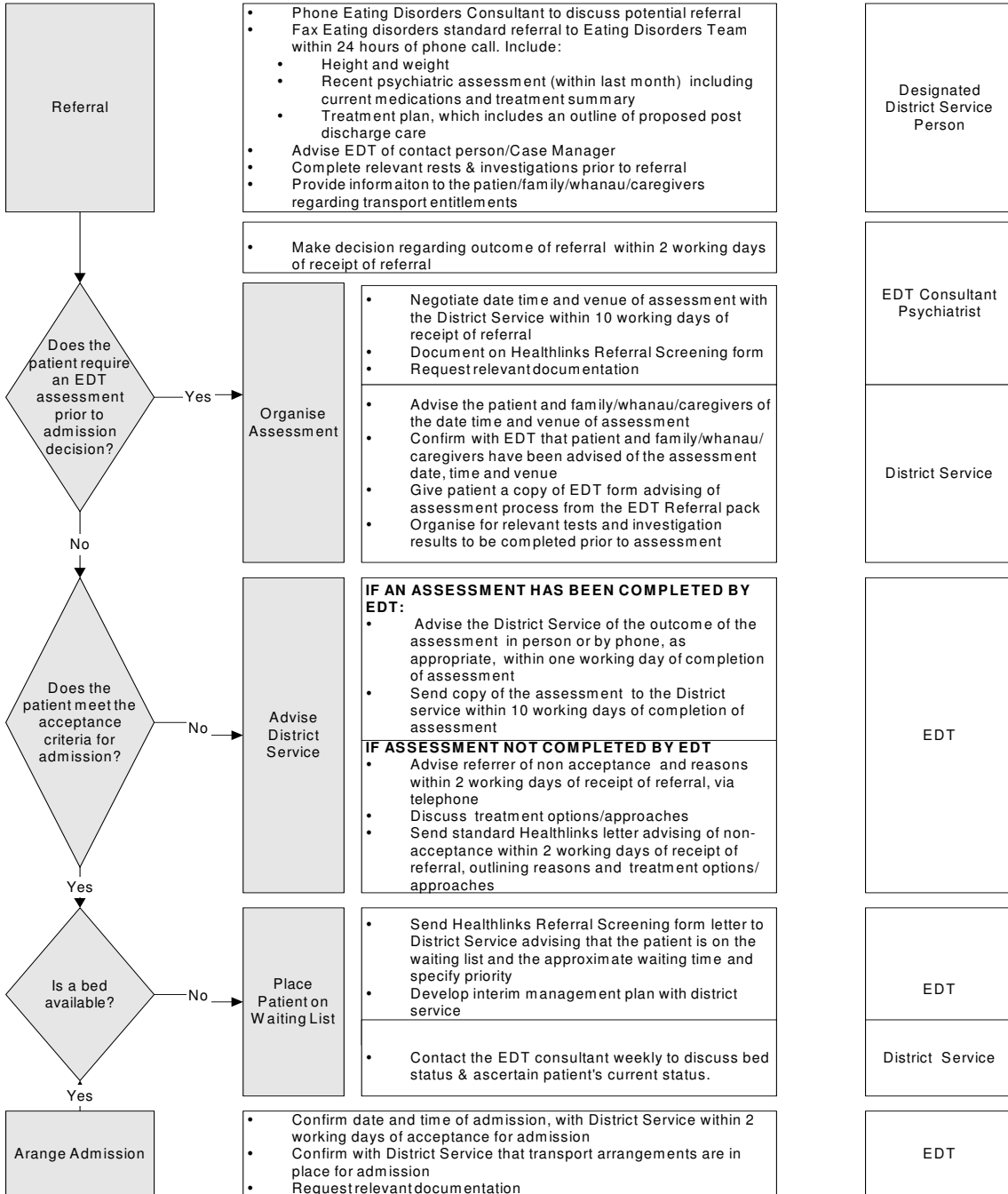
SECTION FOUR

INTERFACES

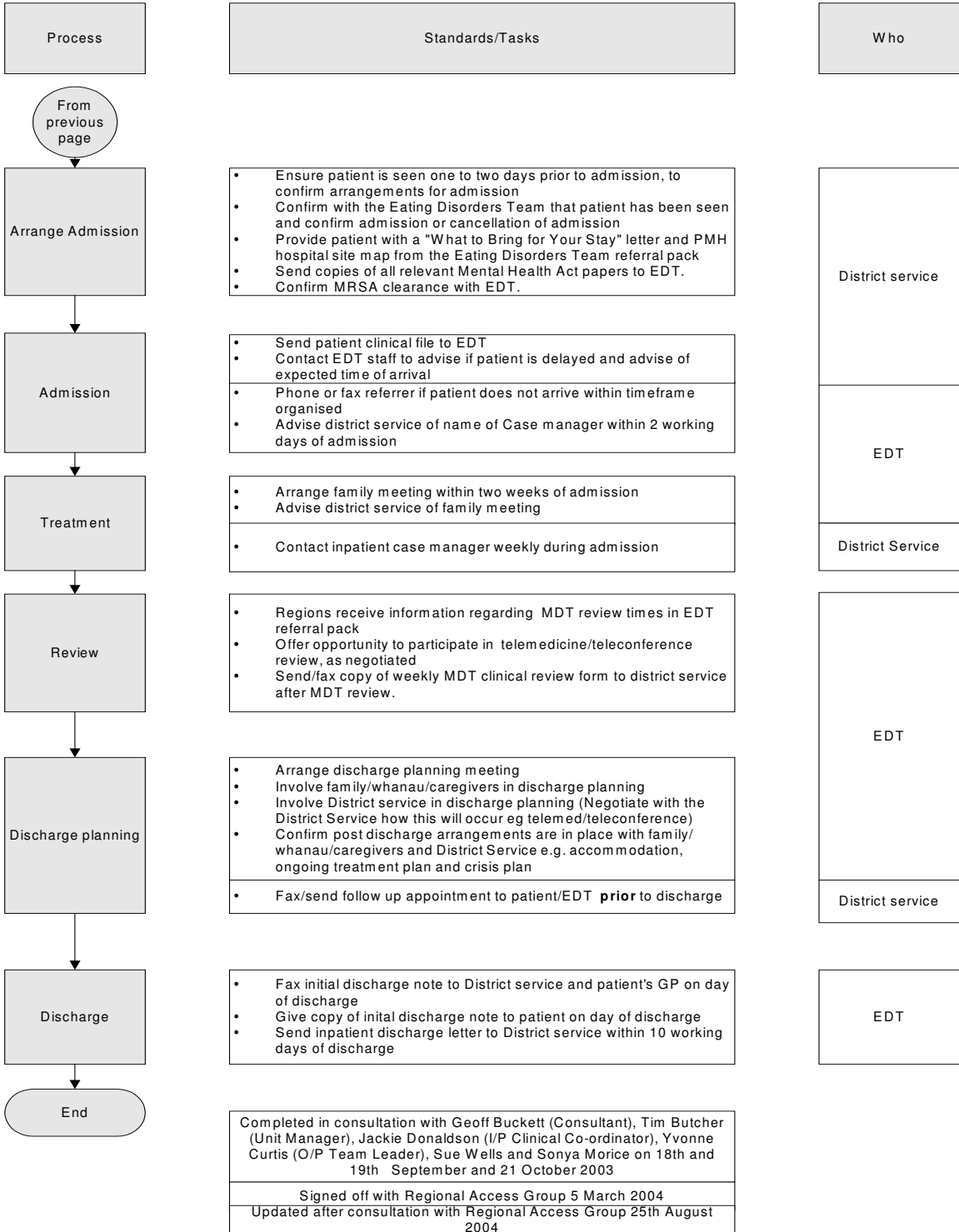
Eating Disorders Team Inpatient interface with Districts Services

Process	Standards/Tasks	Who
---------	-----------------	-----

The Eating Disorders Team will send a "Eating Disorders Referral Pack" to each District Service which includes: Eating Disorders Team referral forms, "What to Bring for your stay" form, Map, information about C Ward, information about when their regular MDT reviews are conducted, and name of contact person in the Eating Disorders Team.



Eating Disorders Team interface with Districts Service continued



Mental Health Services	Canterbury DHB	Issue Date: 24/2/2000
Eating Disorders Team Service Provision Framework		Date Reviewed: 30 Nov 2005

SECTION FIVE

CLINICAL FUNCTIONING

Mental Health Services	Canterbury DHB	Issue Date: 24/2/2000
Eating Disorders Team Service Provision Framework		Date Reviewed: 30 Nov 2005

TRAINING

REGIONAL EDUCATION PROVISION

Education is an important component of effective regional service delivery. The Eating Disorders Team supports the following educational opportunities.

Type	Purpose	Participants
Case Review - Education 1 hour a month via Telemedicine	<ul style="list-style-type: none"> • To provide education pertaining to Eating Disorders aetiology, treatments, implementation and review • To increase/develop designated district teams expertise regarding Eating Disorders • Discussion of current treatment advances/recommended practice guidelines 	<ul style="list-style-type: none"> • All designated district teams

Mental Health Services	Canterbury DHB	Issue Date: 24/2/2000
Eating Disorders Team Service Provision Framework		Date Reviewed: 30 Nov 2005

ROLES & RESPONSIBILITIES OF THE INPATIENT CASE MANAGER/PRIMARY NURSE AND CO-PRIMARY NURSE

The Eating Disorders Inpatient Team operates via an Inpatient Case Manager/Primary Nurse and Co-primary Nurse model as follows -

- An Inpatient Case Manager/Primary Nurse and Co-primary Nurse is a member of the C Ward nursing team attached to the Eating Disorders Service.
- Each eating disorder inpatient is allocated a Inpatient Case Manager/Primary Nurse and Co-primary Nurse as soon as practical after admission in consultation with the Clinical Co-ordinator (within 24 working hours).
- It is the responsibility of the Clinical Co-ordinator to ensure allocation takes place.
- The Primary Nurse is also the Inpatient Case Manager (refer to roles/responsibilities of Case Manager).

Roles and Responsibilities of the Inpatient Case Manager/Primary Nurse and Co-primary Nurse:

- Assist in multidisciplinary team assessment of patient needs ie Eating Disorder and related issues.
- Develop a professional therapeutic relationship with the primary patient and their family,/whanau/caregivers.
- Co-ordinate and ensure family meetings are arranged as per SPF requirements, eg within 2 weeks of admission.
- Formulate Treatment Plan in accordance with the Eating Disorders Programme/Multidisciplinary Team based upon -
 - a) prioritisation of patient's goals/needs,
 - b) in collaboration with patient/family and signed off by same
 - b) outcomes of the multidisciplinary team's decisions.
- Meet regularly with the associated therapist to liaise, consult and ensure co-ordination of treatment.
- Co-ordinate planning, implementation and evaluation of interventions, including:
 - Body Image
 - Exposure Work
 - Eating Disorders Workbook.
- Ensure the patient has the Eating Disorder Work Book and use this to assist treatment issues during admission, including psychoeducation.
- Initiate Body Image work as appropriate with the Programme and in consultation with the Eating Disorder multidisciplinary team.
- The Eating Disorder multidisciplinary team protocol is for body image work to be completed for female patient by female nursing staff only. For male patient, either male and/or female nurse.
- To work with the patient on food eating and other related goals identified by the Team.

Mental Health Services	Canterbury DHB	Issue Date: 24/2/2000
Eating Disorders Team Service Provision Framework		Date Reviewed: 30 Nov 2005

ROLES & RESPONSIBILITIES OF THE INPATIENT CASE MANAGER/PRIMARY NURSE AND CO-PRIMARY NURSE - continued

- Assist in multidisciplinary team assessment and management of risk.
- Programme/mileu management to benefit patient ie including close observation of others if indicated.

The Co-primary Nurse has the responsibility:

- To assisting with all of the above and close liaison with the Case Manager/multidisciplinary team.

Mental Health Services	Canterbury DHB	Issue Date: 24/2/2000
Eating Disorders Team Service Provision Framework		Date Reviewed: 30 Nov 2005

ROLES AND RESPONSIBILITIES OF REGIONAL CONSULT LIAISON

The teams will utilise a Multi-Disciplinary Team approach to fulfil these responsibilities

EACH TASK LISTED BELOW WILL OCCUR AS NEGOTIATED BETWEEN THE CDHB AND THE DISTRICT, ACCORDING TO PATIENT NEED.

Purpose:

- Provide specialist Eating Disorders Team support and guidance to district service staff.
- Develop and maintain links between Eating Disorders Team and district services.

Responsibilities:

Consult/liaison

- Accessible to the district service by phone/telemedicine
- Complete assessments and provide recommendations regarding management of Eating Disorders Team patients
- Provide guidance and assistance with assessments and development of treatment plans
- Review of treatment formulations
- Participate in reviews of Eating Disorders Team patients at district level
- Participate in case reviews
- Arrange for additional specialist Eating Disorders Team input, as required e.g. dietitian/consultant consultation/discussion
- All district consult/liaison presented to Eating Disorders Team MDT for review/guidance
- Meet regularly with Eating Disorders Team consultant to discuss all consult/liaison patients
- Maintain records for consult/liaison
- Visit districts at a regular minimum timeframe of:
- Visit each district 2 times a year
- Identify and provide education and training to District staff. Record kept of education delivery, dates, content and attendance.

Education

- Develop an education pack in consultation with the districts
- Provide education/information to staff monthly (at a minimum)
- Keep records of education delivery, dates, content and attendance
- Co-ordinate visits and practical experiences for designated Eating Disorders Team district person
- Develop and maintain email distribution list for information, educational material, publications, conferences and presentations etc

Mental Health Services	Canterbury DHB	Issue Date: 24/2/2000
Eating Disorders Team Service Provision Framework		Date Reviewed: 30 Nov 2005

**ROLES AND RESPONSIBILITIES OF DESIGNATED DISTRICT SERVICE
PERSON**

Responsibilities:

- Coordinate the monthly telemedicine link for case reviews
- Maintain and ensure adequate access for clinicians from the District Service to the Regional Service
- Coordinate the Regional MDT visits as required
- Liaise with the Regional Service for the provision of appropriate education to clinicians within the District Service
- Maintain documentation for Regional Interface Audit purposes
- Maintain a clinical record of referrals and contact with the Regional Service
- Be available for consultation and educational support for District clinicians who manage consumers

Mental Health Services	Canterbury DHB	Issue Date: 24/2/2000
Eating Disorders Team Service Provision Framework		Date Reviewed: 30 Nov 2005

SECTION SEVEN

TREATMENT GUIDELINES

Mental Health Services	Canterbury DHB	Issue Date: 24/2/2000
Eating Disorders Team Service Provision Framework		Date Reviewed: 30 Nov 2005

**EATING DISORDERS TEAM
GENERAL TREATMENT GUIDELINES**

The Eating Disorders Team applies only those treatments listed by the American Psychiatric Association Practice Guidelines, as published by The American Journal of Psychiatry 150:2. February 1993 pages 207 - 228.

INDIVIDUAL TREATMENT GUIDELINES

- All treatment providers practice to the standards and code of ethics as set by their professional bodies.
- A treatment plan between the patient and Multi-disciplinary Team is outlined and mutually agreed.
- The case manager will involve significant treatment providers.
- Practice will be culturally safe.
- The treatment providers will complete a Healthlinks Progress Note after every contact.
- Explanations of assessment, treatment and evaluations are given to the patient in full.
- Discharge is planned and documented according to the **Mental Health Services policy** and Eating Disorders Team's **Service Provision Framework**.
- All inpatients will have a primary and co-primary nurse and case manager.

Mental Health Services	Canterbury DHB	Issue Date: 24/2/2000
Eating Disorders Team Service Provision Framework		Date Reviewed: 30 Nov 2005

SECTION NINE

STANDARDS AUDIT

Mental Health Services	Canterbury DHB	Issue Date: 24/2/2000
Eating Disorders Team Service Provision Framework		Date Reviewed: 30 Nov 2005

Date: _____ Standards Achieved: _____

NHI No: _____

EATING DISORDERS TEAM STANDARDS AUDIT TOOL (FOR DISTRICT PATIENTS) (Page 1 of 4) DISTRICT SERVICE RESPONSIBILITIES				
Phase		Standard	✓ - X - N/A	Comment
REFERRAL				
	1.1	<ul style="list-style-type: none"> District service spoke with EDT Consultant or delegate (Registrar) regarding referral 		
	1.2	<ul style="list-style-type: none"> EDT standard referral form received within 24 hours of phone call 		
	1.3	<ul style="list-style-type: none"> Referral received at EDT with a recent psychiatric assessment 		
	1.4	<ul style="list-style-type: none"> Referral received at EDT including treatment plan, which includes an outline of proposed post discharge care 		
	1.5	<ul style="list-style-type: none"> EDT advised of contact person/case manager 		
<i>If patient requires an EDT assessment prior to admission decision</i>	1.6	<ul style="list-style-type: none"> Patient advised of date, time and venue of assessment 		
	1.7	<ul style="list-style-type: none"> Family/whanau/caregivers advised of date, time and venue of assessment 		
	1.8	<ul style="list-style-type: none"> Confirmed with EDT that the patient and family/whanau/caregiver have been advised of assessment date, time and venue 		
	1.9	<ul style="list-style-type: none"> Patient given EDT form advising of assessment process 		
	1.10	<ul style="list-style-type: none"> Relevant test and investigation results completed prior to assessment 		
<i>Wait List</i>	1.11	<ul style="list-style-type: none"> District Service contacted EDT consultant weekly 		
ADMISSION				
<i>Admission Arrangements.</i>	2.1	<ul style="list-style-type: none"> Patient was seen by district service 1-2 days prior to admission (to confirm admission details) 		
	2.2	<ul style="list-style-type: none"> Patient provided with a "What to bring for your stay" form and PMH site map (by District service, from EDT referral pack) 		
	2.3	<ul style="list-style-type: none"> District Service sent patient's current clinical file to EDT 		
	2.4	<ul style="list-style-type: none"> District service contacted EDT to advise if patient was delayed and estimated time of arrival 		
	2.5	<ul style="list-style-type: none"> Copies of all relevant Mental Health Act papers sent to EDT 		
	2.6	<ul style="list-style-type: none"> Clear MRSA swab results sent to EDT 		

Mental Health Services	Canterbury DHB	Issue Date: 24/2/2000
Eating Disorders Team Service Provision Framework		Date Reviewed: 30 Nov 2005

Date: _____ Standards Achieved: _____

NHI No: _____

EATING DISORDERS TEAM STANDARDS AUDIT TOOL (FOR DISTRICT PATIENTS) (Page 2 of 4) DISTRICT SERVICE RESPONSIBILITIES				
Phase		Standard	✓ - X - N/A	Comment
<i>DISCHARGE / TRANSFER</i>				
	4.1	<ul style="list-style-type: none"> • District service faxed follow up appointment to patient prior to discharge 		

EATING DISORDERS TEAM STANDARDS AUDIT TOOL (FOR DISTRICT PATIENTS) (Page 3 of 4) EDT RESPONSIBILITIES				
Phase		Standard	✓ - X - N/A	Comment
REFERRAL				
	1.12	<ul style="list-style-type: none"> District service advised of decision regarding outcome of referral within 2 working days of receipt of referral. 		
<i>If patient requires an EDT assessment prior to admission decision</i>	1.13	<ul style="list-style-type: none"> Assessment date, time and venue negotiated with district service within 10 working days of receipt of referral 		
	1.14	<ul style="list-style-type: none"> Assessment date, time and venue documented on Healthlinks Referral Screening Form 		
<i>If referral did not meet acceptance criteria for admission following an EDT assessment</i>	1.15	<ul style="list-style-type: none"> District service advised on outcome of assessment within 1 working day of completion of assessment 		
	1.16	<ul style="list-style-type: none"> Copy of assessment sent to district service within 10 working days of completion of assessment 		
<i>If patient does not meet acceptance criteria for admission (an assessment NOT completed by EDT)</i>	1.17	<ul style="list-style-type: none"> District service advised of non-acceptance and reasons within 2 working days of receipt of referral 		
	1.18	<ul style="list-style-type: none"> Treatment options/approaches discussed with District service. 		
<i>Wait List</i>	1.19	<ul style="list-style-type: none"> Interim management plan developed with District. 		
ADMISSION				
<i>Admission Arrangements.</i>	2.7	<ul style="list-style-type: none"> Date and time of admission confirmed with district service within 2 working days of acceptance for admission 		
Admission	2.8	<ul style="list-style-type: none"> District service contacted if patient did not arrive within expected time frame 		
	2.9	<ul style="list-style-type: none"> Advise District service of name of Case Manager and Consultant for the patient within 2 working days of admission 		
	2.10	<ul style="list-style-type: none"> Family meeting arranged within 2 weeks of admission 		
	2.11	<ul style="list-style-type: none"> District service advised of family meeting date and time 		
REVIEW				
	3.1	<ul style="list-style-type: none"> Copy of MDT review form sent to District Service weekly during admission 		

Mental Health Services	Canterbury DHB	Issue Date: 24/2/2000
Eating Disorders Team Service Provision Framework		Date Reviewed: 30 Nov 2005

EATING DISORDERS TEAM STANDARDS AUDIT TOOL (FOR DISTRICT PATIENTS) (Page 4 of 4) EDT RESPONSIBILITIES				
Phase	Standard	✓ - X - N/A	Comment	
DISCHARGE / TRANSFER				
<i>Discharge planning</i>	4.2	<ul style="list-style-type: none"> • Family/whanau/caregivers involved in discharge planning 		
	4.3	<ul style="list-style-type: none"> • District Service involved in discharge planning 		
	4.4	<ul style="list-style-type: none"> • Family/whanau/caregivers consulted regarding post-discharge arrangements 		
	4.5	<ul style="list-style-type: none"> • District service consulted regarding post-discharge arrangements 		
<i>Discharge</i>	4.6	<ul style="list-style-type: none"> • Initial discharge note faxed to District service on day of discharge 		
	4.7	<ul style="list-style-type: none"> • Initial discharge note faxed to patient's GP on day of discharge 		
	4.8	<ul style="list-style-type: none"> • Copy of Initial discharge note given to patient on day of discharge 		
	4.9	<ul style="list-style-type: none"> • Inpatient discharge letter sent to District service within 10 working days of discharge. 		