Optimizing Safety and Quality Outcomes Through Patient-Centered Recovery Model Care Interventions in the Acute Psychiatric Milieu

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IRB Approved

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Disclosure Statement

The speaker has no conflicts of interest to disclose.

Patient-Centered Care: A Driver of Quality & Satisfaction?

- Evidenced-based practice demonstrates improved quality and patient satisfaction outcomes
- How successfully U.S. Healthcare embraces Patient-Centered care strategies will directly impact our ability to achieve improvements for both care quality & patient satisfaction

(Talerico et. al., 2003)

IOM defined Patient-Centered care:
"Care that is respectful of and responsive to individual patient preferences, needs, and values" and is regarded as one of the key ingredients of health care quality.

Why Patient-Centered Care?

- Evolution from Patient-Focused (Task-based) model
- Incorporates patients’ personal preferences and needs
- More than a respectful attitude or a style of clinical interviewing
- Organizational approach of health care delivery
- Maximizes patients’ active participation in own treatment
- Aim of Patient-Centered care:
  Create a Caring, Dignified and Empowering environment in which patients truly direct the course of their care and call upon their inner resources to speed the healing process."
  (Von Korff et. al. 2002)

Patient-Centered Recovery Philosophy

Cultivate Therapeutic relationship Via:

- Engage Patient as Active Partner in own care
- Dignity & Respect
- Modeling Hope
- Empowerment
- Self-Directed
- Enhances Self-Efficacy
- Optimizes Coping effectiveness
Patient-Centered Recovery Philosophy

Enhance Patients’ sense of Empowerment:
1. Focus on the person (rather than the illness)
2. Ensure freedom of choice
3. Increase treatment plan involvement

Patients Learn:
• Have more Options
• Feelings Validated
• Can Trust others
• People willing to Help & Believe in them
• Ability to Change is learned by trying/ testing new coping skills

Research Question
Will implementing Patient-Centered care interventions based on the Recovery Model within the acute milieu;
- Reduce Restraint use?
- Enhance Patient Satisfaction?

Patient-Centered Recovery Affects Aggression

• Restraint use doesn’t teach anger management
• Restraint use (seeks to) control people
• Restraint use creates a division between Patients and Caregivers
• Empowered Patient does not Let go of control
• Patients treated with Dignity and Respect, are less likely to become aggressive.

Literature Review

• Evaluated literature for effective Recovery-oriented/ Patient-Centered interventions
• Limited research available for “Recovery-oriented” & “Patient-centered” in 2005
• Three studies noted reduced seclusion/ restraint use after introducing Patient-Centered nursing interventions
• Patient-Centered care model decreased both number & duration of Restraint episodes in acute psychiatric units.
  (Visalli & McNasser, 2000)
• Improved Patient Care Quality & Satisfaction were evidenced using a Patient-Centered approach.
  (Talerico, O’Brien, & Swafford, 2003)

Plan

• The QI Research Question was whether best practice could be identified and implemented to improve Patient Satisfaction & Reduce Restraint use.
• Goal to transform acute inpatient psychiatric care delivery from the traditional “illness model” to a patient-centered, recovery-oriented service delivery philosophy.
• Adopt patient-centered care interventions appropriate to the acute inpatient psychiatric setting where the patient functions as an interactive member of their own treatment team.

Do

Embracing a Patient-Centered Team Culture:
Develop and implement psychiatric patient-centered interventions phased in over a five-year period within a 51 bed acute psychiatric inpatient facility.

Adoption of the Driving Philosophy:
“Nothing About Me, Without Me”
Study
Periodic Review of Patient Satisfaction Measures:
Prior to introducing Patient-Centered care; Patient Satisfaction scores inconsistently averaged 85% in 7 key areas (2005)
As Patient-Centered care evolves; Patient Satisfaction continues to trend Upward… Averaging 94% in 7 key areas (2011)

7-Doors Model for Behavioral Change
• 7-Doors Model for Voluntary personal change served as the template for anticipating patients’ discovery process in adopting personal change.
• Patient-Centered care enhances patients’ sense of self-efficacy and empowerment supporting their Voluntary behavioral change.
• Personal Satisfaction in Achieving Treatment goals feeds Patients’ Self-Empowerment.

Study
Periodic Review of Restraint Incidence:
Prior to introducing Patient-Centered care; Restraint rate was 0.26% per patient day (2005)
As Patient-Centered care evolves; Restraint use continues to trend downward… 0.06% per patient day (2010)

7-Doors Model of Self-Efficacy for Behavioral Change

Act
• Results reinforce continued implementation and enhancement of Patient-Centered interventions.
• Continue to review all data, including patient feedback to revise interventions consistent with the 7-Doors Model of Self-Efficacy for Behavioral Change

Psychiatric Patient-Centered Interventions

<table>
<thead>
<tr>
<th>Intervention Implementation Timeline</th>
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<tbody>
<tr>
<td><strong>Intervention</strong></td>
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<tr>
<td>Patient - Participation in Restraint Debriefing after Mandatory event</td>
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<tr>
<td>Daily Treatment Planning Update (2008)</td>
</tr>
<tr>
<td>Focused Patient Interview by Nursing Leadership (2010)</td>
</tr>
<tr>
<td>Patient-Centered Hourly Rounding (2011)</td>
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</table>
Interdisciplinary Rounds (2006-2007)

- **Daily (weekday) Treatment Planning** discussion with Psychiatrist, Case Manager, RN, and Therapist; with active patient participation in collaborative decision-making.

Daily Treatment Planning Update (2008)

- **Daily RN assessment includes patient-authored Goal of the Day;**

Patient Participation in Restraint Debriefing Mandatory (2007)

- **Written Debriefing following every Restraint episode;**
  must include staff collaboration with patient to modify Treatment Plan and optimize self-coping to avoid future restraint use.

Bedside Shift Report (2009)

- **Daily report handoff between Day and Evening shift RNs;**
  includes active patient collaboration to review/ update goal progress and needs.


- **Patients identified as Assault or Suicide precautions;**
  Asked to author a Safety Plan to identify Protective Factors and Enhance Coping to Minimize risk of harm to self or others.

Focused Patient Interview by Nursing Leadership (2010)

**Patient Interview conducted by Nursing Leadership** creates opportunities to:

- Evaluate patient’s perception if their hospitalization expectations are being met.
- Solicit patient’s concerns & feedback about care provided.
- Provide (more) timely Service Recovery when needed.
Patient-Centered Hourly Rounding (2011)

- RN responsible for hourly interaction with each assigned patient to:
  1. Address patient’s current mood (provide therapeutic rapport & prns as needed)
  2. Support patient in achieving Goal
  3. Encourage Patient’s participation in Program activities

Improved Patient Satisfaction

Patient Satisfaction Survey Results 2005-2011

Since introducing Patient-Centered care, Patient Satisfaction scores have increased in all nursing-related categories (2005 – 2011)

Thalians Annualized Restraint Use

Restraint Use Incidence Per Patient Day

Tracking Intervention Effect Upon Annual Restraint Use

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<th>Restraint Comparison Data</th>
<th>2005</th>
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<th>2009</th>
<th>2010</th>
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<tbody>
<tr>
<td>Total # Restraint Episodes</td>
<td>47</td>
<td>26</td>
<td>15</td>
<td>23</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Total # Patient Days</td>
<td>18,088</td>
<td>17,482</td>
<td>16,860</td>
<td>16,767</td>
<td>16,558</td>
<td>15,628</td>
</tr>
<tr>
<td>Rate per Patient Day</td>
<td>0.26 %</td>
<td>0.15 %</td>
<td>0.09 %</td>
<td>0.14 %</td>
<td>0.09 %</td>
<td>0.06 %</td>
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Improved Patient Satisfaction

“Answers to Questions Always Understood from RN”

“Had Complete Confidence & Trust in RN”
**Improved Patient Satisfaction**

**“Treated with Complete Dignity & Respect - Courteously”**

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<tr>
<td>Rate</td>
<td>70%</td>
<td>75%</td>
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**Improved Patient Satisfaction**

**“Percent rate as Excellent”**

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**Improved Patient Satisfaction**

**“Staff Courteous and Having a Positive Attitude”**

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**Conclusions**

- Transforming psychiatric care from a traditional "Illness model" to a Patient-Centered philosophy, improves treatment outcomes.
- Patient-Centered care complements Hildegard Peplau’s theoretical framework emphasizing the Nurse-Patient relationship and their creating a *Shared Experience*.
- Consistent with Orem’s self-care deficit theory, when patients are Empowered as partners in their own care, their Self-Efficacy is enhanced.
- Empowered patients have coping tools to better manage their behavior which can result in reduced emergency medication, reduced restraint use, and reduction in length-of-stay.
Thank You!
Hearfelt Thanks is due:
Thalians Treatment Team,
Program Staff,
Nursing Staff, and
Senior Leadership
for
Their tremendous efforts in
Nurturing Patient-Centered care
for Thalians Inpatients!

Key Words
- Safety and Quality Outcomes
- Patient-Centered care
- Recovery Model
- Acute Psychiatric Milieu

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Post-Test Questions
Inpatient use of Patient-Centered care interventions may increase patients' reports of which of the following?
A. Increased sense of Empowerment
B. Improved Satisfaction with Nursing Care
C. Increased Self-efficacy
D. All of the above
What Quality and Safety improvements may result from Patient-Centered care interventions?
A. Reduced incidence of Seclusion
B. Reduction in Seclusion duration
C. Reduced Restraint incidence
D. Reduction in Restraint duration
E. All of the above

Post-Test Questions
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