The Role of the Psychiatric-Mental Health Advanced Practice Nurse in the Behavioral Intervention Team (BIT) Model of Care

Presented by
Jasper L. Tolarba, DNP, MSN, MA, RN, NEA-BC
Joanne D. Iennaco, PhD, PMHNP-BC, PMHCNS-BC, APRN

Disclosure
The presenters have no conflict of interest to disclose.

Background
1 in every 4 adults suffer from a diagnosable mental disorder
Mild-to-Moderate Depression to more serious psychotic disorders like hallucinations or delusions

20% to 60%

68%

Psychiatric Models of Care
Psychiatric Consultation Model - psychiatrist evaluates the patient for any psychological or psychiatric condition after receiving a consult request from the primary medical service.

Consultation-Liaison (CL) Model - psychiatric service with more active collaboration with medical teams to provide care to patients with psychiatric morbidity within the general medical setting.

Integrated Model of Care (IMC) - care delivered by general medical physicians working with psychiatrists and other allied health professionals to provide complementary services, patient education, and management in order to improve mental health outcomes.

Behavior Intervention Team (BIT) at YNHH
Evidence-based Practice in Psychological Medicine Service - Using an ABA (basic withdrawal) design with a 33-day intervention period and 10 similar control periods, the BIT model of care demonstrated significant positive results.

Outcome of Project Implementation

- Decreased patient LOS by 1.2 days
- Quicker response to patient sitter evaluation
- Increased staff satisfaction
- Reduced payer denied days
- Positive Impact of BIT
- Overall financial gain for the hospital
**Objectives**

To describe the BIT model of care and focus on the role of the Psychiatric-Mental Health Advanced Practice Nurse (PMHAPN).

More specifically to:

1. Describe the overall context and structure of the BIT and the roles and responsibilities of members;
2. Describe the PMHAPN’s clinical and operational responsibilities;
3. Describe the collaborative relationships among stakeholders involved in the care of the client; and
4. Validate the overall BIT model of care and the role of the PMHAPN with a group process.

**Methods**

1. Writing the initial description of the BIT structure as well as the roles and responsibilities of each member
2. Describing the concept of the collaborative and integrated nature of the BIT model of care
3. Identifying the multifocal roles of the PMHAPNs as they function within the BIT model of care.
4. Validation via a group process involving all members of the BIT at YNHH.
5. Rewriting the paper incorporating the suggestions and feedback by the BIT team members

**Conceptual Framework**

**Results**

**BIT Structure and Roles**
Integrated and Multidisciplinary Care

Multifocal Role of BIT PMHAPN

Program Success Indicators

Patient Outcomes | Peer Outcomes | Organizational Outcomes
--- | --- | ---
Increased patient LOS | Staff satisfaction with the BIT | Increased patient volume
Medication compliance | Increased knowledge and skill to care for this patient population | Decreased denial days from payers
Effective symptom management | Continuing education provided | Decreased patient utilization
Participation in plan of care | Decreased staff injuries related to behavioral situations | Early safety risk identification

Identified Future Directions of BIT

1. Establishing an outpatient clinic associated with BIT where patients can be seen after discharge as they transition to long-term care (i.e., in the 6-week to 3-month gap before seeing a prescriber at an outpatient clinic).
2. BIT clinicians would continue to follow their patients in this BIT-established outpatient clinic due to familiarity of patient case and to establish continuity of care.
3. Expansion of BIT program in other Service Lines as well as other institutions throughout the country.

Conclusions

1. The proactive approach in providing psychiatric services to patients in a general medical inpatient setting has been proven effective, which has fueled replication of the BIT program in other hospitals in the country.
2. The active involvement of BIT members in the overall care of the patient, coupled with a successful collaborative relationship between BIT and various disciplines resulted in positive clinical and operational outcomes.
3. The multifocal responsibilities of the PMHAPN as a clinician, educator, coordinator, and researcher have made this role an integral part of BIT.

Thank You!

Jasper L. Tolarba, DNP, MSN, MA, RN, NEA-BC; Joanne D. Iennaco, PhD, PMHNP-BC, PMHCNS-BC, APRN
Questions?
Jasper L. Tolarba, DNP, MSN, MA, RN, CCIN, NEA-BC
Director of Nursing, Tufts Medical Center
89 East Avenue
Boston, MA 02111
(617) 636-2560
jtolarba@tuftsmedicalcenter.org

Joanne D. Iennaco, PhD, PMHNP-BC, PMHCNS-BC, APRN
Associate Professor of Nursing
Yale University School of Nursing
400 W College St.
Orange, CT 06477
(203) 737-2855
joanne.iennaco@yale.edu

Acknowledgment

William Sledge, MD - Yale Psychiatric Hospital Medical Director
Hochang (Ben) Lee, MD - YNHH Psychological Medicine Service Medical Director
Paul Desan, MD - YNHH Consultation-Liaison Service Medical Director
Kathleen Callahan - Bipolar Education Team Coordinator
Nancy Tommasini, RN - Bipolar Education Team Coordinator
Pat Cunningham, RN - Bipolar Education Team Coordinator
Alonzo Watts, LCSW - Bipolar Education Team Coordinator
Anne Marie Granata, LCSW - Bipolar Education Team Coordinator

References