Providing Care to Medically Ill Patients in the Inpatient Psychiatric Hospital Setting
Constructing a Care Model to Treat the Whole Patient

Introduction
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➢ Vista-DPU of Shands Teaching Hospital, Gainesville, FL
➢ Our behavioral health services include: Adult, child & adolescent, eating disorders, & addictions

We have no disclosures to make regarding this presentation.

Objectives
➢ Identify 3 reasons inpatient psychiatric facilities should admit and treat patients who have coexisting medical illnesses
➢ Identify 3 at least 3 topics that need to be considered when caring for medically ill patients in the psychiatric setting
➢ Identify 3 practices related to staffing that contribute to safe, high quality care of patients with medical illnesses
Medically Ill versus Medically Complex

- In many cases patients could be managed by family or home health nurses for their medical issues, but meet criteria for inpatient psychiatric treatment.
- Examples of medical issues managed at Shands Vista:
  - Diabetes
  - Colostomies, Ileostomies, and Urostomies
  - IV therapy (including PICC lines, and implanted ports)
  - Urinary Catheters
  - O2, nebulizers, C-pap, Bi-pap
  - Feeding tubes
  - Tracheostomies
  - Wound dressings (including negative pressure therapy)

Rationale for an Integrated Model

- Decreased stigma
  - Both patients and nurses
- Patient-centered care
  - Results in improved patient outcomes
- Enhanced nursing skills
  - Improved nurse satisfaction

Stigma Towards Patients

- Medical-surgical nurses often view the patient as difficult, demanding, non-compliant, & abusive
- Medical nurses expressed levels of frustration, feeling unprepared to care for a MI patient, and believe MI patients would take up all of their time

MacNeela & et al, 2012
- Zolnerek & Clingerman, 2012
Stigma Towards Mental Health Nursing

- Medical nurses perceptions of MH nurses:
  - MH nurses do not have specialized skills
  - MH nurses have little potential for professional growth
  - MH nursing is a less desirable career choice & should be left to the end of the nurses’ career

Heyman, 2012

Patient-Centered Care

- Patients with MI are mistrustful of medical staff -
  MI patients in the medical setting are often misunderstood
- Patients with MI are able to effectively communicate with MH staff -
  Medical illnesses can be undetected or treated inappropriately in patients with MI
- MH staff know the side effects of psychotropic medications and common coexisting medical diagnoses -
  Patients with MI may have their psychotropic medications changed or discontinued in a general medical setting

Levine & et al., 2007
Loi & Chiu, 2011

Medical Issues Common to Psychiatric Patients

- Cardiovascular disease is associated in schizophrenia and mood disorders
- Metabolic syndrome is related to use of antipsychotic medications
- Constipation, urinary tract infection, hypothyroidism, and pneumonia can cause behavioral disturbances in the elderly
- Cardiovascular and cerebrovascular disease is linked to depression

Frost, 2007
Loi & Chiu, 2011
Enhanced Nursing Skills

- Developed through team approach. Experienced MH nurses work collaboratively with experienced medical nurses.
- Improved recognition of medical illness and/or complications related to psychiatric illness.
- Nurses have a higher level of satisfaction regarding their work (related to their patients' outcomes and their level of nursing skills).

Benson & Briscoe, 2003
Cowart & Stoudemire, 1989

Items For Your Toolbox

- Blueprint
- Staff
- Education
- Equipment
- Supplies
- Diagnostics

Blueprint

- Admissions
  Establish screening procedures to ensure appropriate admissions
- Establish roles
  Admission staff
  Psychiatrist/medical physician
  Resource nurses
- Safety practices
  Review policies and procedures
  Admission order sets
  Targeted special observations

Frost, 2007
Staffing Considerations

- Increase the number of licensed staff
- Recruit staff with diverse expertise:
  - Geriatric, neurology, med/surg
- Nursing mix:
  - Experience nurses in mental health, med/surg, and new graduates
  - CNA required for MHTs
- Staff by patient acuity

Educational Considerations

- Just in time education
  - “Nuggets” of vital information
- Orientation and annual competencies
  - Expand the # of topics
- Resource nurses
  - Pain
  - NICHE
  - OWL

Medical Equipment Considerations

- Rental versus purchase
- Storage
- Maintenance
- Training
Medical Supplies Considerations
- Identify appropriate supplies
- Inventory and purchasing
- Storage
- Staff training
- Supplies for specific patients

Considerations for Diagnostics
- Determine what can be done on site
  Labs, X-ray, etc.
  Establish procedure for after hours tests
- Identify external providers who offer in house services
- Establish procedure for patient transportation for diagnostics that can not to be performed in house
  Staff escort
  Mode of transport

Watch Out For Pitfalls
- Poorly defined physician roles
- Inaccurate or non-specific medical orders
- Lack of documentation of medical care
- Medical issues not addressed in care plans
- Architectural/environmental issues

Frost, 2007
Conclusion

- Providing medical care on inpatient psych units can benefit patients and staff related to:
  - Perceptions of medical staff towards MI patients and MH nurses
  - Improved patient outcomes
  - Increased nursing skills and staff satisfaction
- Many patients could be cared for by home health nurses or family members if they didn’t require inpatient care for their psychiatric diagnosis

Questions

References


References


"Google clipart used throughout this presentation"