TRANSFORMING PSYCHIATRIC-MENTAL HEALTH CARE TO RECOVERY ORIENTED PRACTICE WITH AN INTER-PROFESSIONAL TEAM

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DISCLOSURE

This presenter has no conflicts of interest, commercial support, or off-label use to disclose

OBJECTIVES

- Discuss considerations for implementing the APNA Recovery to Practice curriculum with inter-professional teams
- Describe 3 lessons learned from the project
- Discuss future directions for implementation in inpatient clinical settings
**BACKGROUND OF PROJECT**
- January 2012: County hospital closed front door to emergency detention patients
- 400-500 increase in patients to private hospital psych ED
- Seclusion/Restraint and assaults increased
- Increased awareness about potential for violence
- Hospital priorities to decrease violence, injuries, S/R rates

**WHAT WE KNOW ABOUT RECOVERY ORIENTED PRACTICE**
- Increased therapeutic communication and de-escalation skills
- Change in language and unit rules
- Closer involvement with patients
- Culture change: control to collaboration
- Personalized treatment or “recovery” plans

Outcomes:
- Decreased violence
- Reduced S/R

*Borckardt, 2011; Georgieva, 2010*

**NATIONAL POLICY INITIATIVE**
- Transform care from an illness model to a recovery model
- “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential”
  
  *(SAMHSA, 2012, p.3)*

Rosswurm and Larrabee’s Model for Evidence-Based Practice Change (1999)

6 Steps of change
1. Assess need for practice change
2. Link problem to interventions and outcomes
3. Synthesize the best evidence
4. Design a practice change
5. Implement and evaluate
6. Integrate and maintain change in practice

10 qualitative studies on patients’ perceptions of S/R

Four themes
1. Negative psychological impact
2. Re-traumatization
3. Perception of unethical practice
4. Staff-patient interaction

Patients identified recovery practices that could have averted S/R

Provide formal recovery education to an inter-professional team

Measure impact of education on practice and patient outcomes using Recovery Self-Assessment, Revised (RSA-R) and quality indicators
**INTERVENTION: APNA KTP CURRICULUM**

- Developed by the American Psychiatric Nurses Association (APNA) under a five year SAMHSA RTP grant
- Eight-hour, evidence-based, interactive, instructor facilitated curriculum
- 6 Modules taught by three APNA nursing experts and a person in recovery
- Curriculum facilitated by APNA members

APNA, 2012

**KTP CURRICULUM TOPICS**

- Recovery and person-centered care
- Trauma-informed practice
- Self-assessment, attitudes and culture
- Language as a primary tool of recovery
- Recovery within Scope and Standards of Psychiatric Mental Health Nursing Practice

APNA, 2012

**SETTING**

- 124 bed private, free-standing psychiatric hospital
- 24,000 psychiatric emergency visits annually
- 6 adult inpatient units
- Adolescent inpatient unit and crisis evaluation service
- 3 outpatient locations
**Pilot Unit**

- 18 bed acute inpatient adult unit
- Patients with psychosis and histories of aggression
- 20 full-time staff
- RN unit director
- ALOS: 5-6 days

**Implementation**

- Stakeholder meetings to obtain buy-in
- Agency approval for project
- Permission to use the RSA-R, Provider version
- IRB approval (university and hospital)
- Participant recruitment
- Two hour educational sessions during Dec 2013/Jan 2014 (15 classes).

**RSA-Revised, Provider Version**

- 32 item questionnaire with five subscales
  - Life Goals
  - Involvement
  - Diversity of Treatment Options
  - Choice
  - Individually Tailored Services
- Established psychometrics
- 5-point Likert scale
- Higher scores indicate greater recovery-oriented practice

RESULTS: DEMOGRAPHICS

- 20 clinicians and 5 peer navigators (96% response rate)
  - 56% African American
  - 68% female
  - 47.6 mean age (25-64 yrs.)
  - 15.6 mean years in healthcare (4 mon-37 yrs.)
  - 13.8 mean years in mental health (1-35 yrs.)
  - 84% knowledgeable about MH recovery
  - 48% formal recovery education
  - 68% hospital is recovery oriented
  - 79% unit is recovery oriented

RESULTS: RSA-R

- T test of dependent groups
- No statistically significant change in total or subscale RSA-R means before and after education
- Statistically significant changes seen:
  - Question seven (t=-2.11; p=0.0491)
  - Question eight (t=-2.42; p=0.0263)
- Four questions trended toward improvement (p< 0.1)

RESULTS: RSA-R QUESTIONS

- 7. Staff believe in the ability of program participants to recovery
- 8. Staff believe that program participants have the ability to manage their own symptoms
RESULTS: RSA-R QUESTIONS
9. Staff believe that program participants can make their own life choices

24. People in recovery are encouraged to be involved in the evaluation of this agency’s programs, services, and service providers

26. Staff talk with program participants about what it takes to exit the program

28. The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations

RESULTS: QUALITY OUTCOMES
- No significant differences in S/R rates, successful alternative rates, or overall patient satisfaction scores before and after education
- No staff injuries requiring treatment or lost time from work
- One patient injury requiring treatment
- No valid patient complaints

EVALUATION: PROCESS
- 25 clinicians and peer navigators participated
- 21 completed entire curriculum
- 2 left organization before follow up RSA
- 19 participant surveys used for t test
- Advantages/disadvantages: 3 sessions vs. 1 session
OUTCOMES EVALUATION
- Study underpowered to detect small changes
- Larger samples may reveal significant differences
- Short timeframe from completion of education to measurement
- Small samples for quality indicators

However:
- Anecdotally, clinicians reported increased self-awareness and appreciation of patients’ experiences

CONCLUSIONS
- APNA curriculum was effective with an interprofessional team
- RSA-R provided a baseline for pre/post comparison of recovery education and change in practice
- With larger samples, may see more significant changes in RSA-R

LESSONS LEARNED
- Pivotal moment: Eric Arauz’ stories of hospitalization and recovery
- Inviting persons in recovery to speak to clinicians may instill hope and change practice
- Participants shared personal stories during sessions
- Leadership buy-in and support
- Conflicting priorities: time, resources
- Shifting the paradigm takes time
FUTURE DIRECTIONS
- Expand education to other settings and specialties (e.g., emergency depts.)
- Increase Peer support
- Periodically assess recovery oriented practices
- Create Recovery Profiles for PI initiatives
- Ongoing education and practice support
- Develop facilitator training programs
- Create curriculums for inter-professional teams
- Add qualitative measurement to outcomes

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RESOURCES
American Psychiatric Nurses Association
recovery@apna.org
apna.org/recovery

SAMHSA Recovery to Practice

UT Austin Hogg Foundation for Mental Health
http://www.hogg.utexas.edu/initiatives/rls_xviii.html

Yale Program for Recovery and Community Health
http://www.yale.edu/PRCH/about/index.html
REFERENCES


