Transformation from theory to practice: patient involvement with interprofessional teams and the integration of patient-centered practice in mental health settings

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Presentation Outline

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Research Questions and Objectives

Research questions:

I. How does Interprofessional Collaboration support patient centered-care at community-based mental health settings?

II. To what extent is the patient involved in the IP team?

Objectives:

I. Document the patient's lived experience in a mental health inpatient setting,

II. Determine the extent to which patients are involved,

III. Identify approaches by which Interprofessional Collaboration (IPC) facilitates patient-centered care (PCC) and supports the decision-making process with patients with mental illness.

Why Mental Health and IPC?

- **Mental illness** is a serious and growing problem affecting 1 in 5 Canadians (CMHA, 2014).

- 70% of patients seen by physicians involve psychological problems (Grenier, Chomienne, Gaboury, & Ritchie, 2008) yet the resources to treat and prevent mental illness remain insufficient (World Health Organization (WHO), 2011).

- **Collaborative mental healthcare** is seen as key to enhancing the services provided to patients with mental illness, and their families (Campbell, Stowe & Ozanne, 2011).

Previous Research

- **Benefits** to using Interprofessional Collaboration (IPC) included increased provider and patient satisfaction, increased access to care (Shaw, 2008), and improved clinical efficiencies and patient outcomes (HFO, 2007).

- **Barriers** to using IPC included time consumption, unplanned patient discharge, inadequate communication, lack of facilities and programs and high professional workload (Kilfoil, 2007).

- Low rate of **participation** by psychologists with IP teams due to family physicians' lack of familiarity with their scope of practice (Haverkamp et al., 2011).

Importance of Study

- IPC is to include the patient, however the **role of patients** in the collaborative process is unclear (Campbell et al., 2011).
- **Active patient involvement** in their recovery process showed significant improvements in clinical outcomes for people with depression (Campbell et al.).
- Little research on the concept of **shared-decision-making** and use of patient decision-support aids (Campbell et al.).
- Very few studies include **other professionals** (social workers, case managers) in mental health settings (Campbell et al.).

Methodology

- **Context**: partnership with a community hospital in central Ontario with an inpatient mental health program incorporating IPC.

- **Approved by Research Ethics Boards of the University (12-013) and Hospital (RID# 2013-009) .**

- **Mixed-method case-study approach:**
  I. Observations of IP team meetings.
  II. Survey with IP team professionals (T4T- Tea meetings).
  III. Interviews with inpatients and IP team professionals.

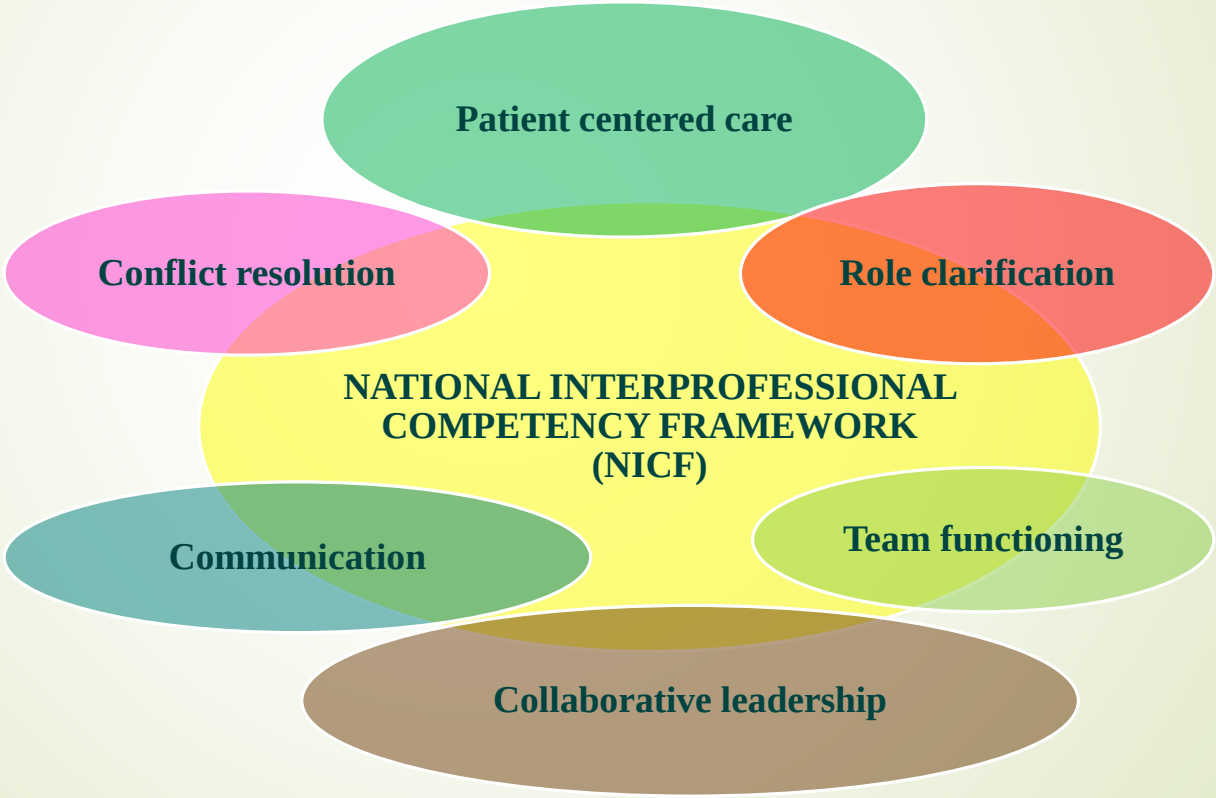
Sample Selection

Inclusion criteria	Observations	Survey	Interviews
1. Practicing for over 6 months in ON, as paid employees in a mental health facility, 2. At least 3 months post return from leave	Patient Care Manager Registered Nurses Nurse Practitioner Psychiatrist Social Worker Case Managers Addiction/Counselling Community Partners	Patient Care Manager Registered Nurses Nurse Practitioners Social Workers	Patient Care Manager Registered Nurses Nurse Practitioners Social Workers Psychiatrist

Inclusion criteria	Patients
1. Male/Female receiving care from 2+ providers 2. 19-70 years old 3. Diagnosed with depression, bipolar disorder, anxiety, schizophrenia , psychosis, and/or and other mood disorders. 4. Diagnosis as per attending physician in Patient Care Unit Census, Patient Care Specialist and Caring Nurse confirm ability to comment and self-manage daily activities. 5. Excluded those with crisis, suicidal/neurodegenerative diseases (dementia) and/or Alzheimer's as comorbidities.	- Depression and Post Traumatic Stress Disorder (PTSD) - Depression - Bipolar Disorder - Drug Induced Psychosis - Depression and Anxiety - Bipolar Disorder and Depression

National Interprofessional Competency Framework (NICF)

- **NICF (CIHC, 2010):**



Contextual Observations

- IP team consisted of registered nurses, nurse practitioners, social workers, psychiatrist, community partners, patient care specialist, and patient care manager.

- Discussions of whether patient was medically cleared to go, length of stay, bed availability and new admissions from the Emergency Department, and potential discharges at the Mental Health Unit.

Collaborative Practice Assessment Tool (CPAT)

- Valid and reliable diagnostic tool for measuring healthcare team members' perceptions of working collaboratively and their strengths and weaknesses using a 7-point Likert scale- not absolute number (Schroder et al., 2011).

- CPAT was modified to 25 Statements and 3 open-ended questions specific to the objectives of this study, observations, support of Supervisory Committee, and the National Interprofessional Competency Framework (NICF).
  - Roles/Responsibilities, goals, leadership, perceived effectiveness, communication, community linkages, and patient involvement.

Interviews

A) Professionals: complement patient interviews, observations and NICF:

I. What is your understanding of interprofessional care?

II. Can patients be part of the IP team? To what extent can they become involved?

III. How does interprofessional care function on a large-scale?

IV. What are your expectations of interprofessional care?

B) Patients: study by Shaw (2008) and the observations:

I. Tell me about your helpful and/or unhelpful experiences of the interprofessional care you received during your current stay here at the Lakeridge Mental Health Clinic.

II. What is your understanding of interprofessional care?

III. How does interprofessional care work on a large-scale?

IV. What are your expectations of interprofessional care?

V. What experiences do you wish of interprofessional care?

VI. Have you been admitted in the mental health clinic here within the past 30 days? For how long did you stay?

VII. When do you expect to be discharged from the clinic? Are you aware of your discharge plan?

Results: CPAT with Professionals

- 10 agreed team members feel comfortable advocating for patients, and 8 answered yes to Patients can become part of the IP team, except one: "They're not considered professionals from the health perspective, however they are the client at the center of care."
- 3 identified patient centered care with "treatments" and "treatment options" , 2 described it as a "holistic approach" and "must be clients goals."
- 5 disagreed team members are able to negotiate their role in developing and implementing patient care plans, and 5 disagreed that patient concerns are being addressed effectively in team discussions.

Results: Professional Interviews

- **Psychiatrists were absent during IP team meetings which created frustrations and delayed discharge.**

"Not all the psychiatrists are doing runs.. A lot of the treatment and discharge of the patient doesn't flow well.. I think that's the biggest hurdle to effective patient centered care." (Social Worker)

- **Disorganization of discharge planning and "revolving door" of patients returning after discharge:**

"Discharge planning is chaotic, we'll have 2 planned but all of a sudden slammed with 4 or 5 extra ones." (Nurse Practitioner)

"There is a push for decreasing length of stay, which creates a huge revolving door. For example I can tell you in the short stay unit, 5 of the 9 patients today have been here within the last two months.. So how is it effective for the system?" (Social Worker)

Professional Interviews Cont'd

- **Incomplete IP team affected the decision-making process with professionals and patients:**

"The highest degree of collaboration is between nurses and doctors. It's less with social workers, a lot of times I have to provide treatment without the social worker… maybe an issue of time management or funding… No group collaboration meetings with the patient is a gap, so the nurse becomes the representative of IPC." (Psychiatrist)

Results: Patient Interviews

- **Patients noted shortage in social workers but still expected staff to fill in and provide group therapy options:**

"She (social worker) was sick but the nurse should've filled in. But I think that um, a lot of people are asking for the hope group, or groups like the hope group to be more often, at least once a day, we have people that need time to reflect each day."

"Staff shortage of the social workers and stuff like that with my experience being here.. I found that there wasn't enough group cause they run the group... Um I think everyone kinda struggled with that a little bit, cause that goal setting group in the morning is really good. But I think they need to try and fill in all the time with groups a little bit more."

Patient Interviews Cont'd

- **Greater focus on patient medication:**

"They should inform patients a lot more of what medication we're receiving and possible side effects, allergies, that can make that illness worse. What am I taking and how is it going to help me."

"I need someone to listen and understand why I'm here as opposed to give me pills."

- **High rate of readmissions and lack of patient accountability:**

"Last year when I came for the first 3 or 4 times…I was really mean to the nurses and everything like that…So this time around they noticed I have to come in with the expectation of somewhat I guess a 50-50, I had do half and the doctor can help me with the rest…and aha it really worked."

"One of the things I really enjoyed out here is that they stress in the moment when you come in, you'll never get to a 100% in the hospital. You can't, you can only get to you know 60-70% and the rest is on you outside of the hospital."

Analysis

- **Microsoft Excel *2010:***
  - For quantitative analysis of the CPAT results (% response to each Statement).
- **NICF and Nvivo *10* software:**
  - Used to identify patterns and common themes from the interview results.
- **Secondary reviewer:**
  - Given un-labelled interview transcripts to code the interview data using specific themes.
  - Objective was to confirm reliability and credibility of the Nvivo *10* coding scheme to be used for analysis.

Discussion

- **Collaborative leadership and role clarification**
  - Shared leadership was experienced at different levels with nurses and social workers, and IP team members valued input from community partners, and acknowledged the role of patients (CPAT, interviews, observations).

- **Team functioning and conflict resolution**
  - Low diversity in IP team, absence of psychiatrists and shortage of social workers contributed to increased workloads with nurses and social workers, slowed discharge, and affected comprehensiveness and effectiveness of treatment plans (observations, interviews).

Discussion Cont'd

- **Communication**
  - Nurses openly shared feedback about their patients, but communication strategies were ineffective
  - Not enough information shared about patient treatment goals and patient concerns (CPAT), attributed to increased length of stay, and delays in discharge plans (observations and interviews).

- **Patient-centered care (PCC)**
  - Patient-centric IP team meetings focused on treatment and discharge plan, community referrals, and family involvement (observations and patient interviews).
  - Patient disengagement due to lack of education about treatment goals affect accountability and willingness to collaborate pre- and post-discharge (interviews).

Knowledge Translation

- **Patient recovery workbooks** completed by patients to tell their story upon admission, goals and expectations.
- **Increase in patient and family engagement** with community agencies to plan successful discharge process.
- **Child and Youth Advocacy Workers** added to the IP team and reduction of smoke breaks from 10 to 6 per day to make patients available on the Unit for meeting with more IP Team members.
- **Added group therapy choices** such as Pet Therapy for the inpatient program.
- **Addiction Counselling community** partner conducts weekly visits to patients in the Unit to provide them with educational materials and information on community resources.

Conclusions

- **Shared decision making** between patients and a diverse team of health/social care providers is fundamental to providing PCC.

- **Empowering patients** through patient education and patient involvement with IP teams are key to promoting the recovery of patients and improving the quality of PCC.

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Comments and Questions