Partnership between patients and interprofessional teams at community-based mental health settings.

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Overview

1. Background
2. Objectives
3. Methodology
4. Results
5. Discussion
6. Outcomes
7. Recommendations and Knowledge Translation
8. Conclusion
Mental illnesses are recognized as a serious and growing problem in Canada (Canadian Mental Health Association (CMHA), 2011).

It is estimated that 20% of Canadians will develop a mental illness at some point in their lives (CMHA, 2014).

70% of patients seen by physicians involve psychological problems (Grenier, Chomienne, Gaboury, & Ritchie, 2008).

Collaborative mental healthcare is seen as key to enhancing the services provided to patients with mental illness, and their families.
Challenges with IPC

- **Interprofessional collaboration** is the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, **patients/clients/families** and communities to enable optimal health outcomes (Canadian Interprofessional Health Collaborative (CIHC), 2010).

- However challenges do exist including a lack of patient involvement, and of understanding among health care professionals about the expertise of other mental health/social care providers. (Canadian Collaborative Mental Health Initiative, 2005).

- Interprofessional collaboration is to include the patient, however the role of patients in the collaborative process is unclear (Campbell et al.).

- There is limited evidence to inform the implementation of interprofessional model of care in the delivery of decision support to patients with mental illness (Campbell et al., 2011).
Objectives of the study

I. To document the patient’s lived experience in a mental health inpatient setting;

II. To determine the extent to which patients are involved in planning their care with Interprofessional (IP) Teams;

III. To identify approaches by which Interprofessional Collaborative Practice (IPCP) facilitates patient-centered care and supports the decision-making process with patients with mental illness.
Partnership: a community hospital in central Ontario with an inpatient mental health program that provides assessment, treatment and support.

Data collection:
1. Observation (May 2012- May 2013)
2. Survey (June 2013- August 2013)
3. Interviews (June 2013- August 2013): Focus on experiences, understanding and expectations of IPC, and role of patients at the Mental Health Unit.

Professionals (11): practicing for over 6 months in ON, as paid employees in a mental health facility, and those who are at 3 months post return from leave.
- Exclusion criteria: Residents and medical students.

Inpatients (12): cognitively stable as identified by the attending physician, been diagnosed with schizophrenia and/or anxiety and/or psychosis and other mood disorders, ages 19-70, and received care from at least 2 health professionals.
- Exclusion Criteria: cognitively nonfunctional inpatients, suicidal, neurodegenerative diseases (dementia) and/or Alzheimer’s as comorbidities.
Collaborative practice assessment tool (CPAT)

- Valid and reliable tool for measuring healthcare team members’ perceptions of working collaboratively (Schroder et al., 2011).

- For this study, it has been modified to 25 questions that covered domains specific to this study, and to increase participation (leadership, communication, community linkages, and patient involvement).

- Respondents are asked to rate their level of agreement along a 7-point scale ranging from the lowest value of ‘Strongly Disagree’ to the highest value of ‘Strongly Agree’, and additional open-ended questions.

- Analysis using NICF:
Results: CPAT with professionals

- 3 professionals identified patient centered care with “treatments” and “treatment options” based on the mental status and level of wellness of the patient
  - 2 described it as a “holistic approach” and “must be clients goals,” while the remainder described it using the patient as the center of care and involving everyone from community and professional team.

- 8 of 11 professionals answered yes to question 5: Patients can become part of the IP team.

- 1 professional does not agree that patients are a part of the IP team because “they’re not considered professionals from the health perspective, however they are the client at the center of care.”
Results: professional interviews

• Need to have physicians present at rounds to provide efficient and effective treatment plan and discharge consequently:

  “Not all the psychiatrists are doing runs.. A lot of the treatment and discharge of the patient doesn’t flow well because the psychiatrists should be mandated to attend the IP rounds.. I think that’s the biggest hurdle to effective patient centered care.” (Social Worker)

• Disorganization of discharge planning - creates a “revolving door” of patients coming back to clinic after discharge:

  “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)

  “Discharge planning is chaotic, we’ll have 2 planned but all of a sudden slammed with 4 or 5 extra ones.” (Nurse Practitioner)
Absence of geriatricians and severe shortage of social workers, and affect accuracy of patient assessments. This results in a slower transition back to a normal functioning life:

“Elderly don’t have complete assessments, physicians don’t necessarily differentiate between deleterious versus psychotic symptoms…” (Nurse Manager)

“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

- **Interprofessional communication: greater focus on patient education, medication and group therapies:**

  “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.”

- **Interprofessional conflict resolution: engage and encourage patients to take 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 ah 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.”
Patient interviews cont’d

- **Patient centered practice - expectations:**

  “Like I said there wasn’t this time around cause she 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.”

- **Collaborative team leadership- shortage of social workers:**

  “Staff shortage of the social workers and stuff like that with my experience being here… she was sick for a week and off for the holidays for a week. And the other one was sick for a week. I found that there wasn’t enough group cause they run the group so if they’re sick there’s no 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 the need to try and fill in all the time with groups a little bit more, the more groups would be more satisfactory to a lot of the patients I think we’d say.”
Discussion

- Leadership with health professionals is experienced at different levels:
  - Absence of psychiatrists in IP rounds contributed to a lack of communication, increased length of stay, and delays in discharge plans.
  - Nurses acted as proactive leaders in organizing the IP meetings.

- Social workers appeared as transition managers that involve patients and their families in treatment plans and meetings to facilitate discharge:
  - Shortage in social workers and increased workload slowed down process of discharge.
  - Insufficient patient and family involvement contribute to high rate of patient readmissions.
Discussion cont’d

- Lack of patient engagement and patient-decision support tools:
  - Goal of discharging patients as soon as possible conflicts with delivering care and engaging the patient.
  - Lack of patient education on medication/treatment roles, effects, and availability of community resources for post-discharge continued care.
  - Negative patient experience and rebellion by missing scheduled goal setting groups and one-on-one consultations.

- Low diversity in IP Teams:
  - Increased workload with nurses and social workers.
  - Negatively impact accuracy and effectiveness of treatments to patients with mental illness.
  - Negative provider and patient experience.
Recommendations

- Unified Electronic Notes for discharge planning:
  ◦ Increase access to patient information and manage issues of missing key members of IP team during rounds.

- Patient-Centered Care Notes checklist for sharing information for caregivers having frequent contact with the patient:
  ◦ Items: patient goals, patient cooperativeness and response to treatment, group therapy preferences, record of attendance to mandatory groups, length of stay and discharge plans set, as well as discussions with the patient in regards to utilizing community resources.
Recommendations cont’d

- Patient involvement, education, and patient-decision support aids:
  - Include peer support groups and workshops around medication uncertainty, and written and/or web-based materials/worksheets on coping mechanisms, symptoms and the uses and common side effects of psychiatric medications.

- Provide a selection of medical and social care professionals:
  - Increase IP Team diversity and partnership with community members to deliver comprehensive and patient-centered treatment plans.
  - Reduce workload on social workers, and improve efficiency of clinic’s operations.
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.
Conclusion

- The relevance of this study and the knowledge gained have been embedded in the culture of research and successfully implemented at the Mental Health Unit to provide more patient-centered care.

- Shared decision making between health/social care providers and patients is a fundamental component of IPCP.

- Patient-centered practice is accomplished when a diverse IP Team provides comprehensive services in order to improve the patient-centered experience and mental healthcare outcomes.

- IPC supporting patient involvement and patient education are key to promoting the recovery of psychiatric patients and improving the quality of IPCP.
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Comments
References


