

E1: Integrated Care - Addressing Physical Health Needs within Mental Health Settings

Nursing Leadership Network (NLN) of Ontario
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camh



AGENDA

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Presentation Objectives

Presentation Objectives:

- 1) Learn how to systematically address issues related to nurses' ability to practice to full scope;
- 2) Learn about how to apply a co-design model to develop education and implement change management strategies;
- 3) Explore innovative teaching modalities within the mental health/addiction setting, such as use of simulation and competency based learning.

2

Project Overview

Background

- Internationally, prevalence data reveals obesity, metabolic syndrome, diabetes mellitus, cardiovascular disease and respiratory disease rates are at least twice as high as the general population (Scott & Happell, 2011).
- Farnam (1999) found that individuals with mental health issues die between 10-15 years sooner than the general population. As of 2006, that number increased to 25 years earlier than the average person (NASMHPD, 2006). Further, people with serious mental health issues have a higher risk of preventable death (Nash, 2005).

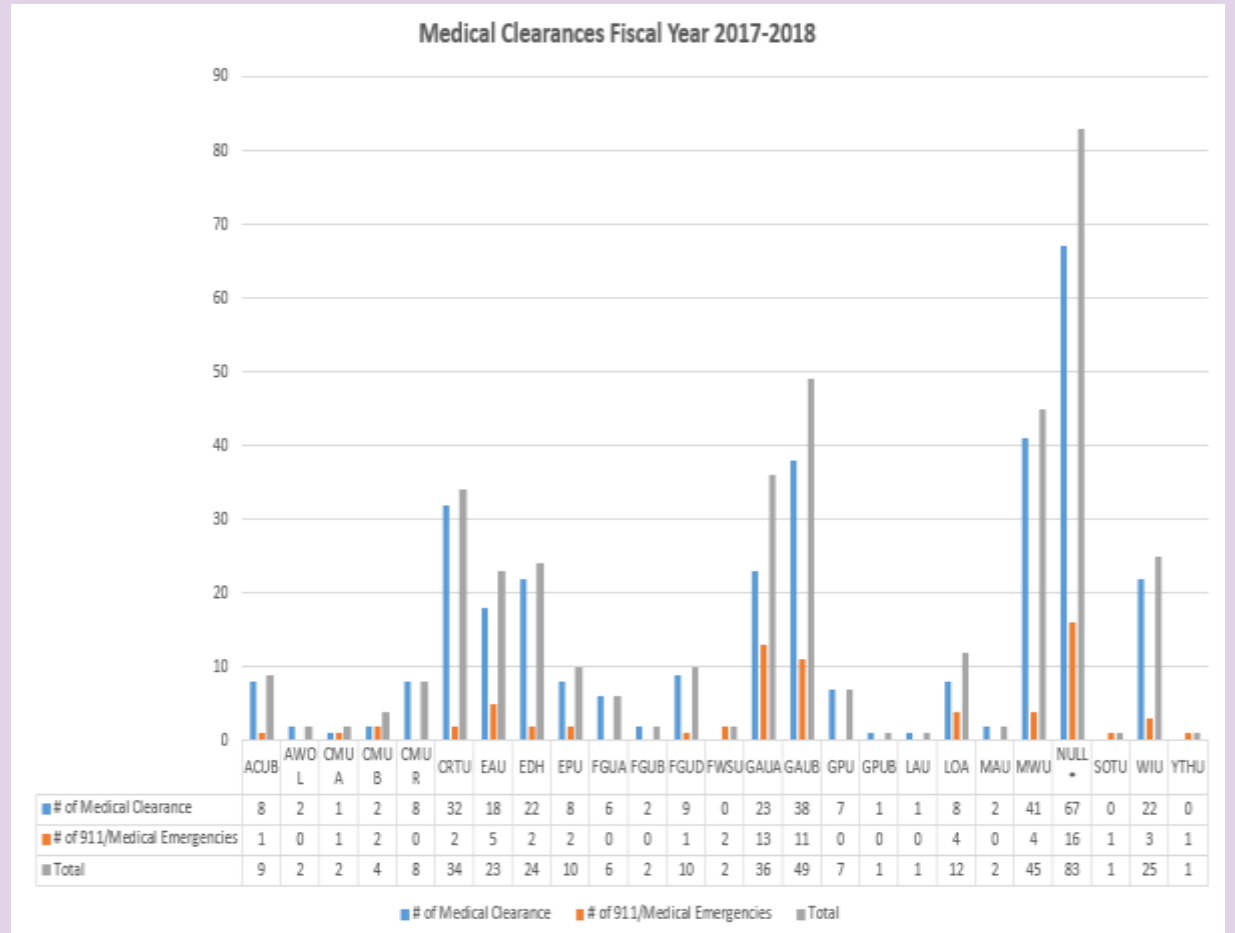
Background

It is important that patients receive timely treatment for medical and psychiatric illnesses while at CAMH as the potential consequences of medical deterioration during psychiatric inpatient stay are:

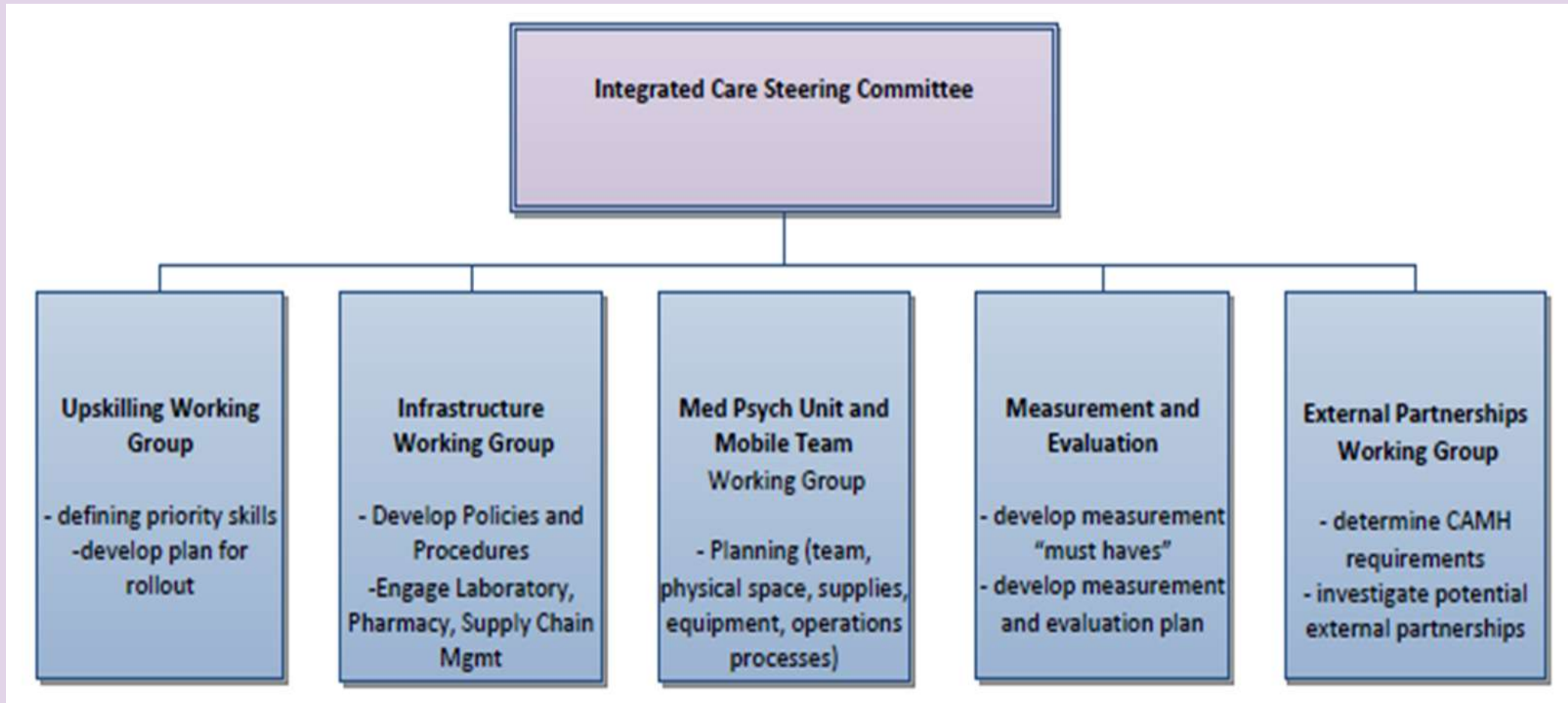
- Conditions that are not rapidly diagnosed and treated may lead to life-threatening complications.
- Interruptions to behavioral interventions.
- May require the discontinuation of psychotropic drug treatment or electroconvulsive therapy.
- Prolonged length of stay thus adding considerable cost to the health system
- Process [of transferring to a medical facility] is distressing for many psychiatric patients, particularly those with psychotic symptoms or cognitive deficits (Manu, et al., 2012).

Background

- Review of external transfers (Medical Clearance)
- Best of CAMH Nursing
- Review of Nursing Skill Usage and Confidence Levels:
 - Physical skills have degraded over time due to a historical lack of focus on providing physical care at CAMH
 - Lack of intervention-specific supplies and equipment available to nurses
 - Physical care not operationalized at the unit-level



Project Structure



Project Objectives:

- To increase the hospital's capacity to provide physical care to our patients.
- To identify priority skills and interventions for the purposes of training/re-training our nurses and other professionals.
- To develop an education and implementation strategy that includes sustainability and ongoing project evaluation.
- To ensure that nurses have the equipment, supplies, and documentation supports required to perform new medical interventions.
- To provide nurses the opportunity to work to their scope of practice by removing barriers and enabling culture change at CAMH.

Upskilling Working Group

Upskilling Working Group

- Identify priority physical care skills for Integrated Care project
- Develop recommendations for either in-house or external training facilitation, taking into account the varied abilities and skills of physicians and staff
- Develop a standardized approach to engaging units in the implementation of physical care upskilling across CAMH
- Create supporting materials for upskilling rollout

Upskilling Working Group Continued

- To engage patients and family in the design of our work.
- To ensure that patients and families are aware and have easy access to information regarding the changes to nursing physical care practice at CAMH.
- Act as a conduit to other parts of the project to ensure that required equipment is purchased, timelines are understood, and priorities are clear.
- Act as an agent for change within the organization as a whole.

A photograph of a man and a woman looking at a laptop screen together. The man is wearing glasses and has a beard, and the woman is wearing glasses and a scarf. The image is overlaid with a semi-transparent purple filter. The text "Developing a List of Priority Skills for Future Trainings" is written in white, bold, sans-serif font across the center of the image.

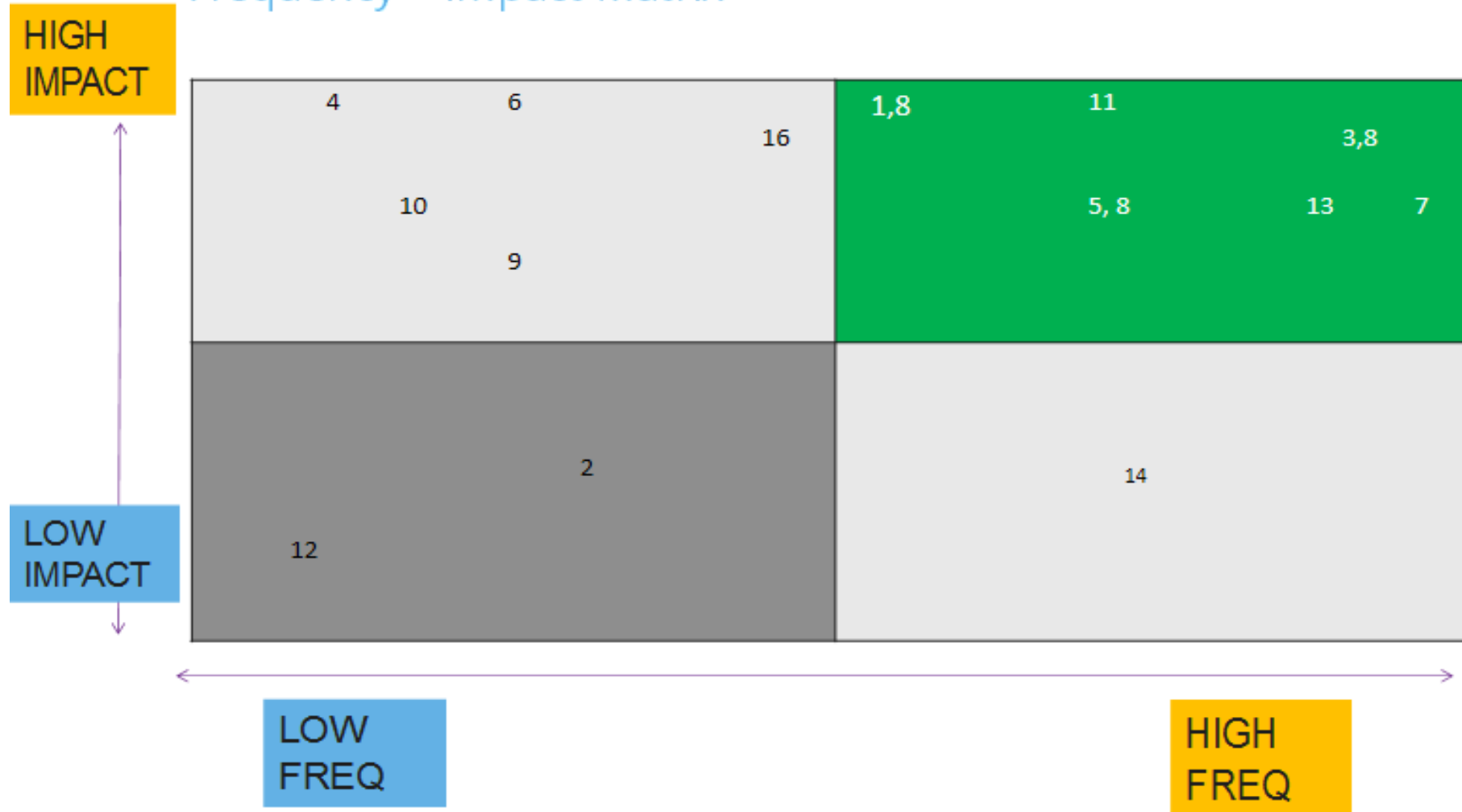
Developing a List of Priority Skills for Future Trainings

The List of Skills

1. Code Blue – Medical Emergency Response	9. Alcohol Withdrawal (CIWA-Ar protocol)
2. Nasopharyngeal Swabs -seasonal (ie Flu season)	10. IV Therapy
3. Diabetes Management (Insulin, Hypoglycemic Protocol, Sliding/Correction Dose Scales)	11. Skin assessment - Wound Care/Consults
4. Management of Bed Bugs/Lice	12. Ostomy Care
5. Management of certain medications	13. Asthma and COPD (i.e. treatment, oxygen)
6. DVT deep vein thrombosis, VTE, PE pulmonary embolism (i.e. anticoagulants)	14. Foot Care
7. Bowel Care	15. Physical Assessment
8. Toxicity/Side Effects/Doses Too High/Overdose (i.e. Lithium; antipsychotics; insulin)	16. Catheterization

Frequency Impact Matrix Completed

Frequency – Impact Matrix



Priority Skills Weighting Matrix

		CODE BLUE		DIABETES MGMT		NON COMPLIANCE/T		BOWEL CARE		WOUND CARE/SKIN		ASTHMA & COPD		CATHETERIZATION		IV THERAPY	
CRITERIA	WEIGHT	SCORE	WEIGHTED	SCORE	WEIGHTED	SCORE	WEIGHTED	SCORE	WEIGHTED	SCORE	WEIGHTED	SCORE	WEIGHTED	SCORE	WEIGHTED	SCORE	WEIGHT
SAFETY	3	5	15	4	12	4	12	4	12	4	12	5	15	2	6	2	6
JOB SATISFACTION	2	5	10	5	10	2	4	4	8	4	8	3	6	4	8	4	8
CURRENT TRENDS	1	5	5	5	5	1	1	5	5	3	3	2	2	2	2	4	4
LOW COST (Score: High cost = 1)	2	3	6	5	10	4	8	5	10	1	2	4	8	3	6	1	2
EASE OF IMPLEMENTATION & SUSTAINABIL	3	5	15	3	9	2	6	4	12	3	9	4	12	2	6	2	6
OVERALL QUALITY OF CARE	2	5	10	4	8	5	10	5	10	5	10	4	8	5	10	5	10
TOTAL			61		54		41		57		44		51		38		36
SCORE from 1-5, how well it satisfies each criteria																	
1 = not at all, 5 = completely satisfies																	

specialized team? Vs can be included in he specialized team to tr nurses do IV maintena

Priority Skills Weighted Rankings

Skill	Weighted Score	Ranking
Code Blue	61	1
Bowel Care	57	2
Diabetes Management	54	3
Asthma and COPD	51	4
Wound Care/Skin	44	5
Non Compliance/Toxicity	41	6
Catheterization	38	7
IV Therapy	36	8

A photograph of a man and a woman looking at a laptop screen together. The man is wearing glasses and a striped shirt, and the woman is wearing glasses and a scarf. The image is overlaid with a purple tint. The text "Planning for Physical Assessment Training" is written in white over the image.

Planning for Physical Assessment Training

Physical Skills Training

Phase 1 - January 2019:

Aim: To pilot a curriculum on performing Nursing Physical Health Assessments in the context of a mental health setting.

- Optional pre-learning (Competency Checklist)
- 3 Days In-person
- Trained NEs, APCLs, and Team Leads (inpatients and outpatients) and a sample of ambulatory nurses
- Theory utilizing Didactic Presentations
- Task-Training Simulation Practice stations which utilized a combination of mannequins of various levels of fidelity and volunteer standardized patients.
- Return demonstrations through the use of scenario based simulations
- Facilitators: Nurse Practitioners, Managers of IPE, Project Team + Sim Team

Physical Skills Training

Why develop the training ourselves?

- Training must be tailored to the unique needs of CAMH nurses and the patients we serve.
- Ownership of training allows for sustainability over time with respect to training new staff, and refresher trainings in the future.
- CAMH has an excellent simulations team which provides us access to high quality hands-on training opportunities.
- Von Hippel, Thomke and Sonnack (1999) found that products that are innovative and trend-setting tend to be created in-house because organizational needs are often ahead of market trends.

Physical Skills Training

Phase 1: Curriculum

Day 1	Day 2	Day 3
<ul style="list-style-type: none">Physical Health Assessment Overview and Effective Communication	<ul style="list-style-type: none">Gastrointestinal System and Assessment	<ul style="list-style-type: none">Neurological System and Assessment
<ul style="list-style-type: none">Respiratory System and Assessment	<ul style="list-style-type: none">Genitourinary System and Assessment	<ul style="list-style-type: none">Dermatological System and Assessment
<ul style="list-style-type: none">Cardiac System and Assessment	<ul style="list-style-type: none">Endocrine System and Assessment	<ul style="list-style-type: none">Discussion/Practice

Structure

1. Review of systems and common conditions
2. Assessment demonstration
3. Practice and competency validations (5-7 min/system)
4. Ongoing self-directed and learning supports

Simulations

Example of the Learning Objectives:

1. Describe rationale for completing a gastrointestinal (GI) assessment.
2. To demonstrate application of a comprehensive GI assessment.
3. To apply knowledge of normal, in order to be able to identify abnormal findings.
4. To construct a comprehensive SBAR communication to the hospitalist post assessment.



Simulations – Checklist Example



Respiratory

Assessed/Inspected:

- ✓ Ability to speak/difficulty due to breathing
- ✓ Breathing pattern
- ✓ Swallowing/secretions
- ✓ Chest symmetry
- ✓ Work of breathing
- ✓ Desired position
- ✓ Retractions/stridor/tug
- ✓ Auscultated Breath sounds
- ✓ Inspected/Palpated neck, chest
- ✓ Inquired further if abnormalities noted

Planning for Physical Skills Training – Phase 2

Aim: To refine the pilot curriculum and then implement for all CAMH nurses.

- Mandatory Pre-learning (eLearnings + Competency Checklists)
- 2-Days In-person
- Reduced didactic component
- Competency based simulations
- Return demonstrations
- Training of nurses to begin in Spring 2019
- Facilitators: Nurse Educators + Simulation Team

Physical Skills Training

Phase 2: Curriculum

Day 1	Day 2
<ul style="list-style-type: none">• Dermatological Assessment	<ul style="list-style-type: none">• Respiratory Assessment
<ul style="list-style-type: none">• Neurological and Musculoskeletal Assessments	<ul style="list-style-type: none">• Gastrointestinal and Genitourinary Assessments
<ul style="list-style-type: none">• Cardiac System and Assessment	<ul style="list-style-type: none">• Endocrine Assessment

Structure

1. Review of assessment considerations
2. Assessment demonstration
3. Practice and competency validations (5-7 min/system)
4. Ongoing self-directed and learning supports

A photograph of a man and a woman working together on a laptop. The man is standing and leaning over the woman, who is sitting and looking at the screen. Both are wearing glasses. The image has a purple overlay. The text "Developing a new Physical Health Assessment Documentation Form" is written in white over the image.

Developing a new Physical Health Assessment Documentation Form

Physical Assessment in I-CARE

- Reviewed:
 - All existing documentation of physical health assessments in I-CARE
- What did We Find:
 - No consolidated or consistent location to document a full or focused assessment
- Development Process:
 - Worked with Clinical Informatics support to design a new documentation form for Physical Health Assessments
 - A new documentation standard to accompany implementation was created

A photograph of a man and a woman working together at a laptop. The man is standing and leaning over the woman, who is sitting and looking at the laptop screen. Both are wearing glasses. The image has a purple overlay. The text 'Additional Working Group Activity' is written in white over the image.

Additional Working Group Activity

Additional Working Group Activity

Patient and Family Education

- Working with clients and families to develop a communication strategy which will ensure clarity on the changes at CAMH
- Environmental scan and meetings with other MPA hospitals to collect and share information

Diabetes Education

- Pharmacy along with APCLs have been providing education via PPO rounds, lunch and learns
- Development of new inclusion order sets and correction dose calculations

Initial Outcomes

Project Outcomes to Date

Phase 1 complete, trained 57 nurses

Feedback from the training:

"I am now much more willing to complete a physical assessment when a patient expresses concern. This will assist in giving more concrete information to the hospitalist."

"Revision and repetition and plenty of practice opportunity"

"We were able to learn and practice in a safe and non judgmental environment"

Feedback on Training

On Simulations:

"It helped me get comfortable with my interviewing skills and performing my assessment with clients. It also help me developed a flow of my assessment."

"They were realistic and the sounds allowed me to hear the actual abnormalities and compare with normal sounds."

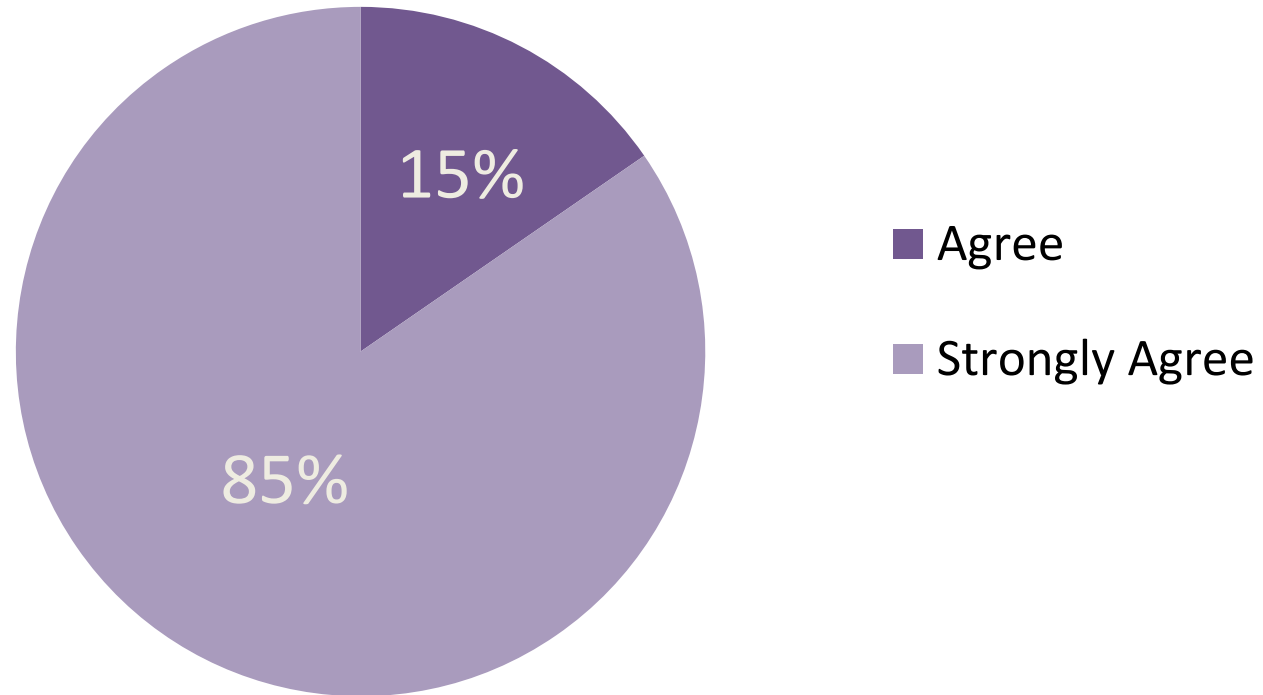
"Made me feel more comfortable with landmarking"

Finding #3

100% of the participants who responded to post-training questionnaire reported intention to change practice (n=14) immediately following the training

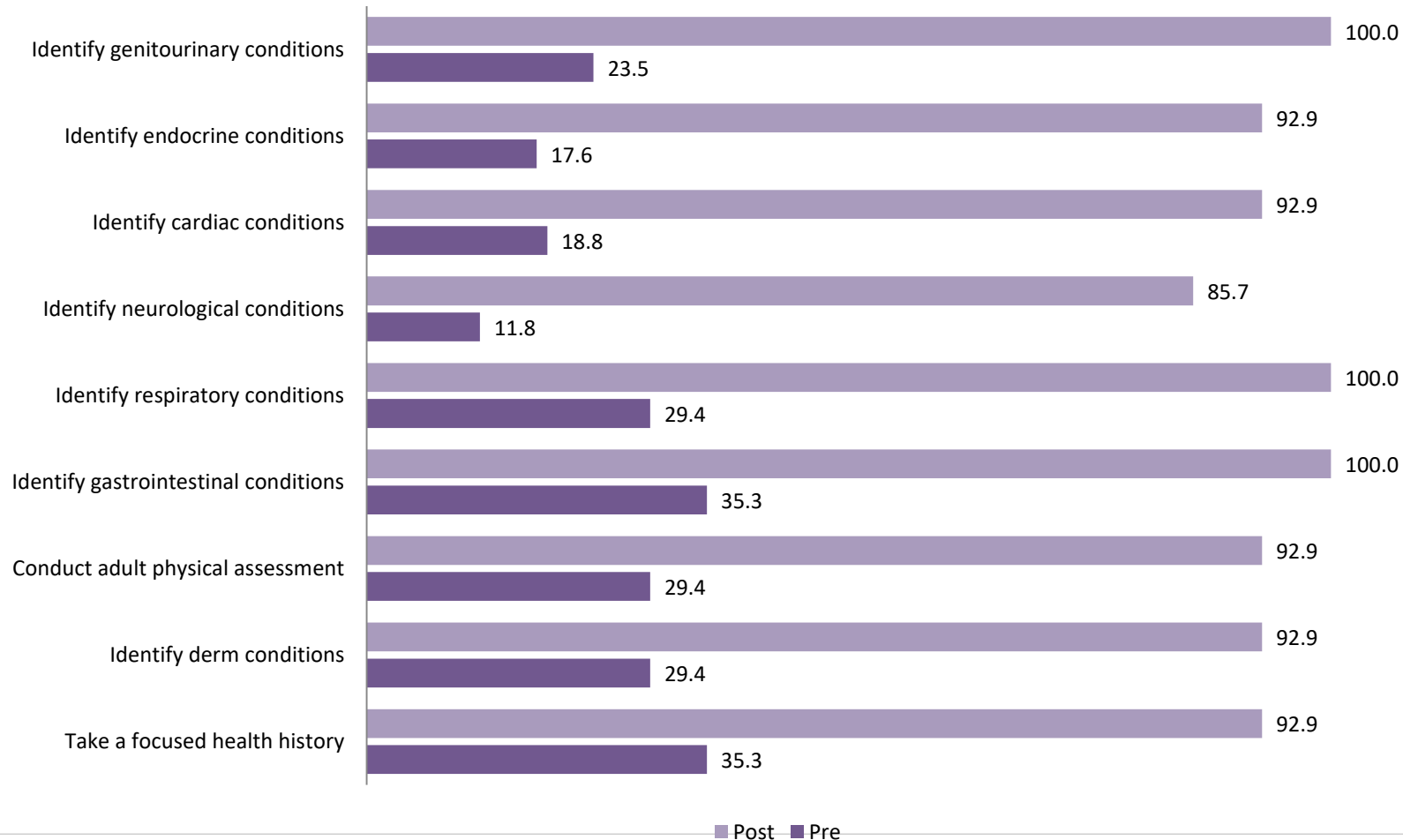
Finding #5 : **100%** of the survey participants reported overall satisfaction with the training

Satisfaction with the training



Finding #2: Comparing pre and post, the survey respondents reported high gains in confidence in their ability to effectively communicate abnormal findings and recommendations across all topics

Respondents who indicated 'confident' or 'very confident'



Project Outcomes to Date

- New Powerform has been developed
- New Simulation Equipment has been purchased and in rotation
- New Training and Practice Supplies/ Equipment have been purchased
- As planned, the Upskilling Working Group has influenced the focus of the other Working Groups

Next Steps

Next Steps

Phase 2 of Education

- Implementation of new Powerform
- Increasing family and patient involvement
- Faculty development on the use of simulation and a teaching modality
- Enhanced training of standardized patient actors
- Increasing the simulation scenario data base
- Implement patient and family communication strategy to ensure changes are being communicated to those we serve



Questions?