PSYCHIATRIC MEDICAL CARE UNIT OUTCOME AND ECONOMIC BENEFITS



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Hahnemann University Hospital

- Throughout its history, Hahnemann has distinguished itself as a leader in redefining healthcare delivery and providing innovative care to meet the varied needs of the communities it serves.
- Located in the heart of Philadelphia, Hahnemann University Hospital is a tertiary care institution with a large percentage of beds dedicated to intensive care. Hahnemann is a 496bed academic medical center delivering a wide range of medial services.



Psychiatric Medical Care Unit

- In 1983 the Psychiatric Medical Care Unit (PMCU) opened a 20 bed acute locked unit to address the special needs of co- occurring psychiatric conditions and medically compromised patients. Our approach also includes the provision of care to individuals with cooccurring drug addictions.
- The PMCU is committed to a holistic approach that addresses all areas of the individual's health. Hahnemann University Hospital's Internal Medicine Consult Service is active in delivering services for persons presenting with co-occurring medical diagnosis and collaborates with a psychiatric team made up of physicians, social workers, nurses, creative art therapist, psychologist and mental health aids.







Reasons for Psychiatric Medical Care Units

- Unlike the health of our bodies, the health of our minds is often neglected and not proactively addressed in many sectors of healthcare.
- Mental illness affects one in four adults, with about 6 percent suffering from serious mental illness.
- Mental disorders are the leading cause of disability in the United States with nearly half (45 percent) of people with mental disorders meeting criteria for 2 or more disorders strongly related to comorbidity.
- Patients diagnosed with a serious mental illness die 25 years earlier than the general public.
- Care costs for the SMI population is significant with a ranking of one of the five most costly conditions.







Reasons for Psychiatric Medical Care Units

- Multiple studies document a higher prevalence of chronic illnesses such as diabetes, respiratory disease, hepatitis B and C, and HIV.⁵
- Depression increases risk of cardiovascular diseases and diabetes.⁶
- Schizophrenia may predispose persons to metabolic syndrome, hypertension, and obesity.⁷
- Fifty percent of patients affected by mental illness are diagnosed with a known medical disorder.
- Thirty-five percent of these patients have undiagnosed medical conditions and one in five has a medical problem that exacerbates their psychiatric condition(s).8







Interdisciplinary Team - Psychiatrist as lead attending's with residents and

- Psychiatrist as lead attending's with residents and medical students
- Nursing staff that consists of both psychiatric and medical expertise
- Social work team that specializes in collaborating with outside resources
- Creative Art Therapist- art and music non-verbal therapies
- Psychologist- offering psychological testing
- Mental Health Aides- associate degree in mental health



Team Approach

- Interdisciplinary team meets daily in AM/PM to review all cases.
- Identify on a daily basis who the high risk patients are and action plan for management.
- Identify key personal who have a therapeutic relationship with the patient to support the treatment plan.







Safety

- Use of assessment tools to identify risk factors:
 - Suicide assessment
 - Aggression assessment
 - Substance and Alcohol Withdrawal
 - Neuropsychological testing
 - Trainings for Security team on managing patients with psychiatric disorders.



Safety

- Staff and hospital security trained yearly in "Handle With Care" behavioral management system.
- Monthly 30 minute safety updates- review techniques and tips for deescalating situations.
- Daily team huddles identify high risk patients.





Working towards restraint free environment

- Commitment of team to be proactive rather than reactive.
- Medication in conjunction with therapeutic interventions.
- Monitoring per shift aggressive incidents both physically and verbally for trends.
- Restraint rate for 2010 was 4 episodes.
- Restraint use for 2011: 2 episodes.



Treatment for homeless and substance abuse population

- Upon admission process to connect to outpatient resources begins.
- Meetings with family members, friends, providers within 48 hours.
- Applying for intensive case managers or other support systems when discharged.
- Building relationships with Drug and Alcohol community for services.
- Connecting person to medical services-setting appointments with primary care or specialty services.



Relationship building with medical teams

- Medical floors utilize psychiatric consult team for patients too medically compromised for admission to the PMCU
- Attending Psychiatrist encourages an interdisciplinary team by holding case conferences with medical consults as a way to foster involvement.
- Medical consults are invited to participate in team meetings discussing treatment progress.



Benefits of a Psychiatric Medical Care Unit

- Effective management of psychiatric acuity and medical acuity.
- Patient satisfaction scores rate high for physician and staff support with meeting their treatment goals.
- Connecting service providers for better outcomes and educating person in recovery on relationship between medical and psychiatric disorders.



Reimbursement

- Limitations on medical care.
- Understanding what is emergent care.
- Need for policy changes and advocacy to address discrepancies in psych/med services.



Why we do what we do...

- The PMCU was developed with the goal of meeting the special and complex needs of persons in recovery with a psychiatric diagnosis and co-occurring medical diagnosis and/or substance use. Our goal is to return individuals to their family, key supporters and community by emphasizing a strength perspective, empowering them with coping and adaptive skills that will support them on their personal recovery journey.
- The PMCU objectives integrate co-morbidity into a recovery-focused model that promotes Person-First perspective by challenging behavioral health disparities and generating through a cultural competent staff treatment services that create health and independence for the consumer.







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