APNA 29th Annual Conference
Disney's Coronado Springs Resort - Lake Buena Vista, Florida
October 28-31, 2015

Collaborating in an Evolving Health Care System: Opportunities to Advance
Psychiatric-Mental Health Nursing

Concurrent Session

Topic: The Role of the Psychiatric-Mental Health Advanced Practice Nurse in the Behavioral Intervention Team (BIT) Model of Care

Presenters:
Jasper L. Tolarba, DNP, MSN, MA, RN, NEA-BC
Joanne D. Iennaco, PhD, PMHNP-BC, PMHCNS-BC, APRN
The Role of the Psychiatric-Mental Health Advanced Practice Nurse in the Behavioral Intervention Team (BIT) Model of Care

Background

- 1 in every 4 adults suffer from a diagnosable mental disorder

- Mild-to-Moderate Depression to more serious psychotic disorders like hallucinations or delusions

- 20% to 60% of adults with a mental disorder suffer from at least one general medical disorder

Psychiatric Models of Care

- Psychiatrist evaluates the patient for any psychological or psychiatric condition after receiving a consult request from the primary medical service.

- Psychiatric service with more active collaboration with medical teams to provide care to patients with psychiatric morbidity within the general medical setting.

- Care delivered by general medical physicians working with psychiatrists and other allied health professionals to provide complementary services, patient education, and management in order to improve mental health outcomes.
Slide 4

Behavior Intervention Team (BIT) at YNHH

- Using an ABA (basic withdrawal) design with a 33-day intervention period and 10 similar control periods, the BIT model of care demonstrated significant positive results.

Slide 5

Outcome of Project Implementation

- Decreased patient LOS by 1.2 days
- Quicker response to patient sitter evaluation
- Increased staff satisfaction
- Decreased payer denied days

Slide 6

Objectives

More specifically to:

1. Describe the overall context and structure of the BIT and the roles and responsibilities of members;
2. Describe the PMHAPN’s clinical and operational responsibilities;
3. Describe the collaborative relationships among stakeholders involved in the care of the client; and
4. Validate the overall BIT model of care and the role of the PMHAPN with a group process.
Slide 7

Methods

1. Writing the initial description of the BIT structure as well as the roles and responsibilities of each member
2. Describing the concept of the collaborative and integrated nature of the BIT model of care
3. Identifying the multifocal roles of the PMHAPNs as they function within the BIT model of care.
4. Validation via a group process involving all members of the BIT at YNHH.
5. Rewriting the paper incorporating the suggestions and feedback by the BIT team members.

Slide 8

Conceptual Framework

Slide 9
Slide 13

Multifocal Role of BIT PMHAPN

- Clinician
- Educator
- Coordinator
- Researcher

Slide 14

Program Success Indicators

- Decreased patient LOS
- Increased patient volume
- Medication compliance
- Increased knowledge and skill to care for this patient population
- Decreased denial days from payers
- Effective symptom management
- Continuing education provided
- Decreased patient sitter utilization
- Participation in plan of care
- Decreased staff injuries related to behavior situations
- Early safety risk identification

Slide 15

Identified Future Directions of BIT

1. Establishing an outpatient clinic associated with BIT where patients can be seen after discharge as they transition to longer-term care (i.e. in the 6-week to 3-month gap before seeing a prescriber at an outpatient clinic).

2. BIT clinicians would continue to follow their patients in this BIT-established outpatient clinic due to familiarity of patient case and to establish continuity of care.

3. Expansion of BIT program in other Service Lines as well as other institutions throughout the country.
Conclusions

1. The proactive approach in providing psychiatric services to patients in a general medical inpatient setting has been proven effective, which has fueled replication of the BIT program in other hospitals in the country.

2. The active involvement of BIT members in the overall care of the patient, coupled with a successful collaborative relationship between BIT and various disciplines resulted in positive clinical and operational outcomes.

3. The multifocal responsibilities of the PMHAPN as a clinician, educator, coordinator, and researcher have made this role an integral part of BIT.
Acknowledgment

William Sledge, MD - Yale Psychiatric Hospital Medical Director
Hochang (Ben) Lee, MD - YNHH Psychological Medicine Service Medical Director
Paul Desan, MD, PhD - YNHH Consultation-Liaison Service Medical Director
Katy Perticone, BIT APRN
Beth Heaney, BIT APRN
Pat Cunningham, BIT CNS
Nancy Tommasini, BIT CNS
Alonzo Watts, BIT LCSW
Anne Marie Granata, BIT LCSW
Mark Oldham, MD - BIT Attending Psychiatrist
Pamela Petersen-Crair, MD - BIT Attending Psychiatrist
Griserl Nieves - BIT Coordinator
Kris Diana- CL Coordinator

References


