

Title: Adolescent Inpatient Psychiatry: Implementing a model of care to improve outcomes

Background:

Historically, adolescent inpatient behavioral health units have used motivational programming to manage behavior on their units (Mohr, Martin, Olson, & Pumariega, 2009). Point and level systems have been the most common means of introducing operant conditioning to motivate children to adhere to prosocial behaviors and to maintain safety and order (Mohr et al., 2009). Structuring milieus based around the understanding that motivation drives behavior actually activates the child's stress response, increases the use of coercive measures and inhibits the therapeutic relationship (Mohr & Pumariega, 2004). Children with trauma are sensitive to power imbalances and judgement-- both of which occur in a milieu that is structured around motivational programming (Bryson et al., 2017). Changing the way inpatient psychiatry units understand, treat, and think about children with mental illness will decrease rates of seclusion/restraint and aggressive events while increasing patient and family satisfaction.

Local problem:

Prior to opening the adolescent psychiatry unit in July 2018, the psychiatry units at Inova Fairfax had a high rate of seclusion and restraint (69th highest restraint utilization facility in the US out of 1654 inpatient psychiatric facilities), many aggressive events (40 for adult psychiatry in 2017), and poor patient satisfaction (Data.medicare.gov website, 2017). The opening of the adolescent unit presented an opportunity to adopt a new model of care that would reduce episodes of seclusion and restraint, limit aggressive events, and result in high patient satisfaction.

Methods:

A literature review was conducted to determine the best model of care to reduce seclusion/restraint, aggressive events, and to increase patient satisfaction. A model of care incorporating trauma informed care, patient/family centered care, and collaborative problem solving was adopted. All staff were hired for their ability to critically think and their willingness to adopt a new perspective on externalizing behaviors seen in troubled youth. Staff attended classroom training on this new model and completed introductory training on collaborative problem solving.

Following adoption of this care model, data will be examined to determine the success of this model of care, including rates of seclusion and restraint, number of aggressive events, and patient satisfaction scores as measured through Press Ganey surveys.

Interventions:

Seclusion and restraint data will be gathered for the new adolescent unit and compared to the rate on the adult psychiatry unit. The data also will be compared month to month to determine improvement as staff become more comfortable with the care model. Aggressive events will be tracked and compared to the adult unit and month to month to determine improvement. Press

Ganey scores for patient satisfaction will be tracked from the time the unit opens for a total of six months.

Results:

Results of the data analysis will determine if there is a reduction of the rate of seclusion and restraint and a reduction in aggressive events compared to the adult unit and compared month over month. In addition, Press Ganey will demonstrate if there are high patient/family satisfaction scores.

Conclusions/Implications:

The implementation of the new care model on the adolescent psychiatry unit and the subsequent analysis of the date will determine if the adoption of the new care model improved with regards to seclusion/restraint, aggressive events, and patient/family satisfaction. If there is ongoing improvement, it will demonstrate the increasing skill of the staff in implementing the model over time.

References

Bryson, S. A., Gauvin, E., Jamieson, A., Rathgeber, M., Faulkner-Gibson, L., Bell, S., ... Burke, S.

(2017). What are effective strategies for implementing trauma-informed care in youth inpatient psychiatric and residential treatment settings? A realist systematic review.

International Journal of Mental Health Systems, 11(36). <https://doi.org/10.1186/s13033-017-0137-3>

Data.medicare.gov website. (2017). <https://data.medicare.gov/>

Mohr, W. K., Martin, A., Olson, J. N., & Pumariega, A. J. (2009). Beyond point and level

systems:Moving toward child-centered programming. *American Journal of Orthopsychiatry*, 79(1), 8-18. <https://doi.org/10.1037/a0015375>

Mohr, W. K., & Pumariega, A. J. (2004, July-September). Level systems:Inpatient programming whose time has passed. *Journal of Child and Adolescent Psychaitric Nursing*, 17(3), 113-125.