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Center for Integrated  
Health Solutions**

## Health Integration

**Utilizing the Psychiatric RNs to the Fullest  
Scope of the Nursing Practice**

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### About the Speakers



**Mina Luongo, RN**, Assistant Nurse Manager at Harborview Mental Health and Addiction Services, has been working with psychiatric clients since 1977. In 1991, she received an ADN from Santa Monica College in CA. Since that time she has worked in both Inpatient and Outpatient settings at Cedar-Sinai Hospital in L.A. and Sonoma County Mental Health in Santa Rosa. She is currently promoting health integration at HMHS.

**Kelly Paananen, ARNP**, is the Director of Healthcare Specialists at Downtown Emergency Services Center. Kelly received her Bachelor of Science in Nursing from Seattle University in 1985 and Master of Science degree from the University of Washington in 2010. Her nursing career began at Western State Hospital and she has been employed at Harborview Medical Center for more than 22 years in the mental health and addictions services center. She is currently transitioning her role to the Director of Healthcare Specialists.

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### Who we are

- Kelly Paananen, ARNP
- Mina Luongo, RN3
- Cohort III
- Downtown Emergency Service Center (DESC)
- Harborview Medical Center
- Harborview Mental Health and Addictions Services (HMHAS)
- Seattle, WA

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### Harborview Medical Center

- ❖ Began as a six bed hospital in South Seattle in 1877
- ❖ In 1933 moved to its current location.
- ❖ Owned by the citizens of King County & managed by the University of Washington
- ❖ Level I Trauma Center for WA, AK, ID, MT
- ❖ Centers of Excellence:
  - Trauma and Burn Care
  - Neurosciences Institute
  - Behavioral Health
  - AIDS/STD, and others



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### Objectives

- Describe the changing role of the psychiatric RN in a community mental health setting
- Describe how the psychiatric RN as a medical care manager is facilitating health integration in the community mental health setting
- List the evolving roles for psychiatric nurses in integrated care

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### Psychiatric Nursing

“A specialty nursing practice focusing on the identification of mental health issues, prevention of mental health problems and the care and treatment of persons with psychiatric disorders”

American Psychiatric Nurses Association

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### What is the topic?

How one agency is utilizing the psychiatric nurse to facilitate integrated care in a community mental health center.

1. Historic practice of psychiatric nurses
2. What our role encompasses now and why we have changed what we do
3. Where do we go from here

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### Why is This Topic Important?

- Limited health care dollars
- Chronic mentally ill have a life expectancy from 10- 20 years less than the average population
- SAMHSA PBHCI grant is ending for us September 2014. It is important to continue the momentum in order to sustain the gains we have made and continue to provide integrated services.
- Mental health centers are where most chronic mentally ill patients come in contact with the medical community
- More comorbidities, particularly with our medications.

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### Health Facts and Mental Illness

- ↓ Life expectancy
- ↑ Diabetes
- ↑ Hyperlipidemia
- ↑ Hypertension

Druss, 2008; Bell & Farmer 2009;  
Jacob et al., 2009

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# Causes

- Atypical Antipsychotics
- Substance use and abuse
- Sedentary life style
- Homelessness
- Poor Nutrition
- Limited primary care
- Smoking

Newcomer, 2006, Newcomer, 2007

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# Barriers to Care

- **The Health Care System**
  - Low reimbursement rates
  - No reimbursement for consultation
  - Not enough time at visits to provide evidence base care (reimbursement rates make this difficult)

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# Barriers (Continued)

**Provider:**

- No reimbursements for consultation
- Not enough time during visits to provide evidence based care
- Comfort with asking psychiatric questions
- Psychiatric diagnosis are complex and present as more than one illness
- General discomfort with psychiatric patients

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**Barriers (continued)**

**Patient:**

- Avoid or mistrust health care system
- Lack of awareness of importance of follow up
- Disorganization limits ability to follow through
- Transportation
- Limited Income
- Symptoms are attributed to mental illness

Hutchinson, 2003

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**Mental Health Centers**

Primary place where persons with chronic mental illness come in contact with the health care system

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**Why is Integration Important?**

Shared goals and common values lead to more successful outcomes

Mitchell, 2009

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**Psychiatric Nursing History**

1882 – Linda Richards, pioneer of modern nursing in US

1913 – Johns Hopkins 1<sup>st</sup> college to offer psychiatric nursing as part of its curriculum

1920 – 1<sup>st</sup> psychiatric nursing textbook

1961 – psychiatric nursing was included in the basic nursing curriculum by the International Council of Nurses



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**Psychiatric Nursing at HMHAS**

- Mental health assessment
- Physical health assessment
- Health and wellness promotion
- Teach, teach, teach
- Provide support and encouragement to reach recovery goals

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**Strategies to Integrate Care**

- Annual health evaluations
- Medication reconciliation
- Pain assessments
- Patient health education
- Working directly with providers for clinically complex patients
- Critical times of transition: discharges, diabetes education, medical procedures

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Date: \_\_\_\_\_

1. In general, would you say your physical health is:  
 Excellent \_\_\_ Very good \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_

2. History of medical follow-through:  
 Excellent \_\_\_ Very good \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_

3. Have you seen a primary medical doctor or nurse practitioner in the past year?  
 Yes \_\_\_ No \_\_\_ Unknown \_\_\_

Primary care MD of record?  
 Yes \_\_\_ No \_\_\_ Unknown \_\_\_

4. Have you ever been told you have diabetes?  
 Yes \_\_\_ No \_\_\_ Unknown \_\_\_

5. Do any relatives (parents, siblings, grandparents) have diabetes?  
 Yes \_\_\_ No \_\_\_ Unknown \_\_\_

6. Have you ever been told you have high blood pressure?  
 Yes \_\_\_ No \_\_\_ Unknown \_\_\_

7. Have you ever been told you have high cholesterol?  
 Yes \_\_\_ No \_\_\_ Unknown \_\_\_

8. How many meals a day do you eat on average (breakfast)?  
 0 \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_

9. How many packs do you smoke each day on average (if you smoke cigarettes)?  
 0 \_\_\_ 1 \_\_\_ 2 \_\_\_ 3+ \_\_\_

10. About how much weight have you gained or lost in the past year?  
 \_\_\_ lbs. GAINED \_\_\_ lbs. LOST

11. On a scale of 1 to 10, where 0 means "no pain" and 10 means "as intense as you can imagine," rate your physical pain:  
 CURRENT pain \_\_\_  
 WORST pain in past 2 weeks \_\_\_  
 LEAST pain in past 2 weeks \_\_\_

12. Vitals:  
 BLOOD PRESSURE (cmHg – 7 reasons) \_\_\_  
 WEIGHT (lbs & inches UK, no pounds) \_\_\_  
 HEIGHT (inches UK, no platform) \_\_\_

13. Medications:

Medication name	Alc. control	Alc. control	Alc. control	Alc. control	Alc. control	Alc. control
<input type="checkbox"/> Insulin	<input type="checkbox"/> Carb	<input type="checkbox"/> Carb	<input type="checkbox"/> Carb	<input type="checkbox"/> Carb	<input type="checkbox"/> Carb	<input type="checkbox"/> Carb
<input type="checkbox"/> Diabetes	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC
<input type="checkbox"/> Cholesterol	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC
<input type="checkbox"/> Depression	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC
<input type="checkbox"/> Anxiety	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC
<input type="checkbox"/> Blood pressure	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC	<input type="checkbox"/> OTC

14. Assessment

15. Diagnosis

16. Interventions: Referral to primary medical provider \_\_\_ Patient education \_\_\_ weeks or \_\_\_ months

Signature: \_\_\_\_\_

Behavioral Formatted Care Scales and Management Tool  
Page 1 | Revised 6/10/2012 | ©

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## Psychiatric Nurses Can be the Care Manager

- Long term relationships with patients
- Skilled in psychiatric assessments, medications and the risk and benefits of these medications, particularly the potential for medical co-morbidities
- Trained in all aspects of nursing
- Committed to this patient population

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1990 - 2013
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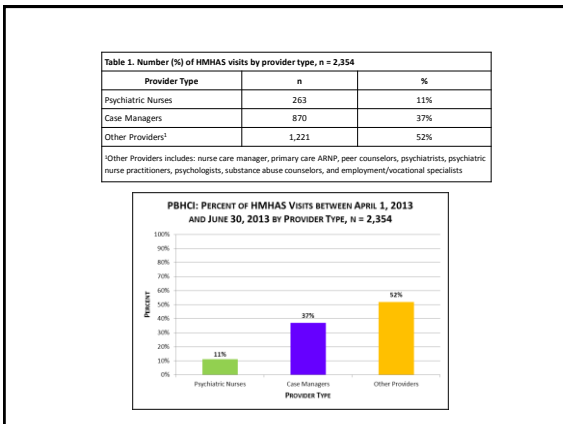
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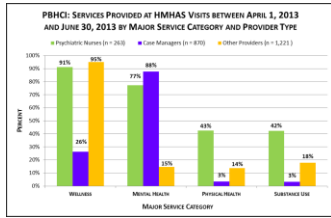
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Major Service Category <sup>1</sup>	Psychiatric Nurses (n = 263)	Case Managers (n = 870)	Other Providers <sup>2</sup> (n = 1,221)
Wellness	240 (91%)	228 (26%)	1,160 (95%)
Mental Health	203 (77%)	763 (88%)	180 (15%)
Physical Health	112 (43%)	30 (3%)	168 (14%)
Substance Use	111 (42%)	28 (3%)	217 (18%)

<sup>1</sup>Major service categories are not mutually exclusive  
<sup>2</sup>Other Providers includes: nurse care manager, primary care APRN, peer counselor, psychiatrist, psychiatric nurse practitioner, psychologist, substance abuse counselor, and employment/vocational specialists




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Wellness Service Category <sup>1</sup>	n	%
Diabetes Education	23	9%
Hypertension Education	3	1%
Medication Management	121	50%
Illness Self-Management	77	32%
Recovery Activities	61	25%
Physical Activity Education	40	17%
Stress Management	32	13%
Nutrition Education	20	8%
Smoking Cessation	10	4%
Healthy Cooking Education	4	2%
Peer Support	2	1%
Exercised with Patient	0	0%
Referral	0	0%
Spiritual Support	0	0%
Yoga with Patient	0	0%

<sup>1</sup> Wellnes service categories are not mutually exclusive

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## Psychiatric Nursing

### Health Integration in Action

Case Studies -

- \*Chronic schizophrenic with PE, ESLD, LEP, TBI, COPD, ETOH, mobility issues, homeless, multiple providers, 20 different meds, diabetic, high utilizer of the system
- \*Schizoaffective disorder, LEP, substance abuse, poorly controlled diabetic, hypertension
- \* Schizoaffective disorder, diabetes, biliary cancer, help her navigate the medical system concerning options for care, interacted with family to keep them informed of patient's health

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### Diabetes & Schizophrenia Study

- Teamcare concept
- Feasibility grant through NIH
- How are we going to integrate Teamcare utilizing the RN as the care manager?

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### TEAMcare

- Formalized process for information distribution to the entire team
  - \*Treat to Target
  - \*Weekly supervision by medical team consultants
  - \*Focused
  - \*Visit preparation
  - \*Agenda setting

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### This & That

- Potential barriers to plan
  - Resistance
  - Cost
  - Training
- Thinking outside the box

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### How Do You Find the Right Nurses?

- Interview – look for nurses who have a passion for psychiatry and an interest in primary care. You can teach the primary care component
- Clear expectations of the role of the nurse in the mental health setting
- Leadership that is committed to including primary care as part of the overall treatment provided to the patient

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### Integration of Care at HMHAS

- Primary care
- Dietician
- Podiatrist
- Pharmacy – on-site

**Easy Access**  
**Specialty Clinics**  
**Housing, Vocational and Funding services**

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### What are We Doing to Promote Health and Wellness

- SAMHSA grant
- Gym memberships
- Health and wellness groups
- Individual counseling
- Spiritual support
- Partnering with primary care clinics at Harborview and in the community
- Healthy Wednesdays

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**OK SO WHAT'S NEXT?**

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### In Health and Wellness?

- Continuing education related to care management
- Working with the Peer Advisory Bureau to find out what works and what they want
- Increased time with dieticians
- Podiatry
- Expanding targeted health groups and topics
- More fully participate in Peering Forward – our peer led news letter

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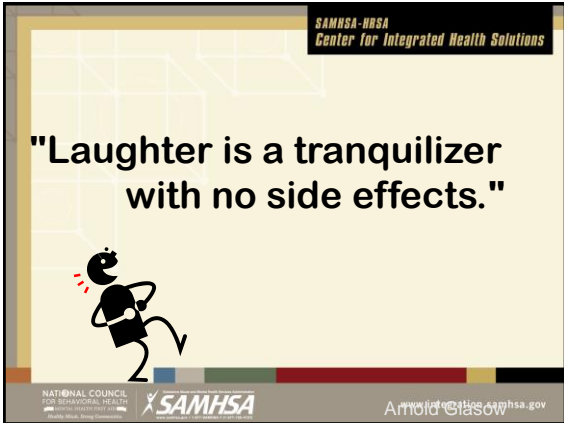
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