

AGHPS 9th Leadership Summit

Transforming Mental Health Care: Introduction of the Nurse Practitioner Role

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Patient Care Reinvented.



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Presenter Disclosure

Alma Naddafi

- No relationship with commercial interests
- No potential for conflict of interest

Darlene Ginsberg

- No relationship with commercial interests
- No potential for conflict of interest

Mitigating Potential Bias

- The information presented here is the result of the recent process utilized at Humber River Hospital in the planning and implementation of the Nurse Practitioner role in the Mental Health and Addictions(MH &A)program

Objectives



- Understand the process for introducing the Nurse Practitioner (NP) role in the Mental Health and Addictions program
- Understand the NP role as Most Responsible Practitioner (MRP) and the implementation of quality standards for anxiety and depression
- Vision of role implementation.
- Recognize the importance of integrating physical and mental health care to improve the patient care experience.
- Next steps.

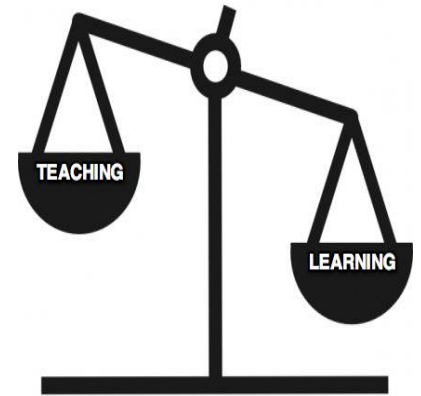
Nurse Practitioner (NP) Role Description

- NPs are also known as *Registered Nurses in the Extended Class (EC)*.
- NPs require additional educational and practice requirements.
- NPs are registered with the College of Nurses of Ontario (CNO).
- Autonomous and full practice authority
- NPs provide health services to diverse client populations in various practice settings.
- NPs have special designations : Adult, Pediatrics, Primary Care.

NP Scope of Practice

- NPs are authorized to diagnose, order and interpret diagnostic tests, and prescribe medications and other treatments.
- NPs practice includes health promotion and disease prevention.
- NPs practice in various clinical settings: acute care, primary care, and palliative/end of life care.

NP Competencies



Organized into four categories:

1. Client care: relationship building and communication, assessment, diagnosis, management, health promotion, collaboration, consultation and referrals.
2. Quality improvement and research.
3. Leadership.
4. Education: client, community and health care team. Includes maintaining continuing competence.

Utilization of NP in MH&A program

- Needs assessment: identification of gaps in care
- Understanding NP scope of practice
- Planning for role implementation
- Senior management and leadership support
- Endorsing staff and physician support

Vision for collaborative practice

- Understanding that collaborative and interprofessional practice improves patient's outcomes
- Creating and supporting formal and informal collaboration
- Promoting a culture of effective communication
- Creating support structures and strategies that demonstrate organizational values, collaborative practice and teamwork.

Strategies for Optimal Role Integration

- Leadership support and involvement of key stakeholders
- Needs assessment
- Understanding NP scope of practice
- Education: role description, clinical responsibilities and reporting structure
- Recognition of NP scope of practice and revision of hospital policies and procedures

HRH:NP Role Development and Implementation

- Corporate orientation
- Meeting team members from the Mental Health and Addictions program (CDP, injection clinic, EPU, DD, inpatient units, UCC, etc.).
- Needs assessment and input from various clinicians and physicians within the program.
- Interviews with other NPs working in Mental Health
- Ongoing discussions with leadership team: program needs, goals, and strategic plan.

Proposed NP Role

- Creation of NP clinic and transitions group-curriculum development
- Transitions group- Interprofessional approach
- NP clinic will follow patients with anxiety and or/depression.
- Follow up for 6-12 weeks
- Mental health care will include medication optimization, side effects monitoring, medication adherence, psychoeducation
- NP will remain the program's principal contact for FMD/ Health care practitioners in the community.
- Transitions group: Health education, learning and implementing coping skills (6 weeks, 1.5 hrs. per week).

Proposed NP Role

- Referrals –by psychiatrist in the program (initial phase) or family doctors (after initial phase)
- If the pt.'s mental health needs exceed the 12 weeks f/u in the NP clinic, the pt.'s care will be transferred back to the referring psychiatrist.
- Weekly interprofessional patient care rounds with consulting psychiatrist
- Initial consults in collaboration with psychiatrist
- Patients may concurrently attend transitions group
- NP will send additional discharge summary and will remain the primary contact to the primary health care practitioner/FMD.

Transitions Group Structure

The transitions group has two components:

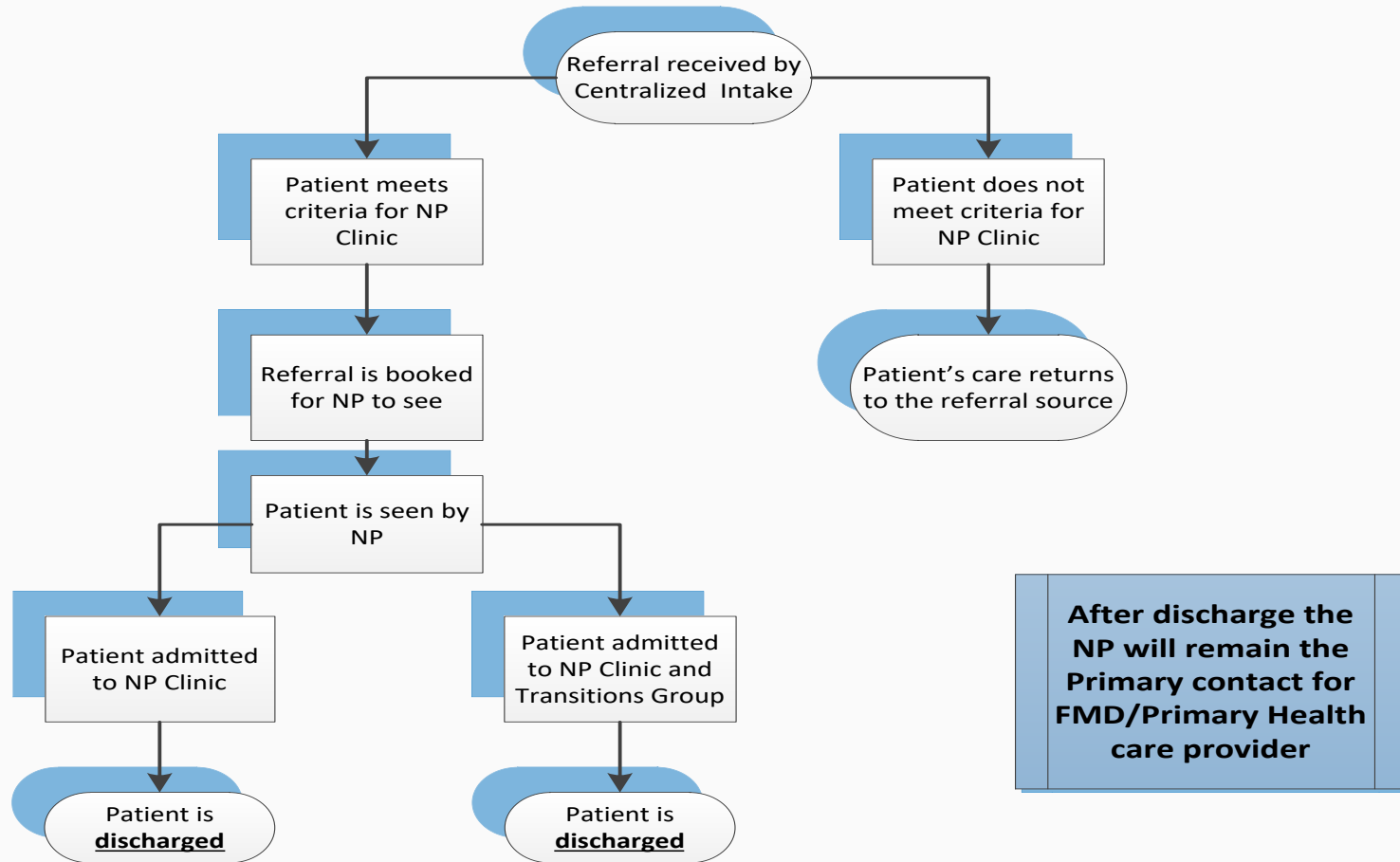
- Check in, health promotion and disease prevention (30 minutes per session)

Faculty: RN, psychiatrist, NP

- Practical application of CBT (cognitive behavioural therapy) and Dialectical Behavioural Therapy (DBT) based skills (50 minutes per session)

Faculty: OT, RSW

Proposed NP Clinic Work Flow



Vision for Role Implementation/Strategic Plan Alignment

Goals and strategic plan alignment

- Increase the number of unique individuals served.
- Decrease program's wait times.
- Facilitate the discharge process.
- Strengthen community partnerships with primary health care providers/FMD.
- Develop and support initiatives that enhance patients health literacy skills.
- Development and tracking of quality indicators to evaluate NP role (i.e. NP referrals and discharges, NP pt. experience survey).

Above goals are aligned to HRH 2017-2020 strategic plan initiatives.

HRH 2017-2020 Strategic Plan Alignment



1. Improve the health of the diverse community.
2. Achieve excellence in patient care by being a high reliability hospital.
3. Foster a culture of engagement and inclusivity to make a positive difference every day.
4. Advance HRH as a community academic hospital.
5. Achieve sustainable, responsive and efficient growth and asset utilization.

Improving Patient Care: Quality Indicators

- Tracking of admissions and discharges
- Service provision within 7-10 days of referral
- 30 days follow up post discharge from clinic
- Patient experience survey for NP clinic and transitions group
- Admitting blood work (and f/u as required) for all patients

Next Steps

- Implementation phase
- Identify/utilize program resources to ensure quality of patient care (referral to other programs, i.e. PTSD, concurrent disorders)
- Collaborate with clinicians in the implementation and evaluation of the NP clinic and transitions group (including curriculum).
- Assess/redefine utility of quality indicators.
- Evaluate and expand referral criteria to include diverse psychopathology (psychosis, BAD) and other referral sources/reasons (external referrals after initial psychiatric consultation, EPU, focused medical care).
- Elicit colleagues feedback/suggestions

Questions/Discussion/Feedback



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