Underserved Population (UP) Network Calls

Presented by
Home Health Quality Improvement (HHQI)
National Campaign

Polling Question #1

UP Networking Webinar

- “Community Mental Health on Wheels”
  - Amy Silbaugh, RN, BSN
  Clinical Manager
  Mental Health Services
  Visiting Nurse Association of Ohio

- Gary Mahoney, RN
  Psychiatric Bridge Program
  Mental Health Services
  Visiting Nurse Association of Ohio
Mental Health Services

- Provides assessment, pharmacologic management and counseling to severely mentally disabled individuals
- Services and Care:
  - Maximize treatment protocols
  - Promote mental health recovery
  - Services are supportive of physician directed treatment

Scope of Services

- Admission within 24 – 48 hours of referral
- Assessment
  - Ongoing monitoring and evaluation of treatment plan
  - Symptom stabilization and management
- Pharmacologic management for efficacy and adherence
Scope of Services

- Supportive counseling / coaching
- Recovery Management Plan of Care
  - Developed collaboratively with individual and clinician
  - Focus on intervention that facilitates recovery and the resources that support the recovery process
- Links to activities and resources provided by the community

VNA Mental Health

Services delivered to individuals within the Diagnostic Groups:
- Schizophrenia
- Mood Disorders
- Alzheimer's/Dementia
- Anxiety Disorders
- Adjustment Disorders
- Dual Diagnosis

Core Centers of Excellence

- Transition and symptom stabilization post hospitalization
- Management of physical illness and mental health co-morbidity
- Second generation antipsychotic monitoring*
  - Obesity, diabetes, hypertension, hyperlipidemia risks

*New program ~ Fall '07 implementation in Mid Ohio
Core Centers of Excellence

- Serum levels for psychiatric drug monitoring
- Elder Mental Health Services:
  - Medication misuse / abuse
  - Depression
  - Cognitive impairment
  - Suicide risk
  - RN's certification in Dementia Care and Disease Management is in process

Who Benefits from VNA Mental Health Services?

- Individuals with:
  - New diagnosis of mental illness
  - Re-hospitalizations
  - Non-adherence to treatment recommendations
  - De-compensation management needs
  - Mental health and physical illness co-morbidities

Service Eligibility

- Individuals with psychiatric problems that are manifested in part by a refusal to leave home environment (e.g. panic disorders)
- Unsafe for individuals to leave home unattended (e.g. hallucinations)
- Individuals unable to process / organize thoughts
- Individuals with psychiatric problems do not need to have a concurrent physical limitation
Mental Health Team

- Serves approximately 1,100 patients annually.
- Team consists of:
  - 35 certified psychiatric nurses
  - 2 Mental Health Home Care Aides
  - 1 LISW
  - 1 Psychiatrist

- National leader in delivery of community based mental health nursing care
- Certification by the Ohio Department of Mental Health
- JCAHO Accreditation with Commendation

- Interdisciplinary staff with specialization in nursing, social work, physical and occupational therapies
- Nurses certified in psychiatric nursing by the American Nurses Credentialing Center
- Psychiatric nurse credentials are approved by Palmetto GBA
Mental Health Services

Care that:
- Supports the Recovery Process Model*
- Advocates individual directed recovery
- Provides education/information that will result in behavioral changes
- Links to support services provided by the community

*Recovery Model Process, Emerging Best Practices in Mental Health Recovery
Ohio Department of Mental Health, 2000.

Goals/Outcomes

- Decrease/prevent re-hospitalization
  - In-home psychiatric services proven effective in reducing hospital admission and length of stay.
  - 80.7% of patients with MH needs who are referred to the hospital could be treated at home instead (NAHC).
  - Less likely to be re-admitted: 11.8% with home care vs. 45.9% without home care (NAHC).

Polling Question #2
Goals/Outcomes

- Monitor compliance
- Provide needed education and support
- Increase linkage to community resources
- Holistic approach to care
- Improve of quality of life

Polling Question #3

VNA Psychiatric Bridge Program:

Bridging the Gap to Recovery
Gary Mahoney, RN
Bridge Program Overview

- This is a grant funded program
- Implemented by the VNA through the Cuyahoga County Alcohol, Drug Addiction and Mental Health Services Board through Maggie Tolbert, Utilization Review specialist in the clinical division under the direction of Chief William Denihan, CEO
- The program provides immediate interim services for patients following discharge from Northcoast Behavioral Healthcare (state hospital)

Bridge Program Overview

- Developed in 2005 in response to increasing re-admission rates to Northcoast Behavioral Health Care Center (State Hospital).
- Clients referred have history of multiple hospital re-admissions, poor medication compliance and follow up.
- Goal is to prevent “Revolving Door Syndrome”.

Bridge Program Overview

- The program consists of a Psychiatrist and a Mental Health Registered Nurse
- Client profile:
  - Un-insured
  - "SCALLED" to community mental health agency
  - Re-admission within 30 days
  - Follow up appointment with community mental health agency is longer than two weeks.
- Cuyahoga County resident
- Must have a psychiatric diagnosis or depression with psychotic features and/or suicidal attempt or recurrent depression with low GAF score
SCALES Program
- Developed in 2009
- “Centralized Intake”
- Run through Connections: Health, Wellness, and Advocacy
- SCALES stands for:
  - Screening
  - Centralized
  - Assessment
  - Level of care Assignment
  - Engagement/linkage to Community Mental Health Center

Bridge Program Overview
- Contact made within 24-48 hours after hospital discharge
- Pharmacological management, resource access and assistance with linkage to respective community mental health center provided
- Client is able to maintain medication compliance through weekly home visits from Psychiatrist and Nurse through the use of samples and patient assistance programs

Outcomes
- 50% of all patients admitted to psychiatric hospitals are re-admissions
- 10% are readmitted within a month of discharge
- VNA Psychiatric Bridge Program readmission rate for client at NCBHS is between 2% and 7%
  - NCBHS (State Hospital)
    - Bed cost/day: $565.00
Outcomes

- In 2012, 87% of Bridge Program clients successfully transitioned to a Community Mental Health Center.
- In the first quarter of 2012 re-hospitalization rate was 4%.

Questions?

Additional Resources

- Underserved Population BPIP
  - Pages 47-50
  - Success story
    - "Behavioral Health Issues & Home Health Care – A Holistic Approach"
    - Russell Herring, President/CEO & Heather Weeks, RN, MSN, COO
    - Located on HHQ; Education; Best Practices; Underserved Population
Next UP Networking Webinar

- 10/09/13 @ 3 – 4 pm (ET) – Webinar registration is open
- “Challenges and Opportunities in Advancing Health Equity: Awareness of the Economic Case for Health Disparities Reduction”
  - Dr. Brian Smedley, VP and Director
    Joint Center for Political and Economic Studies
  - Dr. Madeleine Shea, VP
    Population Health Center, Delmarva Foundation

Watch for HHQI BPIP Survey

- Focused Medication Management BPIP survey
  - To be sent 10/7/13 via email
  - Takes 5-10 minutes to complete
  - HHQI team thanks you in advance for completing the survey

Home Health Cardiovascular Data Registry

- Pioneer initiative
- Agency will collect minimal cardiovascular-related data from charts and submit to registry
- Free agency reports
- Any CMS-Reporting agency is welcome
- Special call for agencies who serve African Americans, Hispanics, Asians, American Indians/Alaskan Natives populations
Next Live Chat

- 10/18/13 @ 2 – 3 pm (E.T.)
- 1-hour online chat (no audio)
- Focus topic: Disease management, falls, and care transitions
- Register for a reminder or just join

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- Home Health Quality Improvement National Campaign or HHQI

THANK YOU