Transitioning psychiatric patients for positive outcomes

Janice Dennis, Delois Long∗

Louis Stokes VAMC, Cleveland, Ohio, United States

Received: June 6, 2018  Accepted: July 13, 2018  Online Published: July 26, 2018
DOI: 10.5430/jnep.v8n12p45  URL: https://doi.org/10.5430/jnep.v8n12p45

ABSTRACT

A study was conducted at the Louis Stokes Cleveland Veterans Administration Medical Center (LSCVAMC) to examine if moving 20 psychiatric patients from one location to another affected their anxiety level. The LSCVAMC closed their Brecksville facility to consolidate the two Branches (Wade Park and Brecksville), and build a new Capital Asset Realignment for Enhanced Services (CARES) Tower. These changes were implemented to reduce operating costs for LSCVAMC and reduce the number of inpatient psychiatric beds. A five-question survey was given to each patient one week prior to the move, and immediately following the move to assess their thoughts related to the move. The results showed that despite 45% expressing thoughts that the move to Wade Park made them nervous/anxious prior to the move, no patients expressed that they were anxious post move when asked. Eighty percent of the patients expressed that they would enjoy being in a newly renovated facility. The post report of the patients was no nervousness/anxiety related to the move.

Key Words: Psychiatric patients, Re-location, Environment, Behavioral response, Transition theory, Anxiety

1. INTRODUCTION

Moving from one location to another can be stressful even for healthy adults. The Veteran Health Administration (VHA) inpatient psychiatric unit, like many other psychiatric inpatient facilities, has adopted the recovery care model for psychiatric patients. The Recovery Care Model is the concept of patients developing ownership of their attitudes, feelings, goals, skills, roles, and ultimately recovery from mental illness. A significant principle of this model is the ability of patients to successfully transition from an inpatient psychiatric facility to the capability of functioning in the community. The Recovery Model provides the healthcare provider with evidence-based techniques to empower patients to become goal oriented, increase their self-esteem, and obtain new skills to regain their physical well-being by adhering to the treatment plan.

As a result, nationally there has been a dramatic change in the physical environment of inpatient psychiatric units, outpatient facilities, and a reduction of psychiatric inpatient beds that are replaced with more functioning structures that promote healing. Recently, the Louis Stokes Cleveland VAMC (LSCVAMC) decided to close their longstanding Brecksville facility to consolidate the two branches (Wade Park, and Brecksville) and build a new CARES Tower in University Circle.

These changes were implemented to reduce operating costs and to enhance patient care services, improve access, increase operational efficiencies, and provide necessary medical services to veterans for LSCVAMC by reducing the number of inpatient psychiatry beds from 54 to 30. The new Cares Tower will be the new location for inpatient psychi-
The role of the psychiatric/mental health nurse is vital in establishing a therapeutic relationship with people with mental illness. The formation of this relationship requires a specialized skill by the psychiatric/mental health nurse to gain the trust of the individual and provide support in a broad range of clinical settings. The key elements that make up a therapeutic relationship are: consideration, compassion, uniqueness, trust, self-awareness, respect, and limit setting. The psychiatric/mental health nurses are involved in articulating the relocation plan to the patient, encouraging their input, assessing their needs or discomfort with the process, and providing alternative nursing interventions.

Dr. Afaf Meleis’s Transition theory (middle-range theory) was used as the theoretical framework for this study to assist nurses in facilitating positive transitions for patients, families, and communities. Transition theory incorporates the following concepts: developmental, situational, health and illness, organizational, and therapeutic transitions to guide nursing practice strategies, and research. These concepts are based on diverse ways one may be challenged in dealing with stress, and the need to engage in the process of change to derive at a favorable outcome. Patients tend to respond differently when faced with changes related to their health, and well-being, and ability to care for themselves. Nurses must be aware of the patient’s needs and respond effectively when providing care and conducting research. The focus of this study was how the nurse assisted and evaluated the patient’s response to the move to a new inpatient psychiatric facility, and how the move might impact their anxiety level and continued hospitalization on the new unit.

2. METHODS AND ANALYSIS

2.1 The sample

Prior to the relocation, healthcare providers started to limit the admission to the unit so that there would be fewer patients to transition during the move. There were 20 patients on the unit at the time of the transition process. All 20 patients were informed of the time of the move, personal belongings were packed prior to the move and they all transitioned from Brecksville to Wade Park safely with assigned nursing staff.

2.2 Settings

The pre-transition setting was a 54-bed psychiatric inpatient unit at Brecksville VAMC. The post-transition setting was a 30-bed psychiatric unit at Wade Park, CARES Tower.

The pre-transition phase began on the acute inpatient psychiatric unit at Brecksville. Patients were required to complete a five-question survey using the WCT6 Veteran Transitional Response Tool. This tool was designed by the authors of this study with input from one healthcare provider prior to the move to assess the feelings of the patients about the move. The tool consisted of the following questions: (1) Moving to Wade Park (WP) makes me nervous/anxious, (2) I will have access to more services when the unit move to WP, (3) transportation to WP will be easier for my family and me, (4) I would enjoy being in a newly renovated facility, and (5) I am concerned about the care I will receive on the new unit at WP. The study participants responded on a scale of 1 to 5 - (1) strongly disagree (2) disagree (3) neutral (4) agree, and (5) strongly agree.

Study participants were informed of the move via a Moving Announcement Flyer and verbal discussion of flyer contents took place during Community Group Meetings with nursing staff. The flyer announced the move, move location, and reassured patients that a nursing staff member would be assigned to them as a moving buddy on the day of the move. The flyer was given out one week prior to the move to all patients present on the unit. New patients arriving after the original announcement, but before the move, were given a handout during the group discussion regarding the move.
The post transition phase occurred on the day of the move, with 20 patients being transported from the Brecksville to Wade Park, CARES Tower WCT 6 inpatient psychiatry unit. All 20 patients were transported to the new facility either via ambulance or shuttle accompanied by their moving buddy. Upon arrival onto the new unit, staff from the old unit greeted the patients.

The second tool that was utilized in this study by nursing staff was the WCT 6 Veteran Arrival Checklist. The checklist served as an orientation tool for the nursing staff to ensure that the patients were escorted to all patient care areas, informed of all unit policies, and understood information presented to them. New staff members could not introduce patients onto the unit on the day of the move. The rationale for not allowing new staff members to introduce patients was based on continuity of care. Once the patients were settled on the unit, a Community Group meeting was conducted with the patients being orientated to the new unit, and completing the WCT 6 Veteran Transitional Response Tool with the original questions and scale.

3. RESULTS

The results in Table 1 illustrate that 9 of the 20 (45%) veterans expressed thought of moving to WP made them nervous/anxious. Fourteen of the 20 (70%) felt they would have access to more services once moved to WP. Eleven of the 20 (55%) expressed transportation would be easier for family and self. Sixteen of the 20 (80%) veterans that moved from the Brecksville to the Wade Park facility expressed they would enjoy being in a newly renovated facility. Ten of the 20 (50%) veterans expressed concern about the care that would be received on the new unit at WP.

One patient surveyed selected two answers for question #3 which was a neutral and strongly agree response. Another patient selected two answers for question #5 which was responding neutral and strongly agree. The responses for these two patients who responded twice were reflected in the Transitioning psychiatric patients grid. The 24-hour period after the move all 20 patients were approached and asked if they experienced any nervousness or anxiety related to moving to the new facility. All patients denied move related nervousness or anxiety. The information used in the study was gained by the nursing staff while performing their regular duties. The survey was approved by the American Federation of Government Employees (AFGE) before implementation.

4. DISCUSSION

Even though transfer of psychiatric patients from one facility to another is a common procedure, this event may cause increased anxiety, and agitation. The literature indicates that relocating patients from one building to another increases the level of anxiety before the relocation rather than after the relocation. These findings support the findings of this study. Unaddressed anxiety can lead to agitation and violence which is disruptive to the milieu. The nursing staff will be forced to implement deescalating interventions to regain control of the patient’s behavior to stabilize the milieu. The strength of this study is the methodology allowed staff with therapeutic relationships with patients to collect the data instead of an outside researcher. The therapeutic relationship was an important factor in communicating information to the patients regarding the move and reducing anxiety experienced by the patients before and after the move. The main limitation of this study is the limited number of patients (20) surveyed. The number of patients had been reduced to facilitate the safety and the wellbeing of the patients during the relocation. The literature emphasizes the need to assess patients for anxiety levels prior to relocation and to implement appropriate
interventions. Due to the limited number of subjects, the study should be repeated with a larger number of subjects and additional psychiatric inpatient units.

5. CONCLUSION

We surveyed 20 patients on an inpatient psychiatric unit for anxiety pre- and post-relocation to a new facility. Community group discussions about the move where patients had an opportunity to ask questions were conducted prior to and after the relocation. Patient were given a letter explaining the move and when it would take place. A survey was done before and after the move utilizing two tools discussed previously that were developed by the authors. Each patient was assigned a specific nurse as a move buddy to assist the patient with their personal belongings. Welcome letters were given to the patients on the day of the move. The survey results revealed that the patient had less anxiety after the move than before the move. The survey result revealed that the appropriate nursing interventions were instrumental in reducing the patient’s anxiety level.

ACKNOWLEDGEMENTS

The authors thank Rhonda Beech RN, MSN and the Cares Tower 6 Nursing Staff for their assistance with data collection. The LSCVAMC became the Northeast Ohio VA Healthcare System in the Spring 2018.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

REFERENCES

[1] Anthony WA. Recovery from mental illness: The guiding vision of the mental health Service system in the 1990s. Psychosocial Rehabilitation Journal. 1993; 16(4): 11-23. https://doi.org/10.1037/h0095655
[2] Schiff A. Recovery and mental illness: analysis and personal reflections. Psychiatric Rehabilitation Journal. 2004; 27(3): 212-218. https://doi.org/10.2975/27.2004.212.218
[3] Christenfeld R, Wagner J, Pastva G, et al. How physical settings affect chronic mental patients. Psychiatric Quarterly. 1989; 60(3): 253-264. PMid:2641980 https://doi.org/10.1007/BF01064801
[4] Pedersen B, Kolstad A. De-institutionalization and trans-institutionalization – changing trends of inpatient care in Norwegian mental health institutions 1950-2007. International Journal of Mental Health Systems. 2009; 3(28).
[5] Shanaya R, Lloyd A, Asher C, et al. Lessons from an evaluation of major change in adult mental health services: effects on quality. Journal of Mental Health. 2014; 23(5).
[6] Huismann E, Morales H, Hoof J, et al. Healing environment: A review of the impact of physical Environment. Building and Environment. 2012; 58: 70-80. https://doi.org/10.1016/j.buildenv.2012.06.016
[7] Sclafani M, Phillips M, Caldwell B. Moving psychiatric patient to a new hospital. Journal of Psychosocial Nursing. 2009; 47(2): 26-31.
[8] Farhall J, Trauer T, Newton R. Minimizing adverse effects on patients of involuntary relocation from Long-stay wards to community residences. Psychiatry Online. 2003 Jul: 1-2.
[9] Dziopa K, Ahern K. What makes a quality therapeutic relationship in psychiatric/mental health Nursing: a review of the research literature. The Internet Journal of Advanced Nursing Practice. 2008; 10(1): 1-10.
[10] Meleis A. Transition theory middle range and situation specific theories in nursing research and Practice. New York, NY: Springer Publishing Company; 2010 p.
[11] Forchuk C, Martin L, Jensen E, et al. Integrating an evidence-based intervention into clinical practice transitional relationship model. 2013; 20: 584-594.
[12] Shugar G, Smith I, Katz G, et al. Moving experiences: A model for inpatient transfer based on interviews with patients and their families. Hospital and Community Psychiatry. 1986; 37(10): 1035-1049.
[13] Kagan I, Kigli-Shemesh R. Relocation into a new building and its effect on uncertainty and anxiety among psychiatric patients. Journal of Psychiatric and Mental Health Nursing. 2005; 12: 603-606. PMid:16164512 https://doi.org/10.1111/j.1365-2850.2005.00874.x