

The Johns Hopkins Hospital
Proactive Hospital-based Intervention to Provide Psychiatric Services (PHIPPPS) Team
Program Description

Purpose:

To provide a pro-active mechanism to screen patients on medical/surgical floors at time of admission for psychiatric issues, including problematic behaviors and substance use disorders, so that appropriate interventions can be promptly initiated to address identified needs and ensure a robust and targeted discharge plan.

Supporting Rationale:

Significant numbers of patients on the general medicine floors (initial estimates by PHIPPS team are around 40%) have psychiatric issues that the primary team may or may not be able to adequately address or plan for post-discharge. This contributes to longer lengths of stay, excess ED utilization, and readmissions. Caring for patients with active psychiatric issues also presents significant challenges to medicine floor nurses and staff, as needed resources have historically been in short supply.

Scope:

The PHIPPS team is currently deployed on three units (Nelson 6, 7, and 8) within the Department of Medicine, encompassing 69 beds. Plans to roll out a second team for FY '17 are moving forward and will include an additional three floors. With a second team in place, it is anticipated that the units covered by both teams should include most of the inpatient medicine floors, excepting ICUs and intermediate care units. Ultimately, there will be five PHIPPS teams, each composed of a half-time psychiatrist, a nurse practitioner and two health-behavioral specialists (social workers, LCPCs and/or addictions therapists), covering most of the inpatient beds in the hospital.

Design: Plan was developed in cooperation with the Johns Hopkins Hospital (CARE COORD & CLIN RESOURCE MGMT), the Department of Psychiatry and Departments of Medicine and Surgery

Team/Roles

- Physician
 - Psychiatry- lead multidisciplinary rounds, coordinate team activities, consult on complex medical-psychiatric conditions and situations. Be a visible, accessible presence on the units and provide support for PHIPPS team members, as needed. Liaise with primary team members.
 - Addictions specialist- the teams may have access to an addictions-trained physician, who would be called in periodically in a consultative role.

- Psychiatric Nurse Practitioner
 - Screen new admissions every weekday morning, coordinate staffing of new and old assignments, liaise with primary floor nurses, nurse managers and case managers for problem-solving, formulation of plans of care for problematic behavioral issues and identification of any patients missed on initial screening. Assessment and ongoing care for patients identified to have active psychiatric issues amenable to interventions.

- Clinical Social Worker/Health Behavioral Specialist
 - Assist in screening and assignment of new patients to team members. Liaise with primary team floor social workers, case managers and nurses. Provide psychiatric assessments for identified patients and therapeutic interventions, as indicated. Provide psychiatry-specific care discharge planning.

- Addictions Therapist
 - Provide assessments of patients' needs and readiness for various levels of treatment for substance use disorders; employ motivational interviewing and other techniques, as appropriate; provide resources and guidance for patients and primary teams on available resources within and outside the hospital for substance use disorders and assist in coordination of care.

Process

1. PHIPPS team will screen all newly admitted patients to the unit since last screening.
2. Screening entails:
 - a. Review H&P of new admissions for any active psychiatric issues (depression, substance abuse, any MI disorder) or psychiatric history, including problematic behaviors.
 - b. Review medications for any psychotropic meds, which may suggest ongoing psychiatric treatment.
 - c. Review admission notes for any substance use disorders

Screening levels:

- **RED**: automatic PHIPPS referral for immediate evaluation by NP or Psychiatrist in agreement with patient's medical/surgical team
- Confirmed diagnosis of schizophrenia with active symptoms and/or need for med management
- Suicide attempt leading to admission
- Transfer from Meyer psychiatry floor
- Violence toward staff, BAG (Behavioral Alert Group) alert
- Other potentially, imminently dangerous behavior, elopement risk

- **YELLOW**: discussion with staff; may or may not mean PHIPPS intervention
- Diagnosis of Dementia with behavioral issues
- Recent PHIPPS involvement for whatever reason
- Diagnosis of Bipolar Disorder
- Diagnosis of depression with symptoms documented and/or with antidepressant

- **BLUE**:
- Substance Abuse only → involvement of Addictions Therapist
- h/o depression, not on meds, no documented active symptoms
- other psychiatric diagnosis with no current symptoms or treatment

- Can still see if primary team requests

- 3. Daily rounds at 9am with PHIPPS team members and psychiatry nursing shift coordinator to confirm triage level, team assignment and to review patients currently being followed. New patients entered into RedCap database and behavioral health incomplete worksheet updated.
- 4. 10am through remainder of the day, team will see new patients or follow-up with those previously assessed. Check in with primary team members.
- 5. Documentation will be done in the electronic medical record via existing consult notes as close in time to actual intervention as possible, but prior to end of work day.
- 6. Handoff to community psych providers/resources as applicable.

Targeted Outcomes

- LOS
- Readmissions
- Sitter use, security expense
- Acts of aggression on targeted units
- Emotional Support and Behavior columns of Acuity tool
- Total healthcare costs
- Successful connection to/enrollment in outpatient services
- Pre- and post- measures of nursing and provider satisfaction and competency with psychiatric are on the unit.