Creating the Context for Family Centered Mental Health Care at St. Paul’s Hospital

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A Family Systems Nursing – Relational Practice Model

- Family systems/relational practice is based on theory
- Family is context for care or patient with family as context for care
- Assessment and care strategies are based on 30 years of family nursing clinical research
- Families and health care providers collaborate to build on capacity, competency and resources of the patient and family (strengths based)
Building on Capacity, Competency and Resources

- What do individuals already know?
- What are they doing well?
- What strengths already exist within the family and around the individuals?
- What potentials are there that can be further developed into strengths? (Feeley & Gottlieb, 2000)
- How is this different from the “medical model” with a focus on pathology and confirming stories that lend to that diagnosis?
What is “family”?
What is “family”? Family is context for living!
Who are family?
Who are family? Family is who they say they are!
A psychiatric unit at SPH was designated to pilot formalized family-focused care in 2011.

Purpose of the research study:

- How effective is a family systems education intervention for staff in facilitating their development of knowledge, skill and confidence in family nursing practice.
- Effectiveness of the intervention was determined by nurse perceptions and family perceptions of the nurse/family relationship and an evolving family focused context for care.
Educational Intervention for staff

- **3 Day Educational Program**
  - Family and patient experience of mental illness and the care system
  - Families and patients participated in the education and the design of the family feedback questionnaire used in the evaluation

- Structured lecture
  - Theoretical foundations (relational practice, family systems nursing assessment and intervention)
  - 5 Key ingredients of a 15 minute therapeutic interview
    - Manners, therapeutic conversations, genogram and ecomap, therapeutic questions, commending individual and family strengths

- Experiential learning activities
  - Genogram & ecomap
  - Circular questions
  - Commendations

- **On going seminar & demonstration/ supervised practice**
Evaluation

- **Family Nursing Practice Scale** FNPS (Simpson & Tarrant, 2006)
  - Pre-test  Post-test 6-12 months
  - Nurses perceptions of their knowledge, skill and confidence in working with families and the nurse family relationship (relational practice)

- **Family Feedback Questionnaire** (9 survey/open ended questions)
  - offered to families on discharge during the 12 months
  - Family perceptions of the nurse family relationship (relational practice)
    - Availability, approachability, listening and acting on family opinions and concerns, mutuality in decision making, facilitating families’ sense of confidence and control, ability to manage symptoms and degree to which families’ needs were met.

- **Staff Focus Groups** (participatory action/ co-operative inquiry)
  - staff reflections on family feedback (6 and 12 months)
Monitoring changes in family focused care

- Genogram / ecomap integrated into documentation systems
  - Chart audits
  - Ongoing supervision and education with staff
  - Now completed as part of the initial assessment

- Family feedback
  - Track the trend over 12 months
  - Availability, approachability, listening and acting on family opinions and concerns, mutuality in decision making, facilitating families sense of confidence and control, ability to manage symptoms and degree to which families needs were met.

- Staff focus groups
  - Staff reflected on the family feedback, changed their own practice, made policy recommendations and suggested education and practice support to enable them to further collaboration with families to build on capacity, competency and resources of both the patient and family
Family Feedback trended to more positive responses – for example

- Mutual decision making
  - @ 6 months Range 0-100%
  - @ 12 months Range 75-100%

- Staff facilitated family confidence and control of the health situation
  - @ 6 months few responses
  - @ 12 months very specific answers to ways staff helped
Capturing main themes of family evaluation

“My time with the staff showed me how knowledgeable they are, how deeply they care about patients, that they see the patients as individuals. They really helped me understand how I could help and support the patient.”
Positive Changes in Family Nursing Practice

- Practice appraisal - increase in all Confidence
  - Satisfaction
  - Knowledge
  - Skill
  - Involving families in care planning
  - Consulting family in planning interventions

- Relational - family/nurse relationship increase in all but bias
  - Approachability
  - Promoting participation, choice to meet needs
  - Time with families rewarding

  - Avoiding own bias when collecting, interpreting and communicating data about patients and families bias (no change)

- Less drawbacks, more advantages, positive changes in thinking, implementing, involving families in practice

( FNPS, Simpson & Tarrant 2006)
Best Practice Sustainment

- **Clinical Practice**
  - Staff orient and mentor casual and new staff to family focused care
  - Nursing leaders encourage and facilitate staff to include families in care

- **Planned Staff Education (Advanced Family Nursing Skills)**
  - seminars and supervised practice
  - observation and participation in family therapy sessions with CNS
New initiatives in PHC Mental Health Program (2013 -2015)

- Family support group
  - Just implemented and evaluated

- Patient and family advisory groups expanded
  - design a systematic discharge plan to include family

- Using a similar research strategy Family Centered Care will be implemented on another in-patient unit this year then rolled out throughout Mental Health Program by 2015 as a quality improvement project
### Gallup Q12 Staff Engagement
(Mental Health Program 2012)

<table>
<thead>
<tr>
<th>Unit</th>
<th>Grand Mean</th>
<th>Overall Satisfaction</th>
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<tbody>
<tr>
<td>Unit 1</td>
<td>3.30</td>
<td>33%</td>
</tr>
<tr>
<td>Unit 2</td>
<td>3.70</td>
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<td>Unit 3</td>
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<tr>
<td>Unit 4</td>
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<td>75%</td>
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</table>
Overall, how would you rate the quality of care and services you received?

- **Excellent**: 32% (Your Score), 29% (BC MH Subsector Score)
- **Very Good**: 32% (Your Score), 34% (BC MH Subsector Score)
- **Good**: 24% (Your Score), 32% (BC MH Subsector Score)
- **Fair**: 3% (Your Score), 10% (BC MH Subsector Score)
- **Poor**: 0% (Your Score), 4% (BC MH Subsector Score)

% Positive Response (Ex, VG, Good): 87% (Your Score), 97% (BC MH Subsector Score)
How can we ground our best practice hopes in reality?

- **On-going Organizational Support**
  - PHC committed to person and family centered care
  - Vision, mission, hiring policies
  - Financial support
    - $ for staff education and family participation
  - Clinical leadership “walk the best practice talk”
References

- British Columbia’s Mental Health and Substance Use Short-Stay Inpatient Experience Survey (BCMHSU, 2011)
- Providence Health Care Gallup Q 12 survey (2011)