

# Incorporating proactive consultation-liaison principles to improve staff comfort with acutely psychotic ICU patients

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## Problem

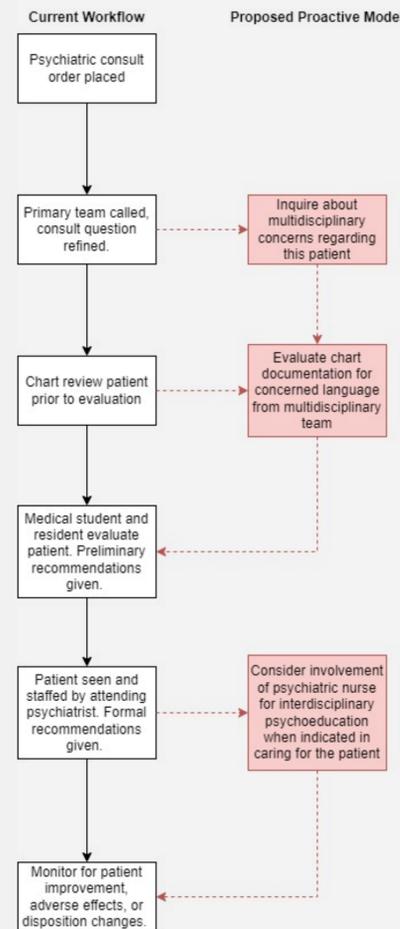
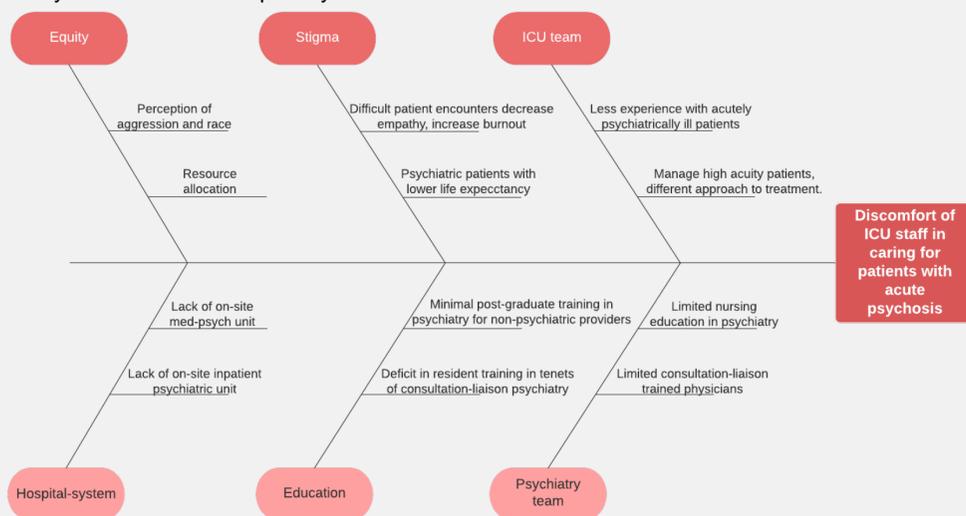
- Limited research exists on primary team level of comfort in managing patients experiencing acute psychiatric issues, for example psychosis, while admitted to an intensive care unit (ICU). One qualitative study demonstrated ICU staff considering such patients as 'dangerous,' felt their aggression was 'intentional,' felt ill-prepared in working effectively with these patients, and expressed difficulty in encountering these patients with empathy<sup>1</sup>.
- The proactive consultation-liaison (CL) psychiatry model involves a multidisciplinary approach, including nursing staff, to facilitate and safe and effective care on a medical unit<sup>2</sup>.
- Our CL team has begun to identify patients with psychosis whose symptoms interfere with their care and in 2021 began utilizing our psychiatric nurse to offer psychoeducation to the interdisciplinary team. Data has not been previously collected by this department on whether this intervention, and the utility of a more proactive CL model, is efficacious in the ICU setting.

## Goal

- The concept of this workflow is to identify patients within the ICU setting whose active psychiatric issues are impairing care delivered by nursing staff and introduce nurse-to-nurse education to improve nurse comfort in managing these patients. This aims to increase visibility of the CL psychiatry service within the ICU setting and, ultimately, hopes to minimize length of stay and improve patient outcomes.
- Our goal is to identify such patients in the ICU setting and intervene with education by a psychiatric nurse to increase level of comfort of ICU nursing staff by 10% by the end of 2022.

## Intervention Design

- Our design includes Likert scales rating comfort, empathy, and burnout sent to interdisciplinary staff in the ICU (MD/DO, DNP/APRN, RN, PharmD, PT, OT). Our intervention comes from the identification of patients of interest and provision of education. Post-intervention Likert scales will also be administered.
- Psychoeducation (our intervention) will be conducted by our psychiatric nurse and include the following topics (coupled with patient-specific/as needed discussions):
  - Patient and staff safety, managing aggressive patients
  - Behavioral changes in patients, including development of behavioral plans
  - Psychoeducation on psychosis
  - Use of PRN medications and/or restraints
  - Prognosis of psychiatric disorders during medical hospitalization
- Outcome will be measured by changes in Likert scale ratings with success indicated by statistically significant improvements in any domains (comfort, empathy, and/or burnout).
- Key stakeholders include patients, ICU staff, psychiatry staff, and unit managers.
- The project will occur at the University of Chicago Medical Center between the CL psychiatry team and staff of any ICU within the hospital system.

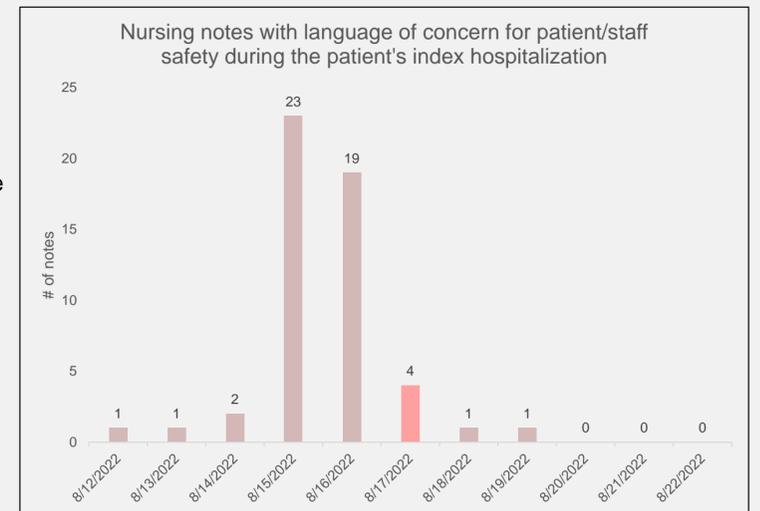


## Impact

- While we have historically utilized our psychiatric nurse in interdisciplinary psychoeducation, our department has not previously implemented quality improvement measures to evaluate for its efficacy in ICU staff comfort.

### CASE STUDY

- The impetus for this project originates from following patient case on the burn ICU.
  - 37 year old male with past psychiatric history of schizoaffective disorder, bipolar type and alcohol use disorder admitted to burn ICU for facial burns.
  - As admission continued, patient's psychotic symptoms became a significant safety hazard to staff and patient and required numerous PRN medications and use of four-point restraints.
  - ICU nursing staff had significant safety concerns.
- CL psychiatry team consulted on day of admission, 08/12/22.
- As patient's admission continued, nursing documentation with language of concern for patient and staff safety escalated.
- In early hours of 08/16/22, psychiatry team paged for emergency re-evaluation due to ongoing safety concerns. Psychiatry resident reached out to psychiatric nurse to offer psychoeducation to the interdisciplinary ICU team.
- On 08/17/22, psychiatric nurse provided psychoeducation to the interdisciplinary ICU team.



### DATA TRENDS

- Increasing documentation by ICU nursing staff in regards to patient/staff safety from patient's admission until day prior to psychiatric nurse education (08/17/22).
- Mode of data on 08/15/22, which led to overnight consult to psychiatry in the early morning 08/16/22.
- 78.94% decrease in nursing notes with language of patient/staff safety concerns** between the day prior to and day of our psychiatric nurse providing interdisciplinary psychoeducation.

## Next Steps

- From data collected by single chart review, there was an appreciable difference in the amount of documented safety concerns by ICU nursing staff after receiving psychoeducation from our psychiatric nurse
- This data suggests that formalized data collection and metrics will further elucidate the efficacy of incorporating a proactive CL model in the ICU to improve staff comfort in managing patients with acute psychosis. Our plan for these metrics is explained in the Intervention Design section.
- In addition to designing the Likert scales, our next steps will be to work with colleagues to develop interdisciplinary education modules with focus on theory and practice of managing medically-ill hospitalized patients with comorbid psychosis.
- Our overarching goal will be to increase psychiatric knowledge across all disciplines within the University of Chicago Medical Center.

## References

- Patterson, Sue, et al. "Patient Aggression in Intensive Care: A Qualitative Study of Staff Experiences." *Australian Critical Care*, 2022, <https://doi.org/10.1016/j.aucc.2022.02.006>.
- Mark A. Oldham, MD; Khushminder Chahal. "Collaborative Care Meets Hospital Medicine: Proactive Consultation-Liaison Psychiatry." *Psychiatric Times*, 2019, MJH Life Sciences.

## Acknowledgements

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