

There is No 'I' in Our Team Model of Care

Maria Barsa, RN, MSN | Sarah Deininger, LPCC-S | Child & Adolescent Psychiatry Department

Background

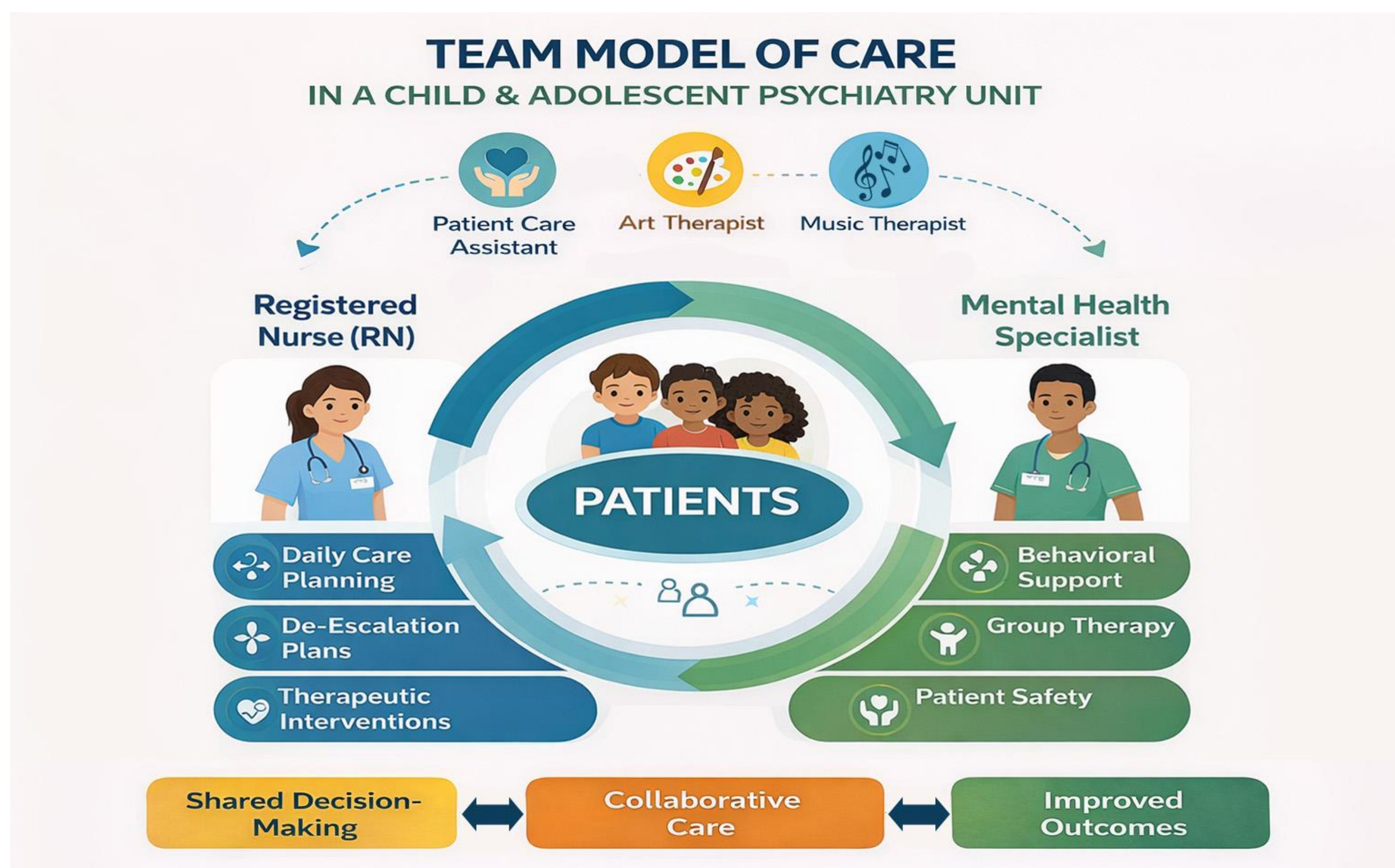
Inpatient settings have a variety of ways to approach how patient care is delivered. High-acuity behavioral health environments require coordinated, consistent approaches to support patient safety and therapeutic outcomes.

A team-based model of care promotes collaboration by pairing multidisciplinary staff to share responsibility for patient care, including daily planning, therapeutic interventions, and de-escalation strategies. On a 13-bed Adolescent Psychiatry Unit, an opportunity was identified to improve teamwork, optimize scope of practice, and enhance care delivery through implementation of a structured team model.

Objectives/Purpose

The aim of this quality improvement project was to implement a team-based model of care to improve collaboration and patient outcomes.

- Increase shared decision-making among nursing and mental health staff
- Optimize staff practice to top of licensure
- Improve team collaboration and communication
- Reduce seclusion and restraint use
- Decrease utilization of constant observation



Methods

A quality improvement project using Plan-Do-Check-Act (PDCA) methodology was conducted over a 90-day pilot period.

Team Model Design:

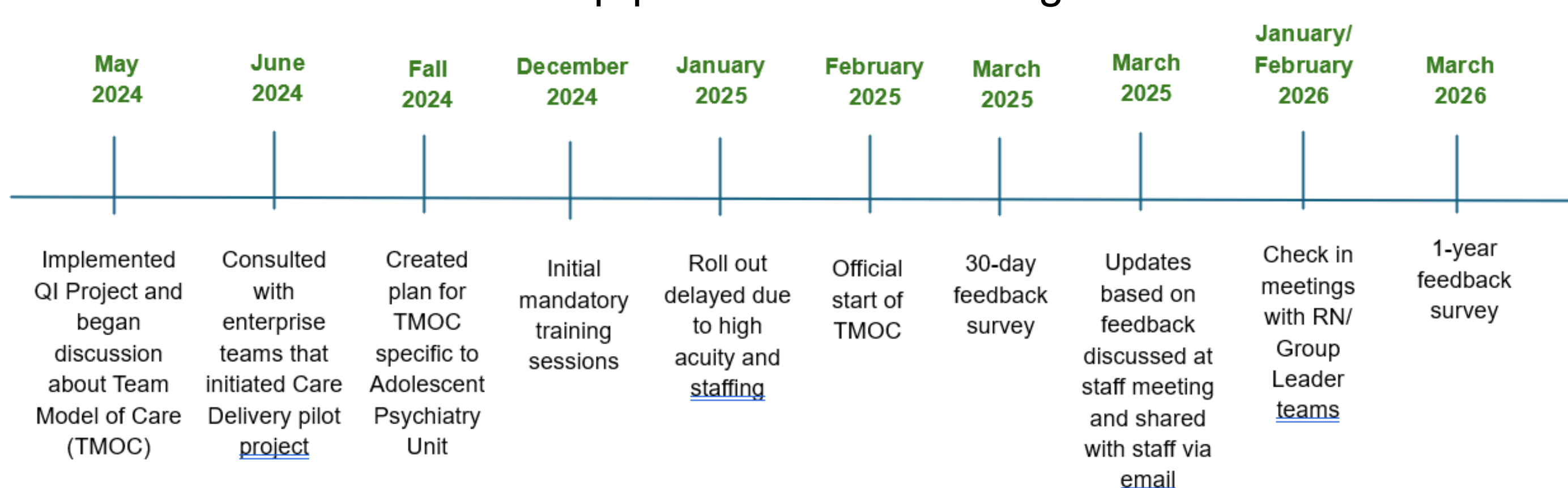
- Registered Nurses teamed with Mental Health Specialists
- Shared patient assignments
- Consistent patient-team pairing to promote rapport and trust

Care Delivery Components:

- Collaborative daily plans of care
- Joint de-escalation planning
- Individual and group-based therapeutic interventions

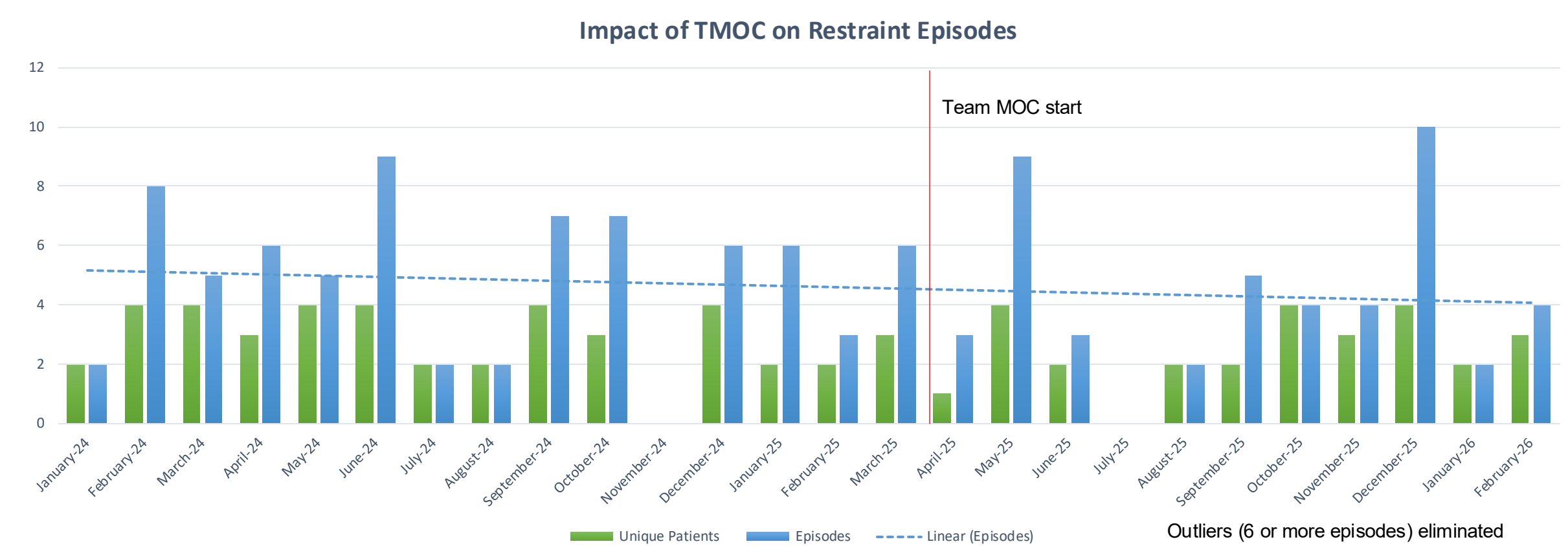
Implementation Strategies:

- Mandatory staff education
- Structured staff feedback opportunities
- Increased leadership presence and oversight

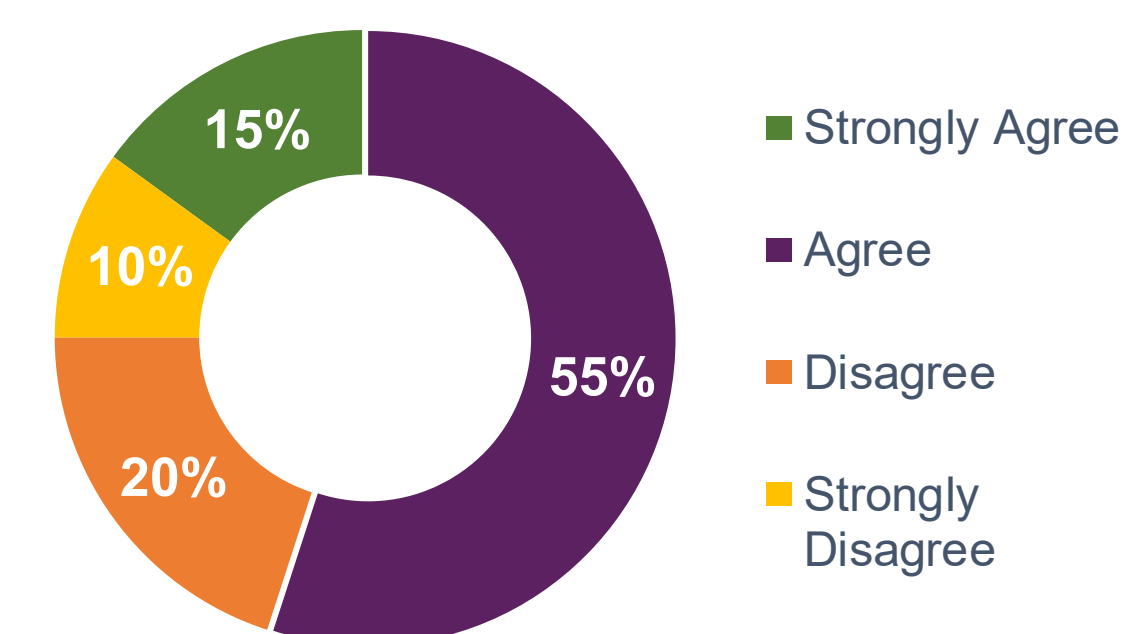


Outcomes

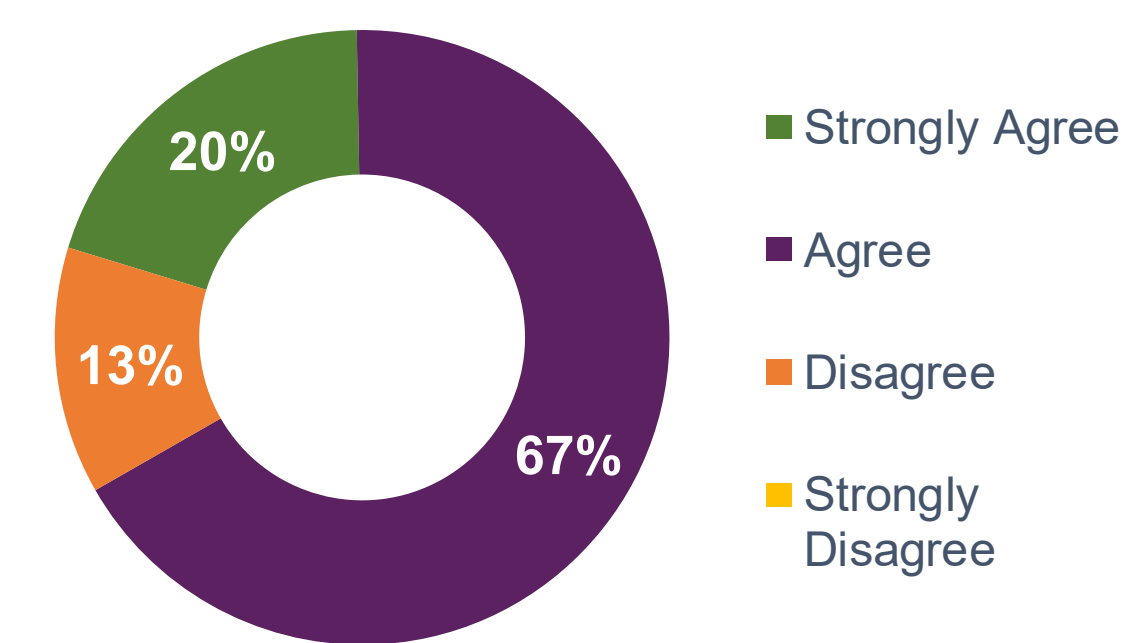
Our expected outcomes included reduction in restraint use, decrease in constant observation hours, and improved collaboration amongst team members. Although we have not seen a decrease in utilizing constant observation sitters, we have seen a downward trend in seclusion and restraint events, as seen on graph below. Staff poll indicates satisfaction with quality of interdisciplinary collaboration.



In the past 30 days, I have felt satisfied with the quality of interdisciplinary collaboration on my unit. 20 responses



In the past year, I have felt satisfied with the quality of interdisciplinary collaboration on my unit. 15 responses



Conclusion

Implementation of a team-based model of care in an inpatient adolescent psychiatry unit is a feasible strategy to improve collaboration, optimize staff roles, and enhance patient care delivery.

Our challenges included variability in patient acuity requiring intensive interventions and staffing fluctuations related to census changes.

Implications for nursing practice include promoting nursing autonomy and leadership in care delivery, enhancing interdisciplinary collaboration, optimizing scope of practice across roles and supporting safe and consistent care for pediatric behavioral health patients. Overall, we feel this model has potential applicability across pediatric behavioral health settings.

References

