Milieu Management in Medical Respite

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Milieu Management Impacts

- Patient and Staff Safety
- Patient and Staff Satisfaction
- Retention of Patients in Care
- Health and Social Outcomes
- Cost Outcomes
- Program Viability
FACTORS INFLUENCING MILIEU

- ORGANIZATION
- ENVIRONMENT
- PRACTICES
- INDIVIDUAL
OPPORTUNITIES TO OPTIMIZE SUCCESS

- Pre-admission Practices
- Admission Practices
- Unit Practices
- Discharge Practices
- Post-discharge practices
33 yo M, Wound Care Needs

- Unsheltered
- DM on insulin, Neuropathy with fall risk
- Severe Opioid Use Disorder
- h/o multiple OD in outpatient clinic
- Multiple respite admissions, AWOL/AMA
- h/o stealing from other patients
- Very engaging personality
- Staff have compassion fatigue
Optimizing Success—Where does the conversation begin?

- Goals of admission?
- Preadmission agreement
- Structure for respite stay
- How to measure success?
- How to support staff?
Subsequent Events

- Goes to MMT
- Returns with pills in shoes, paraphernalia, oversedated
- Next step??
Chop, chop! 1st night adventure

- 28 yo male with polytrauma
- Demanding, rude, disrespectful
- Feigning oversedation
- In female room with pants down
- Incontinent of bowel X 2 during night
Weapons Management

- Belongings search located a 2” Fold Blade
- Searching Belongings
- What to do with found weapons
- Role of security in respite
- Weapons Management Policy
Organization

- Philosophy, Prioritize Safety, Policies
- De-escalation and TIC Training
- Emergency Response Protocol
- Functional EHR
- Incident Reports, Patient Alerts
- Debriefing and Process Improvement
- Support for threatened staff—escorts, advocate, change work area/ schedule
- Policies: Weapons, Visitors, Drugs, Agreements
ENVIRONMENTAL FACTORS

- Welcoming & Clean Environment
- Closed or Open Facility
- Privacy
- Layout for visibility/exit, mirrors, cameras
- Alarm System, Safe Space
- Signage of key policies
- Adequacy of space/crowding
What pre-admission practices can be helpful?

What staffing factors impact milieu?

What staff practices impact the milieu?

What are some successful practices in response to problematic behavioral issues—disruptive but not threatening?
UNIT/PROGRAM PRACTICES

- Pre-respite practices
- Admission and discharge procedures
- Staffing, wait times/# staff for safety
- Staff monitoring milieu
- Security staff on team—pros/cons
- Trauma-Informed Care
- Early ID, intervention, De-escalation
UNIT/PROGRAM PRACTICES

- Individualized Behavioral Plans
- Communication between staff & shifts
- Readmission Criteria
- Regular & prn Community Meetings
- Visiting hours when staffing is high
UNIT/PROGRAM PRACTICES

- Programming
- Peer Involvement
- Patient Monitoring
- Staff Self-Care
- Boundaries
- Patient Feedback/Participation
Individual Patient Characteristics

- Trauma history, sense of trust/safety
- H/O Violence, Sex Offender Status, Suicide Attempts
- Altered Mental Status: TBI, dementia, delirium
- Under the Influence
- Withdrawal or Pain
- Uncompensated Mental Illness
Individual Patient Characteristics

- Stressors: Homelessness, Critical Illnesses, Pain, DV, assault, PTSD
- Limited Coping Skills
- Trauma Triggers
- Learned Behaviors
- Possession of Weapons
Addressing Patient Characteristics

- Screen for risks and behavioral appropriateness
- Pre-admit/Admit education: No Weapons
- Admission Agreements to set expectations
- Be on Alert for Altered Mental Status
- Prevent withdrawal: Discharge Rx, Respite Rx, Negotiate Use Patterns, Refer for CD Treatment
- Access to Timely MH Rx/counseling
- Opioid Rx Agreement
Addressing Patient Characteristics Post-Admission

- Timely Review of Legal/Behavior History
- Data gathering about behavior on unit
- Documentation & Effective communication about problematic behavior
- Formal/Accessible Behavioral Plans
- 2-person care plan
- Readmission Criteria List, Preadmit Screening/Agreements