



Virtual Ward – Right-siting and co-management of psychiatric patients with psychiatric nursing homes

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BACKGROUND

From Jan 2017 to Dec 2018, 213 psychiatric inpatients were decanted to Econ Nursing Home from Institute of Mental Health (IMH).

Same period

- 21 residents readmitted to IMH for 46 times
- Total inpatient stay duration = 1868 days
- Average inpatient stay duration = 41 days

This led to the initiative of project by IMH (Central Zone)- a concept of a virtual ward team comprising of multidisciplinary members.

Objectives of Virtual Ward Team :

- Provide support system for the Nursing Home to seek help from Central Zone early
- To reduce re-admissions of nursing home residents with mental illness
- Shorten the duration of inpatient stay if admitted
- Upskill the competency level of nursing home staff in managing challenging behaviors / relapses

METHOD

- Pilot started at Econ Nursing home, Block 9 in March 2019 and extended to its second block (Bk5).
- Residents with challenging behaviors were highlighted by nursing home staff.
- Virtual ward team from IMH consisting of a Psychiatrist, Advanced Practice Nurse (APN) and/or Case Manager, Occupational Therapy will review them at the nursing home, on weekly to 2 weekly basis, one hour per session .
- Non-pharmacological interventions eg behavioral modifications, suggestions to environment/routines changes, suggestions for activities based on the targeted challenging behavior were provided.
- Medication adjustments done if required.
- Follow ups in the form of either earlier appointments at the IMH psychiatric clinics or by APNs at virtual ward.

RESULTS

- From March 19 to Dec 19, 23 Residents with challenging behaviors were reviewed.
- Challenging behaviors included : increased psychotic symptoms, increased agitation, verbal aggression, poor sleep, or mainly behavioral issues like refusal to wear pampers, frequent quarrels with other Residents.

RESULTS

- Data in terms of number of Emergency visits, admissions and length of stay for these 23 residents pre and post pilot was collected. (Table 1)
- There were no Residents highlighted for review in Jan – Feb 2020, hence post pilot data was only available till Dec 19.

Table 1	Pre-pilot (Mar-Dec 18)	Pre-pilot (Jan 19 – Feb 19)	Post Pilot (Mar-Dec 19)
Eroom visits	11	5	5
Admissions	12	7	4
Length of Stay (days)	156	57	27

DISCUSSION

- Looking at same period, March to Dec 2018 vs March to Dec 2019, reduction in visits to IMH Emergency Room as well as admissions into the wards was evident after Virtual Ward team’s interventions.
- Total length of stay was greatly reduced which contributed to cost savings for IMH.
- This also directly released inpatient beds for other psychiatric patients who require hospitalizations.
- Inpatient teams can better concentrate on treatment and management of other relapse cases.
- Other intangible benefits of this initiative included the following :
 - Improved communication and better collaboration between the nursing home and IMH
 - Increased capability of Nursing Home staff in terms of knowledge and ability to manage the challenging behavior of Residents as verbalized by the staff and reduced need for reviews. This also translated to increased job satisfaction and reduced turnover rate from the nursing home’s perspectives.

CONCLUSION

- Initiative created a win-win situation for both organizations.
- Primary beneficiary falls back to the Residents of the nursing home. Quality of life for them improved.
- From August 2019 to current, this initiative extended to second nursing home (Sunlove Home at Buangkok View) which also housed Residents with mental disorders especially those with intellectual disability and dementia.

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