

Apr 24th, 10:30 AM - 11:15 AM

Posters

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Background

The interest in establishing specialized geriatric psychiatric units has been accelerating since the early 1980's (Nghoh, Lewis, & Connolly, 2005). This program evaluation is an acknowledgement that other competitors have begun to research this population and have become increasingly aware of the needs of seniors in behavioral health. The general inpatient psychiatric units need to be proactive in research reviewing existing programming and the variables of the senior population they are serving. The programming needs to review the senior's overall impression of the unit and increase their level of satisfaction. The data intends to provide a forum for discussion and a picture to begin discussion to improve interaction with seniors and their families.

Objective

Aim No. 1

Increasing satisfaction of the patients sixty-five and older in general psychiatric units is the first aim of this program evaluation.

Aim No. 2

The second aim of this program evaluation is to develop specific knowledge about the hospital's patients in the psychiatric unit who are sixty-five and older.

Research Design and Methods

POPULATION

- The patients were chosen based on purposive sampling of those admitted to the unit from December 2013 to January 2015. The geriatric patients were compared to the patients 64 and under.

MEASUREMENTS

- The question's design is one group posttest only.
- This type of design was selected because it was preexisting available data, which is being kept confidential and protected by the outside vendor, Press Ganey.
- The data source, Press Ganey survey for Inpatient Behavioral Health, asks background questions and then asks questions on a five point Likert scale for twelve sections, with last being the overall assessment.
- Data was also collected by extraction from an inpatient census book.
- The patient characteristics of those 65 and older addressed diagnostic and demographic profile to become increasingly knowledgeable about the variables involved in the score for patient satisfaction.

ANALYSIS

- The participant results were analyzed as a whole and as a comparison group from which the evaluator looked for patterns of interests regarding the satisfaction of the senior patient to those patients 64 and younger.

Results

- 8.7% of admissions are seniors.
- Primary diagnosis is neurocognitive disorders (43%) following depressive disorders (37%).
- Seniors responded to the survey less than those 64 and under (22.78% compared to 29.14%)
- The senior patient completed the survey 75% of the time compared to those 64 and under at 96%.
- A majority of seniors are male compared to the 64 and under are female.
- Of the survey respondents 52% of seniors stated they were admitted through the ER compared to 68% of the overall patients.
- The older adult population reported they were likely to recommend the psychiatric unit to others with the overall assessment being 94.2 percent compared to the patients 64 and younger at 91.9 percent.
- The seniors had an overall mean score of 91 percent compared to the patients 64 and under at 89.9 percent.

Table 1

Total Number of Patients and Responses			
	Patients Admitted	Patients Responded	Percentage
Total Number of Patients	1846	538	29.14
Patients 65 and Older	158	36	22.78
Patients 64 and Under	1690	501	29.64

Table 2

	64 and Under	65 and Older	Difference	P	All
Overall Mean Score	89.9	91	1.1	**	90
Admission	89	90.7	1.7	***	89.2
Unit	85.1	87.6	2.5	***	85.3
Comfort of the Unit	86.7	89	2.3	***	87
Noise Level of the Unit	80.5	84.9	4.4	***	80.7
Overall Condition of the Unit	88.4	89	0.6	*	88.5
Meals	86.4	88.9	2.5	***	86.5
Quality of Food	83.7	88.1	4.4	***	83.9
Nursing	91.4	94.8	3.4	***	91.7
Psychiatrist	91.5	90.9	-1.5	***	91.5
Information Regarding Treatment	90.9	88.7	-2.2	***	90.9
Treatment Team	90.9	91.3	0.4		91
Overall of Case Manager	88.9	90.9	2	***	89.2
Overall of Rec Therapist	92.7	92.9	0.2		92.7
Overall of Counselor	91.2	89.9	-1.3	**	91.1
Program Activities	88.3	87.8	-0.5	*	88.3
Helpfulness of Contact with Staff	89.5	90.5	1	**	89.5
Time in Therapeutic Activities	86.7	86.9	0.2		86.8
Helpfulness of Group Therapy	87.9	86.9	-1	**	87.8
Helpfulness of Social/Rec Activities	89.5	86.9	-2.6	***	89.3
Visitors and Family	92.2	93.2	1	**	92.3
Discharge	92.3	90.1	-2.2	***	92.2
Understanding Medications	92.5	90.5	-2	***	92.4
Personal Issues	90.5	92.6	2.1	***	90.7
Involvement in Decisions Re Care	90.5	88.7	-1.8	***	90.4
Medical Procedures	86.4	91.5	5.1	***	86.8
Overall Assessment	92	94.2	2.2	***	92.2
Overall Impression of The Hospital	91.9	94.2	2.3	***	92.1
Feel Condition has Improved	90.3	92.4	2.1	***	90.5
Likelihood of Recommending	92.8	94.2	1.4	**	93

Legend: Increase (Red), Decrease (Blue)

* p > .5
** p > 1.0
*** p > 1.5

Figure 1

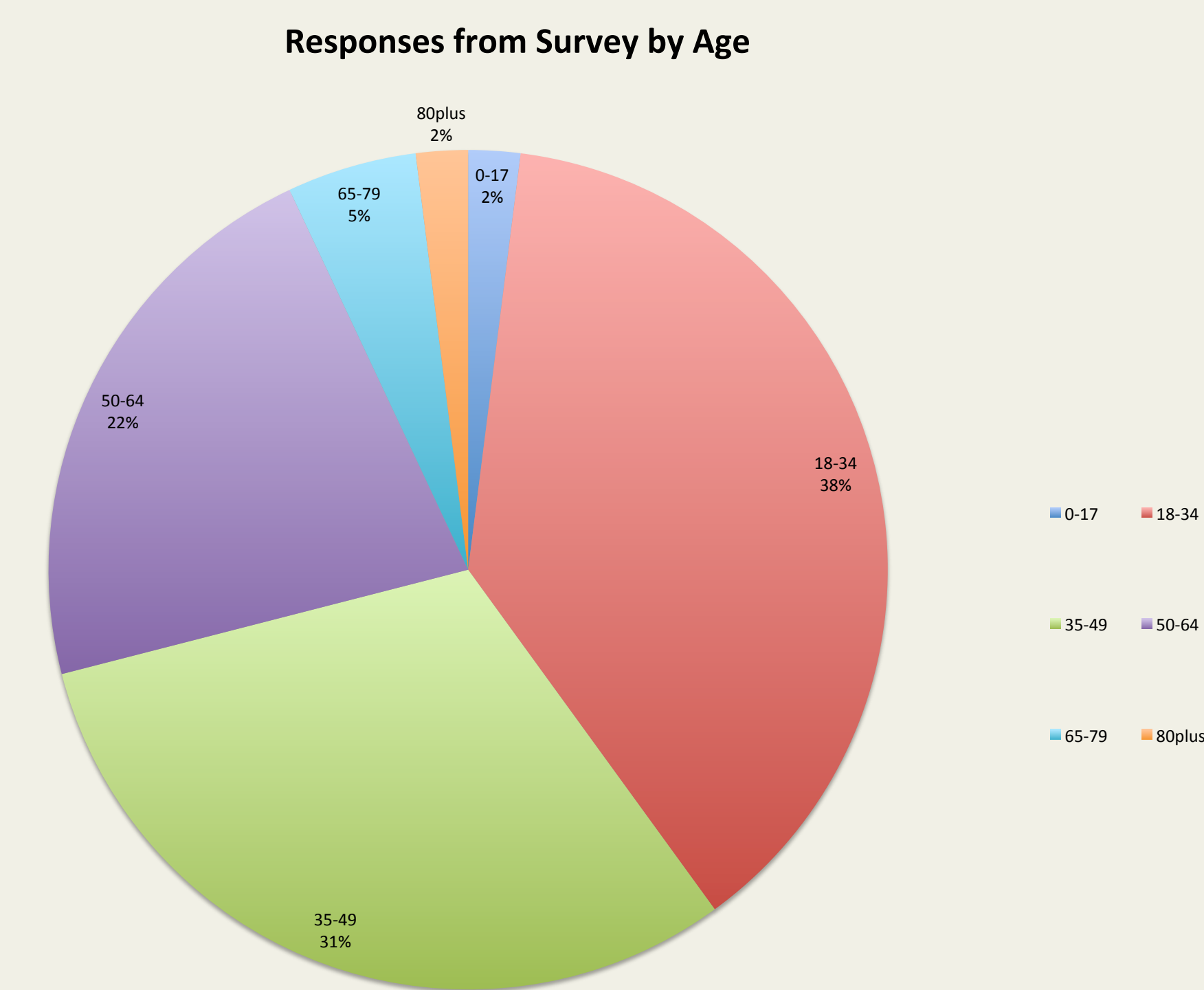


Figure 2

Admission Rates

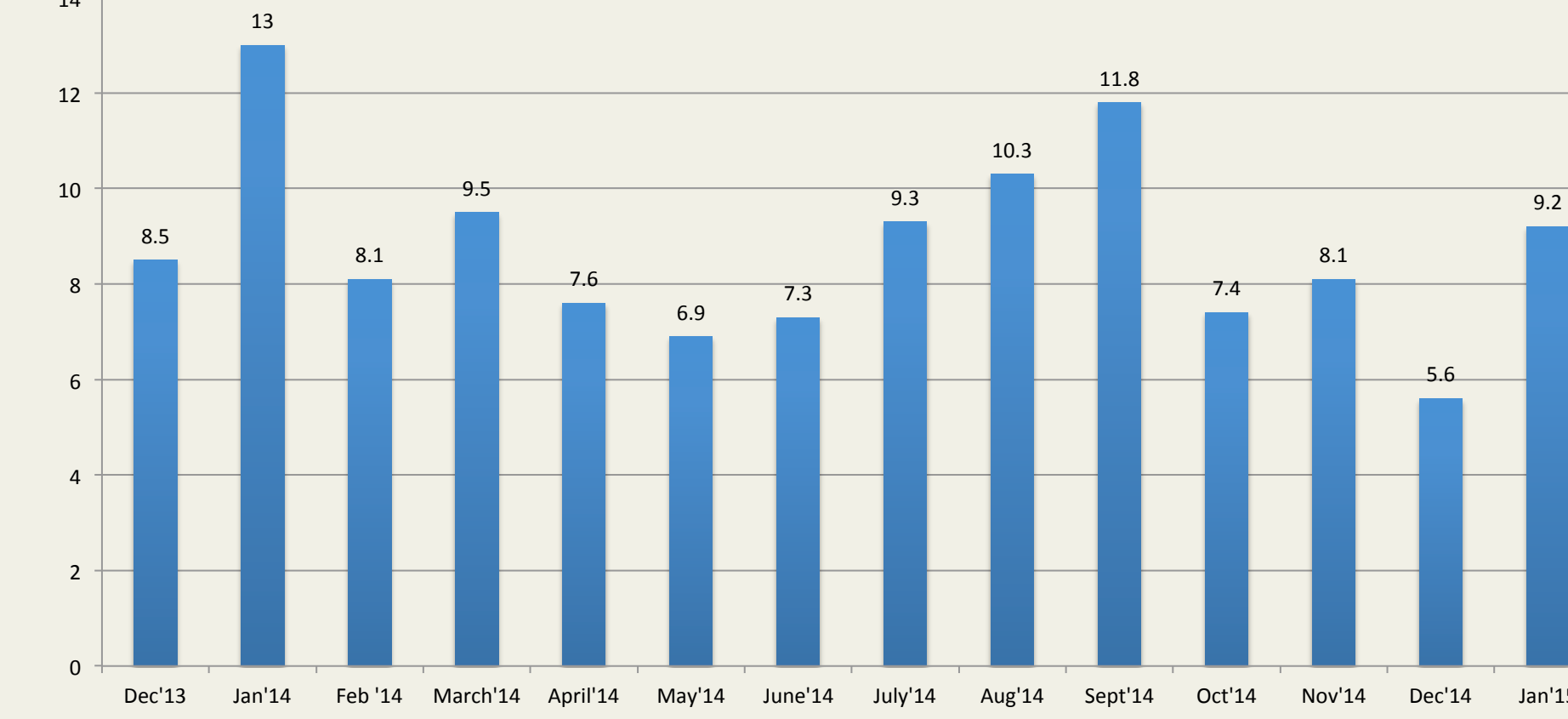


Figure 3

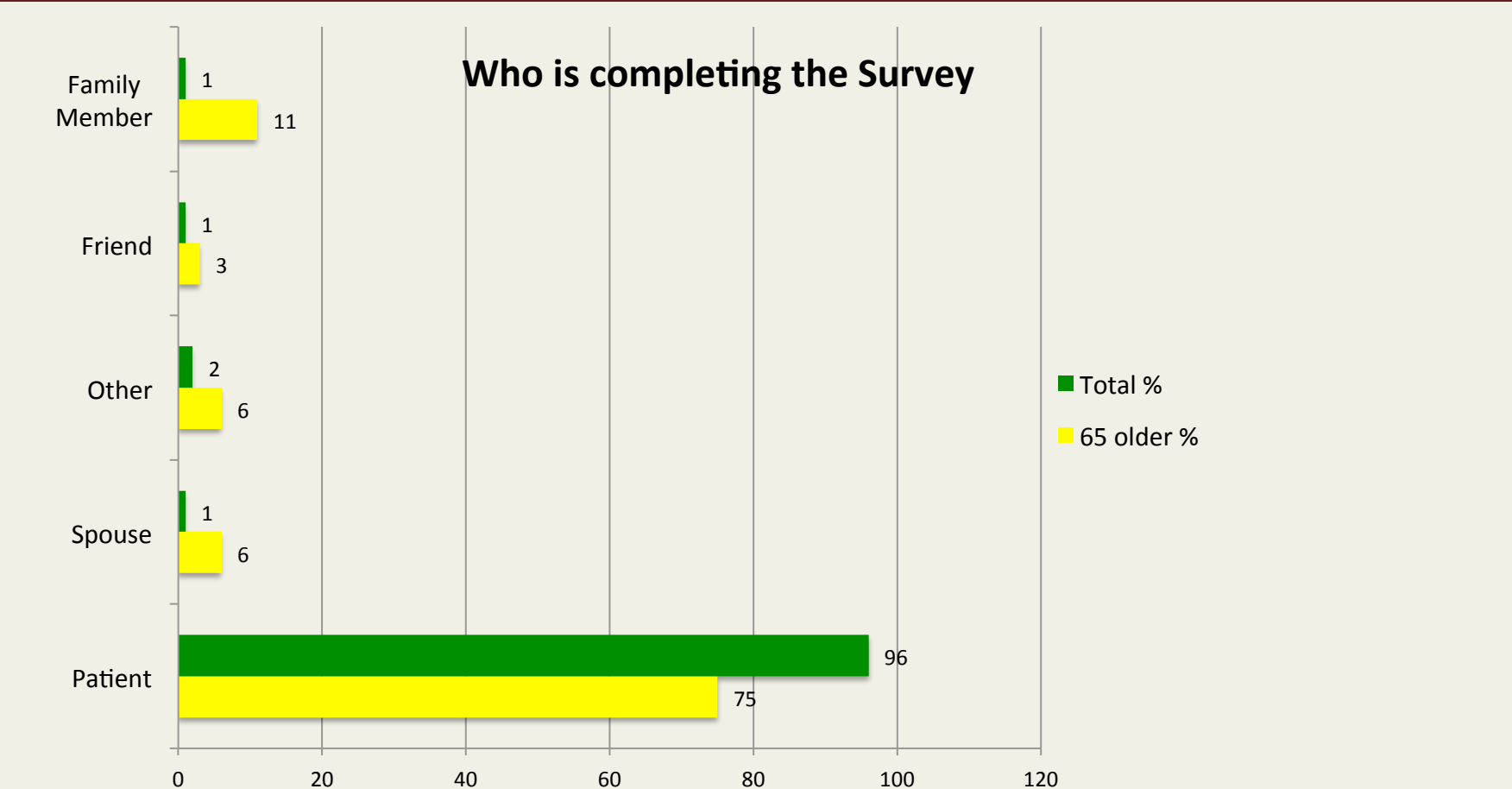
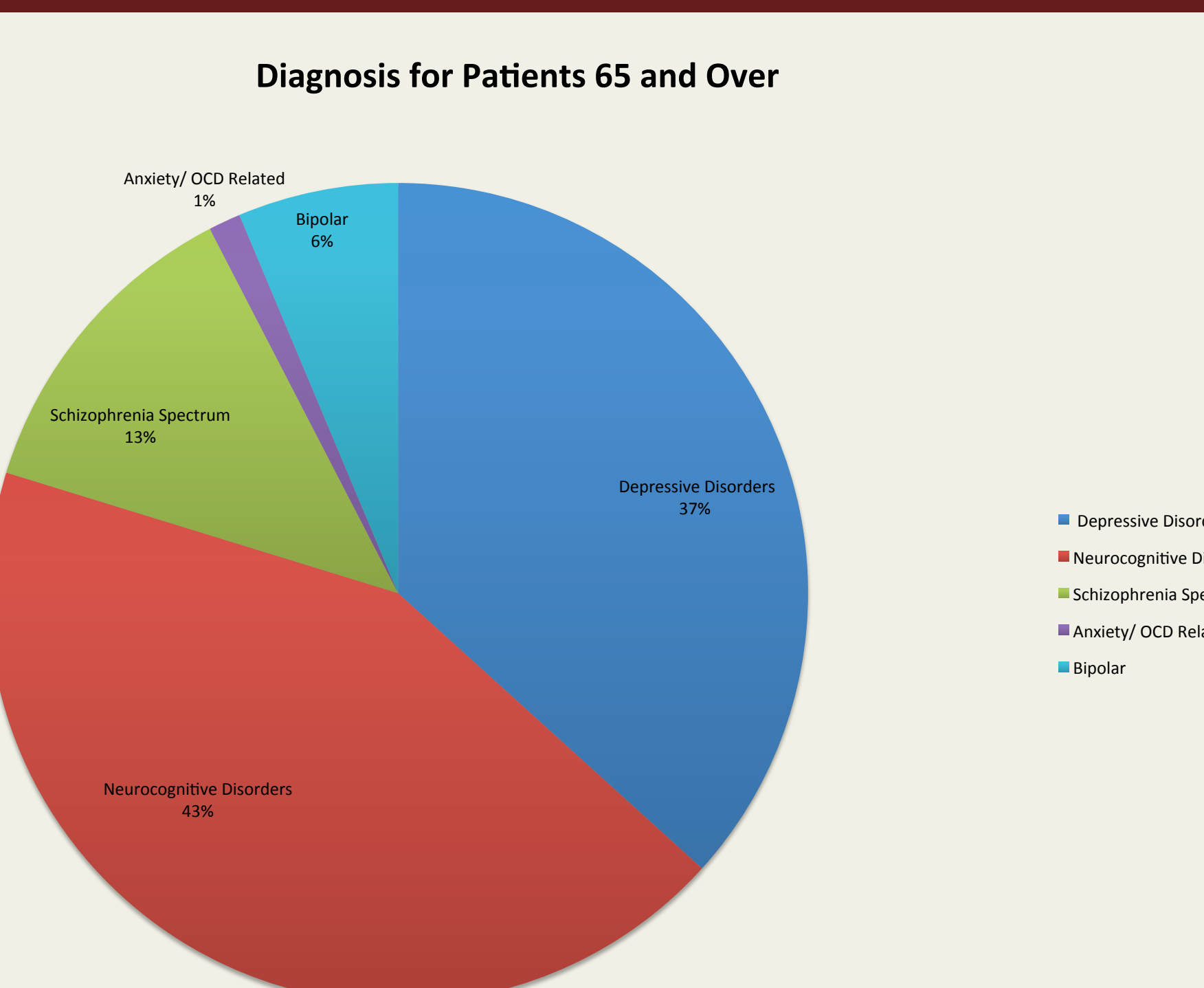


Figure 4



Summary

- Research in this field suggests that patient satisfaction scores for senior patients would be lower than the younger population on a general psychiatric unit.
- However, the seniors at Firelands Regional Medical Center general psychiatric unit are scoring higher on most themes that are **structure** related such as admission, meals, unit, and the overall assessment.
- Research on the benefits of specialized geriatric psychiatric units suggests that seniors would have better overall care for medical needs in a unit specific to geriatric patients.
- However, the patients at Firelands Regional Medical Center general psychiatric unit scored the medical procedures and nurses higher than those 64 and under.
- The seniors are scoring lower on most **process** type themes such as:
Psychiatrist explaining treatment plan
Program activities
Helpfulness of therapeutic activities
Understanding medication
Involvement in the care plan
- The data tends to suggest that case management, therapists, and recreational therapist do not have enough time to connect with seniors on a personal and meaningful level.
- Families completed a higher number of surveys for senior patients and should be given the opportunity to be involved in all aspects of care from admission to discharge.

Suggestions

A time study of the case managers, recreational therapist, and case managers.

Increase staffing to meet the specialized needs of the senior clients.

Adopt specialized group therapy to include life review, grief, chronic illness, and a CBT group focusing on cognitive distortions that consistently appear in this cohort of geriatric (Richardson & Barusch, 2006). Example "I am too old to change."

Psychotherapy works well with older people with dementia when it is tailored to include problem solving and pleasant events which should include increased collaboration with recreational therapy (Richardson & Barusch, 2006).

Communication with the patient should be documented and if the patient is unable to repeat an understanding of the goal and discharge plan the family should be contacted.

Families should be treated as the expert when the patient is being assessed (Stranbridge, 2012).

The caregivers often would like to be informed of the diagnosis, the treatment, coping skills, and resources.

References

- Ngho, C., Lewis, I., & Connolly, P (2005). Outcomes of inpatient geropsychiatric treatment. *Journal of Gerontological Nursing*, 12-18.
- Richardson, V., & Barusch, A. (2006). *Gerontological practice for the twenty-first century*. New York: Columbia University.
- Stranbridge, R. (2012). Improving partnerships with families and carers. *Journal of Family Therapy*, 176-197.

Acknowledgements

The project was supported by Firelands Regional Medical Center with special thank you to Patricia S. Martin, Vice President, Quality and Patient Satisfaction.