Implementing Relationship Based Care in a Freestanding Behavioral Health Facility
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Summary
As a free standing behavioral health facility, our organization searched for a model of care that would meet the needs of our multidisciplinary staff and improve care and service to patients and their families. RBC would only be successfully implemented if all disciplines could connect with the principles and see clearly how their unique role fit into the overall RBC Journey.

Vision
Pine Rest Christian Mental Health Services cares for people in need by bringing together those who are suffering with those who are called to serve through healing relationships.

Inspirations to Implement RBC

- Improve Press Ganey Patient Satisfaction Scores
- Engage staff in decision making
- Engage staff members of all disciplines in RBC implementation
- Find a model of care that supports Pine Rest’s mission and is inclusive of our multi-disciplinary teams
- Implement a model of care that would still allow us to meet regulatory compliance in a behavioral health setting

Infrastructure
Our RBC journey began five years ago with a grant from the Pine Rest Foundation to research models of care that would enhance our ability to provide exceptional care experiences, provide superior clinical outcomes, and become a great place to work. This was done through:

- Literature searches
- Site visits
- Staff interviews

Next steps:
- Recruited and hired key leaders to fill gaps
- Concentrated on education and improvement of alliance with regulatory requirements
- RBC gap analysis
- Formed RBC Implementation Team
- Attended RBC Leadership Practicum
- Completed RBC Organization Appreciative Inquiry
- Provided Leading an Empowered Organization

Revising Principles

Revising RBC Principles to fit our organization was critical to the success of RBC to date. The principles needed to:

- Safely Michigan’s Mental Health Code, Joint Commission Standards, and CMS regulations for Behavioral Health Facilities
- Involve and incorporate all members of the multidisciplinary team
- Account for our unique patient populations
- Support changes made to date that were in alignment with best practices

Examples of Pine Rest Changes

Clinical Professional Discipline Principles: Responsibility for Relationship and Decision Making:

- One Staff Member of each discipline is identified as the Primary Caregiver for each patient. The Primary Caregiver develops a therapeutic relationship and contributes to the Master Treatment Plan with the patient and family for the patient’s length of stay.
- Caregivers are accountable for developing their section of the Master Treatment Plan. They communicate and integrate their input into the Treatment Plan through collaboration with the interdisciplinary team.

Communication between Members of the Interdisciplinary Team:

- As the relationship is established with the patient, the Primary Caregivers contribute to the patient’s goals and educational needs regarding his or her specific discipline and communicate appropriately to other members of the Interdisciplinary Team to ensure care needs and outcomes are met.

Physician Principles:

- The Physician is accountable for developing and communicating the medical portion of the Master Treatment Plan to the Primary Nurse and the rest of the Interdisciplinary Team, integrating recommendations from consulting physicians and other professionals.
- Other physicians follow the Master Treatment plan developed as they provide service to the patient. If changes are required they are communicated directly to the Lead Physician and the Primary Nurse.

Education

- Flowing out of RBC, we revised annual education to incorporate fun and humor into learning.
- Staff were educated on:
  - Regulatory guidelines
  - Safety measures
  - Multidisciplinary treatment planning
  - Seclusion/Restraint
  - Person Centered Planning
  - Fall prevention
  - Infection control, etc.

Our goal in the educational offerings was to show staff members that RBC is at the heart of all we do and that it is not just our model of care, but our way of being.

Evidence & Outcomes

- Positive feedback from:
  - Visitors
  - Patients/Families
  - External Risk Assessor
  - Repeat visits from TJC, CMS, and State Licensing Body

- Consultants from Creative Health Care Management

- Individuals stated that staff members:
  - Felt connected to the mission
  - Felt called to their work
  - Enjoyed strong relationships with colleagues

- Measuring outcomes:
  - Patient satisfaction (Press Ganey)
  - Staff satisfaction
  - Culture of Safety Surveys
  - Incidence of seclusion/restraint
  - Rate of falls
  - UPC specific dashboards

Thank You

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