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Implementation of Nurse Navigators for Behavioral Health

By Theresa Papagna

Seton Hall University

DNP Scholarly Project Committee NURS 9921 Scholarly Project II

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Dr. Katherine Hinic

Dr. Tamara Lipshie

Submitted in partial fulfillment of the requirements for the degree of

Doctor of Nursing Practice

Seton Hall University

2022

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College of Nursing
Graduate Department

APPROVAL FOR SUCCESSFUL DEFENSE

Theresa Papagna has successfully defended and made the required modifications to the text of the DNP Final Scholarly Project for the Doctor of Nursing Practice during this Fall, 2022

Final Scholarly Project Committee

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Date

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DEDICATION

I dedicate this scholarly project to my recently departed cousin, Dr. Louis Ruvolo MD, and my uncle, Dr. Salvatore LaPilusa MD, who passed more than 10 years ago. In his career as a vascular surgeon and post retirement work with wound care, Louis Ruvolo used his intelligence and fortitude to help and guide not only his patients, but his family with the greatest kindness and the highest degree of competence possible. Although his life was not always easy, he without fail, put others before himself and was a true Servant Leader. During his career as an orthopedic surgeon, Salvatore LaPilusa fought in World War II and the Korean Conflict where he honed his surgical skills and was compassionate and generous to all peoples. He was a volunteer for Doctors Without Borders and spent much of his later years transporting medical devices to Southeast Asia at his own expense and teaching new surgical techniques to the doctors in the counties where he volunteered. These two men taught me that the highest form of self-gratification is found in using one's knowledge and energy to help others as best we can.

To my mother and father, Betty, and John Papagna, who always wanted me to follow a career in the medical arts but died before I found my true calling. My perseverance and success in this effort, and in all others, is because of the love and attention they showed me throughout our lives together.

To my children Jonathan and Alexander who suffered with a mother who was always in school and/or working for most of their childhood. They helped me with computer difficulties, withstood my crazy moods, and never complained when I was occupied with schoolwork. They are the loves of my life, and my greatest wish is for their happiness, health, and security.

To all my friends and family members who throughout our years together have made this only child feel like one of countless siblings, you all have taught me that inclusivity is the only way of being.

ACKNOWLEDGMENTS

Thank you to Dr. Mary Ellen Roberts for your guidance, advice, and patience during my pursuit of this DNP, which once seemed like an impossible aspiration. Your calm and constant presence made the impossible possible and is so greatly appreciated.

To Dr. Tamara Lipshie for being my preceptor. I appreciate and truly needed your support, kind words and guidance in all things, especially MAT. Your devotion to following rules and attention to detail to simplify life made a lasting impact on my practice.

To Dr. Kate Hinic for being my reader. Thank you for volunteering your valuable time and energy to review my paper during this critical time for nursing and all healthcare. Your efforts will not be forgotten.

To Dr. Sandra Squires and Dr. Steven Sarner for making me the APN I am today. I cannot say enough that your generosity of spirit, time and knowledge cannot ever be rivaled. I hope that I can influence and aid others as you have aided me.

To Annette Allegra, without whom I do not think I would have completed this DNP; we embarked on this journey together, and happily we saw it come to fruition. You are my sister in every sense of the word.

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ABSTRACT

Mental health patients have been notoriously non-adherent with diligent medication conformity, office visit fidelity, candor about side effects, use of illegal substances for self-medication, and truthfulness about co-occurring conditions. This non-adherence makes treatment difficult for psychiatric providers, and all those who participate in the care of patients with mental illness. Patient non-adherence can cause frustration and can lead to provider burnout, which affects patients as well as providers. Also, there are concerning financial implications of excessive time and resources needed to adequately monitor mental health patients. Implications regarding 30-day re-admissions are tantamount to consideration of financial strains put on all parties when mental health patients are not compliant with treatment. Nurse Navigators can help monitor patients and keep them on track with treatment, which benefits all parties.

This Quality Improvement Project researched the history of Nurse Navigators in other health care areas and hypothesized that they can also be useful and financially beneficial in Psychiatry/Mental Health. This project reviewed the retrospective data of admissions and 30-day admissions prior to the implementation of a Nurse Navigator and suggests that following patients more closely can aid in preventing redundant and unnecessary admissions. This project resulted in the implementation of a 3-week trial program that employed a Nurse Navigator to assist providers in offering optimal care to patients.

This Nurse Navigator assisted in returning patient calls, checking patient labs, giving out samples of psychiatric medications that have been prescribed, calling pharmacies to confirm patients' adherence with correct medications, following patients on the Clozaril Rems site (which monitors Clozaril/clozapine levels), calling family members when consents were available in the chart, educating and teaching, referring patients for social services and various

support organizations, referring patients to collaborating physicians when indicated by the provider, and reminding patients to complete necessary labs.

Keywords: Nurse Navigator, adherence, 30-day re-admissions, CMA, Quantum Leaders, Behavioral Health, Mental Health, Psychiatry.

Background

This project recommends a policy change that will include Nurse Navigators in Mental Health, as they are included and utilized in oncology and elsewhere. Mental health patients have been notoriously non-adherent with diligent medication constancy, office visit fidelity, candor about side effects, use of illegal substances for self-medication, and truthfulness about co-occurring conditions. This non-adherence makes treatment difficult for psychiatric providers and those who participate in the care of patients with mental illness.

Psychiatrists and Psychiatric APNs have higher levels of burnout and emotional exhaustion than providers in other areas of health care (Rotstein et al., 2019). During the COVID pandemic there was increased need for mental health and psychiatric care by the general population (Turcato et al., 2022). With limited mental health/psychiatric staff and increasing caseloads, care for current psychiatric staff is of utmost importance. A meta-analysis by Rotstein et al. (2019) indicated that identifying risk factors and possible interventions can combat this problem. Nurse Navigators are an identifiable intervention which will benefit patients, providers and staff alike.

There are also financial implications for the excessive time and resources needed to adequately monitor mental health patients. Implications regarding 30-day re-admissions are tantamount to financial strains put on all parties when mental health patients are not adherent with treatment.

A British literature review showed that about 13% of psychiatric admissions are 30-day readmissions, 13%-36% are 90-day readmissions, and 4% to 69% are 6–24-month readmissions. It was observed that pre and post transitional interventions may have absolute risk reduction of 13.6% - 37% for early psychiatric readmissions (Vigod et al., 2013). Nurse Navigators can help

monitor patients and keep them on track with treatment, which benefits all parties and reduces readmissions. In a 2021 study, Nourse (2021) found that employing Nurse Navigators for Behavioral Health increased patient satisfaction and decreased 30-day readmissions for at risk patients.

Increasing complexity and the chronicity of mental illness, along with the difficulties associated with the delivery of care for an aging population with many comorbidities, social inequities, and concurrent substance abuse problems, testify to the need for organized and sustainable interventions. Nurse Navigators can meet this need.

In this project a Nurse Navigator/RN was employed in the outpatient department of one of hospitals in a large Northeastern health care system. This Nurse Navigator also worked in the inpatient department of the same hospital and in another of the hospitals in the system. This candidate was familiar with the needs of psychiatric/mental health patients and HIPPA laws. The Nurse Navigator functioned as a member of the staff and was fully approved by leadership.

Definition of Terms

Common terms used throughout the paper include:

- *Nurse Navigator*: A Nurse Navigator is a patient care team member that emerged as a way of bridging gaps in care and supporting care coordination for patients with complex care needs. A Nurse Navigator works closely with providers and other members of the team to problem-solve, educate, and connect patients to a continuity of optimal care (Hannan-Jones et al., 2021).
- *Adherence*: The ability for a patient to follow prescribed instructions for medications, procedures, laboratory tests, appointments, etc. “The Centers for Disease Control and Prevention (CDC (Centers for Disease Control)) estimates that non-adherence causes

30% to 50% of chronic disease treatment failures and 125,000 deaths per year in this country” (Why You Need to Take Your Medications as Prescribed or Instructed, 2016).

- *30-day readmissions*: Admissions that occur within 30 days of a previous inpatient acute care hospitalization and have not been planned (Guidance for Calculating the Plan All-Cause Readmissions (PCR) Measure in the 2020 Adult and Health Home Core Sets, 2022).
- *Advanced Practice Nurses (APN)*: APNs are licensed providers who work alongside psychiatrists to provide medication management, psychiatric evaluations, therapy, and medical care to patients.
- *Certified Medical Assistants (CMA)*: CMAs are ancillary staff who assist APNs, MDs and potentially Nurse Navigators in administrative and patient care duties. They are required to take a state certification exam.
- *Quantum leaders*: Leaders who do not discard old models of health care delivery but look to the future to develop an implementable vision compatible with change. These leaders embrace and tackle chaos, steer away from Newtonian and reductionist theory, and move toward integrated, multilateral, and multidimensional systems (Albert et al., 2020).
- *Behavioral health, mental health, psychiatry*: These terms are used interchangeably when referring to the treatment of mental illness.

Description of the Project

This project entailed researching the history of Nurse Navigators in other areas to show how they can also be useful and financially beneficial in behavioral/psychiatry/mental health. This included verbally interviewing and reviewing information obtained from Nurse Navigators in other specialties who were working successfully within the same large Northeastern health

care system. In addition, it reviewed retrospective data of admissions and 30-day readmissions to determine how following patients more closely can aid in preventing redundant and unnecessary admissions. The project culminated in creating an implementable program to employ a Nurse Navigator who assisted providers in offering optimal care to patients. The program conducted a short pilot test, which generated data to support the permanent implementation of a sustainable Nurse Navigator program for behavioral health. The organization's leadership agreed to the implementation of a 3-week trial period and IRB waiver/approval was obtained. A Nurse Navigator was found and agreed to participate in the trial which began in June 2022. Prior to the commencement of the project, the project coordinator educated the Nurse Navigator about the duties to be performed and the general context in which she would be working. This Nurse Navigator was a seasoned psychiatric RN familiar with the needs of mental health patients. Discussion is currently underway and before the organization's board, for an extensive 3-year trial period, which will provide more information to create a sustainable Nurse Navigator for Mental Health within the hospital system.

Purpose of the Project

The aim of this project was to develop a Quality Improvement program that will allow Psychiatric MDs and APNs to provide optimal care for patients and work at the top of their licenses. As a result of reduced staff, providers became responsible for duties that can be delegated to other qualified and capable medical professionals, specifically Nurse Navigators. In the absence or unavailability of psychiatric MDs and APNs, other (nonmedical) staff are incapable of offering guidance. With the addition of Nurse Navigators, all parties work at the top of their licenses. Other work can be delegated to alternative mental health clinicians, certified medical assistants (CMAs), and ancillary staff. This will allow providers, Nurse Navigators, and

all others to attend to appropriate tasks befitting their training and experience. Accordingly, providers can devote more attention to urgent details. This allows all patients to receive appropriate and timely care and may relieve the burn-out that can occur when providers have overwhelming schedules. Behavioral health/psychiatry will also benefit from having staff who are qualified to address medical issues in the absence of MDs (psychiatrists) and APNs (psychiatric advanced practice nurse providers).

Goals and Objectives

The aim of this Quality Improvement Project was to use the information procured by research and the Quality Improvement trial project to ensure that optimal health care is provided for patients with the aid of a Nurse Navigator intervention. Optimal care should provide quick access to treatment, timely diagnoses, assessment of the diagnosis, quick response to questions, quick review of lab and diagnostic testing, reinforcement of patient education, and coordination between medical specialties to prevent complications from co-occurring disorders or medications from other providers. Ideally, this is an intervention that can be implemented throughout all behavioral health care systems.

Specific goals that motivated this project were related to ensuring that mental health/psychiatric patients receive adequate care and do not get lost in a system they find difficult to navigate. This can be done by increasing patient adherence to medication, appointments with psychiatric providers, required lab work and medical testing, therapy, appointments with other medical providers, and MAT (Medication Administration Treatment) for substance abuse programs. A critical factor is to increase retention of psychiatrists and APNs by decreasing workload for prescribers, having medically educated registered nurses (RNs) or Bachelor of Science in Nursing (BSNs) follow-up on patients at frequent intervals, and reporting

to providers only those things that require follow up. For example, the provider would be informed if a patient's lab work shows an elevated divalproex level, and the provider needs to assess and adjust medications.

Specific goals to address other problematic issues for patients and providers include decreasing the workload for front end staff who often must field questions and demands that they are not adequately educated to address, need for unnecessary increases in medication or changes in medications because of poor compliance to other medications, self-medication with illegal substances, alcohol, or misuse of controlled substances, metabolic syndrome frequency from copious amounts of antipsychotics, need for less than 30-day re-admissions, financial strain on the system, burnout in providers/prescribers, and dissatisfaction all around.

Significance of the Project

The project "Nurse Navigators for Behavioral Health" is a quality improvement initiative. All health care organizations aim to advance the modes in which they deliver patient care. Albert et al. (2020) indicated that "Every organization strives not only to survive but to thrive in the best way possible" (p. 336). When providing fast, systematic, and affordable services to patients' quantum leaders exhibit their dedication to optimum health care. Neophyte programs and skills may allow organizations to compete in the continually advancing health care environment. Quantum leaders must appraise new clinical programs and services, add, and reduce staff and equipment, and choose which programs have the most merit. Any new endeavor contains inherent risk; however, a quantum leader will appraise the risk versus benefit and judge the potential accordingly. Adding Nurse Navigators to the behavioral health arena has merit and can help health care systems advance.

Behavioral health patients are notoriously non-adherent with diligent medication conformity, office visit fidelity, candor about side effects, use of illegal substances for self-medication, and truthfulness about co-occurring conditions. This non-adherence makes treatment difficult for psychiatric providers and all those who participate in the care of patients with mental illness. Behavioral health providers continue to face this quandary that has long been at the forefront of hindering optimal care for patients. For leadership, this quandary also raises concerns about the financial implications of excessive time and resources needed to adequately monitor these patients.

The plan was for Nurse Navigators and supporting staff (other clinicians and CMAs) to chart, follow, and encourage the course of treatment for behavioral health patients, which will improve adherence, reduce the financial burden that accompanies excessive time spent by providers to monitor these patients, and enable more desirable outcomes for patients. With an expanding elderly population, the severity of illness across the health care spectrum has accelerated. In turn, this caused an increase in need for services with increased financial strain. It is apparent that there is a need to reduce costs, improve quality, curtail admissions, and most importantly, reduce readmissions that are straining the system (Harvey et al., 2019). At no time in our history has this been as crucial as it is today, mid-pandemic. Patient navigation relies upon patient centered care, which requires collaboration within and across health care on a one-to-one basis. As Lubejko et al. (2019) indicated:

To ensure that navigation services are cost-effective, it is essential that a scope of practice be defined that distinguishes navigators from other members of the health care team while acknowledging their distinct contributions. In addition, organizations should

determine how and when to allocate resources and should have a navigator coordinator or champion to oversee quality of services. (p. 387)

Literature Review

While there is a large body of literature regarding nurse navigators, there is a paucity of studies addressing behavioral health. Nurse navigation is a relatively new field, first seen in Israel in 1976 as Nurse Coordination. Most notably Nurse Navigators gained recognition at the Sharett Oncology Institute of Israel in the 1990s. Around this same time, they started to emerge in the United States in oncology. As a result of the complicated treatment oncology patients required, a clinician with the primary concern of supporting these patients was created (Gross et al., 2019).

Like oncology patients, behavioral health/psychiatric patients often have complicated therapeutic treatment regimens and receive care from various providers for comorbidities. The research question then arises, can Nurse Navigation serve behavioral health as it serves oncology and now in more recent years orthopedics and pulmonology?

A systemic literature review was initiated to explore the topics of Nurse and Clinician Navigators, how they benefit the health care systems they serve, and most importantly how the benefit can be extrapolated to behavioral health patients. The literature review was conducted by accessing the online library of a large university in the northeast. This occurred over one month. Literature from the United States and abroad was reviewed. The search of healthcare literature between the years of 2012- 2022 was done for peer reviewed, full text articles, using the terms *nurse navigator*, and additionally *30-day re-admission*, and/or *psychiatric*. Many studies were considered. These studies included the following: retrospective observational studies, retrospective chart studies using quantitative tools, quantitative and mixed method studies,

descriptive studies with qualitative approaches, systemic literature reviews and meta-analyses, interpretive qualitative studies, phenomenological studies, 2 phase qualitative retrospective studies, randomized controlled studies, commentaries and discussions, and nursing journal articles.

Bahji et al. (2020) examined the predictors of hospital admissions for patients presenting with psychiatric emergencies. It was a retrospective, cohort study, using quantitative tools, and multivariate regression logistic regression models to identify predictors of psychiatric admission. Patients admitted to inpatient psychiatric units from two emergency department (EDs) in Canada from 2015 to 2018 were used. Data were collected from an electronic ED information system inclusive of all patients presenting to the ED with mental health or addictions-related chief complaints. The study reviewed 23,814 patients and showed that individuals with mood and psychotic disorders were more likely to require hospital admission. When identifying the risk criteria for admission, one can identify what post treatment interventions (i.e., nurse navigators) would lower the risk for admission.

Bernardo et al. (2019) showed the efficacy and cost-effectiveness of patient navigation programs for patients in various stages of cancer treatment. Because of gaps in research regarding the cost-effectiveness of patient navigation (PN) programs, the researchers embarked on a systematic review to fill those gaps. Literature reviewed included articles that involved quantitative or mixed methods results regarding the exposure of PN and outcomes of cancer screening, diagnosis, treatment, clinical trials, or survivorship among patients. Of the initial 2311 articles, 113 were included in the review. Ten studies assessed cost-effectiveness; eight found that PN programs were cost-effective and two were not cost-effective for the PN intervention. PN has been and continues to be effective for overcoming barriers to care and should be

integrated into more health care systems. With the encouraging results of this review and past reviews, additional research should be conducted to further show the benefits of PN in health care.

Byrne et al. (2021) examined the impact and causes of ‘failure to attend’ on continuity of care for patients with chronic conditions in Australia. They assessed the role of Nurse Navigators in improving patient care management. The theory of change (TOC) framework was used to collect, review, and evaluate data from 16 hospitals where 25 individual and 14 group interviews occurred over a 2-year period with NNs. The authors also conducted 49 interviews with patients. Thematic analysis of the qualitative data showed no improvement in attendance; but related it to the label failure to attend (no show) that accompanied patients. Language is particularly important with vulnerable populations. It also showed that Nurse Navigators worked within a person-centered model to help patients fully understand and engage health decisions and then to assist patients in complying with care, inclusive of appointments. The study showed that Nurse Navigators are a crucial point for communication and integrated care between patients and the health care system.

Coyne et al. (2020) examined the partnership between Nurse Navigators and adults living with complex chronic disease. In this interpretive exploratory qualitative study, semi-structured interviews were conducted with seven Nurse Navigators working with adults with complex disease states and 11 of their clients. Results indicated that Nurse Navigators established and sustained relationships, and that nurse-led planning aligned care with clients’ needs. Regular contact with Nurse Navigators means patients have access to the healthcare system and nurse presence is highly valued.

Gross et al. (2019) conducted a phenomenological study that explored participant experiences and views of the nurse coordinator role. The study included participants from one cancer hospital in Israel: nurses, nurse coordinators, physicians, as well as nurses from the Ministry of Health, the Israel Cancer Association, and members of the Israel Organization of Oncology Nurses. The study validated the importance of the Nurse Navigator role, illuminated challenges experienced by nurse coordinators and others, and identified tensions that arose with other nurses caring for the same patients. This study documented the importance of the Nurse Navigator role.

Kim et al. (2017) reviewed integrating health care for high need Medicaid beneficiaries with serious mental illness and chronic physical health conditions at managed care, provider, and consumer levels. This study described the early efforts of a pilot program for adult Medicaid beneficiaries with serious mental illness and co-occurring chronic conditions. The program utilized a navigator model. To assess if the pilot improved health care service utilization, the study reviewed Medicaid claims data to examine changes in ED visits, hospitalizations, and readmissions. During the intervention, ED visits decreased by 4% among study group members ($n = 4,788$) and increased by almost 6% in the comparison group ($n = 7,039$). Kim et al. surmised that the pilot demonstrated the promise of Nurse Navigators (care managers) to bridge gaps between the physical and mental health care systems.

Nourse (2021) implemented a 7-month study from March to October 2020 and followed 613 patients discharged from the inpatient psychiatric unit. The patient sample was half male and half female, and the majority were diagnosed with major depressive disorder, bipolar disorder, and schizophrenia. The primary mode of intervention was follow-up telephone calls, which were attempted at 72 hours post discharge, at week one, week two, week three, day 60, and day 90.

Nourse (2021) found that patients required assistance with following through with long-acting injectable appointments and adherence, medication adherence in general, medication adjustments, and compliance with follow-up appointments. The findings were summarized as follows:

Nurse Navigation promoted successful adherence to discharge plans through increased collaboration, communication, and skillful problem-solving in the areas of medication needs/issues, community coordination needs/issues, and therapeutic reassurance/support. The outcomes of Behavioral Health Nurse Navigation were increased patient satisfaction, and significant decrease of 30-day readmissions for patients deemed at risk for early rehospitalization. (Nourse, 2021, p. 171)

Paskett et al. (2017) reviewed patient navigation as an effective strategy to reduce health care costs and improve health outcomes. Paskett and colleagues provided a commentary on Rocque et al.'s (2017) study and reiterated that navigators identify barriers to care, help resolve those barriers, so patients receive the care they need on time and adhere to medication regimens to stay out of the emergency department and hospital. This commentary emphasized that navigators could spend more time with patients than physicians, physician assistants, and nurse practitioners do, and are trained in skills that these care professionals may not possess. When added to the health care team, navigators increase efficiency and address broader issues. Compelling evidence from the study by Rocque et al. showed that navigation is effective in terms of cost savings and health outcomes.

Rocque et al. (2017) examined resource use and Medicare costs during lay navigation for geriatric patients with cancer. This was an observational study that included regression analysis that compared quarterly Medicare costs and health care use between patients navigated in the

Patient Care Connect Program and a score-matched group of non-navigated patients from 1/1/2012 through 12/31/2015. Geriatric patients had noticeable reductions in resource use and the cost for navigated patients was less compared with matched non-navigated patients, including costs of hospitalizations, outpatient visits, and physician visits. While patients reap rewards from navigation, these programs struggled with continuity because of a lack of financial support. The estimated potential 1:10 return on investment of the Navigated patients makes a financial case to organizational leadership for sustainability of navigation programs. Rewards are likely when considering high-risk, high-cost patients and patients who have unmet needs, which is reflected in the differences observed between the navigated and non-navigated patients in the study. Navigators may better assess the needs of high-risk patients and help them better use outpatient resources.

Teng et al. (2021) used a qualitative descriptive design study to ascertain if patients undergoing total hip replacement and total knee replacement experienced benefits by interacting with an orthopedic Nurse Navigator. Interviews were done with 15 of 20 patients between October 2015 and May 2016, 4-6 weeks post-hospital discharge. The multifaceted semi structured interview guide reviewed when and why each participant contacted the patient navigator and their experience with and thoughts about using the patient navigator.

This study adds to similar positive information regarding Nurse Navigators, with respect to clinical areas outside of cancer. In this case, orthopedic Navigators (similar to the potential for mental health Navigators) can provide direct and indirect benefits for the patient experience when undergoing and recovering from orthopedic surgery. Additionally, continued support for patients can reduce or resolve inequities in care. Nurse Navigators in this study improved patient

care and satisfaction, in addition to showing that RNs are essential for addressing complex medical issues through navigation.

All the studies discussed above point to the affirming influence Nurse Navigators have on the patient populations they treat, and the benefits they afford to the health care facilities that treat them. This project Nurse Navigators in Mental Health aspires to add to this compendium on the benefits of Nurse Navigators in all fields.

Project Methodology

The use of Nurse Navigators in mental health as they are used in other areas of health care is the impetus for this Quality Improvement Project. The history of Nurse Navigators in other medical fields was researched, and it was postulated that they could be effective in mental health. A 3-week trial was organized and implemented. Additionally, the 30-day readmission rate on the inpatient unit of the hospital where the trial occurred was reviewed to ascertain if readmission rates increased. The project was implemented in part to reverse this trajectory by using Nurse Navigators. Pertinent re-admission data was available from January 2019 to June 2021 and shows an increase prior to the implementation of the navigation. The hypothesis is that the addition of Nurse Navigators to the psychiatric departmental staff will help in decreasing the admissions and readmissions.

The project was then initiated by canvassing and interviewing the psychiatric providers who would be affected and aided by the Nurse Navigator intervention. Eight potential psychiatric medication management providers (MDs and APNs) were surveyed about their attitudes toward the addition of the Nurse Navigator to the team. The initial/pre-trial survey consisted of an 11-item five-point Likert scale (i.e., strongly disagree, disagree, undecided, agree and strongly agree) survey. The self-developed survey was emailed to all providers who responded by email,

departmental mail, or telephone. The consensus was that the help of a skilled medical professional familiar with psychiatric patients was needed and welcomed. Some comments to the project coordinator included: “Can they start today,” “I have been suggesting this for years now, I see how well it works in other specialties,” and “We need this now.”

Following this, the trial Nurse Navigator was installed from June 6, 2022, to June 25, 2022, and worked with all but two of the providers directly. One APN provider, while affected by the outcome worked primarily as an inpatient provider, while the Nurse Navigator worked in the outpatient department. However, the tasks the Nurse Navigator performed, and care given to the patients were significant because they potentially curtailed admissions and/or re-admission to the inpatient psychiatric unit. This inpatient APN provider was vocal in her support because readmissions are a continuous problem for the inpatient unit. Medication adherence and close follow-up of chronic patients is the best way to ensure stability of patients who return to the community after hospitalization. Additionally, many patients discharged from the inpatient psychiatric unit start on long acting injectables (LAIs), which anticipate continuation in the outpatient department and need close monitoring. This inpatient APN believed that a Nurse Navigator would be helpful to these patients. The second provider, who was not directly affected by the Nurse Navigator and the tasks performed, was the ER/liaison psychiatrist. This psychiatrist was excited, extremely supportive of the project, and pointed out that patients released from the ER have very little follow-up until they get an appointment with an outpatient provider. Even then, adherence to those appointments is not guaranteed. She stated that when care is proffered across the board from ER to discharge or admission and/or outpatient care, there is less likelihood of patients being lost or caught in the revolving doors of emergency services. This provider believed that the services of a Nurse Navigator can provide a robust response to

patient needs. This information is significant because it provides insight into why some providers answered “undecided” to several questions in both the pre-trial and post-trial surveys.

After the Nurse Navigator was installed, she performed many tasks that providers were unable to perform, or unable to perform in a timely manner, because of limited time and short staff. The only criteria used for which patients would be assisted was provider choice. Some providers initially gave the Nurse Navigator a list of patients to follow, some referred patients daily with specific needs, and some patients were referred by the front desk staff. Otherwise, the Nurse Navigator was responsible for handing out all medicine samples to patients, confirming identity, asking questions about tolerance in the past, and repeating education for new patients regarding possible side effects. Another significant task the Nurse Navigator performed was following patients who take clozapine on the REMS/Clozaril website. Clozapine is a medication that requires blood work anywhere from every 3 days initially to every 1 month after a 6-month stabilization. This requires providers to sign in and complete follow-up forms for every patient prescribed this medication on a mostly monthly basis. Pharmacies will not fill these prescriptions without the completion of this paperwork; thus, it is integral for continuation of treatment. Only MDs, APNs, or RNs can complete these forms.

The Nurse Navigator recorded all of these performed tasks, and the providers that were assisted were aware of these interventions and their benefits. After the trial period ended, a post-trial survey was distributed to assess the providers’ opinions. This post-trial survey also used the same 5-point Likert scale (i.e., strongly disagree, disagree, undecided, agree, strongly agree) and posed eight follow-up questions.

Theoretical Framework

This Quality Improvement Project, Nurse Navigators for Behavioral Health, “involves a combined effort among health care staff and stakeholders to diagnose and treat problems in the health care system” (Silver et al., 2016, p. 893). The problems are overburdened psychiatric providers, limited staff, and a desire to continue optimal care for psychiatric patients.

Addressing problems requires one essential skill- the ability to adapt. Sister Callista Roy is the author of The Adaptation Theory of Nursing. Adaptation is possibly the single most crucial factor to which the success and longevity of the nursing profession can be attributed. Sister Roy, according to Post University (n.d.), explained that adaptation:

Occurs when people respond positively to environmental changes. The model says that people are bio-psycho-social beings that interact with changing environments. Health is a state and process of being and becoming integrated and whole. It is one of many dimensions of a person’s life, as is illness. (p. 1)

One of the foremost postulations of Roy’s adaptation theory is that health can be described as a state and process of being and becoming integrated and whole. Health care providers are more frequently employing wholistic approaches. When individuals are confronted with mental illness in the health-illness continuum, they require positive stimulation for a positive response. Health care providers can offer this through medication, therapy, attention to social needs, and co-occurring illnesses. When old methods do not produce adequate results, innovative ideas must be championed. These methods strive to adapt the patient and provider. However, the theory references society adapting to allow positive responses to increased workload and increased needs of patients by employing qualified staff. The use of qualified staff

will decrease providers' workload stress. Additionally, patients who are overwhelmed by the complexity of their treatments require new interventions for them to heal.

Sister Roy (2000) once quoted the following adage in an article: "if you want to predict the future, plan it" (p. 1). This use of Nurse Navigators is the future for behavioral health, and this is now the planning and implementation stage. Adapting positive stimuli for positive results was the goal of this Quality Improvement Project.

Complementing Sister Roy's (2000) adaptation theory is Dr. Evert Rogers diffusion of innovations theory (Chism, 2018), which was born from farmers resisting change. Rogers, who had degrees in agriculture and sociology, theorized that change should be introduced over a determined period inclusive of all parties affected by the change. This theory was relied upon for communicating the change to the staff of the Behavioral Health Department during the trial implementation.

Risk Analysis

This Quality Improvement Program allows all Psychiatric MDs and APNs to work at the top of their licenses and delegate work to qualified Nurse Navigators. Nurse Navigators in turn can then work at the top of their licenses. Other work can be further delegated to other mental health clinicians, CNAs, and ancillary staff. This trial project was initiated within the health care system that employs the project coordinator.

Having the project coordinator/DNP student employed by the health care system where the project was initiated was a strength and an advantage because there was support from the department leadership, APNs, MDs, and staff. The project coordinator/DNP student and the CMAs, the front-end staff, and the clinicians in behavioral health/psychiatry also had a good working relationship. All parties benefit from having qualified staff address medical issues in the

absence of MDs and APNs. Approval was given to proceed with implementation from the Director of Behavioral Health within the System and the IRB. The facility is the largest that provides mental health/ psychiatric and substance abuse services within the System, and any benefit appreciated will be advantageous for the entire System. Most importantly this project aimed to ensure that the entire institution provides optimal health care for patients. This requires fast access to care, quick response to questions, quick review of lab and diagnostic testing, and coordination between medical specialties to prevent complications from co-occurring disorders and/or medications. Knowledge of these factors was the clearest strength of this project.

Change is difficult. Change of responsibility for certain duties, such as the initial review of labs for therapeutic levels of certain medications, may be met with resistance. This resistance or internal weakness may be fueled by concerns about the time required for training, concerns about staff not knowing who to direct questions to, and patients wanting to have their questions answered by their providers. The administration may also resist this change because it may be viewed as too costly (in the short term) or as unproven. Finances must be adjusted to allow for additional salaries. Per Lubejko et al. (2019):

To ensure that navigation services are cost-effective, it is essential that a scope of practice be defined that distinguishes navigators from other members of the health care team while acknowledging their distinct contributions. In addition, organizations should determine how and when to allocate resources and should have a navigator coordinator or champion to oversee quality of services. (p. 387)

The intent is to have an RN be the champion and have lower-level clinicians and ancillary staff work under them.

Lack of time required for research and implementation was a concern, but this DNP quality improvement project was done outside work time and was not billable to the system. Additionally, any time, or funds spent will reap rewards in the long term. It was previously found that using Navigators in oncology culminated in “improvements in time from diagnosis to treatment, decrease in patient anxiety and possible, though not quantified, reduction in health care costs” (Gross et al., 2019, p.2). Also, staff that have been constant for a long period may find it difficult to work with new personnel; especially if that person breaks the chain of command. Another internal weakness may have been management’s worry about taking time away from patient care. However, the research and planning for this project was done outside of work hours.

External opportunities include avoiding imposed penalties on hospitals for re-admission within 30 days. Psychiatry is infamous for redundant admissions. “Up to 13% of psychiatric patients are readmitted shortly after discharge. Interventions that ensure successful transitions to community care may play a key role in preventing early readmission” (Vigod et al., 2013, p. 187). In the northeastern hospital where the project was initiated the readmissions were as follows: 7.5% in 2019, 9.7% in 2020, 10% in 2021, and 9.5% from January 2022 to June 2021. However, the date from 2022 was incomplete and thus not examined statistically. These numbers indicate a continuing slow increase if steps are not taken to reverse the trend. One goal of this quality improvement program was to reverse this trend.

Not only are hospital admissions exorbitant but without insurance and/or Medicare/Medicaid reimbursement, many hospitals psychiatric units would need to close their doors. Reducing the cost of re-admissions and admissions for all psychiatric patients can be a favorable outcome of this project. There is also an opportunity to avoid overdose deaths within

the MAT population by more closely following that patient population, thus complying with state and federal initiatives regarding opioid deaths. By following patients more closely it may be possible to reduce comorbid complications that often affect the behavioral health population. All these advantages will hopefully contribute to lowering the burden of health care costs on the individual, the institution, and the general population.

External threats include the possibility that there will be limitations on the reimbursement for services of Nurse Navigators and this will create more strain on budgets and preclude the ability to hire navigator candidates. And if additional staff are hired, the department may bear the burden financially. However, this perceived burden could curtail other expenditures within the department. Providers may find it too difficult to delegate this work and feel the need to check and recheck thus negating the expediency of the navigator. Since this is a new concept, it might be difficult to find an RN to perform the responsibilities required of the long-term position. Finally, patients may remain non-compliant regardless of efforts to encourage them. All these threats are addressable and surmountable.

Implementation Plan

This project recommends a policy change that will include Nurse Navigators in mental health, as they are included and utilized in oncology and elsewhere.

This project entailed researching the history of Nurse Navigators in other areas and shows how they can also be useful and financially beneficial in Psychiatry/Mental Health. Also, it reviewed retrospective data of admissions and 30-day admissions to exhibit how following patients more closely may prevent redundant and unnecessary admissions. The project culminated in a trial Nurse Navigator Project and ultimately recommends an implementable long-term program to employ Nurse Navigators as permanent team members who can assist

providers in offering optimal care to patients. Qualifications for both the RN and all supporting staff should include a history of employment in inpatient or outpatient psychiatric/behavioral health hospital-based units. The three-week trial generated data to support the future long-term implementation of a Quality Improvement Nurse Navigator program. Although the trial was only three weeks long it was supported by leadership, well received by providers and staff, and received positive patient feedback. The RN who acted as the Nurse Navigator recorded comments from patients that included the following: “I appreciate you calling me to let me know about my recent blood work;” “I am thankful that you can let me know what my options are;” “I appreciate the time you spent trying to locate the lowest price for my medicine;” “I’m glad you were available to listen to me, I needed that right now.”

Ultimately, the results will aid in ensuring that patients receive optimal health care. This includes providing quick access to care, quick responses to questions, quick review of lab and diagnostic testing, and coordination between medical specialties to prevent complications from co-occurring disorders or interactions with medications. Hopefully, this program can be implemented throughout all behavioral healthcare systems.

The trial was preempted by distributing the job description for the Nurse Navigator to the eight outpatient/inpatient providers, which included MDs, APNS, and the MD ER/liaison.

Job Description of the Nurse Navigator

The Nurse Navigator candidate will work for a 3-week trial period at the Center for Behavioral Health. She will have an office with a computer and a phone and Epic Assess. She will work from 8:30 to 4:30 Monday through Friday.

The front desk will forward all patient phone calls (apart from medication refills, which will go to the CMA) to the Nurse Navigator who will triage them, attend to the ones she can

assist, and forward the others to the appropriate providers. Each provider will give the Nurse Navigator a list of patients that require close monitoring, so the candidate can follow labs, appointments with other providers, and therapy appointments. General duties will include:

- Compiling a list of support groups (grief, cancer, and psychiatric) and have them on hand, as necessary.
- Referring patients to Smoking Cessation Support, as necessary.
- Referring patients to financial services /Charity Care as necessary
- Informing patients about good RX when prescriptions are too expensive and actually look up prices at various pharmacies to help patients afford them.
- Handling and distributing all samples.
- Following patients on PMP to make sure they are compliant and correctly taking controlled substances.
- Calling pharmacies if it appears that patients are missing appointments to see if they are compliant with medications.
- When lab results are not forthcoming as resulted, calling patients to encourage having labs drawn.
- Completing Clozaril Rems monthly forms for patients.
- Helping coordinate care with family members, but only in the presence of a signed release.
- Providing education about medications, illness, and the utility of My Chart patient access to their chart.
- Compiling a list of nutritional resources and refer patients needed to a nutritionist.

- Helping explain medical terms and processes to patients and caregivers. Even when explained initially by providers, stress and emotions may require reinforcement.
- Creating a list of food pantries and churches that provide lunches and inform patients with food insecurity.

Of note, if the project continues, it will be useful to introduce patients to the Nurse Navigator during an appointment, so they know who they are dealing with. This is a practice that is employed in oncology.

The tasks completed by the Nurse Navigator were inclusive of those previously listed above. Not all tasks were completed because of the limited time of the trial. It is hoped if the project continues all the tasks will be completed (see Appendix A). Following the distribution of the job description, a pre-trial survey was sent by email to the eight providers. It posed 14 relevant questions regarding patient care and receptiveness to the utility of a Nurse Navigator. It was then followed by an 11-question post trial survey.

Budget

Quality improvement requires collaboration within a health care system to solve problems. Nurse Navigators for behavioral health will help to solve problems regarding non-compliance and other related issues that plague behavioral health patients.

Non-adherence makes treatment difficult for psychiatric providers and all those who participate in the care of patients with mental illness. Non-adherence raises concerns about the financial implications of excessive time and resources needed to adequately monitor these patients. Novice programs, like the proposed project, necessitate acquiring funding, which can only be achieved by collaboration between the project coordinator/DNP student, leadership, and

staff (Silver et al., 2016). Leadership is supportive and has petitioned the board for a budget allowance to include a Nurse Navigator.

Obtaining resources for any new nursing project is essential to its initiation. Preparing a budget can be an arduous endeavor for anyone involved in quality improvement proposal development. A “budget is founded on clear, written hospital and departmental goals, which are translated by the budget process into a formal quantitative expression of management's plans, intentions, and expectations” (Kolakowski, 2016, p. 14). All budgets should include the cost of staff, activities, services, and supplies.

Project Coordinator

The APN position provided insight into the need for quality improvement in the behavioral health/psychiatry department. There is a shortage of staff in the department. Providers are performing jobs that could be accomplished by other qualified staff and auxiliary staff at lower pay scales. The project will not only be fiscally responsible but will allow the system to maintain and improve the quality of care for patients. The project coordinator/DNP student conceptualized the project, researched the benefits/risks and costs, set the project up, implemented the trial, and recorded the results.

Project Preceptor

Project preceptor, a psychiatrist within the department, worked on a voluntary basis and was not an appreciable cost.

Nurse Navigator for Trial

An RN who worked on per diem basis filled the project's key role as Nurse Navigator. For the trial, the RN fielded calls, reviewed labs, followed difficult and at-risk patients, worked with patients on clozapine who are monitored on the Clozaril Rems site to ensure continuation of

coverage for the patients on this medication, gave out samples that need to be recorded, followed up on missed appointments, and referred patients to other providers and social services as needed. The nurse earned \$60 per hour employed per diem for the trial period of 3 weeks. If the project continues, the Nurse Navigator will be called on to educate, train, and delegate to any supporting staff (salaries will be less) employed in the program.

Marketing

Marketing was limited to internal emails, printed flyers distributed to staff and associated medical professionals, and announcements at departmental staff meetings and nursing council meetings. There was not any appreciable cost for marketing the trial program but if the project continues beyond the trial, IT personnel paid a rate of \$50 per hour may be employed.

Extraneous Costs

No extraneous costs were incurred for the trial of this project. However, if it is implemented over a longer period, there will be extra hours for planning as follows: executives \$100+/hr, IT personnel \$40+/hr, APNs \$70+/hr, and/ or psychiatrists \$150+/hr, clinicians for navigation \$30+/hr, and additional staff \$20+/hr. This will all be over an extended period to be determined. For full-time staff fringe benefits will need to be included.

Most of these costs could be worked into daily schedules for existing staff. There will not necessarily be extra charges for receptionists, schedulers, or administrative staff because they already exist. The costs for internet and office equipment are nominal because they are already used in the department. The only current foreseeable additional cost would be a cell phone at the corporate rate of about \$200/year and paper products/office supplies at about \$200/year.

Marketing Plan

The project “Nurse Navigators for Behavioral Health” is a quality improvement initiative. Any new endeavor requires dissemination of the latest information to those who are directly or indirectly involved in the changes that will occur and/or the results.

Diffusion of Innovation

This Nurse Navigator initiative provided a new quality improvement service. To market it, Rogers’s diffusion of innovation theory can be applied. It entails communication of the innovation through diverse channels over time and with the groups potentially affected or the decision makers (Chism, 2018). This was inaugurated by apprising leadership and the Nursing Research Council who were both interested in and supportive of the project. Leadership approved the implementation of the program. Additionally, staff were kept abreast of the potential for this quality improvement change.

The Four Ps

Relating to Rogers work in marketing, Landrum (1998) outlined the four Ps of marketing strategy:

- Product: Nurse Navigators to lighten the load of Behavioral Health providers.
- Price: Is outlined in the budget, namely the salary of the Navigators and the extraneous costs of producing their work.
- Place: The offices of the behavioral health department (remote or on site) in physical or remote proximity to the providers being assisted.
- Promotion: Rogers diffusion of innovation theory and additional advertising, which entails email communication to all departments related to behavioral health and announcing the Quality Improvement Project at departmental staff meetings and at the

Nursing Research Council and Committee meetings. During callbacks patients were informed that the Nurse Navigator was an RN assisting the provider. Printed promotional materials were distributed to the providers (Chism, 2018, p. 304).

Beals' Rules

According to Jeff Beals, who wrote about personal marketing, individuals should have strategic marketing plans. He likened these strategies to game playing. Both marketing and game playing have basic rules that include the following:

- Positive thinking - which must accompany any new endeavor or there is no chance for success.
- Developing expertise - which is achieved by research and demanding work that is required for success.
- Being prepared - achieved through thorough research, considering all good and bad possibilities, and communication with all involved.
- Having the right attitude - be strong and certain but allow for times when being humble is appropriate.
- Counting everyone - all staff should be involved and have their voices counted. Keeping leadership up to date.
- Realize you are being watched - always keep a professional appearance with everyone. Be a model of discretion.
- Embracing professionalism - assertive and aggressive behavior are not synonymous. Being sincere and consistently amiable are the cornerstones of professionalism.
- Communicating clearly - think before you speak and make sure your words are accurate concise and clear (Chism, 2018, p. 305).

These strategies were employed when initiating the Nurse Navigator project.

Project Outcomes

Readmission Data

Although there was no statistically significant association between the readmission data that was reviewed from January 2019 through June 2022, there was, using subjective interpretation (based on communicating with providers in the psychiatry department and their interpretations), clinical significance because the numbers for readmissions are rising and meaningful to the operation of the department of mental health/psychiatry. This gives credence to the need for an implementation to reverse this increase; namely nurse navigation. Similarly, there was no statistically significant association between the average length of stays (ALOs) from January 2019 through June 2022; however, there was indication of clinical significance for the same reasons. (Appendix B)

Analysis of Cases by Year and Average Length of Stay (ALOs) by Year

The number of cases by year appears in Table 5. The year 2020 ($n = 43.00$) had the most cases. The year 2019 ($n = 34.00$) had the fewest cases. A line graph showing how the number of cases changed over a 3-year period can be found in Figure 1. A chi-square test of association was used to assess the association between the number of cases by year. There was no statistically significant association between number of cases and year ($X^2(3) = 6.00, p = .19$).

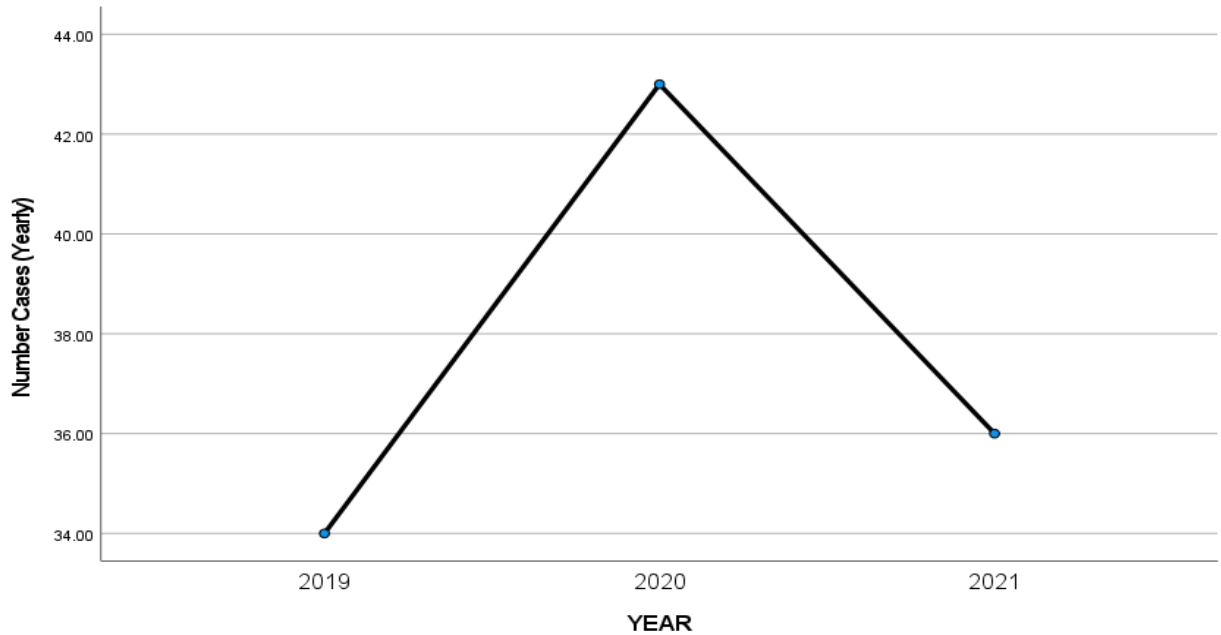
Table 1

Number of Cases by Year

| Year | Number of Cases |
|-------|-----------------|
| 2019 | 34.00 |
| 2020 | 43.00 |
| 2021 | 36.00 |
| Total | 37.66 |

Figure 1

Line Graph of the Number of Cases by Year



The ALOs by year appear in Table 6. The year 2021 (10.00) had the highest ALOs of all the years included in the study. The year 2019 (7.50) had the lowest ALOs of all the years included in the study. A line graph showing how the ALOs changed over a 3-year period can be found in Figure 2. A chi-square test of association was used to assess the association between the ALOs by year. There was no statistically significant association between ALOs and year ($X^2 (4) = 4.00, p = .19$).

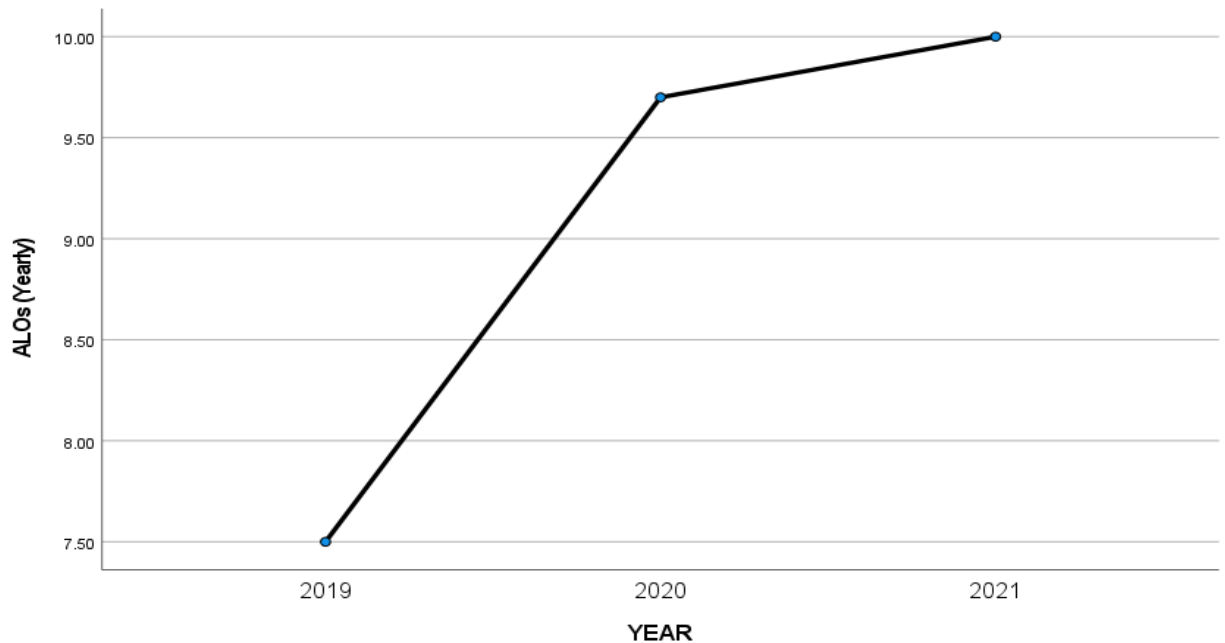
Table 2

Average Lengths of Stay (ALOs) by Year

| Year | ALOs |
|-------|-------|
| 2019 | 7.50 |
| 2020 | 9.70 |
| 2021 | 10.00 |
| Total | 9.06 |

Figure 2

Line Graph of the Average Lengths of Stay (ALOs) by Year



Pretrial and Posttrial Survey

The pretrial and posttrial surveys pose different questions, so they cannot be compared statistically, but are examined descriptively. All the providers thought that the addition of a Nurse Navigator would be beneficial because the majority either agreed or strongly agreed with most questions asked. Of the eight providers answering, six strongly agreed with the need for a Nurse Navigator and two agreed. There were no undecided, disagreed or strongly disagreed responses.

The success of the trial Nurse Navigator can be exemplified by the posttrial survey. Similarly, the majority either agreed or strongly agreed in most answers, with no responses of disagree or strongly disagree. Of specific note is that 100% of the providers strongly agreed that the addition of a Nurse Navigator would help them in their practices.

The results of the surveys of the eight potential psychiatric medication management providers (MDs and APNs) and their attitudes toward the addition of the Nurse Navigator to the team appear below.

Pretrial Survey Results

The initial/pre-trial survey consisted of an 11 item Likert scale questionnaire with a 5-point Likert scale where 1 = strongly disagree and 5 = strongly agree. The survey was emailed to all providers. The results are presented in Table 7. As seen in Table 7, most respondents also agreed or strongly disagreed with the pretrial survey items. The mode of 5.00 and average score ≥ 4.25 for all survey questions also indicates that the majority agreed with the survey items. The survey items for which there was less consensus include the following:

- “Is it difficult to accomplish all your patient call backs?” Only one respondent (12.5%) disagreed, and another was undecided (12.5%).
- “Do you wish there were an RN to reinforce education that you have already given but may need repeating?” Only one respondent (12.5%) was undecided.

The bar charts reflecting the distribution of respondents can be found in Appendix C.

Table 3

Descriptive Statistics for the Pretrial Survey Items (N= 8)

| Survey item | N | % | M (SD) | Mode |
|--|---|-------|-------------|------|
| Do you feel your patients' needs can be better accommodated? | | | 4.62 (0.51) | 5.00 |
| Agree | 3 | 37.5 | | |
| Strongly Agree | 5 | 62.5 | | |
| Total | 8 | 100.0 | | |
| Is it difficult to accomplish all your patient call backs? | | | 4.25 (1.16) | 5.00 |
| Disagree | 1 | 12.5 | | |
| Undecided | 1 | 12.5 | | |
| Agree | 1 | 12.5 | | |
| Strongly Agree | 5 | 62.5 | | |
| Total | 8 | 100.0 | | |

| | | | | |
|---|---|-------|-------------|------|
| Do you feel you spend too much time during the day returning calls? | | | 4.50 (0.53) | 5.00 |
| Agree | 4 | 50.0 | | |
| Strongly Agree | 4 | 50.0 | | |
| Total | 8 | 100.0 | | |
| Is it difficult to review all your patient labs and inform them of results in a timely matter? | | | 4.62 (0.51) | 5.00 |
| Agree | 3 | 37.5 | | |
| Strongly Agree | 5 | 62.5 | | |
| Total | 8 | 100.0 | | |
| Is it difficult to keep up with your Clozaril REMs patient online management? | | | 4.75 (0.46) | 5.00 |
| Agree | 2 | 25.0 | | |
| Strongly Agree | 6 | 75.0 | | |
| Total | 8 | 100.0 | | |
| Do you feel distributing samples to patients takes valuable time from your case load? | | | 4.62 (0.51) | 5.00 |
| Agree | 3 | 37.5 | | |
| Strongly Agree | 5 | 62.5 | | |
| Total | 8 | 100.0 | | |
| Do you wish there were a dedicated person to help patients find their prescriptions at affordable costs | | | 4.62 (0.51) | 5.00 |
| Agree | 3 | 37.5 | | |
| Strongly Agree | 5 | 62.5 | | |
| Total | 8 | 100.0 | | |
| Do you wish there were a dedicated person to follow your patients to assure they stay current with their meds? | | | 4.62 (0.51) | 5.00 |
| Agree | 3 | 37.5 | | |
| Strongly Agree | 5 | 62.5 | | |
| Total | 8 | 100.0 | | |
| Do you wish there were a designee RN to check PMP and assure they are using controlled substances correctly? | | | 4.25 (1.16) | 5.00 |
| Disagree | 1 | 12.5 | | |
| Undecided | 1 | 12.5 | | |
| Agree | 1 | 12.5 | | |
| Strongly Agree | 5 | 62.5 | | |
| Total | 8 | 100.0 | | |
| Do you wish there were someone to follow up with patients who are having difficulty with compliance for medications and appointments? | | | 4.62 (0.51) | 5.00 |
| Agree | 3 | 37.5 | | |
| Strongly Agree | 5 | 62.5 | | |
| Total | 8 | 100.0 | | |
| Do you wish there were an RN to reinforce education that you have already given but may need repeating? | | | 4.50 (0.75) | 5.00 |

| | | | | |
|---|---|-------|-------------|------|
| Undecided | 1 | 12.5 | | |
| Agree | 2 | 25.0 | | |
| Strongly Agree | 5 | 62.5 | | |
| Total | 8 | 100.0 | | |
| Do you wish there were a person who could further assess patients for food insecurity and make referrals to social services, food pantries, etc.? | | | 4.75 (0.46) | 5.00 |
| Agree | 2 | 25.0 | | |
| Strongly Agree | 6 | 75.0 | | |
| Total | 8 | 100.0 | | |
| Do you wish there were a person to give patients a list and guide them to support and grief groups? | | | 4.75 (0.46) | 5.00 |
| Agree | 2 | 25.0 | | |
| Strongly Agree | 6 | 75.0 | | |
| Total | 8 | 100.0 | | |
| Do you think a dedicated Mental Health Nurse Navigator will help you provide optimum care for patients? | | | 4.75 (0.46) | 5.00 |
| Agree | 2 | 25.0 | | |
| Strongly Agree | 6 | 75.0 | | |
| Total | 8 | 100.0 | | |

Note. 1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree, and 5 = strongly agree.

Posttrial Survey Results

After the trial period was over, a posttrial survey was distributed to assess the providers' opinions. This posttrial survey was also based on the Likert scale and posed eight follow-up questions with the same 5-point Likert scale where 1 = strongly disagree and 5 = strongly agree. The results are presented in Table 8.

As seen in Table 8, most respondents also agreed or strongly agreed with the posttrial surveys items. The mode of 5.00 and average score ≥ 4.00 for all survey questions also indicates that the majority or agreed with the survey items. The posttrial survey items for which there was less consensus include the following:

- “Did the Nurse Navigator help patients attain their prescriptions affordably?” Three respondents (37.5%) were undecided.

- “Did the Nurse Navigator make referrals to social services, food pantries, etc.?” Three respondents (37.5%) were undecided.
- Did the Nurse Navigator guide patients to support and grief groups? Two respondents (25%) were undecided.

The bar charts reflecting the distribution of respondents can be found in Appendix D.

Table 4

Descriptive Statistics for the Posttrial Survey Items (N= 8)

| Survey item | N | % | M (SD) | Mode |
|---|---|------|-------------|--------------|
| Do you feel your patients were well served by the trial Nurse Navigator? | | | 4.75 (0.46) | 5.00 |
| Agree | 2 | 25.0 | | |
| Strongly Agree | 6 | 75.0 | | |
| Total | 8 | 100 | | |
| Do you feel call backs to patients were facilitated by the Nurse Navigator? | | | 4.12 (0.83) | 4.00 |
| Undecided | 2 | 25.0 | | |
| Agree | 3 | 37.5 | | |
| Strongly Agree | 3 | 37.5 | | |
| Total | 8 | 100 | | |
| Do you feel call backs to patients were facilitated by the Nurse Navigator? | | | 4.25 (0.88) | 4.00 5.00 |
| Undecided | 2 | 25.0 | | |
| Agree | 3 | 37.5 | | |
| Strongly Agree | 3 | 37.5 | | |
| Total | 8 | 100 | | |
| Were the patients’ lab reviews facilitated by the Nurse Navigator? | | | 4.25 (0.88) | 5.00 |
| Undecided | 2 | 25.0 | | |
| Agree | 2 | 25.0 | | |
| Strongly Agree | 4 | 50.0 | | |
| Total | 8 | 100 | | |
| Was Clozaril REMs patient online management facilitated by the Nurse Navigator? | | | 4.50 (0.92) | 5.00 |
| Undecided | 2 | 25.0 | | |
| Strongly Agree | 6 | 75.0 | | |
| Total | 8 | 100 | | |
| Did having the Nurse Navigator distribute samples to patients assist you? | | | 4.62 (0.74) | 3.00 |

| | | | | |
|--|---|------|-------------|--------------|
| Undecided | 1 | 12.5 | | |
| Agree | 1 | 12.5 | | |
| Strongly Agree | 6 | 75.0 | | |
| Total | 8 | 100 | | |
| Did the Nurse Navigator help patients attain their prescriptions affordably? | | | 4.00 (0.92) | 3.00 5.00 |
| Undecided | 3 | 37.5 | | |
| Agree | 2 | 25.0 | | |
| Strongly Agree | 3 | 37.5 | | |
| Total | 8 | 100 | | |
| Did the Nurse Navigator help follow up with patients who are having difficulty with compliance for medications and appointments? | | | 4.25 (0.88) | 5.00 |
| Undecided | 2 | 25.0 | | |
| Agree | 2 | 25.0 | | |
| Strongly Agree | 4 | 50.0 | | |
| Total | 8 | 100. | | |
| | | 0 | | |
| Did the Nurse Navigator reinforce education? | | | 4.12 (0.83) | 4.00 5.00 |
| Undecided | 2 | 25.0 | | |
| Agree | 3 | 37.5 | | |
| Strongly Agree | 3 | 37.5 | | |
| Total | 8 | 100 | | |
| Did the Nurse Navigator make referrals to social services, food pantries, etc.? | | | 4.00 (0.92) | |
| Undecided | 3 | 37.5 | | 3.00 5.00 |
| Agree | 2 | 25.0 | | |
| Strongly Agree | 3 | 37.5 | | |
| Total | 8 | 100 | | |
| Did the Nurse Navigator guide patients to support and grief groups? | | | 4.12 (0.83) | 4.00 5.00 |
| Undecided | 2 | 25.0 | | |
| Agree | 3 | 37.5 | | |
| Strongly Agree | 3 | 37.5 | | |
| Total | 8 | 100 | | |
| Do you think a dedicated Mental Health Nurse Navigator will help you? | | | 5.00 (.00) | 5.00 |
| Strongly Agree | 8 | 100 | | |

Note. 1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree, and 5 = strongly disagree.

Summary

Although Nurse Navigators have been integral parts of treatment teams since 1976 in other areas of health care, they are new to mental health/psychiatry. Literature shows that patient coordination by Nurse Navigators or clinician navigators is an intervention that results in efficacious and cost-effective patient care (Bernardo et al., 2019). This intervention is beneficial for both providers and patients.

The number of patients seeking relief from mental illness seems to be increasing steadily. The World Health Organization estimated that anxiety and depression increased by 25% in the first year of the pandemic (Home/News, 2022). In 2021 a US Census Bureau survey found 47% of Americans reported anxiety and 39% reported depression (Kunz, 2022). It is anticipated that these numbers will continue to rise with the continuity of COVID disease and variants. This does not even address increases in mood disorders, schizophrenia, the extensive list of other psychiatric illnesses and personality disorders that plague patients. “The information we have now about the impact of COVID-19 on the world’s mental health is just the tip of the iceberg” (Home/News, 2022, p. 1).

This creates a burden on a health care specialty, psychiatry, that even prior to the pandemic was experiencing a shortage. As Kunz (2022) explained:

Contributing to this problem is the retirement rate, with experts predicting a mass exodus. Approximately 70% of practicing psychiatrists are 50 years or older and are quickly approaching retirement. Without an influx of psychiatry students, the demand for psychiatrists will outstrip supply by 25% in 2025. (p. 1)

APNs help fill the gap. However, in many states (like in NJ where the trial was implemented) APNs need a collaborating psychiatrist to practice. The burden for psychiatric providers is real.

To retain the providers that currently treat patients, we need to allow them to work at the top of licenses and have appropriately trained staff to help. This can be done by having other staff attend to patient needs that do not require the intervention of the provider. Psychiatric providers that feel overworked or who are considering accelerating retirement will further burden the increasing demands on the specialty and will also dissuade new recruits.

Nurse Navigators can help alleviate unnecessary work for providers. As seen by the pretrial and post-trial survey responses, all the providers heartily welcomed the addition of Nurse Navigators to the mental health/psychiatry staff. Even more apparent was their acknowledgement of the benefits of such a Navigator, with 100% of those surveyed indicating they strongly agreed that they were helped by the Nurse Navigator during the 3-week trial.

Sustainability

Sustainability of Implementation of Nurse Navigators or Behavioral Health/Psychiatry is an intervention that cannot be overlooked. The project coordinator/DNP student who initiated this project was previously an oncology nurse who experienced the vast benefits that Nurse Navigators bring to that specialty. The optimum care provided to oncology patients is partly attributable to Nurse Navigator care. Psychiatry is similar in the complexity of patient care required and the patient monitoring required. The shortage of psychiatrists and APNs galvanizes the growing need for more specialized staff to help. There are many psychiatric RNs who would be happy to change gears and work in the outpatient department. It is certain that whoever fills the Nurse Navigator role cannot be a novice. The candidate must have experience with psychiatric patients, medications, side effects and comorbidities. The 3-week trial showed that the role will be well received by providers and staff.

Leadership already approached the hospital board to extend the trial for 3 years and suggests a salary of \$100,000 a year, which is attractive. This role will not require on call time or work on weekends or holidays when the outpatient department is closed. Finding a candidate will not be difficult. Additionally, leadership indicated that the vision is to have each individual provider have a Nurse Navigator. I do not anticipate this will occur until after the 3-year trial is complete. When appropriate, the seasoned Nurse Navigator can train the next candidate, and so on. In oncology many physicians have a Nurse Navigator assigned to them or to 1 or 2 other providers.

The almost 40-year history of Nurse Navigators in oncology here in the United States points to the sustainability of the role. It can be surmised that in 40 years Nurse Navigators will be utilized and beneficial in all specialties of health care.

Recommendations

This Quality Improvement Project was initiated to better allow psychiatric providers, psychiatrists, and APNs to provide optimal care for patients. Nurses possess many emotional, intuitive, and clinical skills, the most important of which is adaptability. When inserting a difficult IV and a tourniquet is insufficient, we may think to use a blood pressure cuff; when a patient is agitated, we may remember they like music and start to sing; when there are no more bandages, we may tear sheets. Nurses are problem solvers. This project was initiated to solve a problem. It is recommended that the hospital where the trial was initiated continue to use and advocate for Nurse Navigators throughout the health care system and in behavioral health/psychiatry.

Sister Roy (2000) said “if you want to predict the future, plan for it” (p. 1). We can predict that mental health/psychiatric care will continue to be in high demand and in need of

psychiatrists and APNs. To meet this high demand and retain current and future providers, innovations that aid providers and assure patient optimal care should be implemented. Nurse Navigators in behavioral health/ psychiatry is a viable solution.

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APPENDICES

Appendix A

Original DNP Task Notes

Summary of Qualitative Nurse Navigator Task Data

Call Pharmacy

There were few calls to the pharmacy.

| | <i>n</i> | % |
|---|----------|-------|
| No Calls | 130 | 97.0 |
| Call Pharm | 2 | 1.5 |
| Called multiple pharmacies for lowest cost of medication | 1 | .7 |
| Called pharmacy to verify patient is picking up medications | 1 | .7 |
| Total | 134 | 100.0 |

Phone Calls

| | Frequency |
|---|-----------|
| They were able to verify medication name, dosage, and frequency instructions. Patient denies any medication side effects. They were able to verify medication name, dosage, and frequency instructions. Patient denies any medication side effects. | 1 |
| 1. Another patient who needs to complete Depakote level. Pls encourage. She was having problems with the lab you can help. | 1 |
| Assist patient in finding local therapy, depressed, lacking support | 1 |
| CALL PT AND TELL HIM LITHIUM LEVEL IS GOOD TY | 1 |
| Called , left message for patient o pick up sample Viibryd | 1 |
| Called and spoke with patient regarding laboratory results, patient endorsed awareness of next scheduled appointment with provider on 06/10/2022 at 1:30 pm | 1 |
| Called and spoke with patient regarding recent laboratory test results. Patient inquiring about assistance in locating an endocrinologist due to low testosterone level. Patient asked if he was still taking Clozapine as prescribed, responded that he recently increased dose of medication and is now taking 237.5 mg of Clozapine because "I've been having crazy anxiety lately". Patient encouraged to maintain scheduled appointment and continue speaking with provider about adverse changes in mood and behavior. Will follow-up with patient regarding scheduling appointment with endocrinologist for low testosterone levels. | 1 |
| Called made to 555, no answer, no voicemail option on 06/08/2022 | 1 |
| Called number listed, spoke with mother regarding abnormal CBC lab results and Clozapine results being within therapeutic range for patient. Patient's mother endorsed medication compliance denies that he is experiencing any adverse reactions and stated that she appreciated the courtesy call. | 1 |
| Called patient this morning after leaving message on answering machine yesterday. Spoke with patient, stated that she was grateful for the call back since she accidentally erased the message from yesterday. Patient stated that she was at work but wanted to speak to writer about something significant and needed to find a quiet spot to talk, unfortunately the call was dropped. Unable to reach patient after. Will continue to follow-up. | 1 |
| Called patient this morning, left message to call writer back regarding most recent CBC results. | 1 |
| Called patient to follow up on Cymbalta 40/20 mg insurance denial of medication. Left message on patient's phone to call back writer on whether situation was resolved. | 1 |
| Called patient to make her aware that form was faxed over and she could pick up form upon next scheduled visit or at her earliest convenience. Patient was grateful for return call and status of completion. | 1 |
| Called patient twice in an attempt to follow up with most recent abnormal lab results: | 1 |
| Called patient, left message | 2 |
| Called patient, made aware of 2 weeks Trintellix 10 mg tablets sample made available for pickup today. Patient stated that she was grateful and that she when attempt to make it in later before office is closed to pick up. | 1 |
| Called patient, no answer, left message to call writer back. Follow-up on patient's mental health status. | 1 |
| Called patient's group home, left message twice. Most recent lab work not in system. Called E labs, lab faxed to facility, charted and sent to medical records. | 1 |
| I called to follow up with a patient after a new prescription of Caplyta started on 06/16/2022. Left message for patient to call back if she wished to speak to writer. | 1 |
| Called Rehab in to follow up with staff regarding patient's overall status, most recent labs and possibly speak with patient. | 1 |
| Called, left message for patient to call writer back at office number. | 1 |
| Called, spoke with patient | 1 |
| Called, spoke with patient. She reports that she did not recall being given phone number for Dr. | 1 |
| Can you please investigate this? Prescription was to be sent to pharm in Fort Meyers, FL. Pt is out of meds PT did not pick up her Adderall in NJ needs it sent to FL pharmacy | 1 |
| Certification of disability to be completed by provider | 1 |
| Completed appeal letter for Horizon of NJ for Cymbalta 40 mg capsules | 1 |
| Continue to follow up with patient on getting ROI from Ohio doctor. | 1 |
| Follow up call | 2 |
| Follow up call regarding lithium level. | 1 |

Follow up on patient receiving release to speak with Ohio provider 1

Follow up with patient on having CBC and Valproic acid lab work completed prior to appt. on 06/15/2022. Call pharmacy to verify patient has picked up medications. 1

Follow up with patient's lab results. 1

Follow up with patient's labs for CBC w/diff 1

Follow up with patient's labs for CBC w/Diff done on 06/07/2022 1

Follow up with patient's labs for CBC w/Diff done on both 06/03 & 06/23/2022 1

Follow up: Spoke with nurse at Rehab, states that patient has been experiencing increased hallucinations, recommendations for Zyprexa and increase in Ativan dosage from 0.5 mg top 1 mg for anxiety. 1

Followed up after leaving message previously, Patient answered, I explained why I was calling and if she had time to discuss how she was doing in addition to getting necessary Tegretol level done. Patient responded with, "no, I don't have time, I'm in Greece". Patient went on to explain that she had done all her blood work already this year and was not going to be attending her 06/27 appointment with PhD. I apologized for our misunderstanding as she seemed agitated by the call interrupting her vacation and said that I would follow up at another time. 1

Followed up with group home and patient completed ordered blood work. 1

Followed up with Lab, No Suboxone results pending 1

Following up on CBC lab work and results with lab and patient 1

Following up on Suboxone results 1

Following up with patient s/p elevated Lithium levels of 1.4 and asymptomatic. Rechecked one week later, lithium level was 0.4. 1

Hematology labs completed on 06/22/2022, WBC 11.7; ANC 9009 1

Hematology labs completed on 06/22/2022, WBC 8.1; ANC 4698 1

Hematology labs completed on 06/23/2022, WBC 11.1; ANC 7659. Called Group Home, spoke with staff member regarding abnormal WBC level, endorsed that he was not aware of the patient experiencing any fever or symptoms of infection but will follow up with primary for patients preventative care. Writer informed staff member to call facility with any questions or concerns. 1

I just spoke to a patient who was admitted to IPBH on 3/29 and discharged 4/4. APN was following her care and there was never an appt scheduled for her to see anyone here. The discharge note says she was to follow up with someone in Andover but the patient said she was never made aware of it: Discharge Follow up: - Patient is scheduled for medication follow-up management with APN with and has appointment set up for April 13, 2022, at 2:00 PM. She said she's been leaving messages for APN and has gotten no response and she is not doing well at all. Looks like she declined IOP at that time. How should she proceed? Her last rx request was 5/22 but I don't think it was filled 1

The husband asked to switch medications due to the prohibitive cost of Latuda. Patient came to facility 1

Lab results follow up 1

Make sure group home gets Depakote level, last Depakote level on, 02/14/2022 was 74. New order for Depakote level. 1

Multiple contacts made with husband and patient regarding the prohibitive cost of Latuda. 1

Need help w pt he lives in assisted facility and I can never get thru pls call and talk to nurse and see if he needs me or is under care of facility doctor? If he needs me make sure nurse will be present for next apt and he will be able to be reached. Thanks so much. See my note that primary handles meds now. 1

Patient called around 3:30 to talk about stressors. Patient said that her brother called her this weekend and was very rude and nasty to her. Calling her a liar and that she was sick. The patient also says that she feels scared about the upcoming Wednesday appointment for possible fractures to her left arm & shoulder. 1

Patient called to share good news of receiving an aide for 2 hours daily covered by United Health care. Patient expressed that she is grateful for the needed help and looks forward to remaining positive about the future 1

Patient called to share her optimistic mood for the day 1

Patient called to speak with writer about her mood. She reports that she continues to be plagued by thoughts of male that drives for her. She admits that she calls him and that this action could be creating mixed signals for him. 1

Patient called to talk. Patient requesting information about Bridgeway program that says she was attending some years ago. 1

Patient called to talk. She states that she remains stressed about her situation with not having transportation. 1

Patient called writer back, he explained that he is recovering from neck surgery and neuropathy to both feet requiring a cane to assist him in ambulating. Patient states that its been difficult for him to arrange for transportation but he does plan to have Tegretol level completed before next scheduled appointment on 06/29/2022 at 3:30 pm. Patient called writer back, he explained that he is recovering from neck surgery and neuropathy to both feet requiring a cane to assist him in ambulating. Patient states that its been difficult for him to arrange for transportation but he does plan to have Tegretol level completed before next scheduled appointment on 06/29/2022 at 3:30 pm. 1

Patient came in to pickup sample of Caplyta. Recently started medication and had questions about possible side effects. 1

Put in orders for another Tegretol level last one in November. Pls encourage to get done, I put in at LabCorp let me know if she goes elsewhere 1

Received follow up call from nurse, states that patient's condition has not improved and she continues to experience hallucinations and paranoid/delusions. Nurse states that recommendation for recent medication changes include an increase in Ativan 0.5 mg to 1 mg for anxiety and adding Zyprexa. Patient had blood work on 06/13. As reported by the facility nurse, the patient is still prescribed Clozaril 150 mg. 1

Requested Suboxone lab results. Currently have Amphetamine results 1

Spoke with group home staff member who stated that patient is stable and has yet to have CBC w/diff completed. Told that he will try to get patient in for lab work either today or tomorrow 06/22/2022. Will call back to follow up on progress. 1

Spoke with patient that said she has not been feeling well. Speech pattern is rapid and disorganized. Patient reports not sleeping well, averaging 2 hours nightly for the past 10 days, yet still feels productive in completing daily tasks. Informed patient that she last picked up her prescription on Jan 26 of this year, to which she replied, "I still have so much left over that I didn't need to go to the pharmacy". She then states that she has not been taking medications but does agree to make an appointment to see provider with the plan of restarting them. Patient telling this writer that she is stressed/upset about excessive weight gain, reports that husband is too controlling and "everyone keeps telling me to get a job". 1

| | |
|--|-----|
| Voicemail from patient's father left on 06/14/2022 | 1 |
| Was never able to reach patient regarding Depakote level | 1 |
| Total | 134 |

Labs

| | Frequency |
|--|-----------|
| on 06/15/2022 26.4 (L) ; was 25.7 on 06/01 Neutrophils Absolute on 06/15/2022 7.3 (H); was 11.0 on 06/01 | 1 |
| Abnormal Clozaril level (726) on 5/19/2022. WBC/ANC reporting form completed, faxed to pharmacy and sent to medical records. | 1 |
| Added Suboxone lab results request | 1 |
| Called and spoke with patient. She reports feeling fine, denies any symptoms related to lithium toxicity or signs of decompensation. Patient states that she is usually at day program until 3 pm but has been quarantined due to a member of the house testing positive for Covid. Denies any malaise or Covid related symptoms currently. Patient was encouraged to remain compliant with scheduled medications and was made aware of probable future fasting lithium levels to closely monitor patients return to a lithium level in therapeutic range. Patient verbalized comprehension of teachings provided, endorses her compliance with scheduled medications and stated that she agrees | 1 |
| Called Lab representative stated that Suboxone results will not be available until 06/24 since they were only added on this Monday. Still have not received | 1 |
| Called Labc representative stated that they have no results for CBC on file for May or June at this time. Will call patient back and inform her. | 1 |
| Called patient to verify she has been taking medications, she endorses compliance. Called Labcorp for patient's most recent CBC w/diff. Last one on file is 04/22/2022. Expected to be faxed within 10-15 minutes. | 1 |
| Clozapine level and CBC W/ Differential lab results | 1 |
| Hematology Labs needed | 1 |
| Hemoglobin 13.0 - 17.7 g/dL 13.6 13.6 Low | 1 |
| Lab work completed by patient on 06/17/2022; WBC 4.8, ANC 3120 | 1 |
| Lab work was completed on 06/09/2022 following a phone call with the coordinator. Valproic Acid, Total: 86 | 1 |
| Labs | 2 |
| Patient is prescribed Clozaril daily; monthly monitoring of WBC and ANC | 12 |
| Patient is prescribed Clozaril daily; weekly monitoring of WBC and ANC | 1 |
| Spoke with patient this morning about Valproic Acid level being 39 ug/mL . Patient states that she is feeling less tremulous since the reduction in dosage and the addition of Cogentin. Patient states, "I feel less moody, more productive and I think I'm getting along better with the people in the house". Patient voicing displeasure about remaining in group home and not being able to find permanent residency yet thinks her mindset is improving with the modifications to medications. | 1 |
| Valproic acid level 64, completed on 06/14/2022 | 1 |
| Valproic acid level within therapeutic range; 65 ug/mL | 1 |
| Valproic and CMP; results Valproic acid level: 85.1; Patient HA1C and Glucose were both abnormal 5.7 and 115. Triglycerides were elevated and platelets were low. | 1 |
| WBC 5.4; ANC 2970. Patient is prescribed Clozaril daily; monthly monitoring of WBC and ANC | 1 |
| WBC 5.7, ANC 3534 | 1 |
| WBC 6.3; Neutrophil 60%. Patient is prescribed Clozaril daily; monthly monitoring of WBC and ANC | 1 |
| WBC 6.43; ANC 4617 on 06/23. Patient is prescribed Clozaril daily; monthly monitoring of WBC and ANC | 1 |
| WBC 7.4; ANC 4218. Patient is prescribed Clozaril daily; monthly monitoring of WBC and ANC | 1 |
| WBC 7.6; ANC 4617. Patient is prescribed Clozaril daily; monthly monitoring of WBC and ANC | 1 |
| WBC 9.5; ANC 4617. Patient is prescribed Clozaril daily; monthly monitoring of WBC and ANC | 1 |
| Total | 134 |

Distributes Samples

| | Frequency |
|---|-----------|
| Caplyta 42 mg capsules pulled and awaiting patient pick up | 1 |
| Caplyta 42 mg picked up by patient. Identification verified. | 2 |
| Caplyta 42 mg/ 10 capsule sample picked up by patient this afternoon | 1 |
| Filled sample of Caplyta 42 mg, available for patient to pick up when ready | 1 |
| Husband arrived to pick up patient's Trintellix 10 mg tablets. Husband provided verification of identity, with DOB, dosage and prescriber name. | 1 |
| Ingrezza 80 mg picked up by patient | 1 |
| Ingrezza sample pulled for patient when available to pick up | 1 |
| Invega 6 mg tablets | 1 |
| Latuda 20 mg tablet sample picked up by husband. Identification verified. | 1 |
| Latuda 20 mg tablets pulled and awaiting patient pick up | 1 |
| Latuda 40 mg sample pickup | 1 |
| Latuda 40 mg sample pulled for patient when ready to pick up | 1 |
| Latuda 40 mg tablets | 1 |
| Latuda 60 mg sample picked up by patient. | 2 |
| Latuda 80 mg sample pickup | 1 |
| Latuda 80 mg, sample pick up by patient. Identification verified by license, inquiry into date of birth, medication name , dosage and purpose of medication | 1 |
| Lybalvi 10-10 mg | 1 |
| Nuplazid 34 mg sample pulled for patient to pick up when ready | 1 |
| Patient is prescribed Clozaril daily; monthly monitoring of WBC and ANC | 2 |

| | |
|--|---|
| Patient is prescribed Clozaril daily; weekly monitoring of WBC and ANC | 1 |
| Patient will need sample of Caplyta/ Checked inventory; total of 11 boxes left | 1 |
| Prepped sample for patient pick up later today | 1 |
| Prepped sample of Latuda 20 mg for patient pick up later today | 1 |
| Rexulti 0.5 mg tablets | 1 |
| Rexulti 0.5 mg tablets pulled and awaiting patient pick up | 1 |
| Rexulti 0.5 mg tablets, sample pick up by patient. Identification verified by license, inquiry into date of birth, medication name , dosage and purpose of medication | 1 |
| Rexulti 2mg tablets | 1 |
| Rexulti 3mg tablets | 1 |
| Rexulti 4 mg sample picked up by patient's husband. Identification verified by license, inquiry into date of birth, medication name , dosage and purpose of medication | 1 |
| Rexulti 4 mg sample pickup | 1 |
| Rexulti 4 mg sample pulled for when patient is available to pick up | 1 |
| Sample pick up Trintellix | 1 |
| Sample Pickup/ Rexulti | 1 |
| Samples | 2 |
| Trintellix 10mg tablet sample pulled awaiting patient pickup later today 06/25/2022 | 1 |
| Trintellix 20 mg tablets | 1 |
| Trintellix 5 mg sample pickup | 1 |
| Trintellix 5 mg tablets | 1 |
| Viibryd 40 mg sample picked up by patient. | 1 |
| Viibryd 40 mg sample pickup | 1 |
| Vraylar 1.5 mg | 1 |
| Vraylar 3 mg capsules picked up by patient | 1 |
| Vraylar 3 mg sample pick up by patient. Identification verified by license, inquiry into date of birth, medication name , dosage and purpose of medication | 1 |
| Vraylar 3 mg sample picked up by patient | 1 |
| Vraylar 3 mg tablets sample prepped and awaiting pick up by patient | 1 |

REMS Clozaril

| | Frequency |
|--|-----------|
| 1 day left to enter patients ANC; Follow up: lab values received and | 1 |
| Data entered and form was faxed to patient's pharmacy | 1 |
| Information logged in system; Form faxed to patient's pharmacy | 1 |
| Lab values entered into REMS database for ongoing monitoring. WBC/ANC reporting form faxed to patients pharmacy and sent to medical records. | 13 |
| REMS Cloz. | 2 |
| Results of CBC entered in REMS | 1 |
| WBC and ANC documented in Clozapine REM website and faxed to patient's pharmacy | 4 |
| WBC and ANC documented in REM website and faxed to patient's pharmacy | 8 |

Stop Smoking

| | n | % |
|-------------|-----|-------|
| No response | 132 | 98.5 |
| Stop Smoke | 2 | 1.5 |
| Total | 134 | 100.0 |

Family Coordination

| | n | % |
|---|-----|-------|
| No | 129 | 96.3 |
| Called sister, left number message for her to speak with writer about brother's progress. | 1 | .7 |
| Family Coord. | 2 | 1.5 |
| Patient resides in group home. | 1 | .7 |
| Spoke with <u>group home coordinator</u> , she states that is been newly placed in charge of patient's care.. | 1 | .7 |
| Total | 134 | 100.0 |

Education (Nurse navigator teaching the patient about medication)

| | n | % |
|---|-----|------|
| No | 110 | 82.1 |
| Educ | 2 | 1.5 |
| Patient denies currently having access to MyChart but is in agreement that downloading it would be helpful in the future for appointments and communication with providers. | 1 | .7 |
| Patient made aware of her overdue annual wellness examination and importance of regular health check-ups and establishing a long-term relationship with a PCP that can help her in managing her health. | 1 | .7 |
| Teaching provided on the purpose of the drug, expected effects, side effects and prescription instructions. | 3 | 2.2 |
| Teaching provided on the purpose of the drug, expected effects, side effects and prescription instructions. Patient encouraged to ask questions or express any concerns. | 16 | 11.9 |

| | | |
|--|-----|-------|
| Teaching provided on the purpose of the drug, expected effects, side effects and prescription instructions. Patient encouraged to ask questions or express any concerns. Patient had no questions at this time. Expressed gratitude for the program providing samples as the medication is very expensive and she wouldn't know how to pay for it. | 1 | .7 |
| Total | 134 | 100.0 |

Comments

| Comment | n |
|--|---|
| Patient said she was grateful to take number again to schedule recommended cognitive examination. Patient was in agreement, was appreciative of the reminder and stated that she would make an appointment with Dr. before our follow-up call on Monday, June 13th. | 1 |
| Additionally, spoke with coordinator who stated that patient will not be returning to program as she feels that patient requires a higher level of care than they can provide at this time | 1 |
| Called and spoke with patient about missing CBC results for May and June. Patient states that she has been responsible for having blood work over several years and admits that she could have possibly forgotten. States that she will go to Lab today and have labs done. | 1 |
| Patient was very pleasant to speak with, she shared that she is responding well to the reduction in her medications, "I don't feel as though I'm unraveling" she says. Patient says that she was resistant to making changes to medications from past experiences but now sees that it was a good idea and wants APN to know that. Patient expressed plans on creating a letter of intent to open an exhibit of her artwork and says that Bridgeway has been a source of inspiration for her in moving forward. Patient shared that she thinks the nurse navigator role would be wonderful for the outpatient program and glad that she is able to participate and benefit from it. | 1 |
| Called and spoke with patient regarding lapse in follow up treatment. Patient expressed that she is having difficulty getting refills since she has no primary psychiatrist. States that 4 days after her discharge from inpatient, her fiancé at the time had a fatal overdose and died, she missed her appointment due to dealing with grief and loss. Patient says that she stopped taking her medications 1 month ago because she was having no luck getting an appointment with a psychiatrist. She did find a therapist and sees her regularly. Patient says that since being off her medications, her mood has become erratic, finds that she takes out on her son and doesn't want to continue this path as it is affecting her son. Patient received appointment with APN for August. Additionally, patient was given information on the MyChart app and encouraged to utilize it in keeping up with current and future appointments, medication refills, messaging the doctor and laboratory results. Patient expressed appreciation for the help in scheduling an appointment, getting her back on her medications and having her download the MyChart app. | 1 |
| Called at 11:54, left message for patient to call or complete ordered lab prior to upcoming appointment on 06/27/22. Will continue to follow up | 1 |
| Called Lab to have labs for 06/23 faxed to facility at 0230. | 1 |
| Called number listed, no answer. Left message to call writer back | 1 |
| Called patient again to follow up with pending lab work and appointment scheduled for tomorrow at 8:30 am, this was unsuccessful. | 1 |
| Called alternate number (father) he informed this writer of patient's phone service being shut off. Father says that he is only able to communicate with son via Facebook messenger if patient happens to be near a location with a signal. Father assured the writer that he would try to reach son and give a return call on son's status regarding labs and awareness of appointment tomorrow. Father shared that patient has been doing well and recently started a new job as a hotel desk clerk. Called pharmacy, informed that patient last picked up Depakote on 04/19/2022 | 1 |
| Called patient twice in an attempt to follow up with most recent abnormal lab results: Glucose and Valproic acid level. Voicemail was full, unable to leave message. | 1 |
| Called patient twice, left message to call me and follow-up with scheduling an appointment and whether she has been compliant in taking Lithium. Called pharmacy: Pharmacy. Pharmacist states that Lithium 150 mg/30 day supply was last picked up on January 26th, 2022, yet has been to pharmacy to pick-up other medications on April 23rd, 2022. Will continue to follow-up. | 1 |
| Called patient, left message to call writer back. | 1 |
| Called patient, notified her of normal lab results. Charted WBC and ANC in Clozapine REMS site. Form faxed to pharmacy. | 1 |
| Called patient's listed phone number, voicemail box was full. Called facility where patient was reportedly being treated, unit rep says that the patient is no longer there and they cannot give out any information on his whereabouts. | 1 |
| Called, left message for patient to return call to writer. Left message reminding her of scheduled lab work lithium and CBC that should be completed prior to 07/18 appointment. | 1 |
| Called, spoke with patient about making appointment with one of the endocrinologists provided Patient states that he made an appointment with one but it is not until February of next year. He says that he has one more of the doctors to call on the list, hopeful that last one will have a date sooner than February. Patient thanked writer for calling back and said he is aware of next appointment with APNs on 08/15/22. | 1 |
| Called, unable to leave message, voicemail full | 1 |
| Comments | 2 |
| Coordinator states that patient remains at baseline, nothing to report on patient, next appt scheduled. | 1 |
| Dr. - patient's lab work was already entered in Clozapine REM website, faxed forms to pharmacy and tubed to medical records | 1 |
| Dr. -patient's lab work was already entered in Clozapine REM website, faxed forms to pharmacy and sent to medical records | 1 |
| Dr. | 4 |
| Dr. patient. Called and spoke with patient that insisted that mother be present for review of results. Patient and mother both made aware of most recent Clozaril level. Patient denies any symptoms of dizziness, malaise, cardiac changes, or loss of consciousness. Patient's mother stated that they are aware of blood work that is due. Patient states that she will have it completed by the early part of next week. Writer addressed any concerns or questions regarding lab values. Patient stated that she appreciated the call, stated looking forward to speaking to Dr. about possibly lower Lithium as it was not helping and would address this at next appointment in August. | 1 |
| Followed up by calling patient, she states that it was resolved and was able to pick up Adderall at Pharm.. Patient said that she appreciated the call and thank you | 1 |
| I've probably called 6 times and spoken with the patient regarding this ongoing concern. Patient appeared shocked that it had not been received yet. Said she would call her doctor immediately and find out what is taking so long and call back. | 1 |
| Informed by Lab rep that a form will be sent via fax tomorrow 06/21, requiring a signature for adding on Suboxone testing. | 1 |
| Letter was faxed with cover letter to the Housing Program | 1 |

| | |
|---|-----|
| Patient does not have a May or June CBC on file and I called for most recent labs, all I got was Valproic acid level 21, done on 05/28/2022. | 1 |
| Patient | 1 |
| Patient and husband were happy with the options of switching to a less costly antipsychotic. Reported that they appreciated the time allocated to finding lower costs of the Latuda and locating a therapist for patient. | 1 |
| Patient encouraged to call and speak with writer anytime during the hours of 8-4 for the rest of this week. Patient agreed and said she was going to lay down to take a nap. | 1 |
| Patient informed about the limited supply available and the pending generic status of medication. | 2 |
| Patient transferred from home now resides at new group home. | 1 |
| Patient was appreciative of the reminder and wrote appointment information into planner at this time. Patient was encouraged to call Lab before going, provided patient with phone number . | 1 |
| Patient was informed about the limited supply available | 1 |
| Patient was informed about the limited supply. | 1 |
| Patient's father left message stating he had spoken with patient yesterday reminding him of appointment on 06/15/22. He said that patient had forgotten but would be in at 8:30 am on 06/15/22 and also did not think he would be able to have blood work completed before seeing provider. Father thank writer for calling him about son's appointment and need for blood work. | 1 |
| Pulled, waiting for patient to pick up | 2 |
| Received labs, Valproic acid level 85.1. CMP results were abnormal: (H) HA1C 5.7, Glucose 115, Triglycerides 164. Platelets were low 126. Patient would like to use new Lab future labs. | 1 |
| Rx. Authorization Requests | 3 |
| Sample prep | 7 |
| Sample prep/ Letter of explanation | 1 |
| She reports still feeling a little anxious about seeing the orthopedic doctor tomorrow. | 1 |
| Spoke with patient on 06/06, 06/07/, 06/08 & 06/09 regarding transportation to facility to drop of certification of disability for completion. | 1 |
| Spoke with patient on 06/13/2022 about establishing a therapist. When speaking to patient yesterday, she stated that she was having some issues with the person she had been paying to drive her to the store and wanting help with transportation. Patient given a list of three local clinical/social workers. Encouraged to make an appointment for virtual therapy prior to my follow up call tomorrow, the patient agreed. Called Taxi and found out that a round-trip to the grocery store because of her location would cost about \$75. Ill be giving patient the number to Taxi and other services for help with transportation. I also spoke to the patient about smoking cessation since she brought the point of needing a ride to Quickchek for cigarettes | 1 |
| Spoke with patient this afternoon, she stated that she completed lab work yesterday at lab for results to be faxed to facility. She says that she would like all following orders for labs be sent to labs in Rockaway. An additional patient said she was on her way to pick up Caplyta 42 mg 10 capsule sample, patient was given sample by writer. Verified patient's identity upon arrival, medication education provided. Patient informed that medication can be taken with or without food. | 1 |
| Stated that she was unaware of patient's need for Valproic acid level and that last level was completed in September of 2021. Informed of open script for Lab with expiration date of 12/2022. She was agreeable to bring patient hospital for follow-up blood work on either Wednesday or Thursday. She endorses that he will be present for scheduled appointment on 06/14/2022 and inquired whether he could attend virtually in the future if necessary. Informed of virtual access availability as per each individual provider and to request this if she felt it was beneficial for patient in the future. | 1 |
| WBC 10.5 ; ANC 7350. | 1 |
| WBC elevated; patient and provider notified | 1 |
| Total | 134 |

Appendix B

30 Day Readmissions from 1/1/2019 Through 12/31/2021

Inpatient Behavioral Health

30 Day Readmission and Average Length of Stay (ALOs)

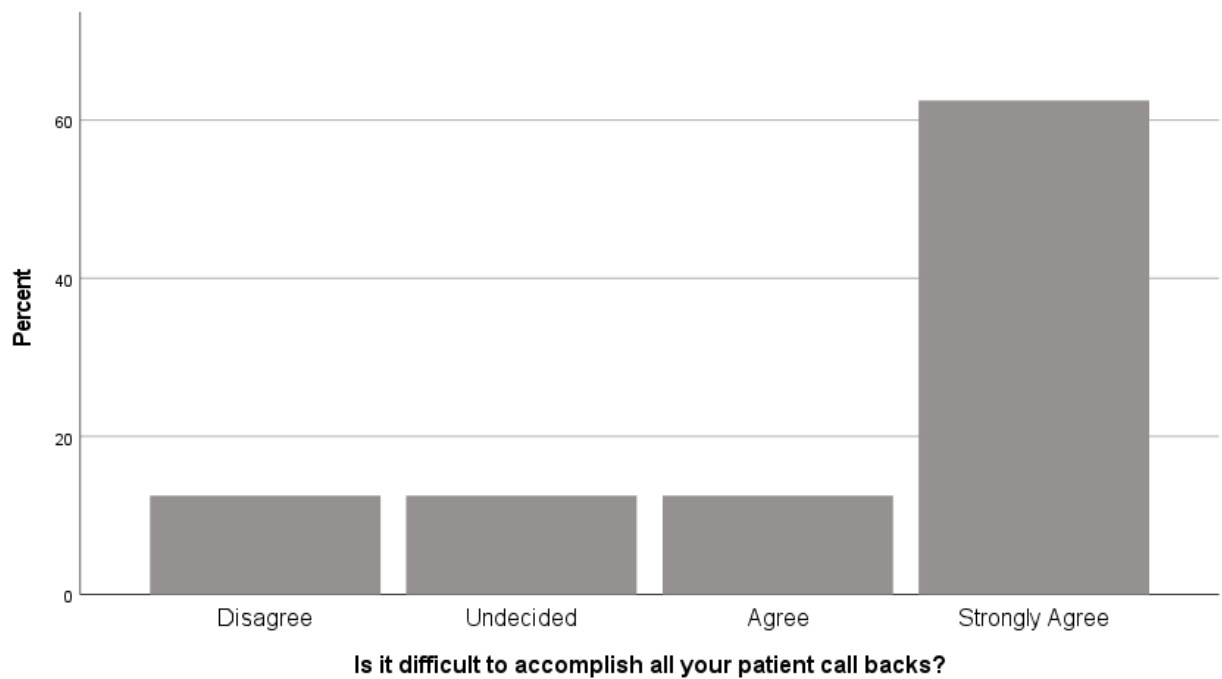
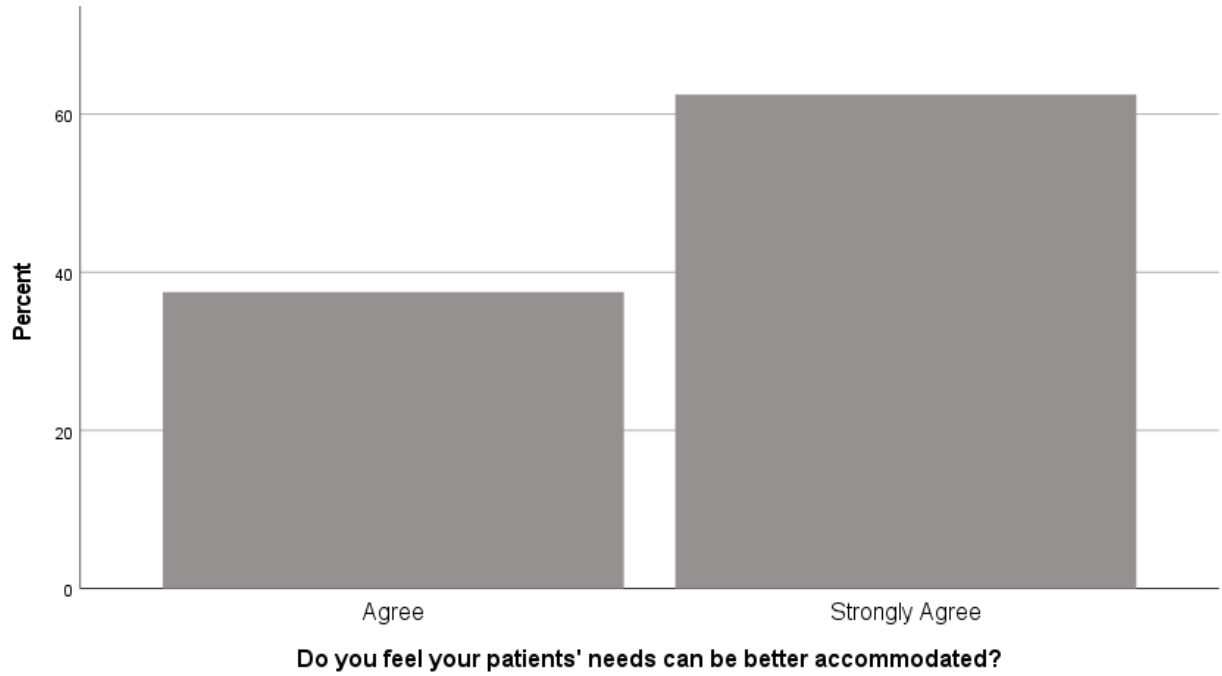
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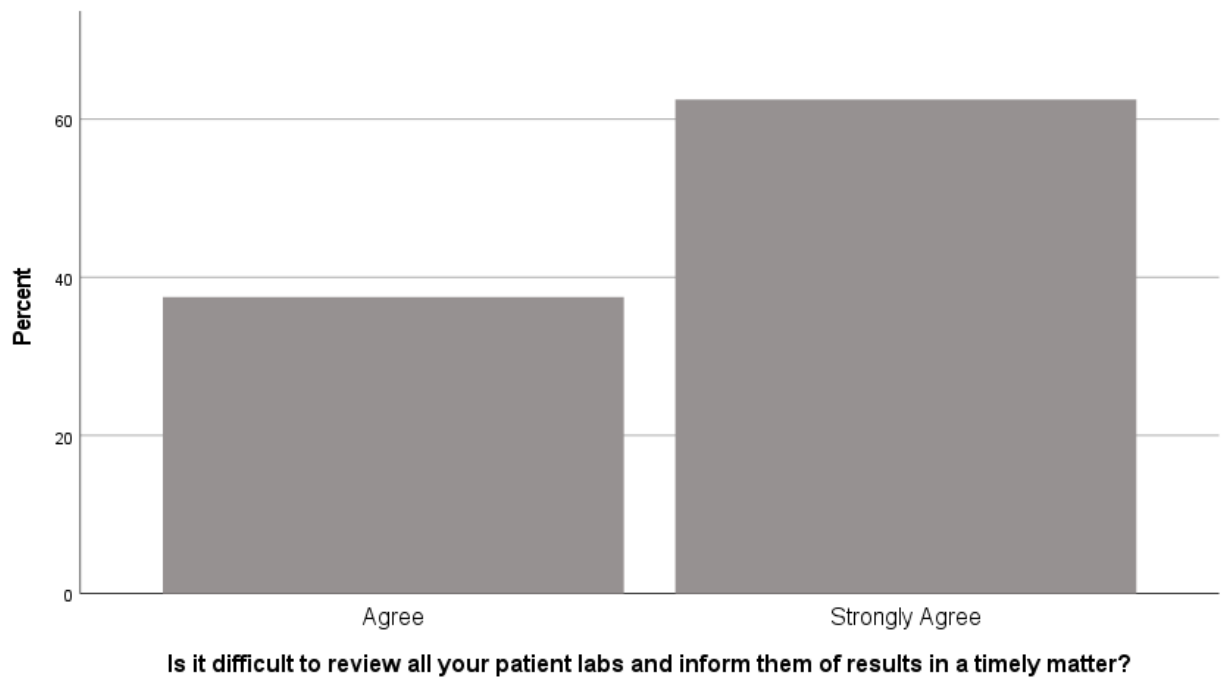
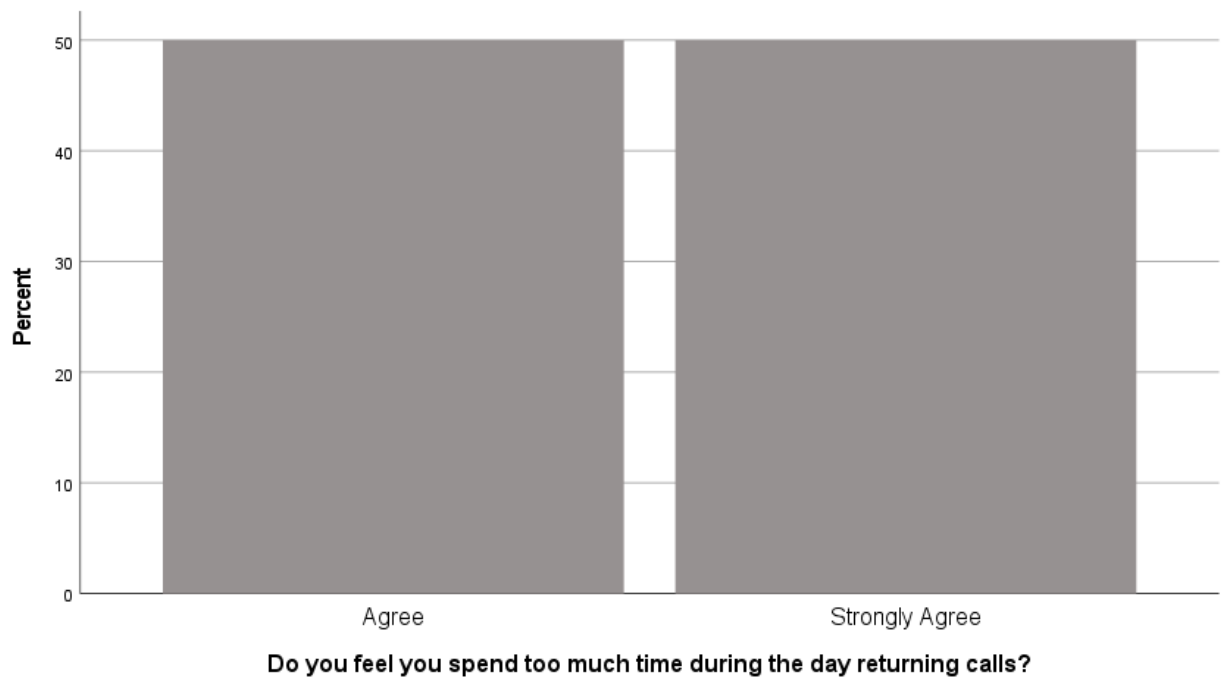
| | | Jan | Feb | March | April | May | June | YTD 2022 | 2021 | 2020 | 2019 | 1/1/2019 - 6/30/2022 |
|--------|---------------|------|------|-------|-------|-------|------|-------------|------|------|------|-------------------------|
| Unit | Readmissions/ | 2/ | 2/ | 4/ | 1/ | 4/ | 2/ | 13/ | 36/ | 43/ | 34/ | 128/8.9% |
| Totals | % | 7% | 8% | 10.5% | 4.2% | 17.4% | 6.5% | 9.5% | 10% | 9.7% | 7.5% | |
| | Cases/ ALOS | 27/ | 25/ | 38/ | 24/ | 23/ | 31/ | 137/ | 379/ | 442/ | 455/ | 1444/10.8 |
| | | 10.8 | 10.8 | 10.0 | 11.7 | 12.8 | 21.9 | 10.9 | 12.0 | 10.3 | 9.6 | |

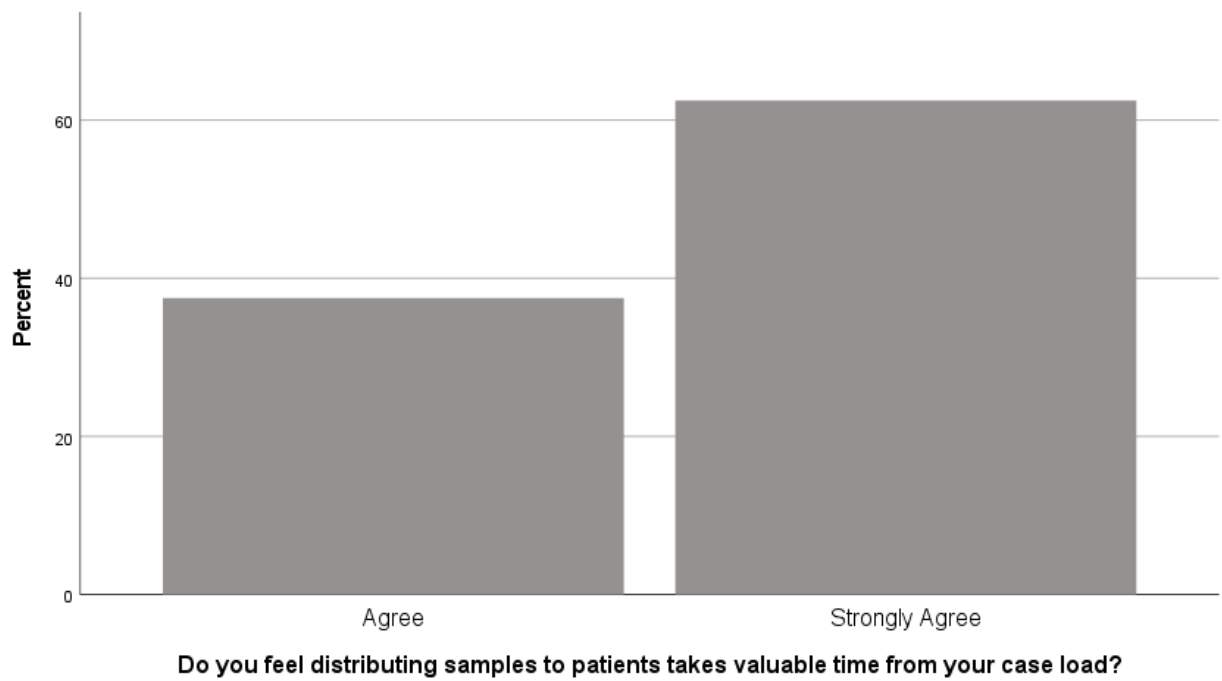
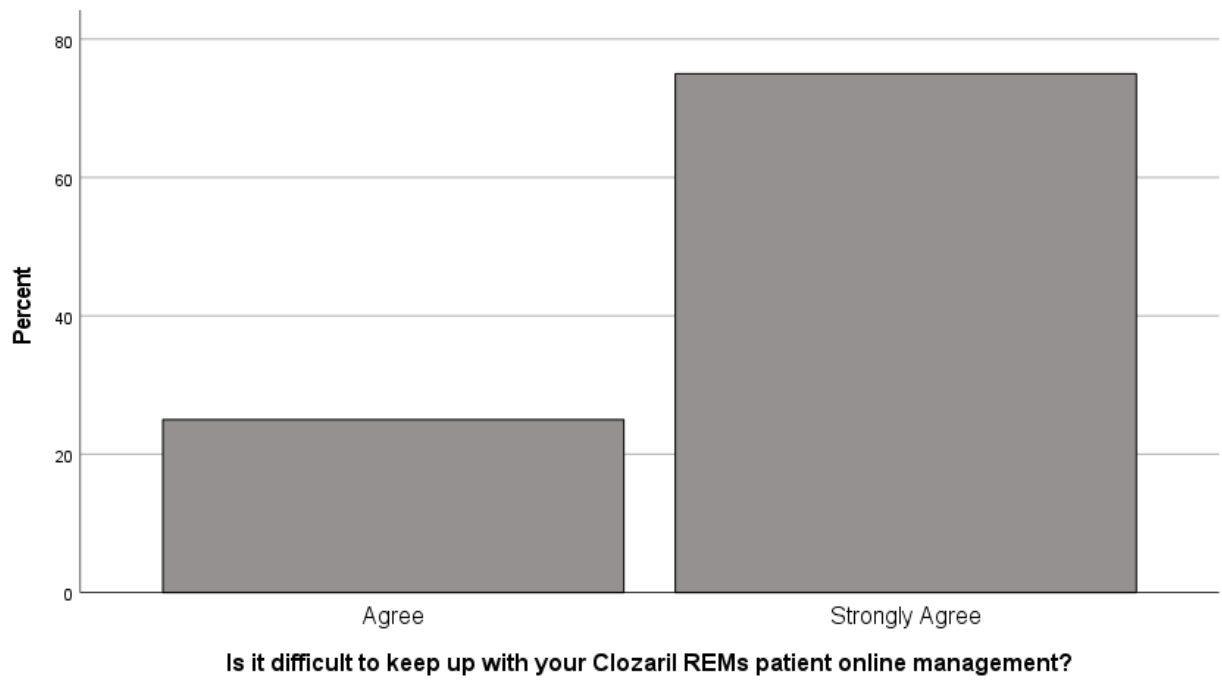
There is additional information above from 1-1-2022 through 6-30-2022 which was not included in the review.

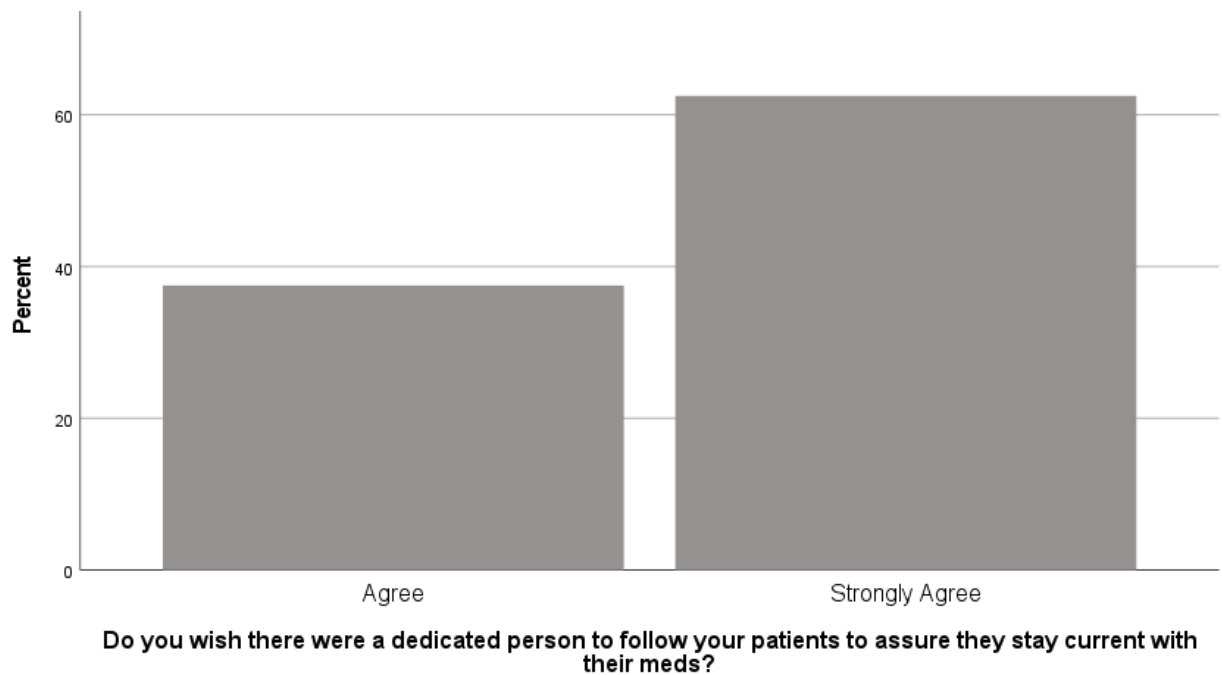
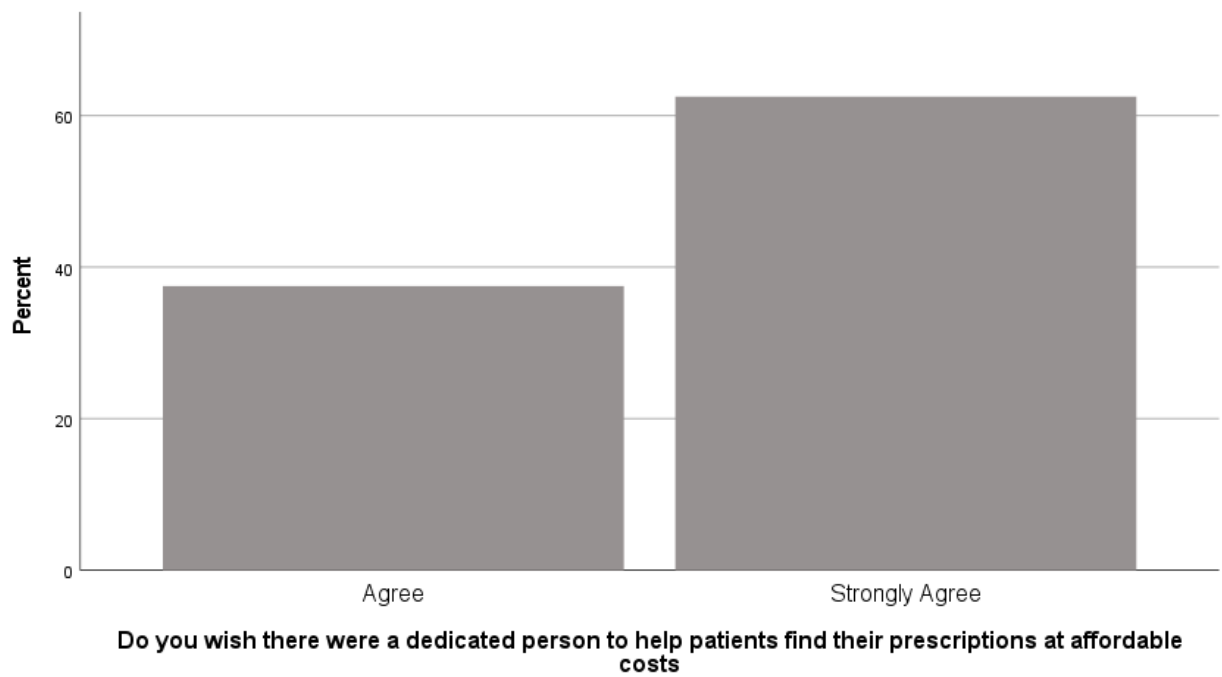
Appendix C

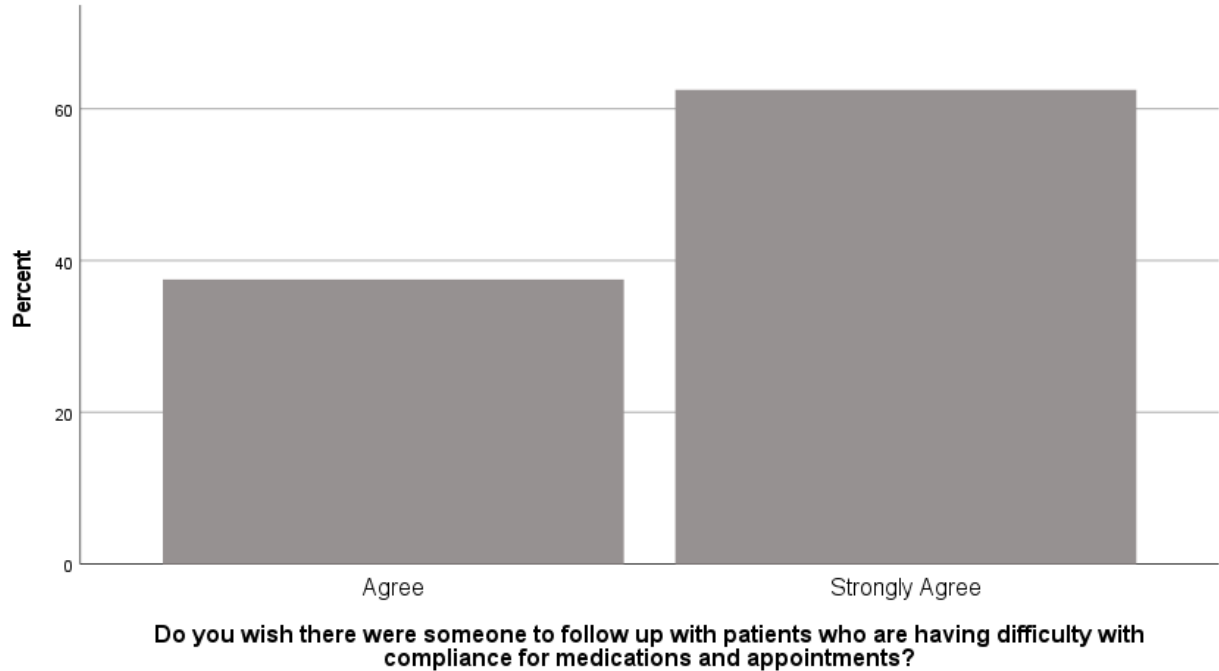
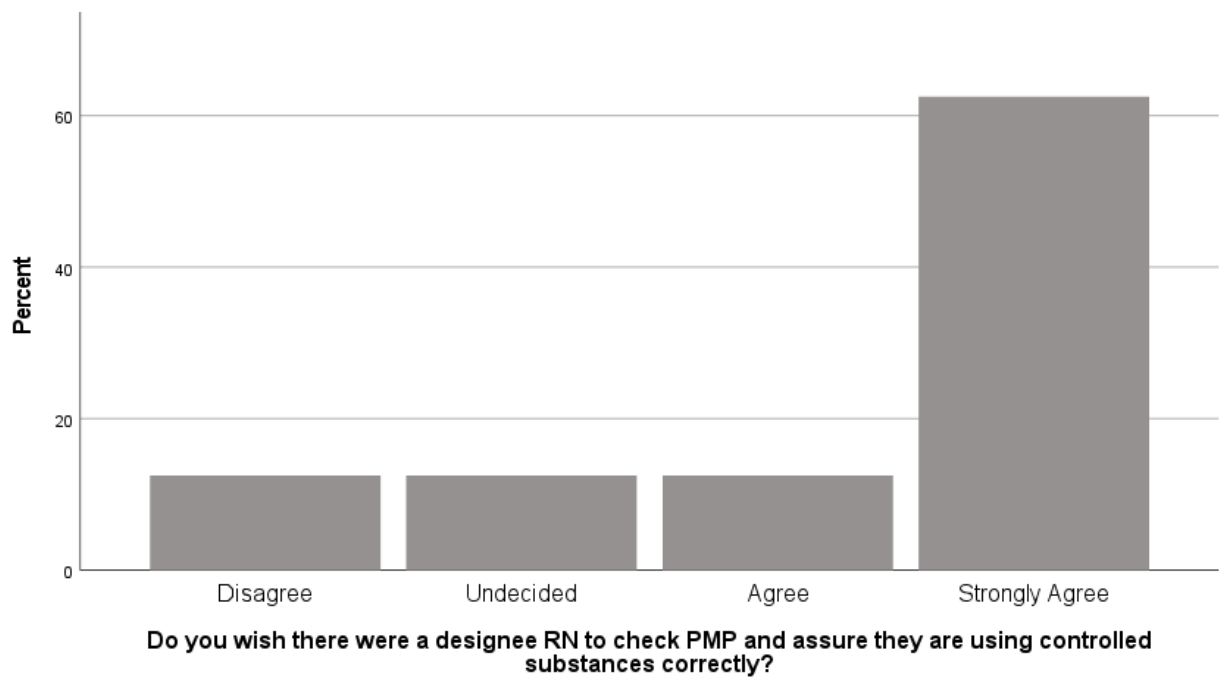
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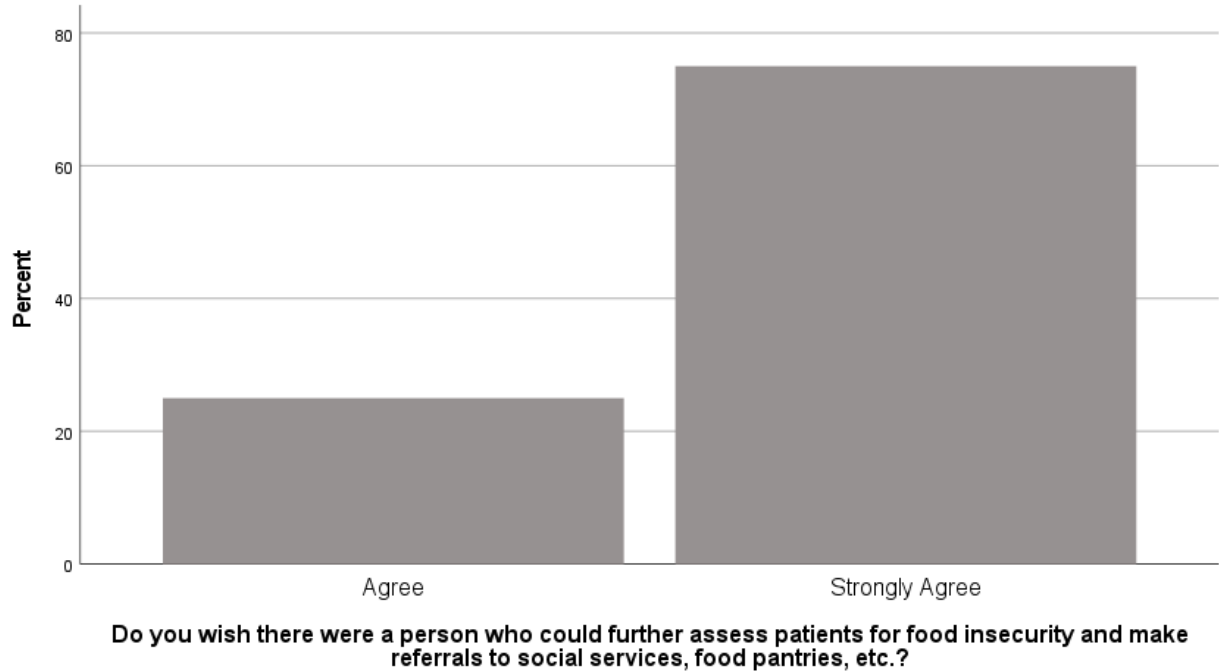
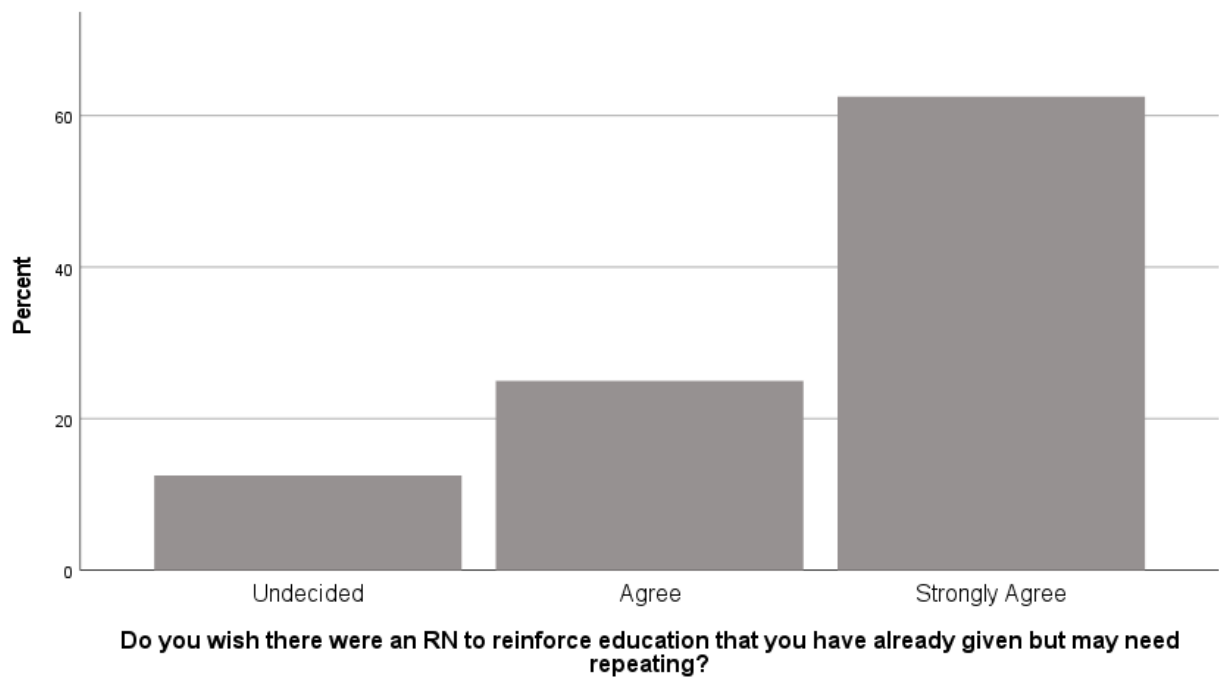


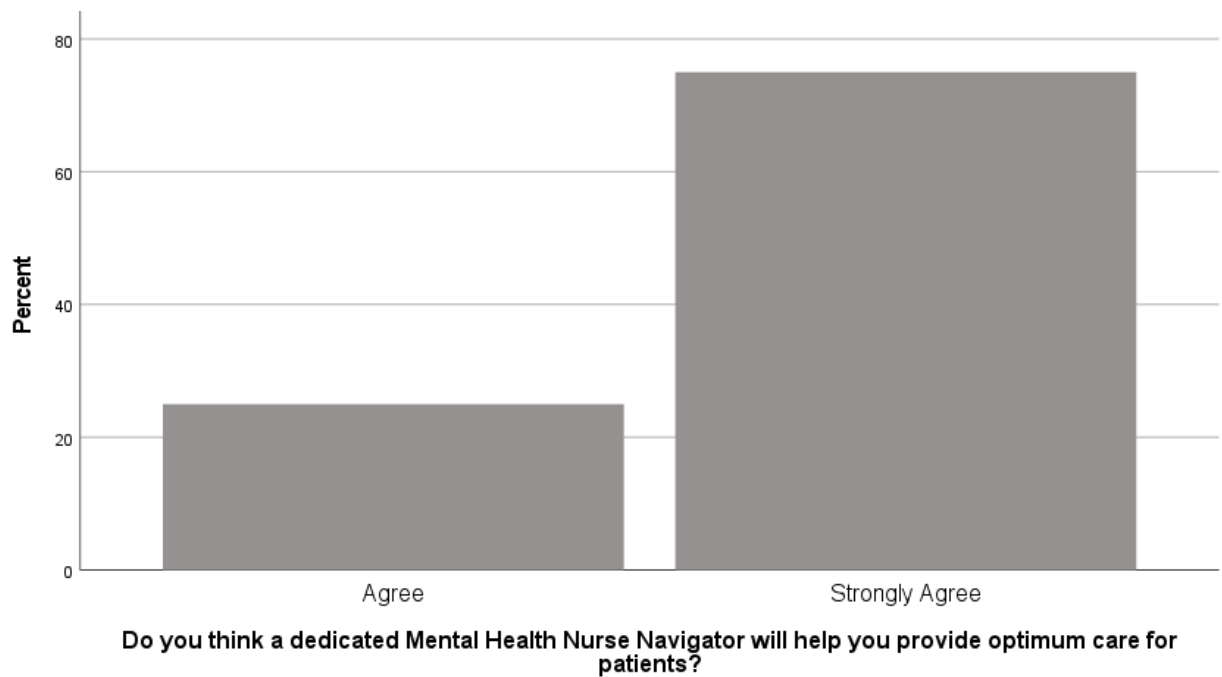
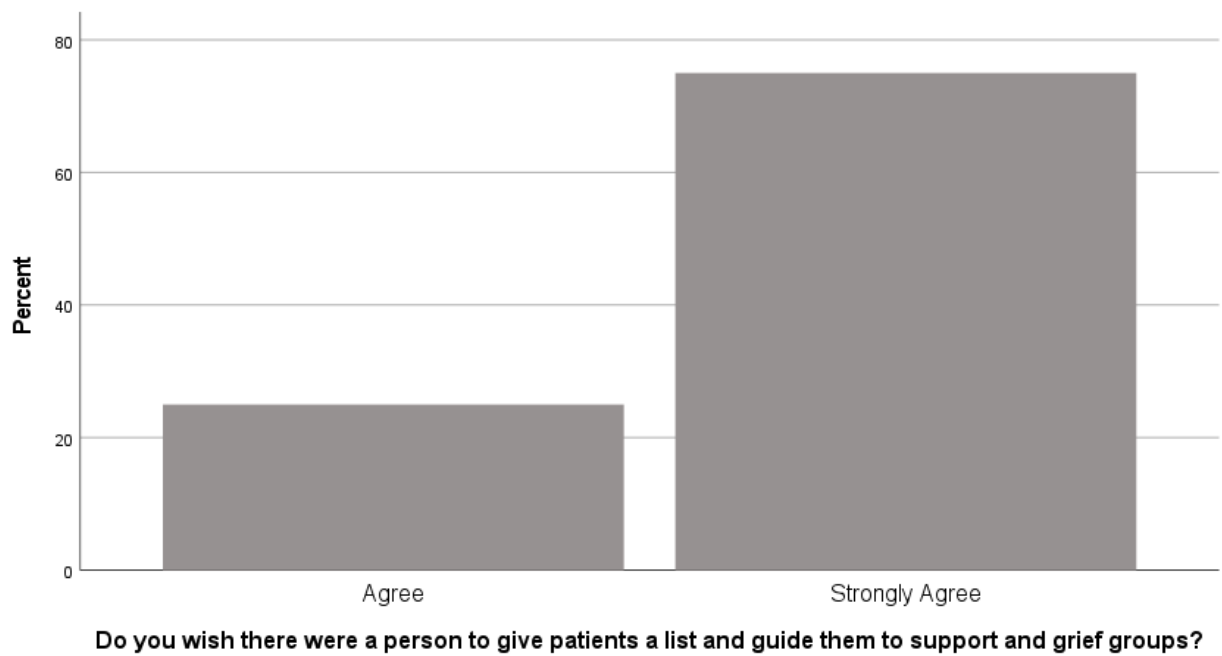






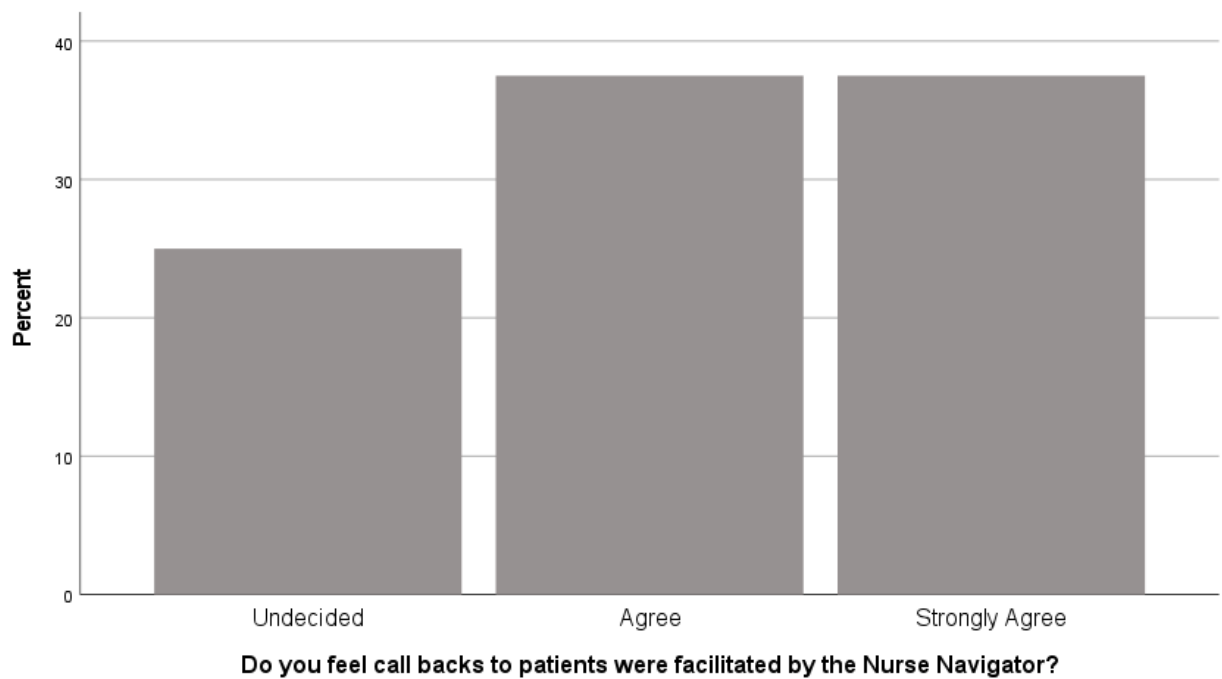
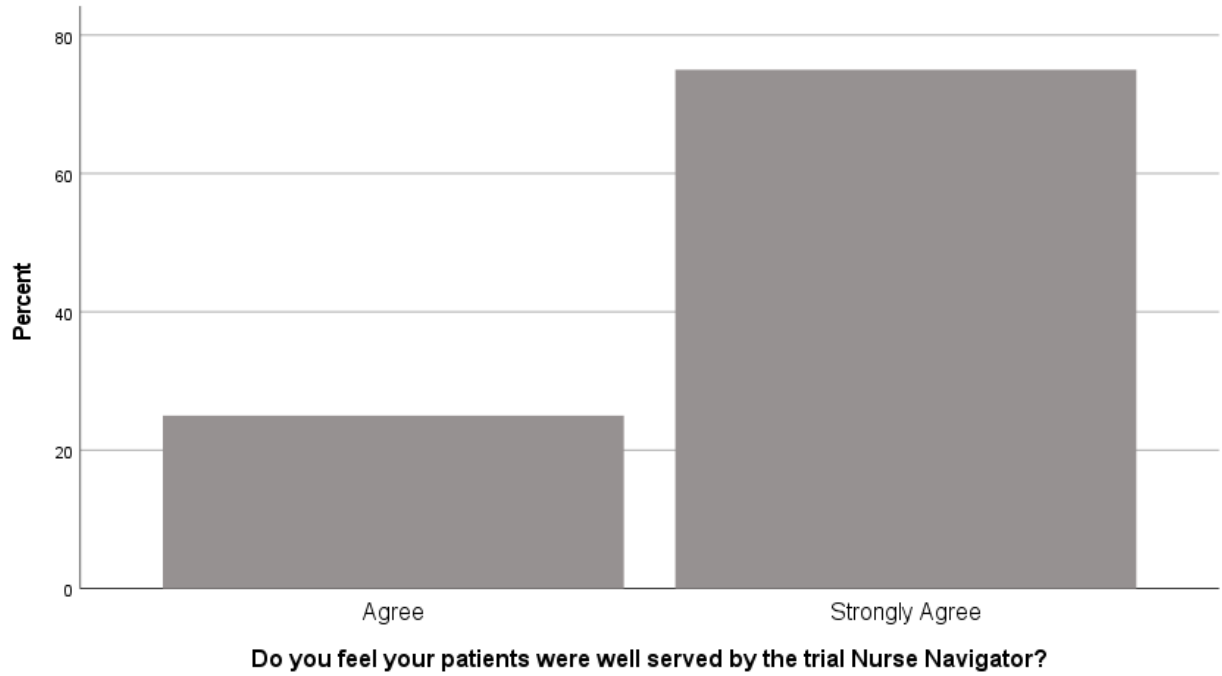


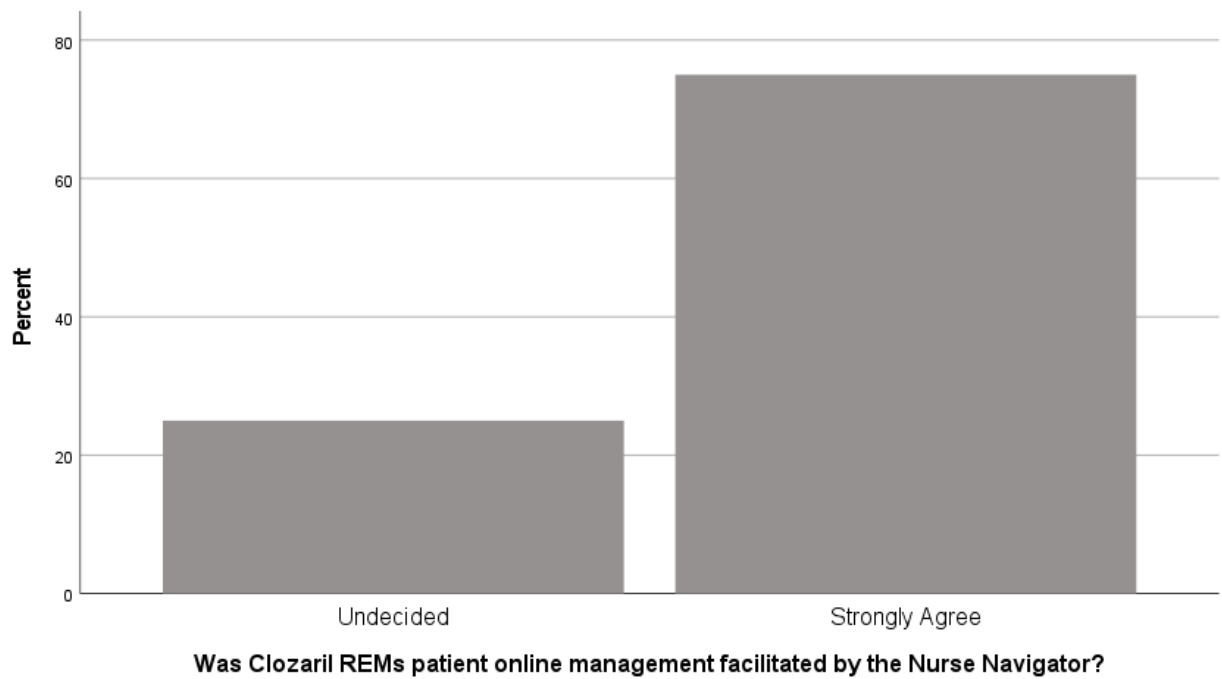
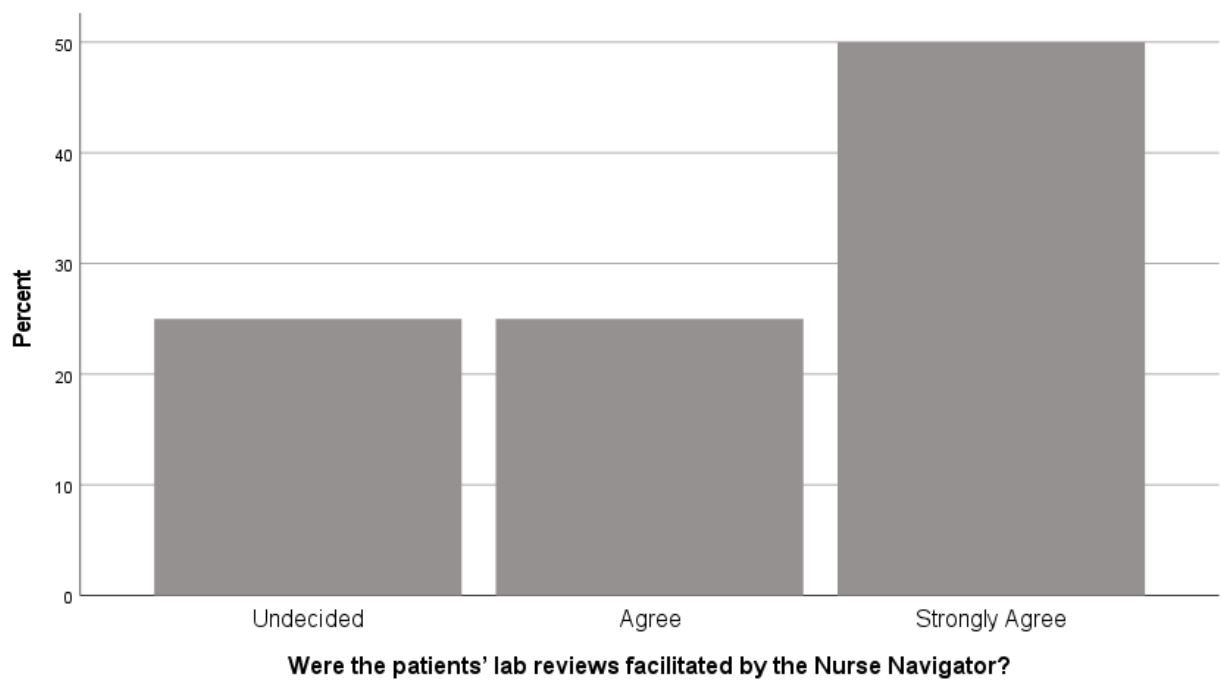


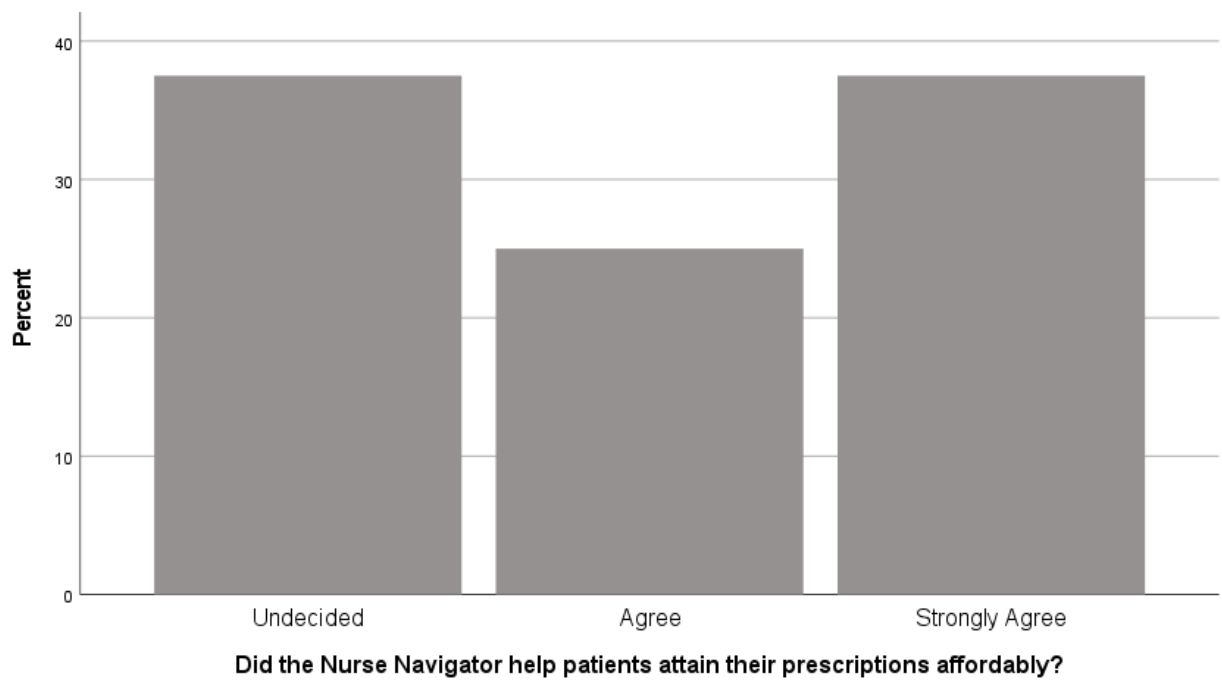
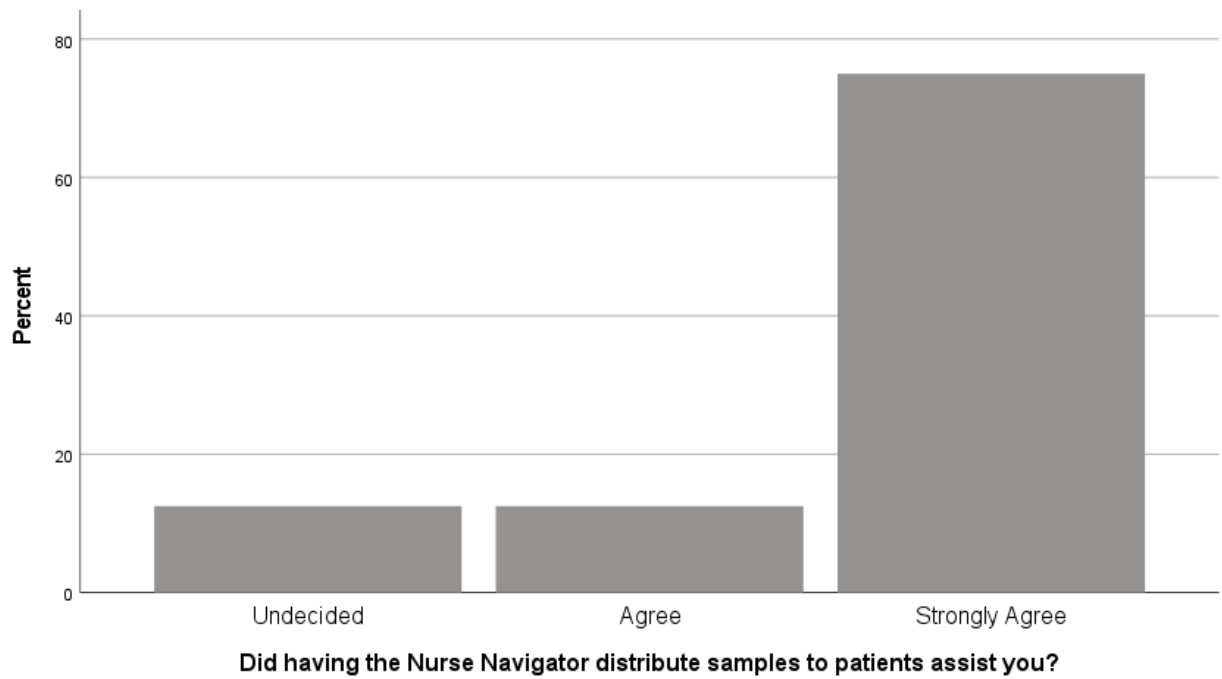


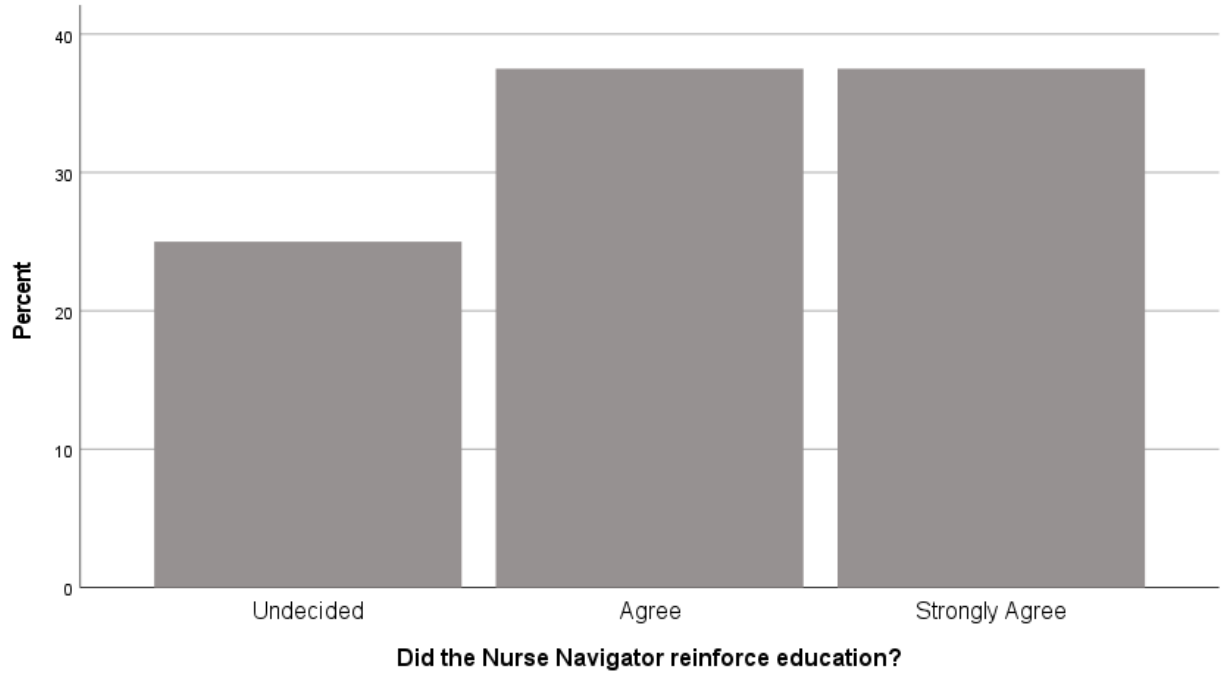
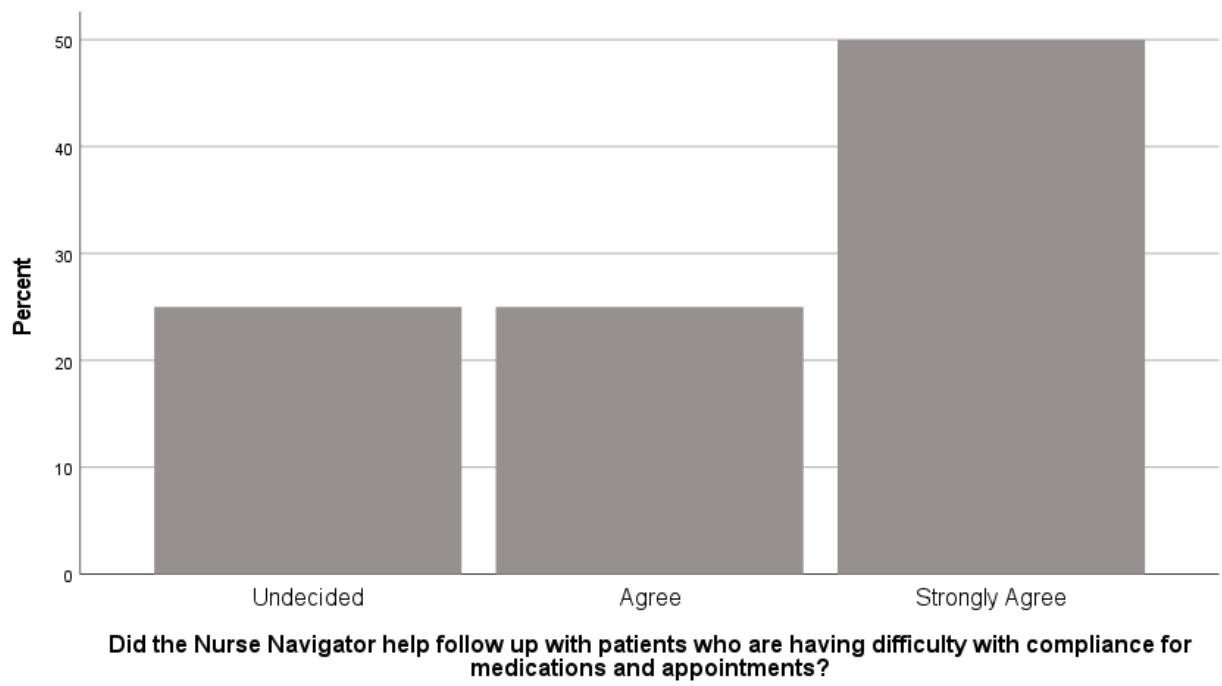
Appendix D

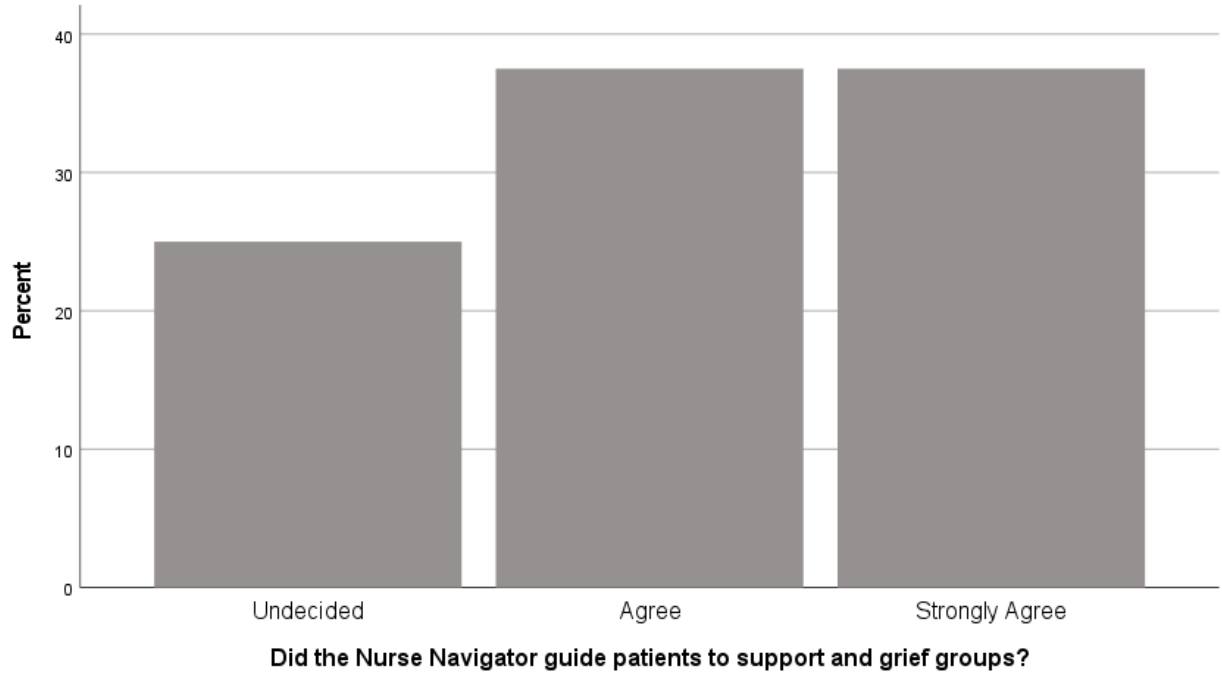
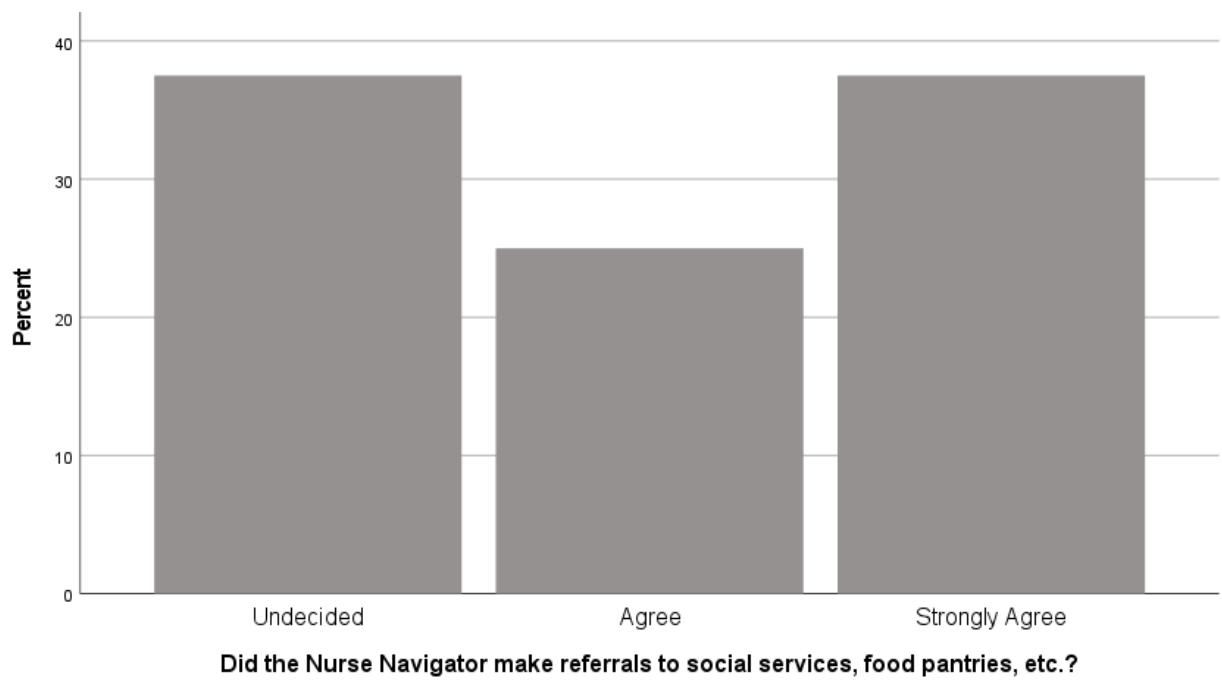
Bar Charts for the Posttrial Survey Items

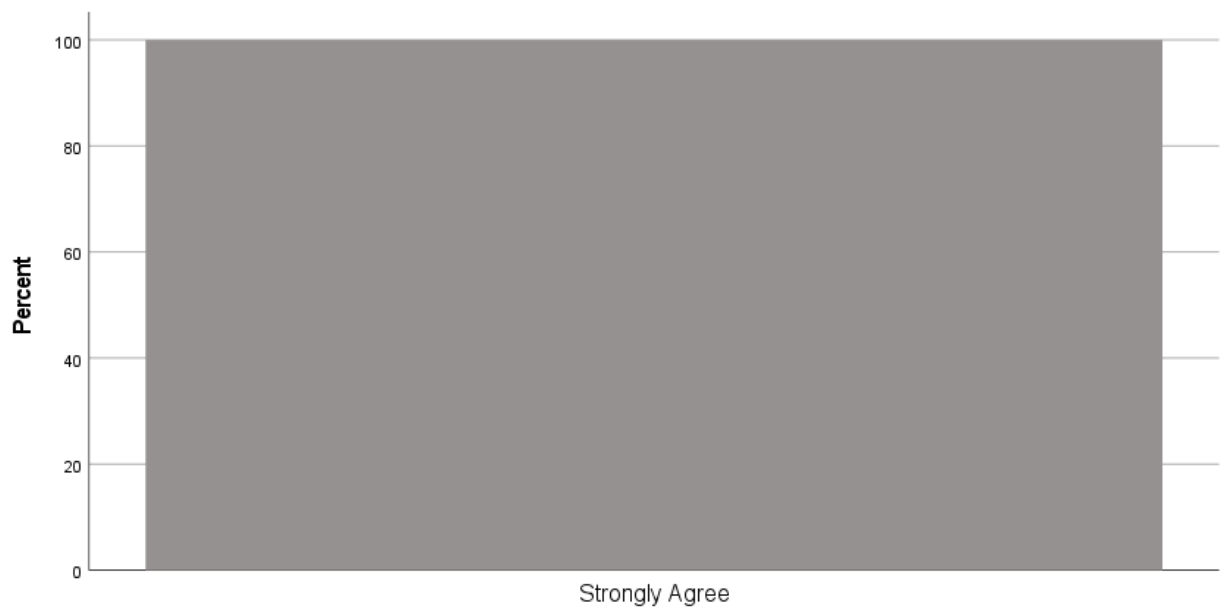












Do you think a dedicated Mental Health Nurse Navigator will help you?

Appendix E

IRB Waiver

From: IRB.exemptions <IRB.exemptions@atlanticealth.org>
Sent: Monday, December 6, 2021 8:26 AM
To: Papagna, Theresa <Theresa.Papagna@atlanticealth.org>
Subject: RE: HRP-216

This serves as an acknowledgement that your submission was received and that based on your determination, IRB approval is not required.

Should you require IRB review and approval, please submit a full application to the IRB. For more information about the IRB review and submission process, please contact Anita Richards, MAS, CIP at (973) 660-3128.