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Integrating a Community Mental Health Resource Tool in a Rural Emergency Department Setting

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Integrating a Community Mental Health Resource Tool in a Rural Emergency Department Setting

by

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Abstract

Providing effective discharge education to patients who are treated in the emergency department setting remains a very important component of a patient's visit to an emergency department. Literature confirms although there are various governmental regulatory agencies that set forth regulations and guidelines, there remains a need to continually evaluate and critique the discharge education process to best meet the evolving needs of the patients, stakeholders, and community. Universally understood standards include appropriate reading levels and usability of the discharge education being provided. Discharge education can be very simple to complex creating higher demands on nursing staff to ensure they understand the information and they are presenting it to their patients. Having educational materials to provide to patients is a part of the patient discharge education process, along with assuring nursing staff are adequately aware and informed of the educational education or resources being provided is critical. The purpose of this DNP project was to implement a community mental health resource tool in a rural emergency department setting. Prior to this implementation, the nursing staff was provided information and training on the mental health resource tool which contained information pertinent to accessing local mental health resources. Dr. Nola J. Pender's Theory of Health Promotion Model was the theoretical underpinning for this project. Survey data collection revealed that this quality improvement approach was successful, with significant positive results regarding increased awareness, confidence, ease of use, and high levels of use of the tool during the project time frame.

Keywords: nursing awareness, Dr. Nola J. Pender's health promotion model, mental health awareness, ER discharge education, nurse advocacy, infographics

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Problem Recognition

Emergency department nurses are responsible for providing discharge education in most hospitals in the United States. Having this responsibility, nurses benefit from having an enhanced knowledge of resources for mental health patients. Nurses at the project facility were solely responsible for providing discharge teaching to patients who presented with a mental health (MH) complaint or MH comorbidity. Prior to this project, there was no updated comprehensive tool for nurses or training for nurses in the provision of quality discharge teaching and available resources for patients with mental health needs. Having standardized training and an accessible, comprehensive hard-copy tool for patients or their families may increase the utilization of resources and improve the nurses' ability to relay this information effectively during the discharge process.

Significance

Emergency department nurses are responsible for providing vital and crucial information to their patients as part of their patient discharge education. It is crucial these same emergency departments RN nurses have a basic knowledge base of local mental health services to confidently communicate with patients during the patient's visit to the emergency department. Knowing local mental health services can improve nursing confidence as a patient's emergency department visit concludes as they provide patient education and awareness within their discharge education responsibilities. Having a resource tool that patients and families can understand and comprehend can be beneficial not only to the patient and their families but also to the community. Many times, emergency departments can be overwhelmed, short of staff, or both. Having resources to readily hand out to specific patient populations along with the nurse's awareness of the

resource tool may improve the discharge process with specific patient populations. Additionally, it may increase the use of pertinent mental health resources and other appropriate community resources, which are often underutilized in rural communities.

Project Purpose

The purpose of this Doctor of Nursing Practice (DNP) project was to increase knowledge and awareness of community mental health and specialty resources for emergency department-assigned registered nurses (RNs) in a rural, overwhelmed emergency department setting. An additional purpose was to refer and connect patients and families with available applicable resources that may aid in maintaining a higher quality of mental health, reduce in-patient psychiatric hospitalization rates, sustain one's ability to reside within their communities, and reduce mental health crisis-driven emergency room visits.

Improving the ER RNs' knowledge and awareness of local mental health resources may improve their bedside interactions with mental health patients. Currently, 60% of psychiatric patients are stabilized and discharged in the emergency department setting but only 50% will follow up on discharge referral or attend one outpatient visit (Stanley et al., 2015). Having no standardization of mental health discharge education throughout the emergency department settings presents variations in how to discharge instruction is approached and completed with varied rates of quality of discharge teaching. Mental health patients who are leaving the hospital from behavioral unit discharge or discharge from an emergency department visit both have a significant potential vulnerability (Samuels-Kalow et al., 2012), therefore quality discharge education is especially important.

The appropriate elements of the discharge process and the ideal discharge instructions for mental health patients remain to be defined (Samuels-Kalow et al., 2012). Increased knowledge and awareness of these resources within the community can potentially benefit RNs in their required responsibility of discharge instruction. Presently, there is no current educational training or protocol for RNs in the emergency department project setting to promote knowledge and awareness of applicable resources and enhance discharge teaching for this patient population.

Problem Statement

Patients being seen in the emergency department setting at local rural hospitals are currently not receiving an optimal level of effective discharge information. Standardizing a nurse's knowledge of teaching and appropriate resources at the time of discharge could improve the utilization of local mental health resources and reduce return visits to emergency department settings for reoccurring mental health-related needs and non-critical situations.

Review of Literature

The literature review is a fundamental step in a health-driven project topic. This literature review was guided by the question of determining the best mental health discharge planning approach when discharging adult patients being evaluated and treated with mental health issues in the emergency department setting. Considerations of effective approaches that support referrals and facilitation of follow-up care with appropriate mental health outpatient resources also were key points within the literature review. PubMed, Google Scholar, and CINAHL were searched using the following terms: emergency department discharge instruction, mental health discharge instruction,

nursing awareness, Pender's Health Promotion Model, mental health awareness, ER discharge education, nurse advocacy, and infographics.

As the literature review progressed, the search became both broader and more targeted. There were 44 articles reviewed and 24 selected using inclusion criteria of improving patient knowledge, awareness and follow-up with a mental health complaint, effective discharge instruction for patients in an emergency department setting, disease awareness, and reduction in emergency department readmission rate. Randomized trial studies and lower-level evidence papers, and levels in-between were reviewed with dates ranges of 2006 to 2021.

In the realm of mental health emergency department visits, suicide has one of the highest priorities with approximately 400,000 to 500,000 United States emergency department visits occurring annually for suicide attempts (Stanley et al., 2015). Given the emergency department is the only place many suicidal individuals receive care, it is a critical access point for providing interventions (Stanley et al., 2015). Recent literature reveals 60% of psychiatric patients who are being seen in the emergency department setting are being stabilized and discharged, and of that number, only 50% follow up on the referral or attend only one outpatient visit (Stanley et al., 2015). Mental health patients leaving the hospital or being discharged from the emergency department, experience periods of significant potential vulnerability (Samuels-Kalow et al., 2012).

The appropriate elements of the discharge process and the ideal discharge instructions for mental health patients remain to be defined (Samuels-Kalow et al., 2012). Having no standardization throughout the emergency department settings in the literature presents variations in which discharge instruction approach is done. After completing a

thorough review of the literature, the DNP Project Leader was unable to find any standardization for emergency department discharge education due to a gap in the literature.

Infographics are used for clear and effective storytelling using pictures, text, and visuals such as charts or diagrams (Provvidenza et al., 2019). Infographics represent a method of translating complex information, be it research or medical, into smaller, more relatable amounts of information for the individual to understand (Provvidenza et al., 2019). Infographics may be an important strategy for informing stakeholders of rapidly emerging evidence and best practices (Provvidenza et al., 2019). One study has shown a simple one-page intervention can significantly increase discharge understanding through ease of use and accessibility (DeSai et al., 2021). With various tasks at hand, both healthcare workers and patients are time-pressed, and in the quest for reliable and valid information presented in a precise and clear manner, patient education presented using the infographic setting can disseminate information quickly and clearly (Joshi & Gupta, 2021).

Needs Assessment

As part of the DNP project process, the project leader conducted a comprehensive needs assessment. The portion of a DNP project is important to determine any needs or gaps in the discharge information process in the rural hospital emergency department for adult patients being treated for mental health complaints and released. It also allows for the examination of an organization, flaws or barriers in current procedures and protocols, and a review of the potential possibilities for project implementation and sustainability.

Population and Community

This DNP project desires to address the knowledge deficit within emergency department RN staff through improved awareness and a tool to promote the use of community mental health resources. Hopefully, this can improve ease in discharge teaching and possible utilization of beneficial resources for patients. Currently, the process and practice indicate a lack of awareness of available mental health resources and education for ER RN staff in this rural hospital ER setting. Through the project's needs assessment, community resource settings report high no-show rates and delayed or lapsed application completions related to eligible resources (i.e. Medicaid, EBT services, outpatient therapy, etc.). The project setting also had a high recidivism rate of patients presenting with a mental health complaint or crisis. Providing educational awareness of community mental health resources to emergency department RN staff will be the first step to addressing the knowledge deficit of staff and potentially increasing the utilization of beneficial resources in mental health care outreach and promotion of stabilization.

Sponsors and Stakeholders

The project facility was a key sponsor for this DNP project. The project setting's administrative team were both sponsors and stakeholders. Streamlining and improving the quality of discharge teaching to ED patients can improve fiscal penalties incurred by the project setting through rapid readmissions, further demands on existing staff, and improve patient outcomes. The ED nurses and other healthcare professionals are stakeholders in the success of the project as they are on the front lines of the work culture of the department and provide direct care to patients. Ultimately patients and the

community are hugely important stakeholders as adherence to discharge instructions and referrals to appropriate agencies are often critical to disease management.

Identification of Gaps

Problems with understanding emergency department discharge instructions include content, delivery comprehension, and implementation. Emergency departments themselves are not ideal educational settings for patients and families as they are there for emergency conditions. This can affect the content and delivery of discharge education. When the content and delivery of emergency department discharge education are not effectively delivered, patients leave with written resources that many are not able to fully comprehend. This is often due to the high prevalence of poor health literacy and inappropriate discharge education which are written at higher educational levels for at least 26% of the population (Samuels-Kalow et al., 2012). This equates to poor comprehension, misinterpretation, and reduced implementation of critical emergency department discharge instructions. A patient's ability to comply with discharge instructions is correlated with adequate levels of comprehension, but comprehension is rarely assessed at the ED discharge (Samuels-Kalow et al., 2012, p. 154).

The DNP project sought to address the gap in appropriate emergency department discharge instruction for mental health patients by incorporating a community-wide mental health resource guide (Appendix A) to include the ability to read and comprehend by individuals of limited literacy. Studies support that the ideal discharge practice is not currently known as evidenced by 30% of patients requesting further clarification at the time of discharge (Hanson et al., 2016). Although one true standard discharge teaching practice is not known, structured content that is presented verbally, with written and

visual cues enhances patients' knowledge and therefore improves patient outcomes (Hanson et al., 2016).

SWOT Analysis

A further breakdown of the organizational assessment to complement the preceding assessment through an analysis of the strengths, weaknesses, opportunities, and threats of the organization. The SWOT analysis is shown in Figure 1 (Lifepoint Health, 2022).

Figure 1

SWOT Analysis

Strengths • Licensed Psychiatrist on staff at the hospital • Inpatient Adult Behavioral Health Unit • Hospital networks committed to patient care • Chief Officer Administrators in support of the project as well as ED departmental administrators • Low-cost project • The project leader is well-known to many in the setting	**Weaknesses** • Continuity of participants • Staff morale • Staff with limited mental health knowledge • Travel nurses and staffing shortages create more staff inconsistencies. • Some bias toward mental health patients • Recent closure of out-patient hospital affiliated services
Opportunities • Market developments • Development and innovation in emergency department discharge education standards • Partnership with local community resource facilities • Greater utilization of resources may strengthen the viability of those agencies/programs, which potentially could lead to future grant opportunities/funding • Potential use of resources and referral services could lengthen and improve the quality of community living • Digital format of resources can be easily updated and adjusted to fit cultural needs or disabilities (i.e. font size increased if visually impaired, translate resource guide into different languages or reduce literacy level)	**Threats** • Sustaining internal capabilities • Insurmountable weaknesses • Loss of key staff or team members • Refusal of ER nurses to use resource • Funding is a current legitimate threat to small rural hospitals • Recruitment of healthcare professionals, especially in a small rural area • Changes in chief executive level or department level directors who may eliminate project/resource

Team Selection

Team members chosen for this project included a

- chief nursing officer who holds a Master of Science in Nursing (MSN),
- nursing director of a 14-bed inpatient behavioral health unit who holds a Master of Science in Nursing (MSN) and served as a practice partner to the Project Leader, and
- emergency department nursing director who holds a Bachelor of Science in Nursing and served as a committee member and the DNP Faculty Project Chair.

Cost Analysis

The fiscal cost of this project was minimal. The resources were available at the project setting to support implementation and sustainability. The major costs incurred included printing and staff education time.

Purpose of the Project

The purpose of this doctor of nursing practice (DNP) project was to increase knowledge and awareness of community mental health and specialty resources for RNs nurses (RNs) in a rural, overwhelmed emergency department setting. Improving the ER RNs' knowledge and awareness of local mental health resources may improve their bedside interactions with mental health patients. Currently, 60% of psychiatric patients are stabilized and discharged in the emergency department setting, and only 50% will follow up on discharge referral or attend one outpatient visit (Stanley et al., 2015). Having no standardization throughout the emergency department settings presents variations in how discharge instruction is approached and completed. Mental health patients leaving the hospital from behavioral units or being discharged from emergency

department visits both have a significant potential vulnerability (Samuels-Kalow et al., 2012).

The appropriate elements of the discharge process and the ideal discharge instructions for mental health patients remain to be defined (Samuels-Kalow et al., 2012). Increased knowledge and awareness of these resources within the community can potentially benefit RNs in their required responsibility of discharge instruction. Presently, there is no current educational training or protocol for RNs in the emergency department project setting to promote knowledge and awareness of applicable resources and enhance discharge teaching for this patient population.

Desired Outcomes

Potential positive outcomes will be accomplished through in-person educational training and the utilization of a developed resource tool that overviews the resources within the community. This training will be accompanied by the Mental Health Resource Tool developed by the DNP project leader, which RNs may distribute to patients and families at their discretion within the emergency department upon discharge instruction or when clinically applicable.

PICOT Statement

Adults admitted to the emergency department with a current or comorbid mental health issue (P), as part of discharge education paperwork, will receive a community-wide mental health resource (I) (No control) (C) which will improve continuity amongst staff performing discharge instruction to mental health patients and increase RNs knowledge and awareness of community mental health and specialty resources in rural emergency department setting (O) within a 4-week timeframe (T).

Goals and Mission Statement

Goals

The specific goal of this Doctor of Nursing Practice (DNP) project was to increase knowledge and awareness of community mental health and specialty resources for RNs nurses (RNs) in a rural, overwhelmed emergency department setting. Improving the ER RNs' knowledge and awareness of local mental health resources may improve their bedside interactions with mental health patients. This will help to ensure continuity amongst nursing staff when communicating discharge education and may reduce individuals' mental health emergency department re-admission rate. Increased knowledge and awareness of these resources within the community can potentially benefit RNs in their required responsibility of discharge instruction. Presently, there is no current educational training or protocol for RNs in the emergency department project setting to promote knowledge and awareness of applicable resources and enhance discharge teaching for this patient population. This will be accomplished through in-person educational training and the utilization of a developed resource tool that overviews the resources within the community. This training will be accompanied by the Mental Health Resource Tool developed by the DNP project leader, which RNs may distribute to patients and families at their discretion within the emergency department upon discharge instruction or when clinically applicable. This data will be collected and reviewed with team members on a weekly basis throughout the 4-week DNP project study timeframe. (Lifepoint Health, 2022).

The goals for this project included the hope to

- provide awareness to emergency department nurses of local community

mental health resources through in-person training and education.

- improve rural emergency department nursing staff's knowledge and awareness of community mental health resources.
- develop and provide an accessible and comprehensive Community Mental Health Resource Tool to all emergency department patients who present with a mental health complaint or comorbidity.

Not every mental health patient seen in the emergency department setting needs an inpatient admission and could be discharged to supportive, stable environments. This could be most effective by providing effective discharge information which should include crisis guidance and connection to local resources (Betz & Boudreaux, 2016). Figure 2 displays the SMART goal used for this project.

Figure 2

SMART Goal Parameters

S	Specific	**What are you trying to achieve?** Increase knowledge and awareness of community mental health and specialty resources for RNs nurses (RNs) in a rural, overwhelmed emergency department setting.
M	Measurable	**How will you determine the success of each milestone and goal?** Emergency department RN Staff attendance to brief educational training for utilization of mental health resource tool followed by a posttest Likert Survey that is voluntary. Emergency department RN staff will be informed during Informed Consent and education they may elect to return a blank survey or omit questions. No identifying information is required of participants.

A	Attainable/ Achievable	**How will you accomplish the milestone and goal? List the steps.** Provide emergency department RN staff with educational training during their normal, scheduled work time and provide a review of the Mental Health Resource Tool. Provide Mental Health Resource Tool to emergency department RN staff to use during specific discharge patient education.
R	Realistic	**Is the milestone or goal something that you can realistically accomplish with the available resources and timeframe?** Improving emergency department nursing staff awareness of mental health resources through the utilization of the Mental Health Resource Tool with specific patient population presenting to emergency department setting within 4 weeks to pilot this intervention is realistic.
T	Timely	**What is the deadline for each milestone and goal?** Weekly accumulation of survey questionnaire data over a 4-week timespan.

Mission Statement

The mission of this project was encapsulated in the following mission statement. The mission of this project was to improve the mental health and well-being of the individuals and community served to reduce disparities in mental health treatment, and improve utilization of appropriate resources and mental health services, through heightened knowledge awareness of ED RNs at the point of emergency department discharge.

Theoretical/Conceptual Framework

Nola Pender's Health Promotion Theory was used as the theoretical underpinning for this project. The rationale for using this theory was to address the

knowledge deficits of nurses working in a rural emergency department regarding awareness and information about local mental health resources. As part of the American Academy of Family Physicians' (AAFP) (2000) Core Educational Guidelines, recommendations were published for resident medical students on how to address this area of educational need for both the new resident and the patients for which they would be treating. The Latin origin of the word doctor, "docere", means "to teach", and the education of patients is the responsibility of all physicians (AAFP, 2000). That publication detailed how to provide effective patient education by addressing practical skills that needed to be mastered which included attitudes, knowledge, skill, and implementation (AAFP, 2000). As part of that publication (AAFP, 2000), the attitudes of medical residents knowingly recognize that educational interventions are essential in the treatment of disease and the maintenance of health. The key principle of patient education is to provide motivation by presenting material relevant to the patient's needs and to develop patient education handouts and protocols (AAFP, 2000).

Emergency departments can be fast-paced and chaotic environments which make patient education and communication difficult between the provider and the patient (DeSai et al., 2021). Studies of recorded ED discharge encounters found that verbal exchanges between patients and providers were very brief (76 seconds on average for providers and 14 seconds on average for patients) and often incomplete allowing for increased risk for communication failure (DeSai et al., 2021). The guidance that was once published for medical residents to utilize for patient education (AAFP, 2000) seems to have been abandoned for the most part in the

emergency department setting, putting the role of patient discharge education as part of the nurse's role. Although there may be legal parameters and limitations, nurses when trained effectively, could fill the gap that has been created by communication failures during discharge in the emergency department.

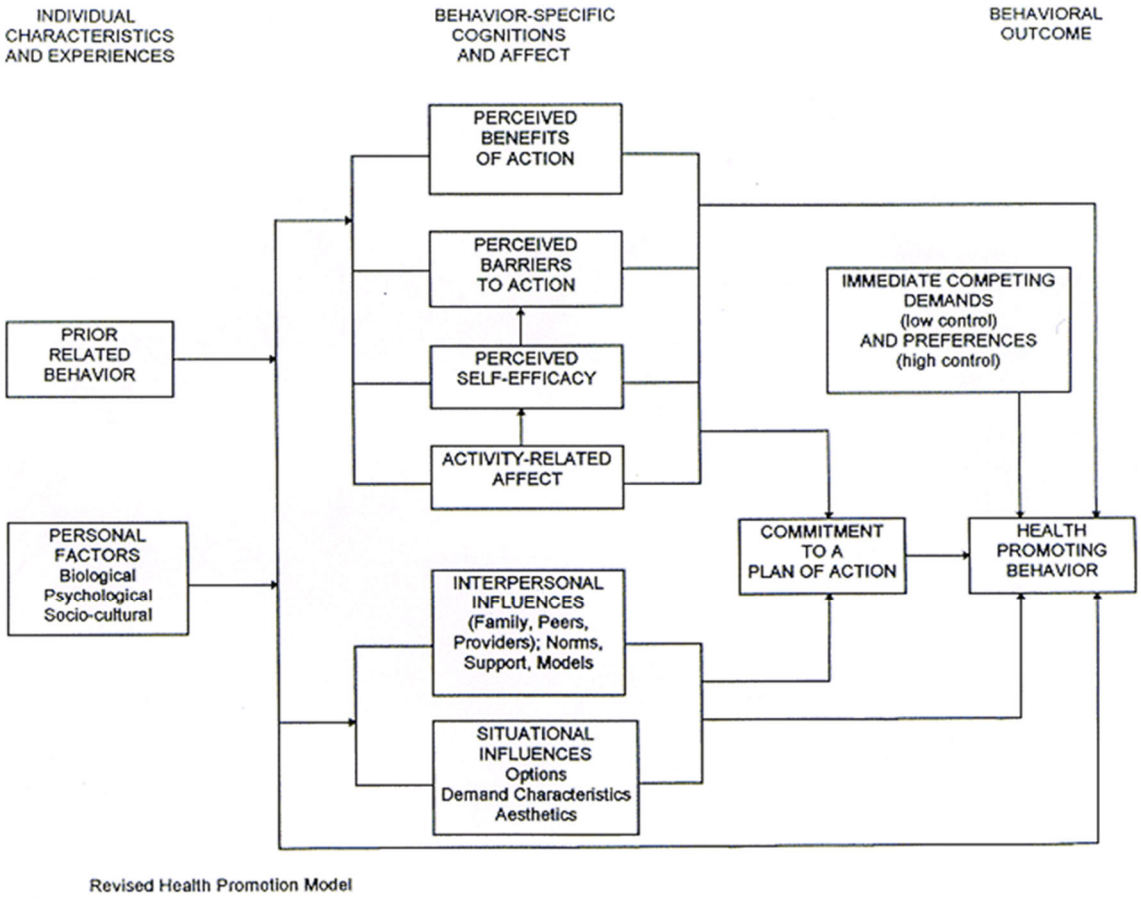
One investigation found that almost half (42%) of patients received incomplete discharge information (DeSai et al., 2021) which validates the ineffectiveness that can take place during the emergency department discharge education process. Ineffectiveness at this level could contribute to poor adherence to follow-up visits, incomplete laboratory testing, adverse events, repeat visits to the emergency department, and increased hospitalization (DeSai et al., 2021). Re-evaluating current discharge educational approaches during this process is warranted for maximizing patient safety.

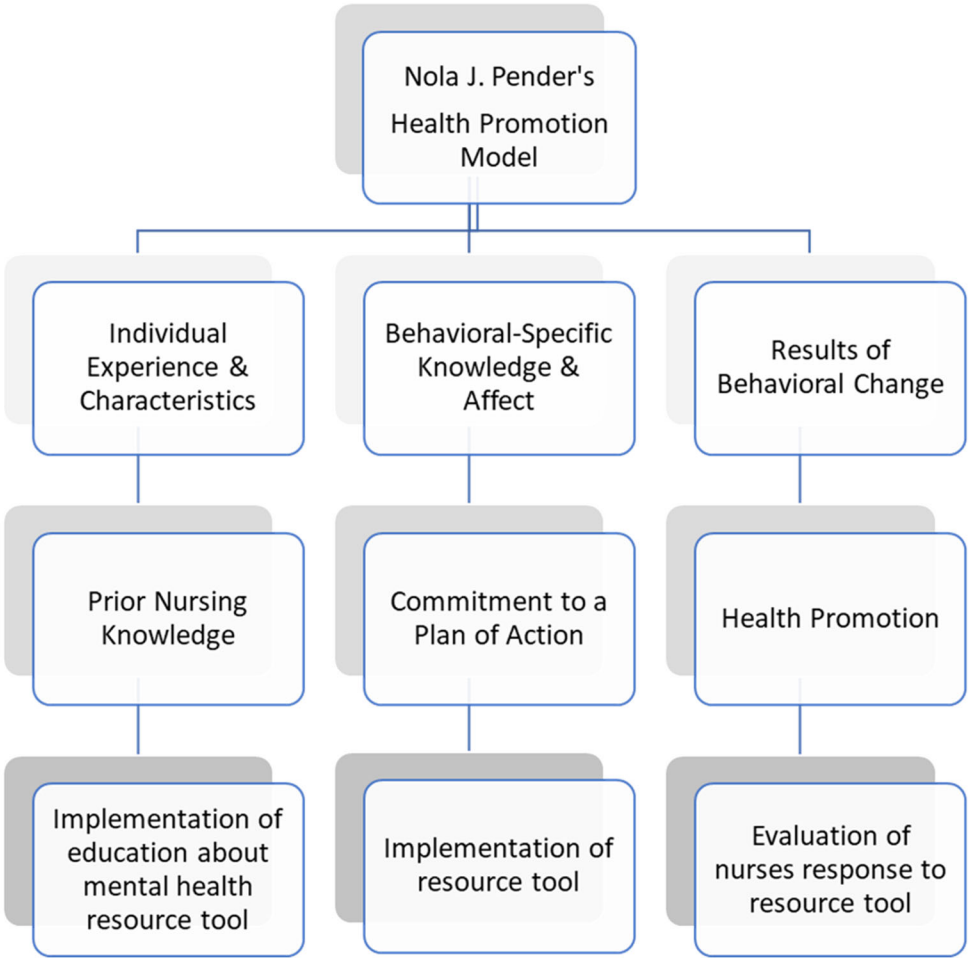
Utilizing the Health Promotion Model by Nola J. Pender in 1982 and later revised in 1996, nurses working in the emergency department setting can play a major role in providing appropriate and effective discharge education. The Health Promotion Model (Figure 3) comprises three focus areas including individual experiences and characteristics, behavioral-specific knowledge and affect, and results of behavior change (Pender, 2011). Nurses working in the emergency department setting are often the first and last healthcare staff members a patient sees in the emergency department. The nurse evaluates and assesses the patient gathering pertinent data for the provider and the plan of care. Through this evaluation and assessment, the nurse gains awareness of the patient's mental health status including any knowledge deficits that may present. Awareness of these deficits enables the

nurse the opportunity to include resourceful information as part of their discharge education to specific patient populations.

Figure 3

Nola Pender's Health Promotion Theory





Note. Pender, 1996

Providing patients that present to rural emergency department setting with a mental health complaint or mental health comorbidity with sound-tailored patient education has the potential to improve health through knowledge awareness. Effective nursing awareness and attitude during this discharge education process can influence change in patient behavior and knowledge after discharge. This knowledge awareness is necessary to maintain or improve health (AAFP, 2000).

This will be accomplished through in-person educational training and the utilization of a developed resource tool that overviews the resources within the community. This training will be accompanied by the Mental Health Resource Tool

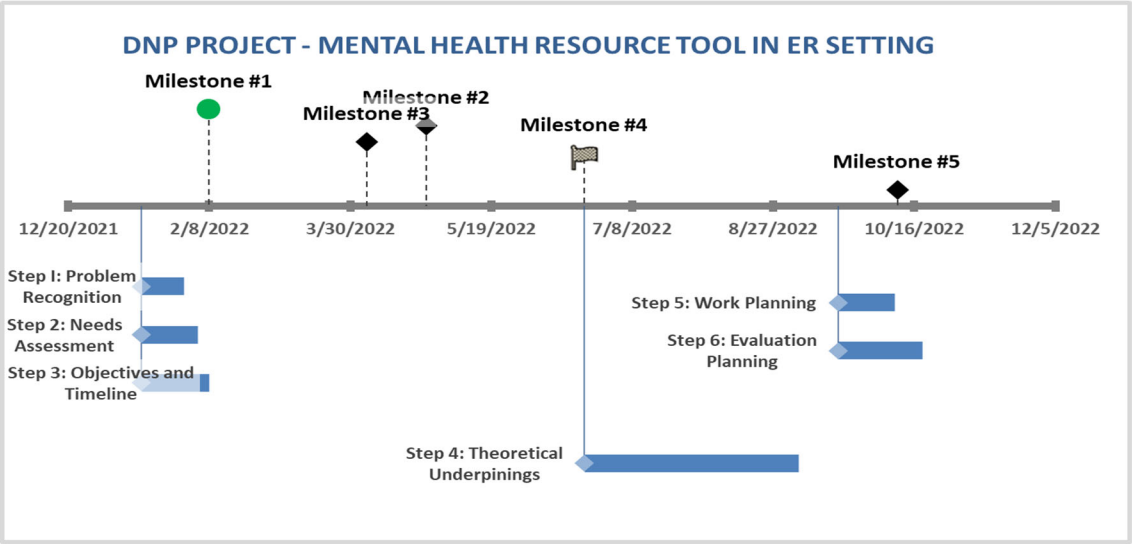
developed by the DNP project leader, which RNs may distribute to patients and families at their discretion within the emergency department upon discharge instruction or when clinically applicable.

Work Planning

The purpose of this project was to develop and implement a mental health community resource tool that can be given to patients receiving care in the emergency department who do not meet the criteria for inpatient mental health hospitalization but have a non-emergent mental health need that may benefit the individual through knowledge base awareness. As many hospitals are experiencing nursing staff shortages which may contribute to time restraints many emergency departments are facing, having an informative mental health resource tool could be very beneficial for many individuals across various health presentations. The project content education included information related to various mental health services that may be beneficial for patients seeking access to designated types of services. This DNP project also aimed to gather nursing staff responses following the utilization of the resource tool. Figure 4 illustrates the timeline for tasks that were completed before and during the implementation of the project.

Figure 4

DNP Project Timeline

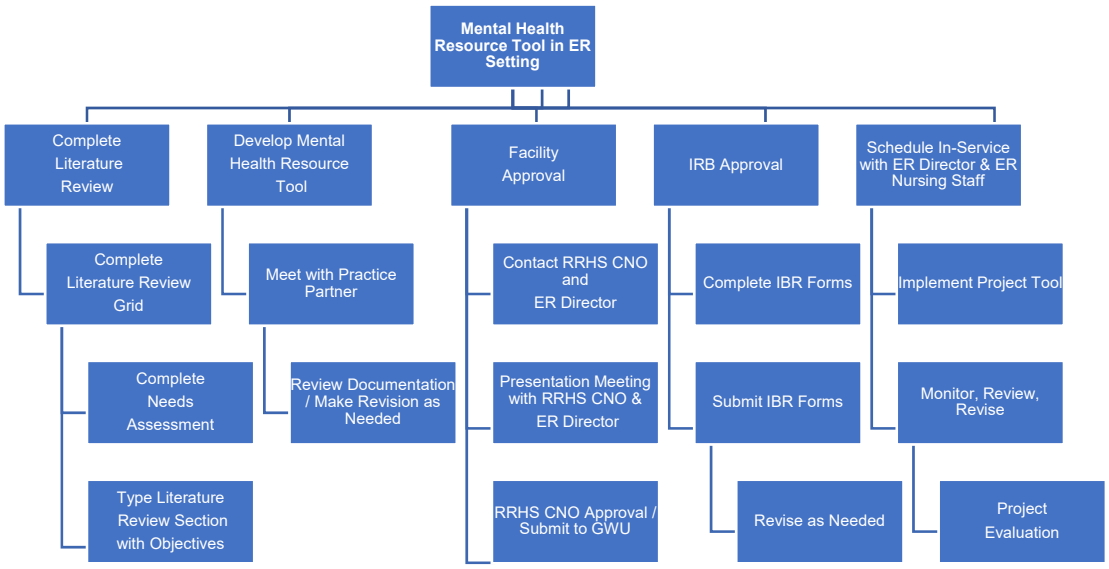


Work Breakdown Structure

Figure 5 depicts a breakdown of the tasks that were completed prior to and during the implementation of the project.

Figure 5

Project Task Breakdown



Budget

The cost of this project was quite manageable both fiscally and through time investment. Costs for printing the mental health resource tool including ink and paper were integrated with permission into the emergency department's monthly budget. Anticipated copies for the project are not expected to exceed 500 copies. Nursing staff education was provided during nursing shift huddles as allowed so there were no overtime costs or additional work hours required for nurses to receive the educational information. The resource tool was distributed to patients during their normal work hours. Table 1 provides a more detailed list of expenditures.

Table 1

Expenses

Item	Quantity	Cost	Notes
Laptop	1	$300.00	
Wi-Fi	6 months	$150.00	
Software	6 months	$200.00	Canva/PERRLA
Total		$650.00	

Evaluation Planning

The purpose of this project was to implement a mental health resource tool in a rural emergency department setting. In-person education was provided to RN nursing staff which was composed of full-time, PRN RNs, and travel RNs working in the emergency department. Throughout the 4-week evaluation period, RN nursing staff had the opportunity to complete a post implementation nine-question Likert-scale survey and

place it in a secure collection container within the department. The quality improvement model of Plan-Do-Study-Act (Figure 6) illustrates the plan for evaluation of this DNP project.

Figure 6

PDSA Model

Plan	• Obtain facility approval • Obtain institutional review board (IBR) approval • Development of mental health resource tool • Develop educational content • Scheduling of in-service training for RN/EMT staff
Do	• Integrate mental health resource tool into patient resource information • Schedule in-service training for RN staff • Complete in-service training for RN staff
Study	• Observe for utilization of mental health resource tool with pertinent patient population • Provide drop-ins with nurses to see if there are questions, concerns, utilization of information • Ensure survey collection box remains locked and accessible to potential participants. • Check-in with administration to see if they have any questions or concerns • Make notes of any logistical issues that arise and consider solutions
Act	• Modify the plan as needed • Modify mental health resource tool as needed • Repeat and amend in-service training as needed

Evaluation Plan

After the initial and concurrent educational sessions, RNs will begin utilization of the Mental Health Resource Tool for a 3-4-week period. The Mental Health Resource Tool printed copies will remain in a designated location within the nurses' hub/station for

easy access by ER RN staff. A post-test design was utilized in this DNP project as there has been no protocol or community resource tool or similar artifact uniquely designed to meet the discharge instruction needs of patients related to applicable community resources for patients at the ED with mental health needs or mental health comorbidity.

After a 3-4-week period, copies of the Post-Test Likert Survey were located in the same designated location as the Mental Health Resource Tool, for the ER RN staff to complete after they have utilized the tool for approximately 2 weeks (this was to allow at least 2 weeks of use as scheduling rotations may impact the duration of use). ER RN staff were informed to only complete the survey one time during their educational sessions. After the ER RN staff member completed a Post-Test Likert Survey, they dropped the survey in the locked drop box located near the resource tool. The locked drop box was locked until the completion of the DNP Project. Survey completion was voluntary and ER RN staff were informed during Informed Consent and education they may elect to return a blank survey or omit questions. No identifying information was required of participants. The post survey was developed by the DNP Project Leader and reviewed by the DNP Project Faculty Chair for face validity. All surveys can be located in the appendices.

Implementation

IRB Approval

Institutional Review Board approval was achieved for this DNP Project. The application was vetted and reviewed by the Quality Improvement Council and was approved for content, data plan, and protection of subjects. The project facility also

granted permission for the project to be implemented and provided support throughout the project process.

Threats and Barriers

A threat to this DNP project was the personal bias of each RN which may be unintentional but can display their prior learned beliefs, opinions, and attitudes towards psychiatric patients. Another threat to the project was the initial planning to hold brief project educational training for the project during shift huddles which did not work well with staff. Staff was trained outside of shift huddles at times that were more accommodating to them. There were multiple barriers to this DNP project. From the QI approval to the initiation of the project, there was a change in the hospital's Chief Nursing Officer. From the start of the project to the completion of the 4-week project there was also a change in the nursing director of the emergency department. Other barriers included the limited period of the study and the variation in staff coverage from other departments' RNs.

Project Closure

One limitation of this study was the necessity of revising the original plan from the initial DNP Project Plan. Following the completion of this DNP project, the emergency department RNs still have access to the Mental Health Resource Tool for utilization as part of their discharge education resource material. The DNP Project leader will continue to maintain and update the resources listed on the Mental Health Resource Tool and amend any updates. This Mental Health Resource Tool will be made available to other departments throughout the rural hospital and to local community health

facilities. It is this project leader's goal to improve awareness of mental health resources within the community setting.

Interpretation of Data

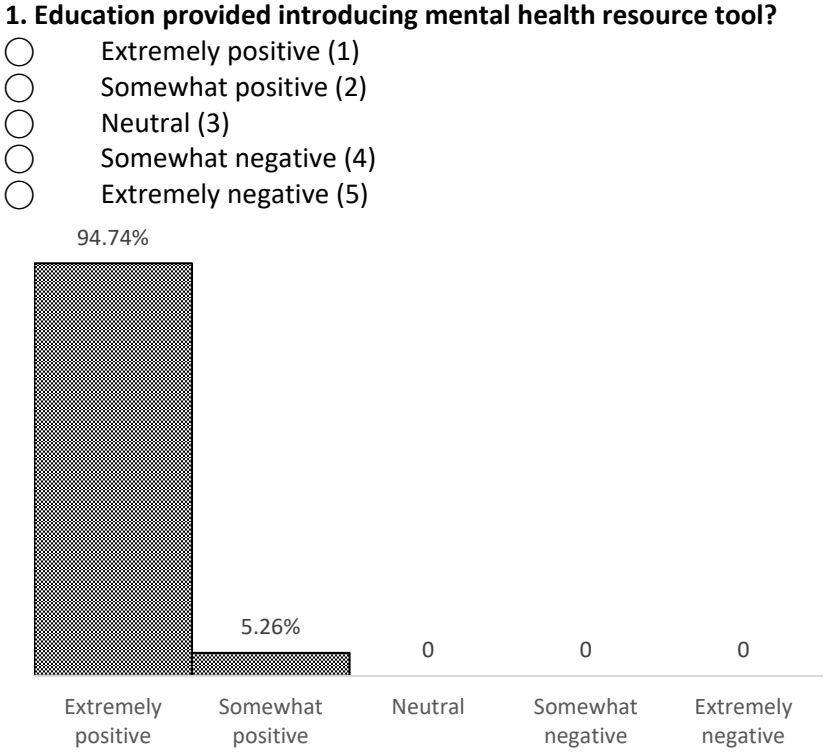
The Emergency Department RN participants completed a post implementation paper survey and deposited it into a locked, secure survey collection box that was housed within the department. Following the 4-week time frame, 19 surveys were removed from the secure collection box and manually entered into Excel for data analysis.

Quantitative Data

The results of the Mental Health Resource Tool Guide Survey (Appendix B) are provided in detail in Figures 7-15

Figure 7

Question 1 Results

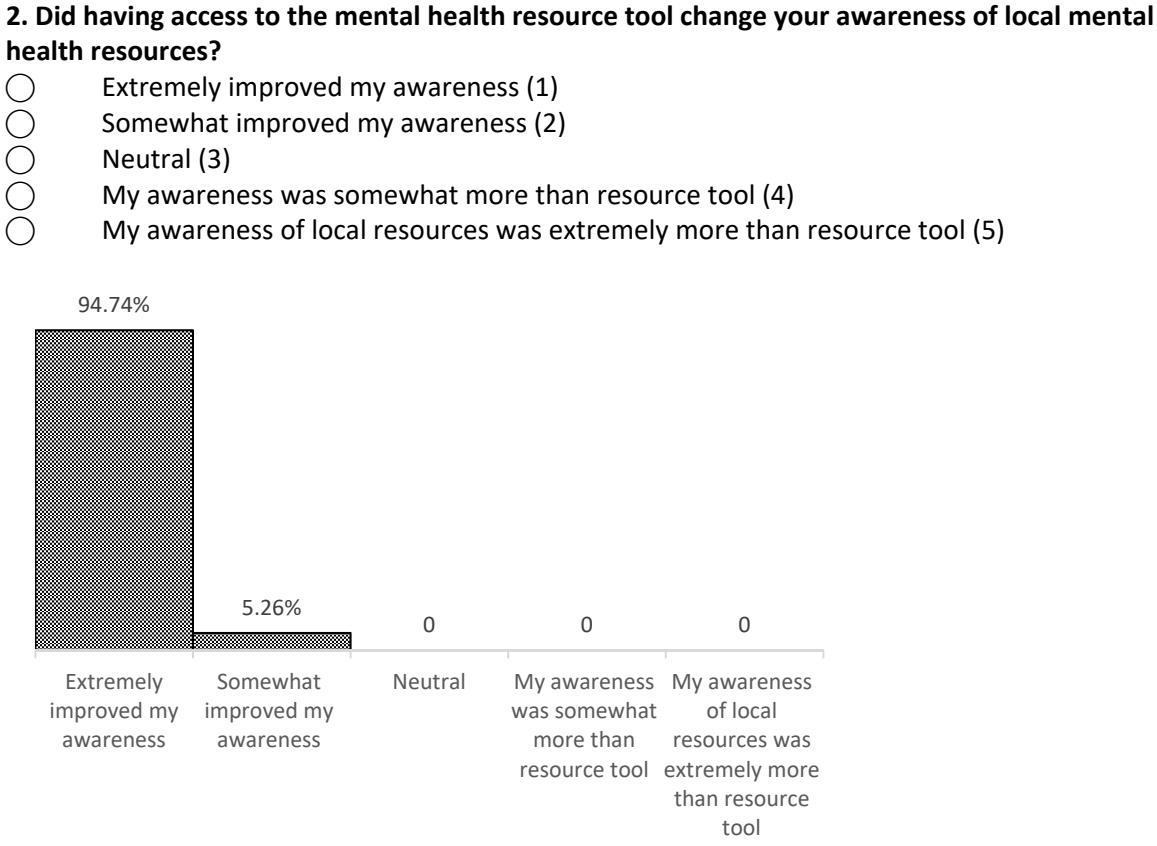


Note. All 19 respondents answered the first Question.

Eighteen respondents (94.74%) agreed the education provided introducing the mental health resource tool was extremely positive while one respondent (5.26%) rated the education provided as somewhat positive. There were no neutral, somewhat negative, or extremely negative responses.

Figure 8

Question 2 Results



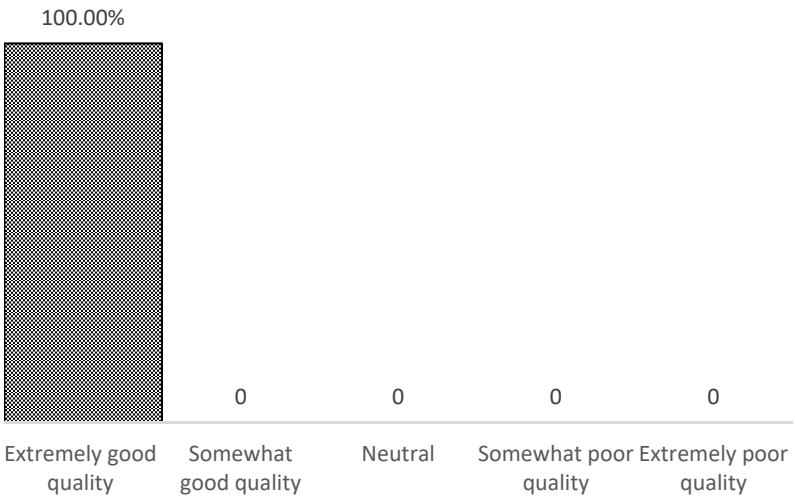
Eighteen respondents (94.74%) agreed that having access to the mental health tool extremely improved their awareness of local mental health resources. One respondent (5.26%) rated that having access to the mental health resource tool somewhat improved their awareness of local mental health resources. There were no neutral responses or responses that rated their awareness somewhat or extremely more than the resource tool.

Figure 9

Question 3 Results

3. Quality and appearance of the preparedness of the mental health resource tool.

◯ Extremely good quality (1)
◯ Somewhat good quality (2)
◯ Neutral (3)
◯ Somewhat poor quality (4)
◯ Extremely poor quality (5)



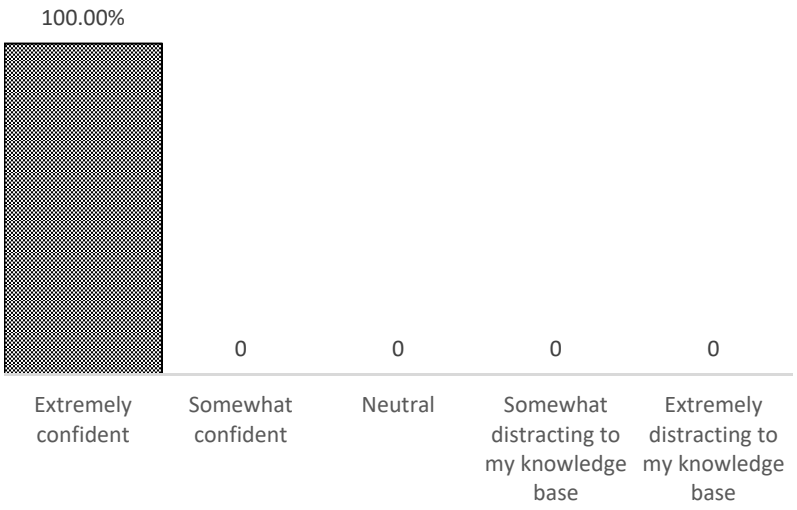
All respondents (100%) agreed that the quality and appearance of the preparedness of the mental health resource tool was of extremely good quality. There were no somewhat good-quality, neutral, somewhat poor-quality, or extremely poor-quality responses.

Figure 10

Question 4 Results

4. Nursing confidence level when referencing mental health resource tool?

◯ Extremely confident (1)
◯ Somewhat confident (2)
◯ Neutral (3)
◯ Somewhat distracting to my knowledge base (4)
◯ Extremely distracting to my knowledge base (5)



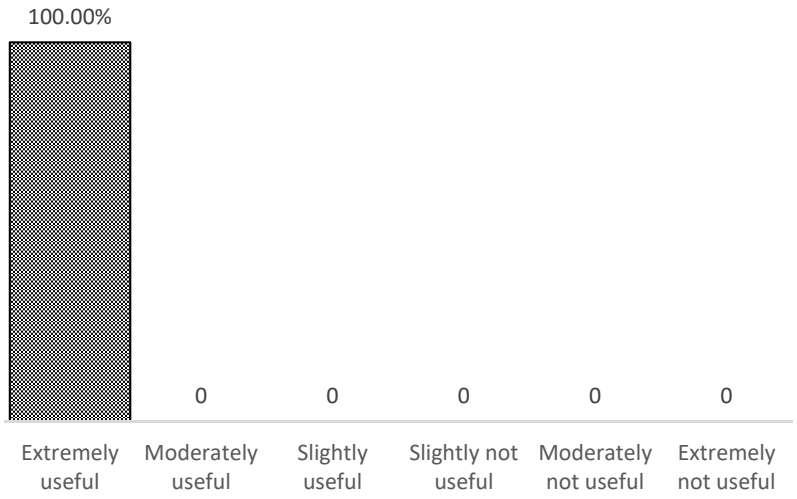
All respondents (100%) agreed their nursing confidence level when referencing the mental health resource tool was extremely confident. There were no somewhat confident, neutral, somewhat distracting to my knowledge base, or extremely distracting to my knowledge base responses.

Figure 11

Question 5 Results

5. How personally useful do you find the mental health resource tool in a rural emergency department setting?

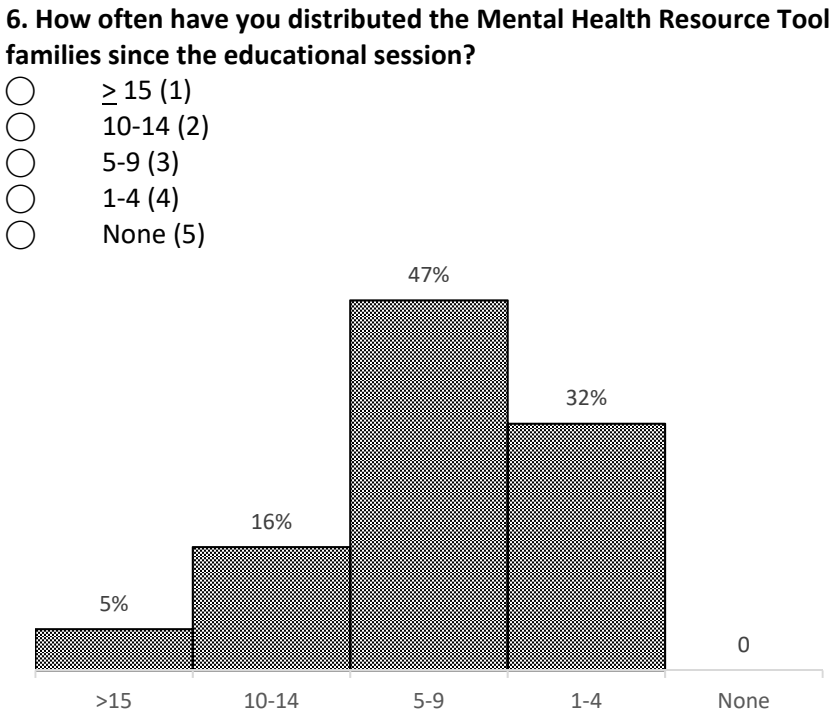
◯ Extremely useful (1)
◯ Moderately useful (2)
◯ Slightly useful (3)
◯ Slightly not useful (4)
◯ Moderately not useful (5)
◯ Extremely not useful (6)



All respondents (100%) agreed that it was extremely useful personally having the mental health resource tool in a rural emergency department setting. There were no other responses to this question.

Figure 12

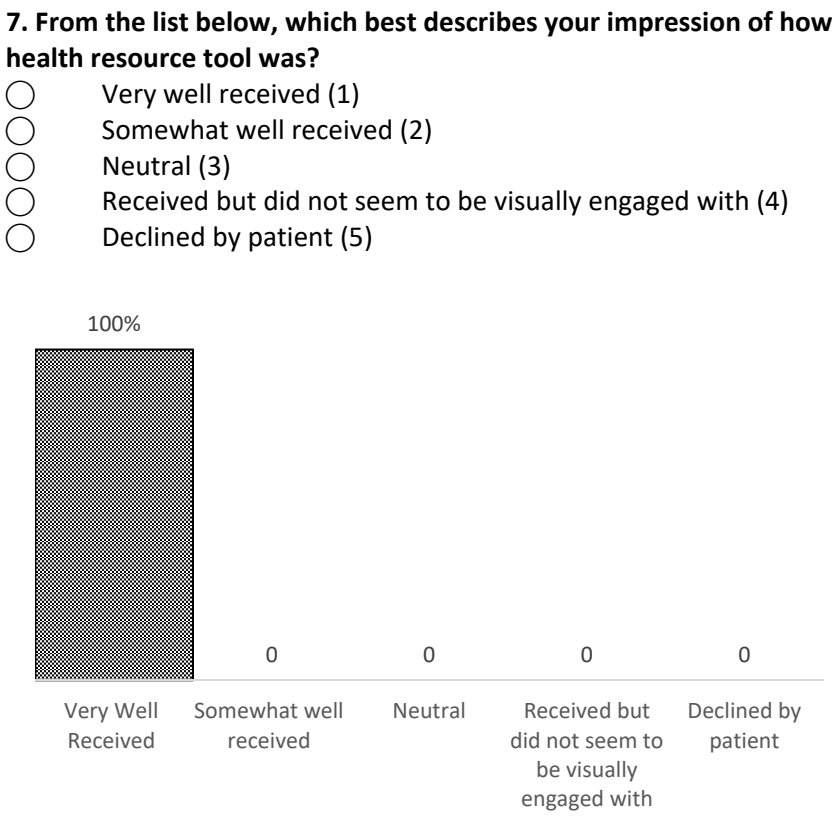
Question 6 Results



Nine respondents (47%) distributed the mental health resource tool to patients or their families 5-9 times during the 4-week project. Six respondents (32%) distributed the mental health resource tool to patients or their families 1-4 times during the 4-week project. Three respondents (16%) distributed the mental resource tool to patients or their families 10-14 times during the 4-week project. One respondent (5%) distributed the mental resource tool 15 or more times to patients or their families during the 4-week project.

Figure 13

Question 7 Results



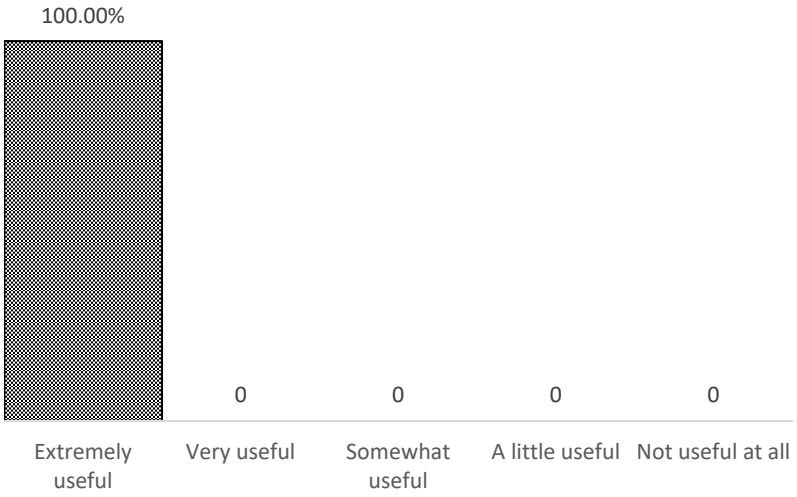
All respondents agreed (100%) their impression of how well the mental health resource tool was received was very well received. There were no other responses to this question.

Figure 14

Question 8 Results

8. Usefulness of having the mental health resource tool that could be handed out with discharge packets?

◯ Extremely useful (1)
◯ Very useful (2)
◯ Somewhat useful (3)
◯ A little useful (4)
◯ Not useful at all (5)



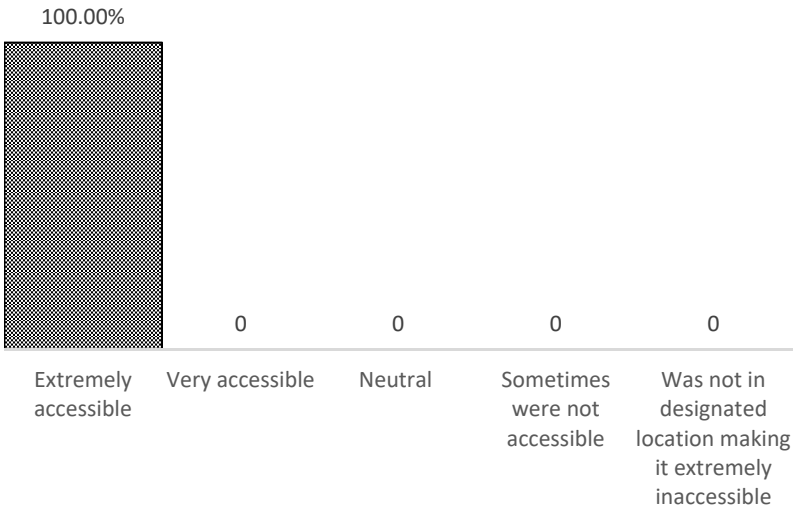
All respondents agreed (100%) it was extremely useful having a mental health resource tool that could be handed out to patients or their families with discharge packets. There were no other responses to this question.

Figure 15

Question 9 Results

9. How readily accessible was the mental health resource tool for utilization as part of your nursing teaching?

◯ Extremely accessible (1)
◯ Very accessible (2)
◯ Neutral (3)
◯ Sometimes were not accessible (4)
◯ Was not in designated location making it extremely inaccessible (5)



All respondents agreed (100%) that the mental health resource tool was extremely accessible for utilization as part of nursing discharge teaching. There were no other selected responses for this question.

Summary of Findings

Results of the study indicate that a mental health resource tool can be successfully implemented for patients and their families presenting to a rural emergency department setting with a mental health complaint or comorbidity. Education and awareness of local community mental health resources to RNs working in rural emergency department settings could improve patient knowledge and accessibility to services that might otherwise have remained unknown. The findings also suggest nurses felt the tool was applicable and accessible as it was handed out in promising numbers during the relatively short project timeline.

Social workers within the rural hospital had the opportunity to observe the mental health resource tool implementation in the emergency department and suggested that future utilization of the resource could be used throughout the hospital setting. Hospital-

based social workers expressed that knowledge and awareness of local mental health resources could benefit not only the social workers but patients and all the stakeholders within the community.

The impact of this project following completion demonstrated the importance of providing educational resources to rural hospital emergency department nursing staff. As patient advocates, nurses play a pivotal role in meeting the healthcare needs of patients they encounter daily. Having up-to-date resource information to disseminate to patients during the discharge process can contribute to the high standard of care that nurses provide to patients. To support the advocacy role of nurses and social workers in rural hospital settings, the accessibility of the mental health resource tool must remain paramount. Quarterly updates will be provided by the DNP project leader to ensure accurate resource contact information is maintained. Future integration to facilitate easier measurements utilizing QR coding for mental health resource tool will allow for improved auditing and data collection to monitor the use of this resource.

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Appendix A

Mental Health Resource Guide

MENTAL HEALTH RESOURCE GUIDE

Get Connected. Get Answers. 2-1-1 North Carolina

RHA Health Services
132 Commercial Dr. Ste 120
Forest City, NC 28043
(828) 248-1117 or www.rhahealthservices.org

Rutherford Regional Health System
288 S. Ridgecrest Ave.
Rutherfordton, NC 28139
(828) 286-5000
www.myrutherfordregional.com
Inpatient Psychiatric Services

Family Preservation Services of NC
139 E. Trade Street
Forest City, NC 28043
(828) 245-7871
https://www.fpsnorthcarolina.com/locations/

Flourishing Lives Counseling, PLLC
431 S. Main St., Suites 9 & 10
Rutherfordton, NC 28139
(828) 289-7612

Solid Foundations Counseling Center, LLC
737 E. Main Street
Spindale, NC 28160
(704) 466-0162
www.solidfoundationscounseling.org

Grace of God Rescue Mission
537 W. Main Street
Forest City, NC 28043
(828) 245-9141
Hot Meal Monday-Saturday 4pm-5:30pm.

United Way of North Carolina
(828) 286-3929 www.unitedwayofrutherford.org

Out Of The Ashes
Faith Based Recovery Program
131 Countryside Drive
Forest City, NC 28043
(828) 395-2000
www.outtheashes.org

Blue Ridge Health - Rutherford
Psychiatric & Counseling Teams
(828) 288-2881
www.brchs.com

KD Support Services
467 West Street
Forest City, NC 28043
(828) 245-4011
www.kdsupportservices.com

Rutherford Life Services, Inc.
230 Fairground Rd.
Spindale, NC 28160
(828) 286-4352
16 yrs & older. Must be referred.
www.rutherfordlifeservices.com

Lifeline Counseling Center
DWI & Substance Abuse Counseling Services
373 W. Main Street
Forest City, NC 28043
(828) 289-0574 www.lifelinecc.net

CRISIS HOTLINES

Abounding Grace Ministry
Support for female teens & adults
222 Charlotte Road
Rutherfordton, NC 28139
(828) 429-0289
www.aboundingrace.org

Foothills Health District - Rutherford
Health Screenings & Services
(828) 287-6100
www.foothillshd.org

National Suicide Prevention Lifeline
1-800-273-8255 or Dial 988
www.988lifeline.org

988 SUICIDE & CRISIS LIFELINE

Veterans Crisis Line
DIAL 988 then PRESS 1

MENTAL HEALTH RESOURCE GUIDE

SCREENING & ASSESSMENT
- RRHS Emergency Department 828-286-5000
- Family Preservation Services of NC 828-245-7871
- RHA Health Services 825-248-1117
- ACT Team 828-748-8573
- Mobile Crisis 1-888-573-1006

INDIVIDUAL, GROUP & FAMILY THERAPY
- Blue Ridge Hope 828-202-3075
- Flourishing Lives Counseling, PLLC 828-289-7612
- Solid Foundations Counseling Center LLC 1-704-466-0162
- Preferred Choice Healthcare 828-287-7806
- Ledford, Miracle & Ledford 828-286-7967
- Thomas LaBreche, PhD 828-395-2510

PAIN MANAGEMENT
- Carolina Pain Care 828-286-2603
- Carolina Pain Care 828-286-2603
- Comprehensive Pain Consultants of the Carolinas 828-483-4438
- Pain Management Plus, PLLC 828-919-2393

Community Health / Sexual / Domestic Abuse
- Blue Ridge Health – Rutherford 828-288-2881
- Foothills Health District -Rutherford 828-287-6100
- Steps to Hope Domestic Violence & Sexual Assault 828-894-2340

FOOD ASSISTANCE / SOUP KITCHEN
- Grace of God Rescue Mission 828-245-9141
- Chase Corner Ministries 828-247-0096
- Yokefellow Service Center 828-287-0776
- Salvation Army Tu-Fri 10-5 828-286-2603
- Senior Center Meals / Meals on Wheels 828-287-6409

ALCOHOL TREATMENT
- Pavilion 828-247-4673

RECOVERY SUPPORT & EDUCATION
- Out of the Ashes Faith Based Recovery Program 828-395-2000
- Rutherford Recovery "Suboxone" 828-980-3950

SPECIALIZED SERVICES
- Pregnancy Resource Center 828-247-4673
- Lifeline Counseling Center 828-289-0574
- Vocational Rehab Services 828-245-1223
- KD Support Services 828-245-4352

CRISIS ASSESSEMENT & STABILIZATION
- RRHS Emergency Department 828-286-5000
- Atrium Health Emergency Dept 1-980-487-3000

Crisis Helplines
- National Suicide Prevention Lifeline 1-800-273-8255
- Trans Lifeline 1-877-565-8860
- Mobile Crisis 1-888-573-1006
- Veterans Crisis Dial 988 the press 1
- Crisis Text Line Text HOME to 741741

2-1-1 Get Connected. Get Answers.

12/2022

Appendix B

Mental Health Resource Tool Guide Survey

Mental Health Resource Tool Guide Survey

Introduction: These questions ask for your feedback on a quality improvement concept. Your answers will help us understand the strengths and weaknesses of the mental health resource tool in a rural emergency department setting.

1. Education provided introducing mental health resource tool?

- ◯ Extremely positive (1)
- ◯ Somewhat positive (2)
- ◯ Neutral (3)
- ◯ Somewhat negative (4)
- ◯ Extremely negative (5)

2. Did having access to the mental health resource tool change your awareness of local mental health resources?

- ◯ Extremely improved my awareness (1)
- ◯ Somewhat improved my awareness (2)
- ◯ Neutral (3)
- ◯ My awareness was somewhat more than resource tool (4)
- ◯ My awareness of local resources was extremely more than resource tool (5)

3. Quality and appearance of the preparedness of the mental health resource tool.

- ◯ Extremely good quality (1)
- ◯ Somewhat good quality (2)
- ◯ Neutral (3)
- ◯ Somewhat poor quality (4)
- ◯ Extremely poor quality (5)

4. Nursing confidence level when referencing mental health resource tool?

- ◯ Extremely confident (1)
- ◯ Somewhat confident (2)
- ◯ Neutral (3)
- ◯ Somewhat distracting to my knowledge base (4)
- ◯ Extremely distracting to my knowledge base (5)

5. How personally useful do you find the mental health resource tool in a rural emergency department setting?

- ◯ Extremely useful (1)
- ◯ Moderately useful (2)
- ◯ Slightly useful (3)
- ◯ Slightly not useful (4)
- ◯ Moderately not useful (5)
- ◯ Extremely not useful (6)

6. How often have you distributed the Mental Health Resource Tool to patients or their families since the educational session?

- ◯ ≥ 15 (1)
- ◯ 10-14 (2)
- ◯ 5-9 (3)
- ◯ 1-4 (4)
- ◯ None (5)

7. From the list below, which best describes your impression on how well received the mental health resource tool was?

- ◯ Very well received (1)
- ◯ Somewhat well received (2)
- ◯ Neutral (3)
- ◯ Received but did not seem to be visually engaged with (4)
- ◯ Declined by patient (5)

8. Usefulness of having the mental health resource tool that could be handed out with discharge packets?

- ◯ Extremely useful (1)
- ◯ Very useful (2)
- ◯ Somewhat useful (3)
- ◯ A little useful (4)
- ◯ Not useful at all (5)

9. How readily accessible was the mental health resource tool for utilization as part of your nursing teaching.

- ◯ Extremely accessible (1)
- ◯ Very accessible (2)
- ◯ Neutral (3)
- ◯ Sometimes were not accessible (4)
- ◯ Was not in designated location making it extremely inaccessible (5)