Objectives

1. Describe the staff selection and training process

2. Identify specific equipment and programming needs for this vulnerable population

3. Discuss the impact of this program to the therapeutic milieu on the unit

The Zucker Hillside Hospital
Behavioral Health Pavilion
John Kotter’s Theory of Change

Our Iceberg Is Melting

8 Step Process

SET THE STAGE

1. Create a sense of urgency
2. Pull together the Guiding Team

Perinatal Unit Steering Committee

Mary Afflerbach, LCSW
Jerry Chang, MD
Michael Deyer
Kali Feldman, PhD
Brian Keefe, MD
Tiffany Koo, LCSW
Kirstie Loewenstein, MD, RN-BC, PMHNP-BC
Anita Mar_Van, LCSW
Kevin Ray, MD
Deborah Rushmann, MS, RN, PMHNP-BC
Lisa Tava, PhD
Amanda Tinkelman, MD
Tina Walsh, MD
Professor Wolfroh, LCSW
Callen Williamson

ZHH Offers Perinatal Psychiatry-Inpatient Services!

DECIDE WHAT TO DO

3. Develop the Change Vision and Strategy

While nearly 80% of all new moms experience a mild form of depression and anxiety, commonly referred to as “The Baby Blues,” up to 20% of new moms develop a postpartum depression and 3-5% of new moms develop significant anxiety or obsessive symptoms.

Sometimes the severity of these symptoms would benefit from inpatient treatment for rapid stabilization.

As you may have heard in our newest commercial, Northwell Health will welcome 42,000 babies in 2016.

Statistically speaking that means more than 8000 of those mothers will develop a Perinatal mood and anxiety disorder.

Starting on February 29, 2016 ZHH will expand its Perinatal Psychiatry services and offer inpatient treatment on 2 West, the Women’s Unit, that may benefit a wide range of new or expectant mothers.
MAKE IT HAPPEN

4. Communicate for Understanding and Buy-In

• The nurses on 2 West prepared for the opening of the designated perinatal beds in a variety of ways.
• The OB educator at Katz Women’s Hospital provided several self-learning modules for the nurses to prepare to care for ante-partum and post-partum patients.
• The nurses then spent (2) 12 hour shifts at Katz Women’s Hospital, shadowing the OB nurses and learning how to care for patients immediately prior to and after giving birth.
• The nurses attended a 1 hour educational session on breastfeeding, facilitated by our ambulatory perinatal psychiatry group at ZHH.
• 112 multi-disciplinary team members attended a full day of Perinatal Psychiatry training, conducted at ZHH and facilitated by Lisa Testa, PhD, Amanda Tinkelman, MD and Lauren Devins, NPP.
• The course covered an overview of perinatal mood and anxiety disorders, including the effects of untreated maternal mental health on both the mother and the child, management of agitation, and psychopharmacology as it relates to this specific population.

MAKE IT HAPPEN

4. Communicate for Understanding and Buy-In

• The new clinical programming on 2 West will include a unique therapeutic healing environment and evidence-based therapy and psychopharmacology.
• Specialized services will include breastfeeding support, protected sleep times for new mothers, and a focus on bonding and attachment with the baby.
• Families and babies will be supported with flexible visiting arrangements which will include a private visiting room and web-based visiting.
• This unit will be the 1st in the tri-state area and only the 3rd specialized program in the United States.
• On 1/26/2016 the US Preventative Services Task force released a statement encouraging the screening for depression in all adults and specifically referenced pregnant and postpartum women.
• Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.
• We believe that with the addition of the inpatient program, the Perinatal Psychiatry Service at The Zucker Hillside Hospital is well positioned to do just that!

Interdisciplinary Panel Interview

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<tr>
<th>Question</th>
<th>Response</th>
<th>Timeline</th>
<th>Notes</th>
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<tbody>
<tr>
<td>1. What is your typical way of dealing with conflict? Give us an example.</td>
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<td>2. Tell us about a recent situation in which you had to care for a pregnant or postpartum patient. Were there any specific issues that you had to help the patient manage? Be descriptive.</td>
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<td>3. Give us a specific example of a time when you had to conform to a policy with which you did not agree.</td>
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<td>4. Give us an example of a time when you had to care for a patient whose illness or recent traumas made you uncomfortable. How did you manage?</td>
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<td>5. Describe a time where you successfully de-escalated an upset or agitated perinatal patient. What techniques did you use that were effective?</td>
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<td>6. How would you educate a perinatal patient about medication? How would you address questions about safety during pregnancy and lactation?</td>
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<td>7. Tell me about a time you were asked a question that you did not know the answer to and how you handled it.</td>
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<td>8. Tell me about a time you were asked about your personal life by a patient and/or family and how you handled it.</td>
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<td>9. Tell me some ways in which you can positively impact a family when the mom has postpartum depression or psychosis.</td>
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5. Empower Others to Act

Remove as many barriers as possible

• Infection Control
• Security
• Engineering
• OMH
• Food and Nutrition

6. Produce Short-Term Wins

Engage all levels of staff
7. Don’t Let Up

MAKE IT STICK
8. Create a New Culture

The Comfort Room
Murals

Hallway

The Dining Room
References


THANK YOU! THANK YOU! THANK YOU! THANK YOU!