

Utilising a burns nursing care outreach service to optimise outcomes for burn injured patients with concurrent inpatient mental health needs

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Background

Care for patients who present with self inflicted burn injury is complex and requires intensive resources to manage. These patients may require inpatient mental health (MH) admission as a priority, however they can experience delay in accessing MH services. This is due to MH unit nursing staff being unable to provide specialist burns dressing to MH patients with a burn injury.

Aim

The Burns Early Discharge program (BEDP) is a post-acute care visiting nurse service that is provided by senior nursing staff 6 days per week. The aim of the program is to deliver specialist burn injury management and nursing care to facilitate early discharge home or support ongoing burn care for inpatients of other health care facilities.

A function of this service includes supporting the ongoing specialist care of patients with burn injury whose mental health needs are a priority, with an aim to minimise delay to psychiatric inpatient care.

Methods

A retrospective review of patient notes from the Burns Information Management System was used to determine the incidence of patients treated in psychiatric facilities, and those that were recorded with a self harm or suicide mechanism of injury and treated through BEDP.

Results

In a three year period (Feb 2015-Feb 2018) BEDP has treated approximately 127 people within psychiatric inpatient units equating to 5% of total BEDP appointments. Within this cohort, 64 patients were identified with a mechanism of injury as self-harm/suicide of which 25% (16) were managed via the BEDP.

Recommendation

Nurse led programs, such as BEDP, to facilitate outreach specialist burn care are an important addition to patient centered burns services. The BEDP supports the notion of right care, right time, right place, right team for an improved patient experience, so that optimum care outcomes for patient recovery can be achieved. There is also opportunity to decrease patient length of stay and associated costs for nursing resources to manage complex patients with high risk MH care needs.