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STEPPS in the right direction: An evaluation of the STEPPS programme in UK, community-based population and the implications for mental health practitioners

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The number of people with a diagnosis of Borderline Personality Disorder (BPD) who are accessing mental health services has increased significantly in the last decade, leading to a rising need for accessible, timely and resource efficient interventions for the treatment of people with a diagnosis of BPD. Systems Training for Emotional Predictability and Problem Solving (STEPPS) is a 20 week group programme developed by Blum et al. (2002). Informed by cognitive behavioural therapy, schema theory and systemic thinking, STEPPS is specifically designed as a treatment programme for individuals with a diagnosis of BPD. The evidence base for this intervention is still growing, its strongest support coming from studies in the US, e.g. Blum et al. (2008). We will describe a study conducted within a multi-disciplinary team in the UK National Health Service that provides further evidence for STEPPS, as an effective, resource-efficient treatment for people with a diagnosis of BPD. Most specialist treatments for BPD require specific training, while the highly manualised nature of STEPPS enables it to be delivered effectively by clinicians who are not routinely and extensively trained in psychotherapeutic interventions. This resulted in a multidisciplinary team of facilitators with a broad range of clinical skills that added to the richness of the treatment and the patients' recovery journey. Different measures were used to build on the previous evaluations of the STEPPS programme. These measures show a significant reduction in patient affinity for unhelpful schemas as well as an increase in patients' self-reported quality of life.

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Ready-JET-Go: Split flow accelerates ED patient throughput

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Patient throughput metrics in emergency departments are receiving increased attention by accrediting agencies such as The Joint Commission and the Centers for Medicare and Medicaid Services as a way to assess performance. There is a direct correlation between delays in throughput and patient satisfaction scores which are used to assess performance and can impact the compensation that healthcare institutions receive. The split flow model of patient care modifies the traditional triage process and separates mid-priority patients into lower and higher mid-level triage designations. The lower mid-level priority patients are seen in a separate area of the ED that has a concentration on the team approach to patient care. Patients are assessed and treated simultaneously by a team comprised of two registered nurses, a physician, and a patient care technician. This model was introduced at Virtua Voorhees Emergency Department (ED) in the spring of 2014 as an attempt to improve throughput times and patient satisfaction scores. The staff was engaged during the planning, educational development and simulation exercises that prepared them for the change in patient care process. The resulting changes in throughput times and patient satisfaction scores showed that this process had significant positive impact on these metrics. As volume has continued to increase, we have examined additional innovative care delivery models that will help our emergency department to deal with these increases in patient visits.

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