

# Quality of care in biopsychosocial complexity.

## Risks and health care needs of patients with psychiatric comorbidity scheduled for elective surgery: the INTERMED Self-Assessment questionnaire.

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### Introduction

In at least 25% of adult inpatients in a general hospital psychiatric disorders and/or behavioral problems are seen in addition to somatic disorders. If a somatic and psychiatric condition occurs simultaneously with a mutual negative influence then one speaks about comorbidity<sup>1</sup>. Research shows that in these patients with biopsychosocial complexity poor health outcomes are more often seen such as an increase in length of stay, reduced clinical improvement and higher risk of mortality. Health care use is higher and quality of life is decreased<sup>2</sup>. Improving quality of care in an early stage for patients with psychiatric comorbidity scheduled for elective surgery is part of the mission of Tergooi to provide the best possible care<sup>3</sup>. For this purpose a biopsychosocial model was used (figure 1).

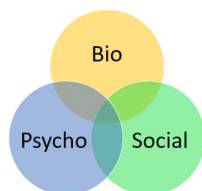


Figure 1: The biopsychosocial model of Engel (1977).

### Objective

The aim of this study was to find the best method to identify risks and health care needs in the preoperative phase of patients with psychiatric comorbidity scheduled for elective surgery and how to apply this method.

### Methods

The design of this research was descriptive and qualitative. Various approaches have been used to find the best method to assess risks and health care needs in patients with psychiatric comorbidity in the preoperative phase. First experts were consulted. These experts were asked which method according to them would be comprehensive to identify risks and health care needs. Next a literature search was performed to determine the reliability and validity of methods suggested by these experts and to find other methods. Third an Invitational Conference has been attended to find out whether a perioperative guideline was available for patients with psychiatric comorbidity and to see if this could contribute to better preoperative screening in an early stage. The suggestion of one of the experts to use the INTERMED Self-Assessment (IMSA)<sup>4</sup> was accepted. In order to optimize conditions to apply the IMSA several strategies have been followed. First of all experts, stakeholders, peers and others involved have been consulted to determine influential factors for implementation of the IMSA. Secondly, research has been done to see if this method is used elsewhere in the Netherlands and to find out if this could be useful for implementation. Finally, to increase the chances of a successful implementation a model of complex change has been used (figure 2)<sup>5</sup>.

### Acknowledgements

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### References

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### Managing Complex Change

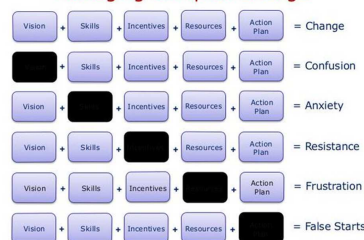


Figure 2. Model for Managing Complex Change, (Knoster,1991).

### Results

The IMSA appeared to be the best available method to assess risks and health care needs in biopsychosocial complexity to provide tailored care in the preoperative phase. Literature research showed that the IMSA is a generic and time-saving method with good reliability and validity in different cultures with a Cronbach's alpha of 0.80. A score of  $\geq 19$  indicates complexity<sup>2</sup>.

Other methods suggested by experts did not seem to be applicable because they aimed to assess only mental health instead of somatic comorbidity. No other suitable methods were found in literature other than suggested by experts. There's no perioperative guideline available for patients with psychiatric comorbidity that could contribute to better screening in an early stage. The IMSA is not applied elsewhere in the Netherlands, so there's no example how to apply this method. For that reason, a pilot with the IMSA will be conducted at the department of orthopedics of Tergooi. The aim of this study is to determine the feasibility of implementing the IMSA questionnaire in the preoperative phase, in the outpatient clinic for patients scheduled for a total knee arthroplasty (TKA). In this study we will also measure the prevalence of complexity in TKA patients and to find out if there is a correlation between complexity and length of stay. In case complexity is determined by the IMSA, research will be done to explore if timely referral to psychiatry takes place.

### Conclusion

By using the IMSA, biopsychosocial complexity can be recognized in an early stage. The most important determinant for implementation is the positive attitude of professionals towards the innovation. Problems can arise to complete the questionnaire because of its length. It is recommended to use the expertise of a nurse practitioner to assess the biopsychosocial outcome of the IMSA so timely referral to psychiatry or other specialists can take place. In this form quality of care can be improved for patients with psychiatric comorbidity in the preoperative phase. Better outcomes can be expected in the form of reduced length of stay, improved quality of life, less complications and more patient satisfaction.