Description of a Geriatric Medical/Psychiatry Unit in a Small Community General Hospital

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Abstract

This article describes a geriatric medical/psychiatry inpatient unit (GMPU) in a small community general hospital. A program description and data from the second year of the unit's operation are presented. The GMPU provides comprehensive geriatric assessment and interdisciplinary treatment for frail, medically ill elderly patients with neuropsychiatric disorders. Many of the patients have dementia or other neurobehavioral disorders, and most reside in nursing homes. The GMPU provides a valuable clinical link in the continuum of care for the elderly. Moreover, it has proven to be an economically viable financial asset for the hospital.

Providing comprehensive care to frail geriatric patients with comorbid medical and psychiatric problems and functional disabilities severely challenges conventional hospital services. General medical conditions, or the drugs used to treat them, commonly cause or exacerbate psychiatric problems such as anxiety and depression, which are highly prevalent among the elderly. Psychosis, depression, agitation, or violent behavior frequently complicate dementing illnesses such as Alzheimer's Disease. Psychiatric disorder, in turn, may trigger medical decompensation or contribute to functional impairment. Frail patients may try to hurt themselves; refuse to eat, drink, or to take needed medicines; disrupt their families or nursing facilities; or physically assault their caregivers. Such problems often are severe enough to warrant hospitalization. General psychiatric units usually do not provide the level of concurrent general medical management or physical assistance with ambulating, toileting, dressing, and grooming, required by many elderly patients. Hospital medical/surgical floors do not offer the therapeutic milieu of a psychiatric unit nor are they able safely to contain the severely disturbed behavior of some elderly patients with neurobehavioral disorders. When medically brittle, functionally dependent geriatric patients need psychiatric hospitalization, the appropriate setting for care may not be apparent.

During the past 10 years, medical/psychiatry inpatient units have been developed to provide a unique, integrated approach to the evaluation and treatment of psychiatric problems among adults and children with concurrent medical disorders.1-10 These units appear to represent a clinically effective model of service delivery. Most of the units described in the literature serve mixed age

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groups, including elderly patients. Many are found in academic medical centers. There are medical/psychiatry units that focus on particular problems such as head injury or eating disorders, or a specific age group such as children. There are no published reports, however, describing a medical/psychiatry unit specifically designed for geriatric care. This article provides a program description of one such unit, located in a small community general hospital, and presents descriptive data from a review of the records of patients treated on the unit during its second year of operation.

Description of the Program

Clinton Hospital is a 54-bed, JCAHO*-accredited, community general hospital, located in Clinton, a central Massachusetts town of 14,000. In 1989, as part of the hospital's strategic development plan, a 20-bed, locked, DRGt-exempt, geriatric medical/psychiatry unit (G MPU) was opened. The unit is licensed as a psychiatric unit and can accept involuntarily committed patients under Massachusetts mental health laws.

The unit was developed in underused space previously occupied by a medical/surgical unit. Various physical plant renovations were necessary to enable the site to conform to the appropriate codes of the Massachusetts departments of Public Health and Mental Health. Establishing good working relationships with these agencies during the planning phase was helpful. Both agencies have become enthusiastic about the program, which they see as meeting the needs of underserved patients. Moreover, their familiarity with the goals of the program and the senior staff facilitated a more flexible interpretation of the codes as they applied to this unique population of patients. The total cost for necessary physical plant renovations was approximately $100,000. Changes that needed to be made are listed in Table 1.

The unit is designed to serve elderly patients with comorbid psychiatric and medical illnesses and functional disabilities. Its goals are to relieve emotional distress, diminish disturbed behavior, improve function, and maximize independence. The clinical approach is based on the principles of comprehensive geriatric assessment. Application of comprehensive geriatric assessment in the G MPU focuses on four core aspects of care. These consist of (1) diagnosis and treatment of psychiatric problems seen in the frail elderly such as anxiety, depression, schizophrenia, and the psychiatric manifestations of neurologic illness; (2) recognition and management of the psychiatric complications of medical problems or their treatments; (3) assessment and treatment of caregiver burden among family or nursing home caregivers; and (4) functional evaluation and rehabilitation.

Patients are admitted who meet utilization review criteria for acute psychiatric hospitalization and simultaneously require concurrent medical management and/or substantial physical assistance. The G MPU functions as a Type IV medical/psychiatry unit, according to the classification of Kathol et al., in that it can handle all medical problems not requiring an intensive or coronary care unit. Patients are transferred from the G MPU to a general medical floor either because intensive care is needed or when the patient's medical condition obviates the need for further psychiatric treatment (e.g., coma).

Staffing and program design are consistent with models already described in the literature. Nursing staff have extensive medical and surgical experience, plus a variable amount of psychiatric training or experience. Each patient receives 6.3 hours of nursing care per day. A primary care nursing model is used.

The unit's two psychiatrists are experienced geriatric psychiatrists. They are responsible for initial and ongoing neuropsychiatric diagnostic evaluation of each patient. Psychiatric diagnoses are made according to DSM-III-R. The psychiatrists also manage all psychopharmacotherapy, which is a main focus of treatment for most patients, and individual psychotherapy for the smaller subset of

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*JCAHO = Joint Commission on Accreditation of Healthcare Organizations.
†DRG = diagnosis-related groups.