

**Title of Presentation:** Research In A Clinical State-University Collaboration

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State hospitals have been attempting to shift focus from symptom control to wellness and recovery/rehabilitation, requiring new programming and attitudinal/cultural change. Our State-funded collaboration's unique features include a multidisciplinary university team of nursing, psychiatry, rehabilitation, and social work faculty from several schools and clinical services (n=12-15). Initiated in 1999, its focus has been on training, program development, and clinical unit-based consultation, now extended to four hospitals. The collaboration proceeded by engaging key stakeholders, especially hospital leadership, assessing staff/patient/organizational needs, developing interventions, implementing projects collaboratively, assessing outcomes, and, ultimately, transferring project responsibility to the hospital. Starting at the first hospital involved in the affiliation, research was an unanticipated outgrowth of performance improvement and other clinical projects. These related to issues such as polypharmacy, violence, treatment team function, delayed or missed discharges, and staff turnover. The research was fostered by

enthusiasm for the clinically relevant projects, the background research experience and skills of faculty and staff; and by its enhancement of staff morale and retention. Research studies often overlapped with hospital performance improvement projects and rarely reflected prior university-faculty interests. They regularly involved hospital staff from multiple disciplines, with university faculty serving as collaborators and mentors. Regular research meetings (co-led by university faculty and the hospital Chief of Psychiatry) included some staff new to research.

The emergence of research became evident only after several years of the collaboration. It was associated with development of an information infrastructure, adapting and merging several large clinical databases to ongoing performance improvement protocols. With the encouragement of the chief of Psychiatry and the director of Nursing, as well as of the CEO, specific hospital staff became identified with “research” aspects of the projects, fostering a new institutional culture of research. A mechanism for program oversight through the State division of mental health was also established. Projects resulting in published manuscripts or peer-review presentations have related to polypharmacy reduction, nursing staff attitudes, educational effects on staff attitudes, valproic acid toxicity, a new patient intrusiveness scale, clinical programming to facilitate discharge, and staff therapeutic engagement. Representative projects included: 1) a violence reduction program focusing on the 4% of patients with 36% of violent episodes (resulting in a 10% reduction in such episodes); 2) a low intensity antipsychotic-polypharmacy reduction project (resulting in a 10% reduction in polypharmacy, largely for patients not receiving depot medications); and, 3) development of a novel intrusiveness scale assessing a dimension of patient behavior distinct from general psychopathology (e.g., BPRS score) and found to be associated with perpetrator ( $p < 0.02$ ) and victim ( $p < 0.01$ ) in-hospital incidents.

Performance improvement projects and collaborative clinical studies have contributed to a gradual shift in a culture that had viewed “research” with suspicion and trepidation. It has contributed to a more rigorous clinical environment, with increased solicitation of core consultative/educational university interventions. By developing protocols in response to actual clinical issues, research findings are more likely to influence clinical practice. The multidisciplinary nature of the research, while challenging to implement, has permitted a broader view of service issues and has fostered interdisciplinary cooperation hospital-wide and within the multidisciplinary treatment teams. Several projects will be presented along with discussion of benefits, barriers, and challenges facing this aspect of our State-University collaboration.