

The Effect of a Novel Transitional Care Service Program on Adult Psychiatric Patients Hospitalization Rates and Days of Hospitalization

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Background

• We, in the mental healthcare arena, are obligated to develop and participate in innovative and effective ways to address the issues of psychiatric rehospitalizations and spiraling healthcare costs. Recent studies point to concerns that mental health patients may be receiving little formal help for psychological distress once discharged.

• Transitional Care Programs (TCPs) are innovative forms of care which aid in linking post hospitalized psychiatric patients with after care services. Persons who have a greater number of prior psychiatric hospitalizations are likely to be re-hospitalized, and case management services have shown a statistically significant protective effect against re-hospitalization.

Purpose/Aims

The purpose of this study is to evaluate the effectiveness of a Transitional Care Program (TCP) on the reduction of psychiatric rehospitalizations and days hospitalized among study participants. The data is compared to statewide psychiatric rehospitalization rates and days hospitalized, in order to establish if a TCP shows a reduction in compared rates.

Study specific aims are to:

1.) Describe the Program participant demographics for a specified time period

2.) Evaluate the statewide psychiatric hospitalization rates and days hospitalized among the commercially insured client, compared to Program participant's hospitalization rates and days hospitalized for a specified time period

3.) Measure dropout rates and completion rates in order to assess patient participation in the Program over a specified time period.

Methods

<u>Design:</u> This project will employ a retrospective chart review, using a consecutive sampling method which involves all clients that have agreed to participate in Program from January 1, 2016- December 31, 2016. Program clients' hospitalization rates and days hospitalized will be compiled over a 6, 12, and 18 months follow up. Statewide data is obtained from the commercial insurance through a shared cooperative agreement, but is also publicly available if requested.

<u>Setting:</u> The Program offices are located at 2 sites across the eastern part of the state of Rhode Island. TCP staff consists of a prescriber, a clinician or therapist, a case manager, and a peer specialist. Participants are seen at least once every two weeks by one or more team members over the course of up to a 12 month period. At times extensions are awarded to patients who express destabilization. Services are reimbursed via a bundled reimbursement by the commercial insurance. Patients pay one monthly copay for access to services.

<u>Participants:</u> Study participants are all Program clients (all psychiatric or mentally ill and substance abusing clients), over the age of 18, who were hospitalized for a psychiatric condition within the year prior to becoming engaged in the Program. All clients entered into the Program from January 1, 2016 to December 31, 2016 are eligible to be entered into this study.

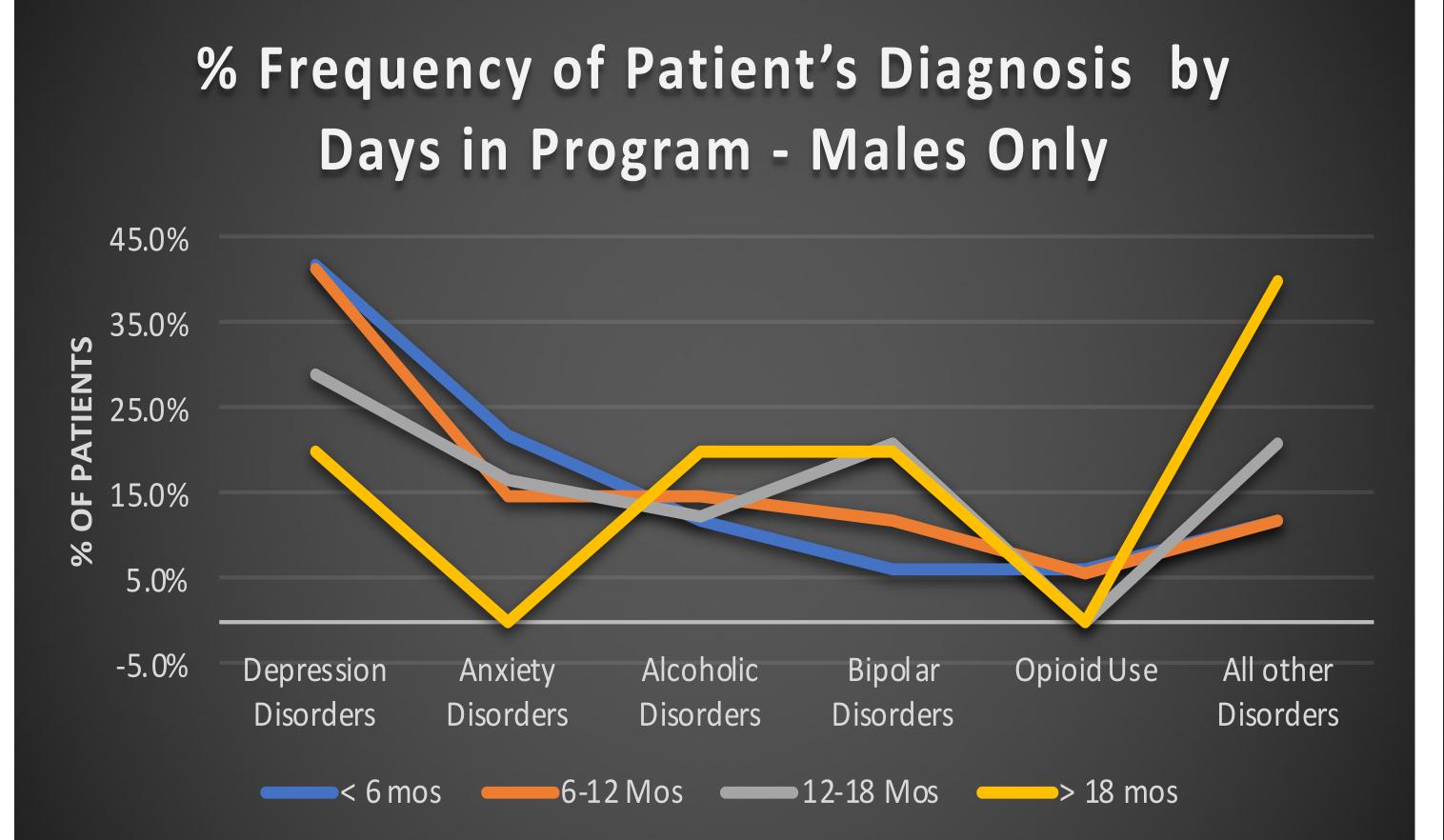
Participant Results

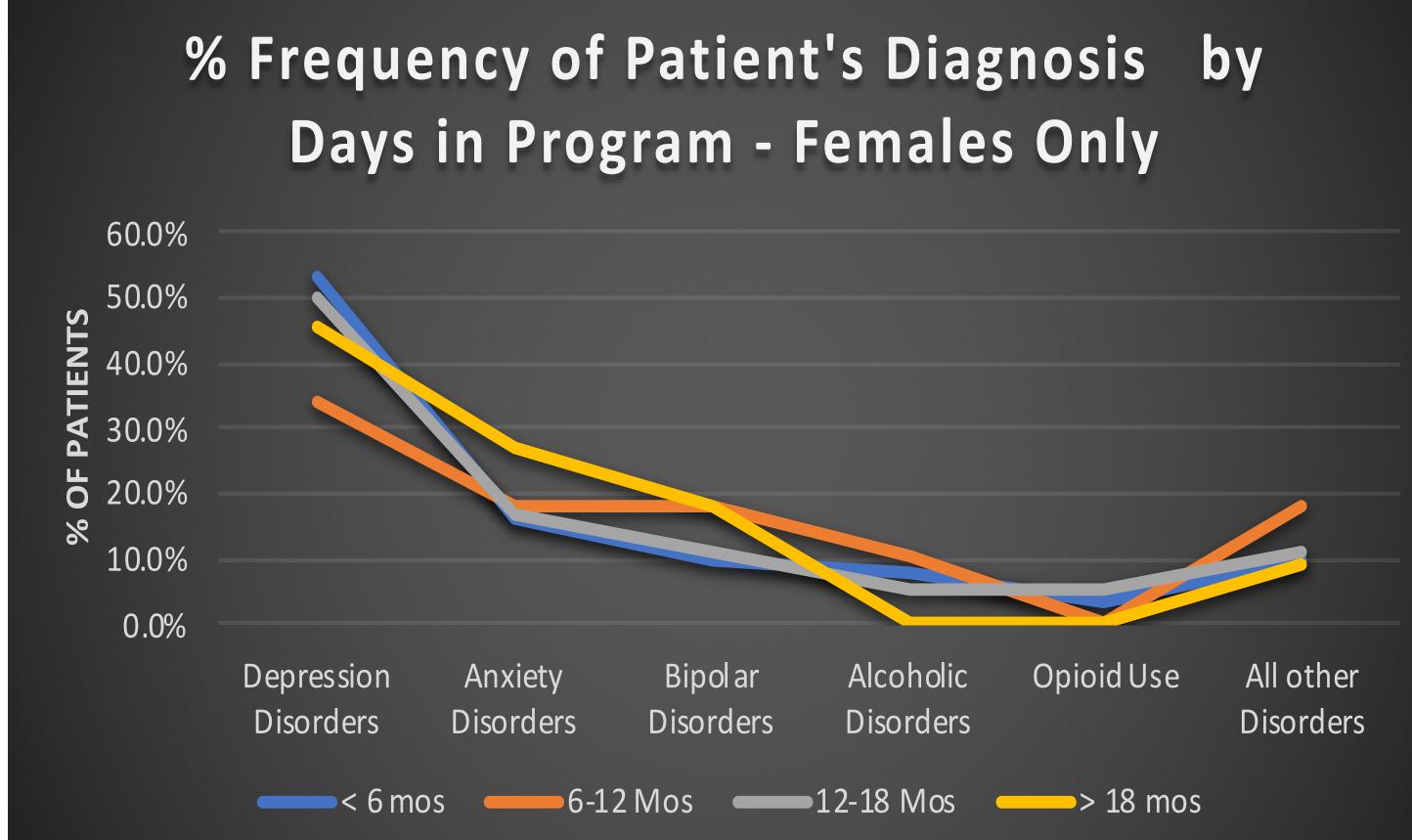
(N=285) Greatest Percentages in Categories

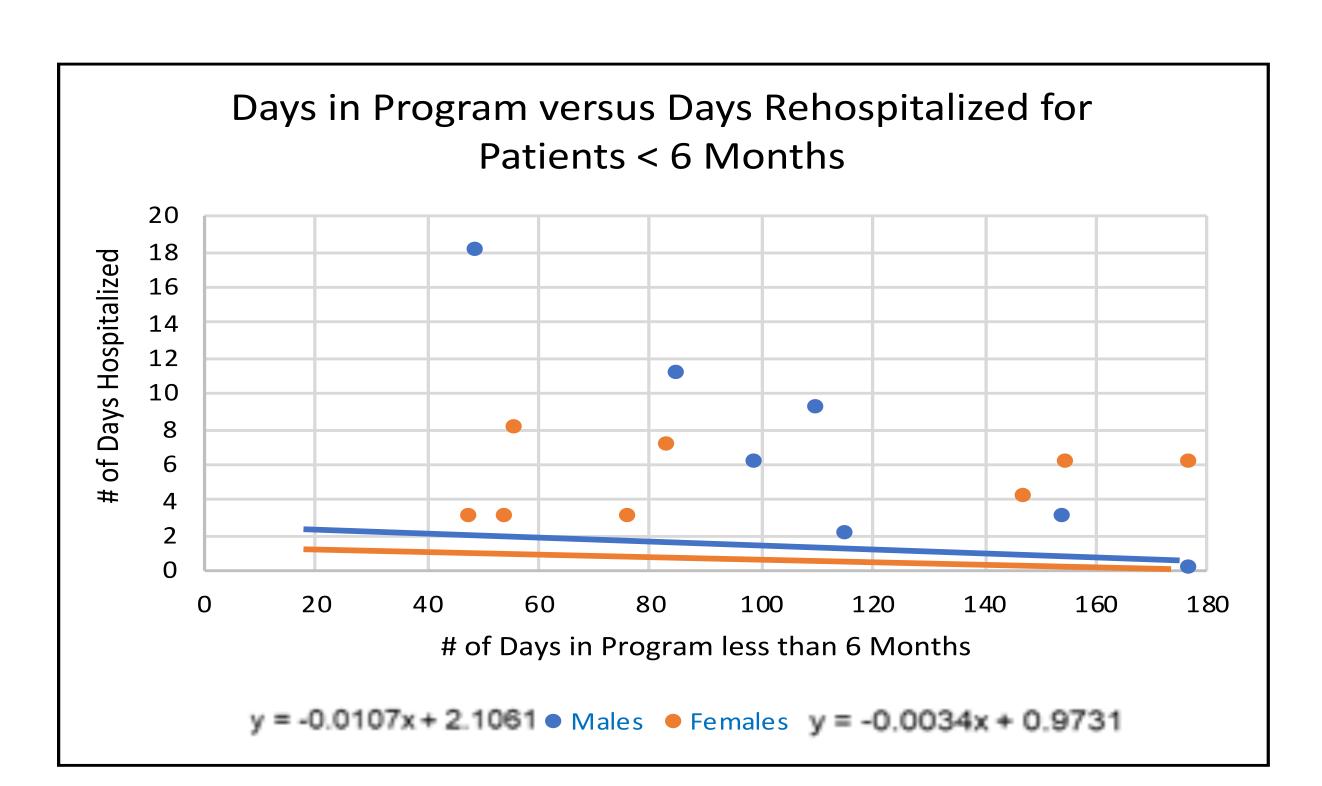
- 43% were male, 56% were female, and 1% were transgender
- 88% were Caucasian
- 68% were unmarried
- 48% were unemployed

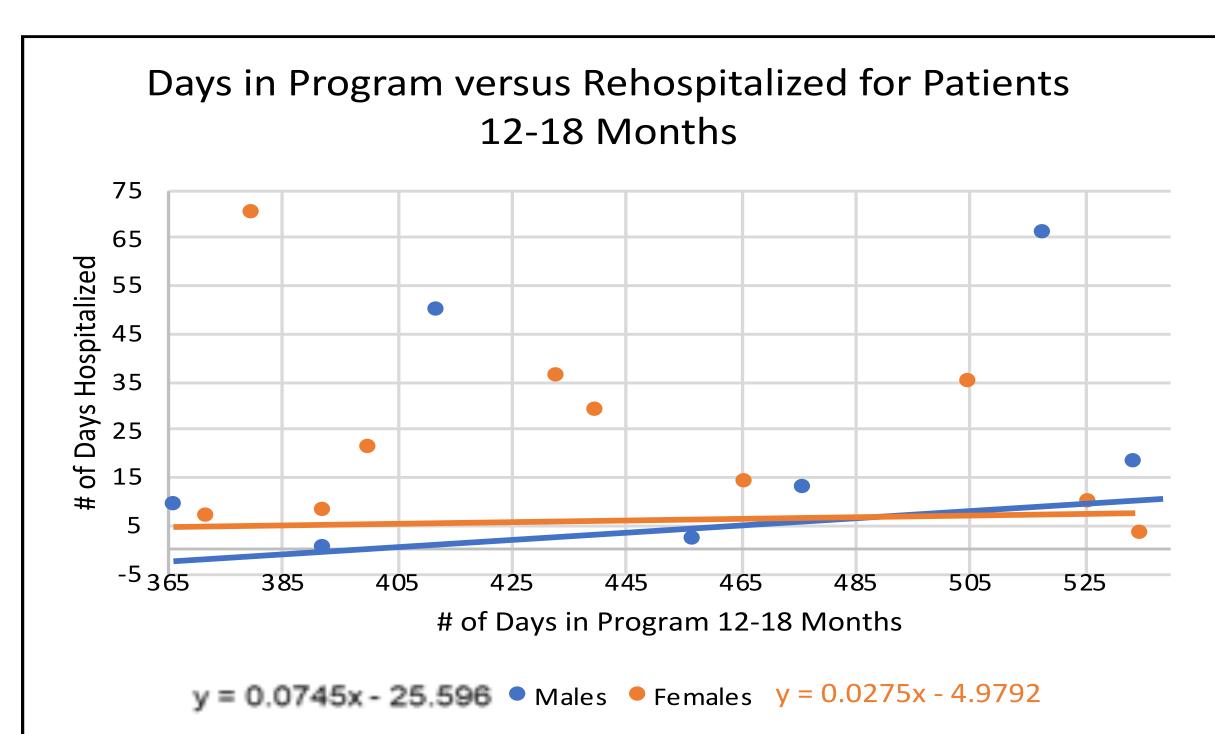
77% did NOT live alone

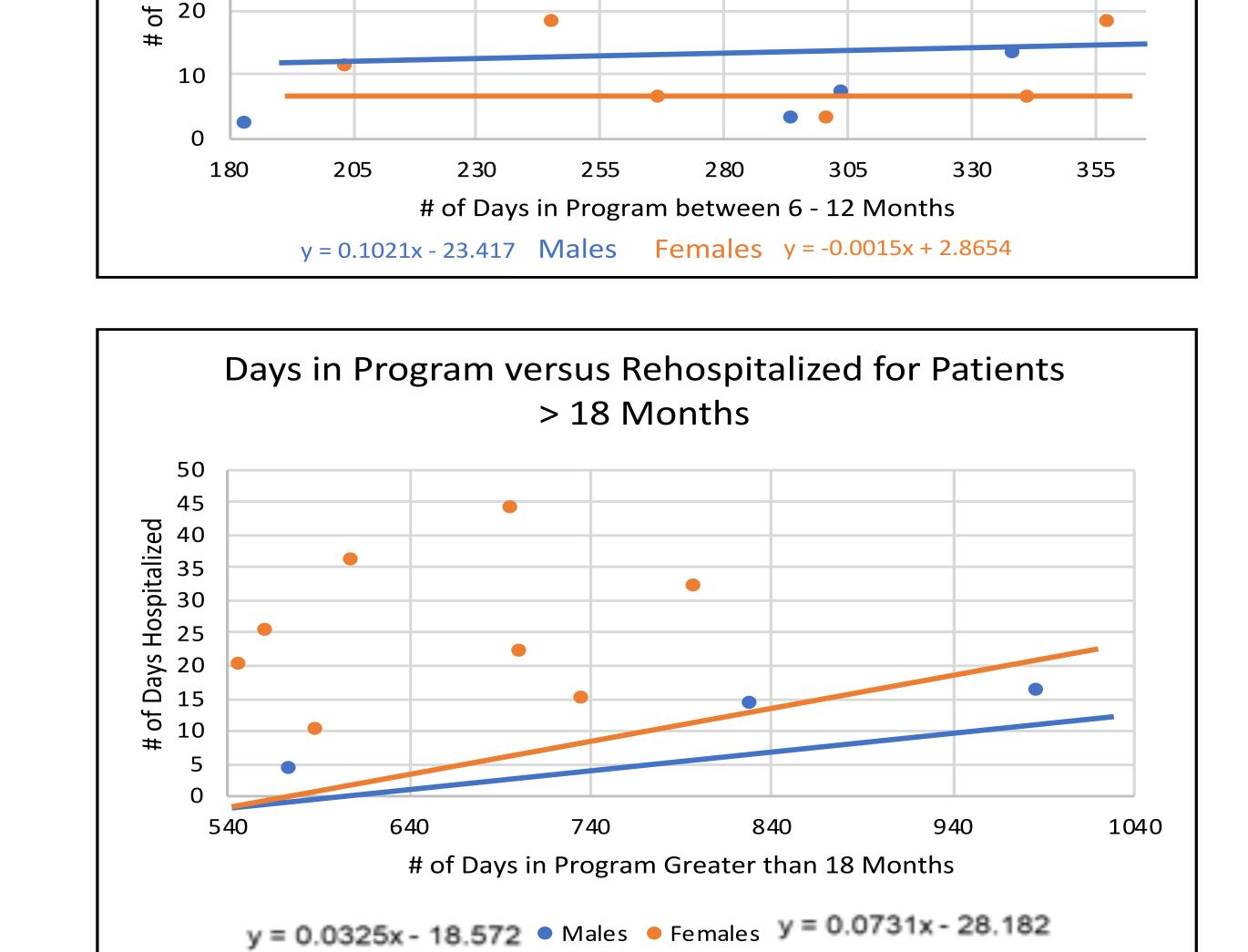
- 70% used substances in the past and 63% used substances in the past year
- 43% had suicidal ideation in the past and 54% had suicidal ideation in the past year
- 20% were rehospitalized while in the Program but 71% were not
- 50% of males enrolled in the Program completed the Program and 54% of females completed the Program





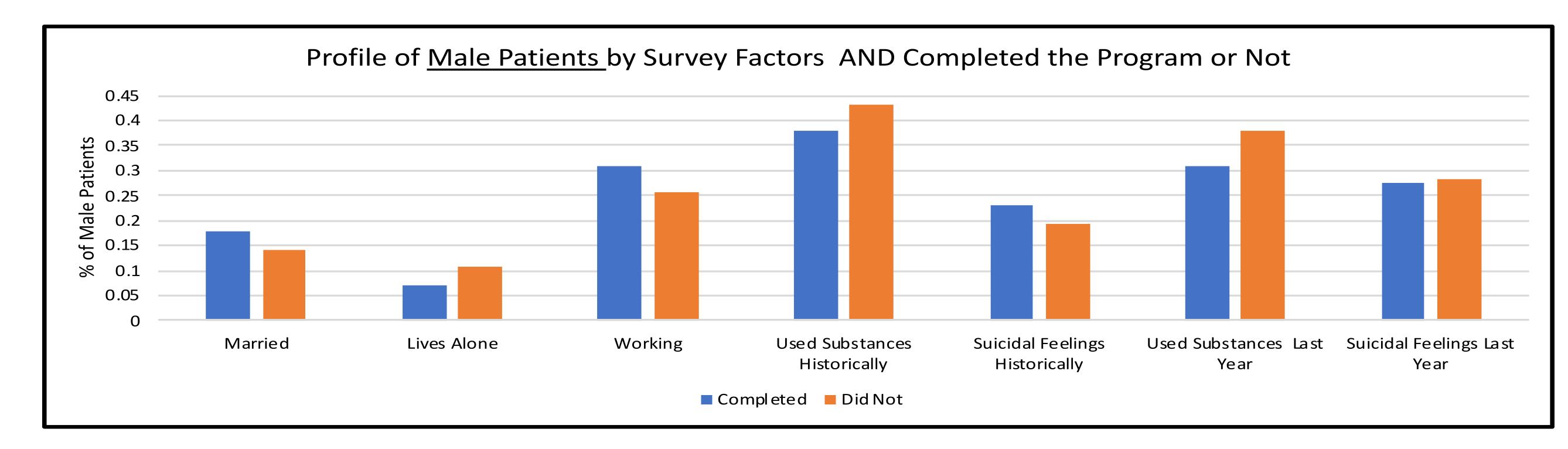


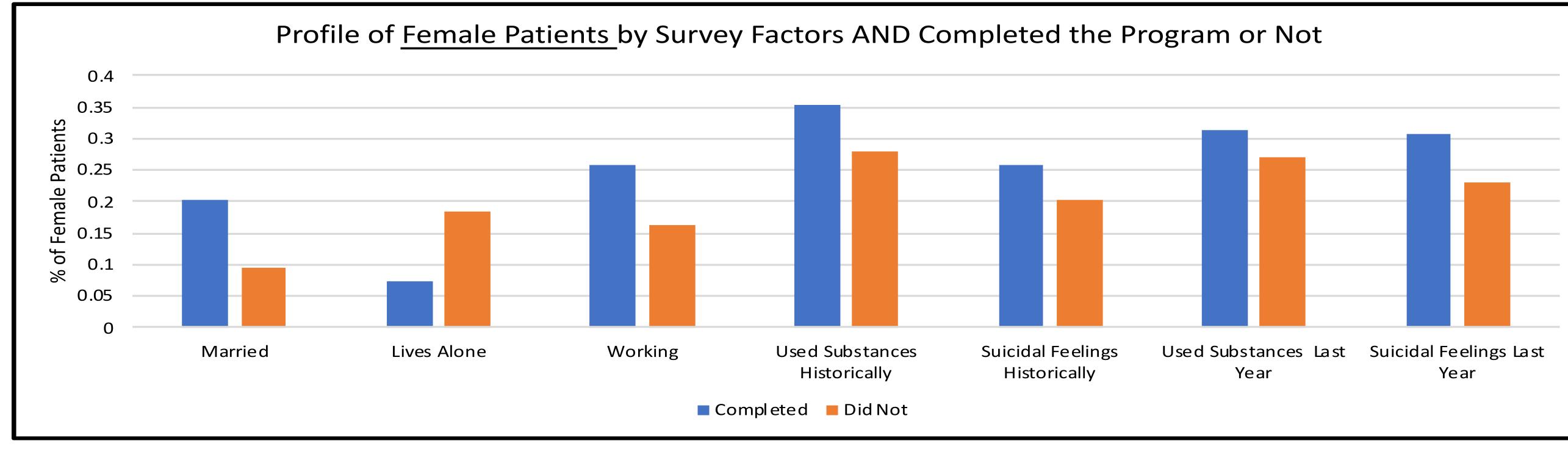


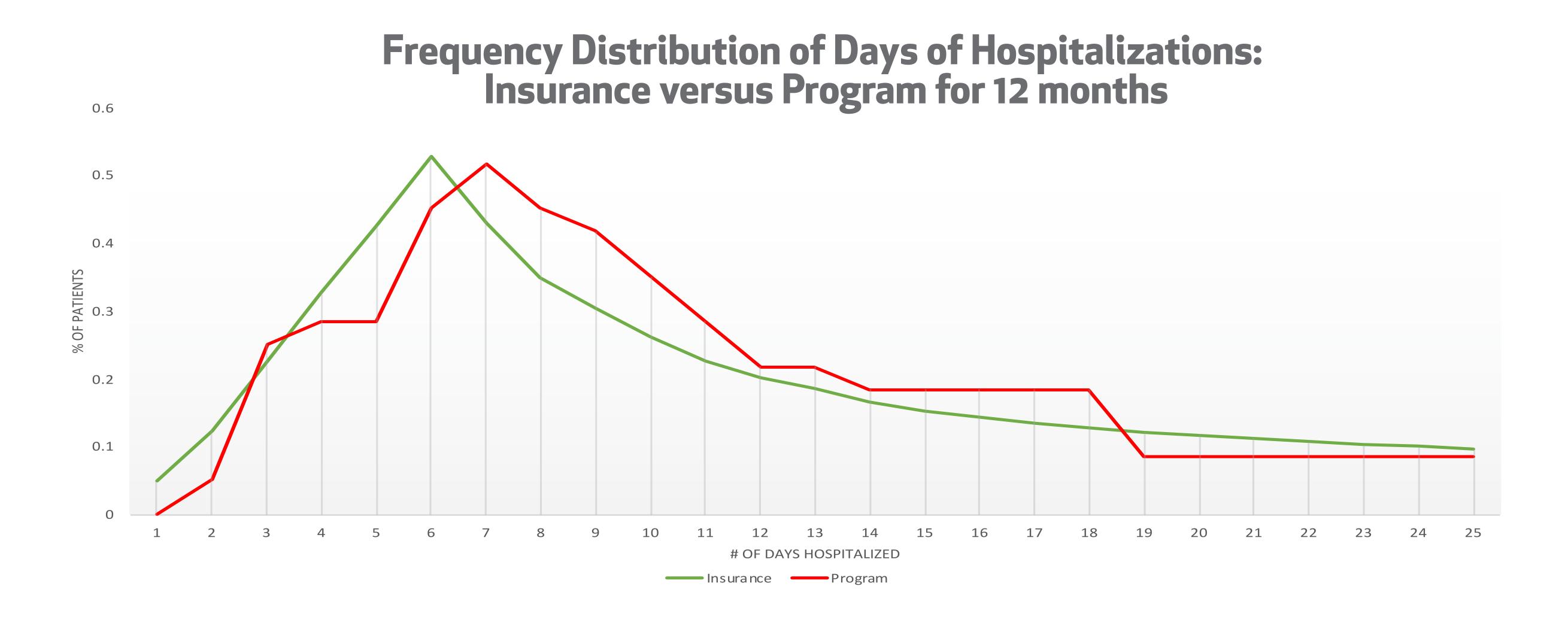


Days in Program versus Rehospitalized for Patients

6-12 Months







Findings

The information obtained from this study is important in revealing which factors influence completion rates and rehospitalization rates for participants of this TCP. These key findings are significant in that they can help Program administrators and providers tailor their efforts to help participants successfully complete the Program, and more effectively transition to their communities. But, of course to also keep them from being re-hospitalized.

Analyses indicate:

- Male participants were more likely to abuse alcohol than females, and were less likely than females to complete this type of Program. However females used and continued using illegal substances as much as males.
- It showed that more females had suicidal ideation, and females who were rehospitalized for the longest period of time had suicidal ideation and substance use throughout time in the Program.
- One of the most important findings was that those participants who stayed in the Program longer were more likely to be rehospitalized than those that completed the program in
- 6-12 months. This may be due to the fact that the participants who stayed in the Program may have gone back to the hospital anyway, due to the longer capture times.

 In some cases, these psychiatric patients may have utilized rehospitalization as part of their treatment, particularly if a detox was required or an additional suicide attempts were
- made. Additionally, these participants could have had personality disorders that led to dependency issues that may have impacted rehospitalization.

Recommendations

- Implement targeted educational and outreach interventions, specifically for female participants with known past psychiatric hospitalizations, depressive disorders, past or present suicidal ideation, and past or current substance use; as these participants may be the highest risk group for rehospitalization.
- Work with participants on plans for eventual discharge and begin this planning on entry into the Program. Enhance participant coping skills and independence at the start of Program participation and throughout.
 Target weekly outreach by one or more team members in an effort to keep all participants engaged in the Program. Offer psychoeducation to all participants on the importance of
- maintaining sobriety.
 Engage with participants and help them feel comfortable on reporting their suicidal thoughts to any team member. Encourage using suicide Hotline number as needed 24/7. Provide
- coping skills for those with suicidal ideation, early on into the Program.

 Consider reducing the amount of time participants spend in the Program to 6 months or less, and by the same token transition to community services sooner.
- Train team members on the importance of recognizing that a TCP is not a long-term solution to provision of psychiatric care; and in some cases, stabilization is the highest level that can be achieved.
- Engage participants in employment and socialization opportunities midway into the Program, not at the end. These opportunities may affect participants' sense of worth and possibly reduce risks for rehospitalization while in the Program.

Implications for Psychiatric Nursing Practice

- The role of the Advanced Practice Nurse (APN) as a gatherer and disseminator of evidence-based information is paramount to nursing practice. It allows for integration of evidence combined with clinical expertise. This research can provide ways to improve Program functionality, while better addressing participant needs.
- APNs can participate in TCPs and are philosophically, ethically, and educationally poised to help integrate, collaborate, and expand care and services across disciplines for the commercially insured psychiatric post hospitalized patient.
- APNs can support patients and families as they re-enter the community post psychiatric hospitalization through TCP approaches.
- APNs can provide access to care across the continuum and therefore create opportunities for cost savings, while bolstering supports and benefiting those that need services most.
- APNs can use findings from this project to aid in determining best practices for this high-risk psychiatric population.

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Acknowledgements

This author would like to acknowledge her Expert Mentor Dr. James K. Sullivan of Brown University Medical School, and her Northeastern University Advisors: Drs. Ann Polcari, Ethan Schuler, and Michelle Beauchesne for their guidance, support and significant aid during the writing of this manuscript. Dr. Dennis Avola was a key collaborator on the preparation of tables and graphs, as well as preparation of the linear regression data analyses. Philip Gedarovich was a significant resource on the design of this poster.

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