Outpatient Services Provided at Discharge from an Inpatient Psychiatric Unit and Their Link with Readmission Rates

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Topic

This study explores inpatient psychiatric unit readmission rates and how to ensure patients receive the most beneficial level of care upon discharge.

Research Question

Does linkage with a higher level of care upon discharge from an inpatient psychiatric unit result in fewer future occurrences of readmittance?

Purpose

To gain a clearer understanding of patient needs upon discharge in an effort to reduce readmission rates and avoid continued upheaval of patient lives as well as continued strain on hospitals.

Literature Review

Acute psychiatric inpatient services, such as those offered at Clifton Springs Hospital and Clinic (CSH&C), are meant to stabilize and link patients with more appropriate long-term mental health care. As Nelson et al. (2000) state, since the 1980's inpatient mental health care has shifted focus to acute stabilization rather than a primary mode of treatment. Because of this shift, it is paramount that mental health systems ensure patients are linked with appropriate outpatient services to serve their needs and decrease future hospitalizations.

❖ Level of Outpatient Care
- Outpatient Mental Health Counseling: Patients who did not attend follow-up appointments were twice as likely to have readmission within a year (Compton et al., 2006)
- Assertive Community Treatment (ACT): ACT found to be beneficial to those with schizophrenia spectrum disorders and bipolar affective disorder who struggle in standard care (Munetz et al., 2019)
- Behavioral Health Case Management: Decreased hospital services when intensive case management was used for high utilization patients (Burns et al., 2007)

Literature Review Cont.

❖ Level of Outpatient Care Cont.
- Personalized Recovery Oriented Services: Decrease in hospitalizations from pre-PROS to post-PROS enrollment (White et al., 2018)
- Residential Services and Group Homes: Individuals with severe mental illness in supported housing experienced less time in the hospital than those utilizing standard care or case management (Aubry et al., 2014)
- Long-Term Hospitalization: Patients reported acquisition of useful life skills and increased social functioning upon discharge (Loch, 2014)

❖ Risk Factors for Readmission
- Personal Factors: Diagnosis, age, sex, treatment adherence, symptoms, housing problems, behavioral issues, comorbidities, a history of hospitalizations, socioeconomic status, marital status, insurance type, employment status, education level, and location of residency (Yamaguchi et al., 2019; Han et al., 2020)
- Institutional Factors: Units themselves, medications, care after discharge, locations of hospitals, hospital size and type, and experience of seclusion or restraint (Yamaguchi et al., 2019; Han et al., 2020; Akram et el., 2020)

Methods

❖ Participants: This study is a retrospective chart review. The participants are described as patients of Clifton Springs Hospital and Clinic's inpatient psychiatric unit. Charts were selected based on patient's admittance to the unit between November and December of 2020. The only requirement for admission onto the Woodbury 2 unit is that patients are 18 years of age or older.

❖ Materials: Unit computers will be used to access patient records to collect data and SPSS software will be utilized in data analysis.

Methods Cont.

❖ Design: The dependent variable will be if patients were readmitted to the unit within 30-days while the independent variable will be the treatment patients were discharged into prior to readmission, and neither variable will be manipulated. This study will be a between-group study, as not all participants received each level of care upon discharge.

❖ Procedure: Data will be collected via retrospective chart review and information about 30-day readmissions and level of care at prior discharge will be the only data collected. Upon collection, data will be analyzed in SPSS using a chi square test to observe any correlation.

Anticipated Results

Upon data collection and analysis I anticipate findings will show that patients who were discharged only to outpatient mental health counseling will have a higher readmission rate than those discharged to a higher level of care. From there, further research may be done to expand generalizability by including a larger sample size from various locations and looking at longer periods between admissions.

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