

Abstract Title: Moving Toward a Safer Journey: Improving Transitions of Care for Behavioral Health Patients from Inpatient Medical to Inpatient Behavioral Health Settings

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Purpose and Rationale: The purpose of this project was to design and develop a standard work to improve the communication in hand-over and transition of behavioral health patients from the inpatient acute medical to the inpatient acute behavioral health setting following medical stabilization. The goal was to enhance patient safety and optimize timely, appropriate patient placement. It was identified that there was a lack of clarity around the transition of care for behavioral health patients which contributed to longer lengths of stay, potentially unsafe transitions, and decreased patient and staff satisfaction.

Research Questions: What interventions can be implemented to decrease the potential for unsafe transitions for the behavioral health patient during the transition from one acute care setting to another? Has the implementation of the new Behavioral Health Case Coordinator role led to better medical clearance, safer handover and fewer patient readmissions to the acute medical setting post-transition?

Synthesis and Review of the Literature: A review of the literature suggests that when transitioning patients from acute medical to behavioral health settings, clear, detailed handovers from one care setting to the next are an essential component for patient safety. Precise documentation, interdisciplinary collaboration and verbal communication between the two teams of caregivers can lead to measurable improvement in the patient experience and a decrease in adverse events.

Methods/Procedures: In September 2015, Hartford Hospital held a week long project improvement kaizen. The current transition process was explored and areas in need of improvement were identified. Several key performance metrics were identified including the number of patients transitioned to the acute behavioral health setting before 2:00pm, number of patients readmitted to the acute care setting within 24 hours, average number of phone calls needed to transition a patient, and the length of time that a behavioral health patient remains on a medical unit following medical stabilization awaiting transition to a behavioral health setting.

Results: Results obtained from the data collection for a period of 8 months after the kaizen showed a significant improvement in all key performance metrics. Avoidable days were decreased from 49 days for 19 patients to 22 days for 15 patients. The number of patients readmitted to the acute care setting decreased from 66 to 13. The number of patient transitioned to the inpatient behavioral health setting before 2:00pm increased from 0 to 16.

Discussion/Application to Practice: The results of the project support the concept of interdisciplinary collaboration led by a single role dedicated to improving the safety, timeliness and communication of critical information during patient transition from the acute medical setting to the behavioral health inpatient unit. Structuring the medical clearance process and clearly defining the content of the handover process made measureable improvements to the effectiveness of safe patient transitions. Additionally, it was identified that future opportunities exist to further refine transition protocols with the aim of a safer, optimized patient experience.