

# Psychiatric Inpatient Post-Discharge Follow Up Improvement Project

Dr H V Gopinath, Angela Tecson, Dr Amyleen Hassanali, Kristale Heirich, Brendan Torok, Dr Frank Ervin

## Background

Studies show poor follow-up rate of 26% in 7- 30 days of discharge by Mental Health workers and Psychiatrists. This is linked to: higher re-hospitalization, missing from home and higher suicides. Early pre-discharge education, early engagement and follow-up by community workers and psychiatrists reduces readmission rates and ER revisit rates. Studies show early discharge planning can reduce length of stay.

## Education about Early Engagement



## Results

Data shows a reduction in LOS from baseline of 16 days to 12.5 days. Re-visit to ER post discharge within 90 days have not shown obvious improvement to date. Only 17.3 % had follow-up in the community and outpatient clinic consultation within 14 days. Survey shows most patients were satisfied with their inpatient experience in all domains.

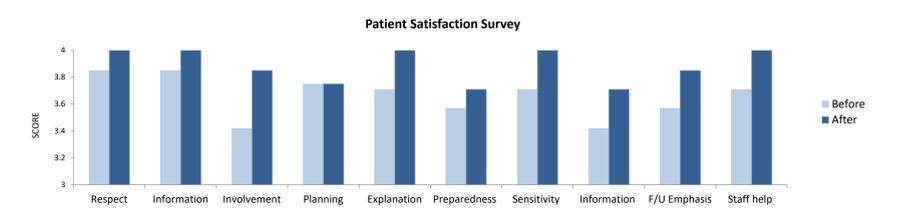
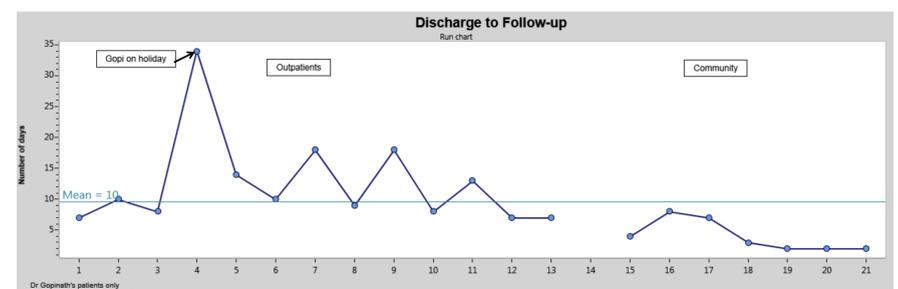
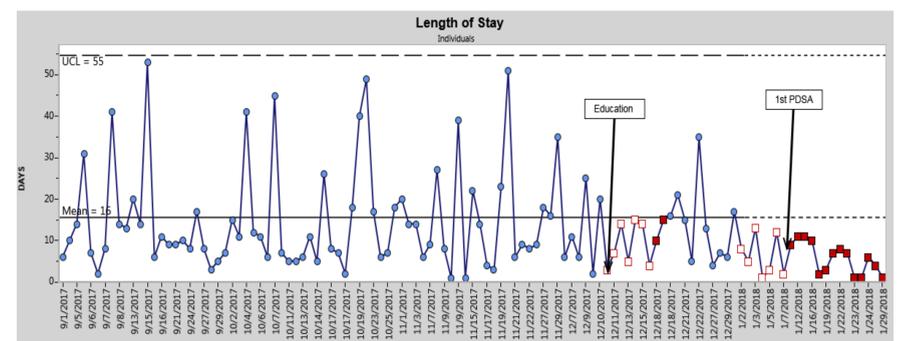


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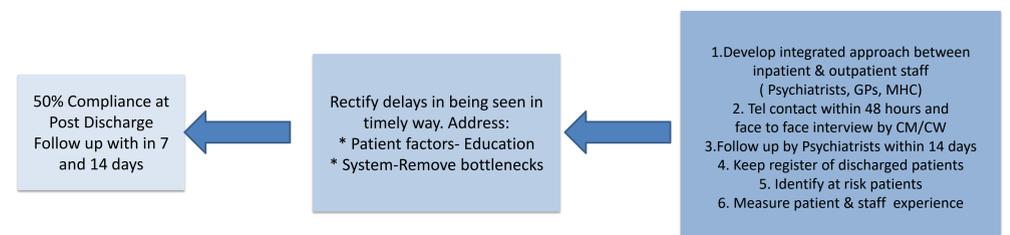
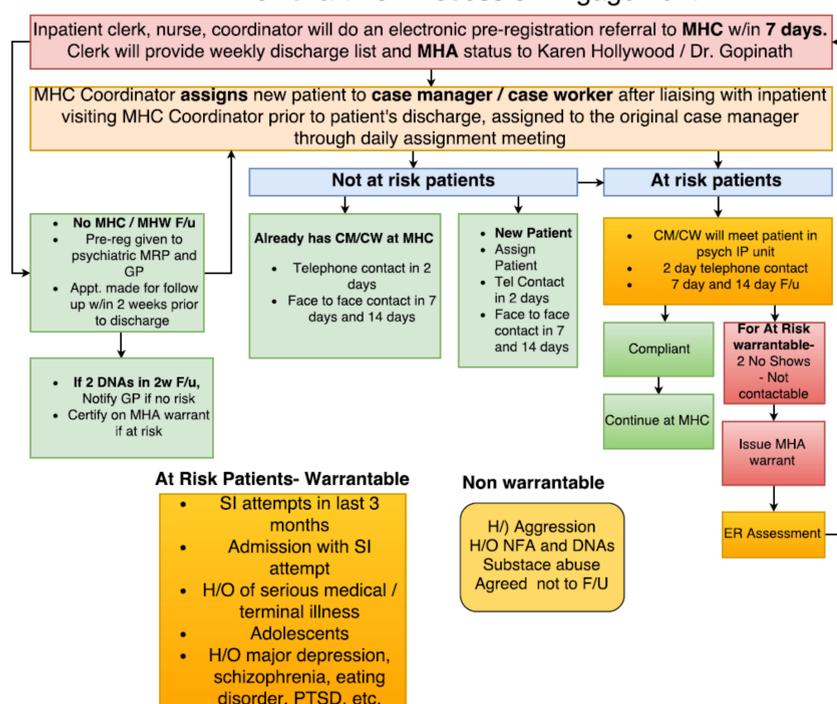
- To accomplish early engagement of discharged psychiatric patients for follow up by 50 % within 7 and 14 days by Mental Health workers and Psychiatrists

## Project Design & Strategy

Retroactive data collected from Fraser Health under agreement for 480/555 discharged psychiatric inpatients from Ridge Meadows Hospital between Sept 2016 to Jan 2018 for Length of stay, Community and Ambulatory clinic visits and ER re-visits and re-admissions. AWOLS, discharge AMA, refusal and non-requirement for follow ups, deaths, and transfer to different hospitals and institutions were excluded.



Flowchart For Process of Engagement



## References

- Durbin et al., (2007). Is Readmission a Valid Indicator of the Quality of Inpatient Psychiatric care? Hospital Mental Health Database, 2015-2016, Canadian Institute for Health information.  
Kapur et al., (2013). Psychiatric in-patient care and suicide in England, 1997-2008: a longitudinal study  
Meehan et al., (2006). Suicide in mental health in-patients and within 3 months of discharge.

## Lessons Learned

- Provision of written checklist on post-discharge services
- Re-engagement of revolving door and at risk patients who decline the services at discharge
- Explore utilization of urgent care outpatients or acute ultra-brief crisis admission
- Find strategies to strengthen the cooperation amongst colleagues through QI education
- Closer liaison with addiction team to prevent ER Revisits