Best Practices for Inpatient Psychiatric Facilities

Best practices identified through onsite visits with recruited inpatient psychiatric facilities with readmission rates below their respective state baselines.

Patient Engagement

- Discuss with the patient what factors contributed to their readmission
- Identify the patient's support persons
- Incorporate Teach Back

Family Engagement

- Facilitate a family session:
  - provide education on diagnosis
  - identify areas for supports
  - invite family to participate in patient's care and treatment team meetings
- Obtain consent and engage family within 72 hours when possible
- Incorporate Teach Back

Staff Coordination

- Coordinate a discharge call / meeting to discuss the patient's discharge plans
- Coordinate with Emergency Department doctors and floor/unit staff members
- Embed a social worker in the Emergency Department
- Coordinate Psychiatrist consults on the medical floor
- Facilitate/coordinate consultations between the Psychiatrist and Primary Care Physician for patient care reviews
- Obtain physician orders earlier in the day
- Establish relationships with pharmacies to assist with patient medication needs

Facility Processes

- Track patients closely during care: create/use patient dashboards to track readmissions across systems
- Utilize virtual behavioral health clinicians via telehealth or phone in high risk and rural areas
- Screen patients thoroughly and refer back to original placement (i.e. prison, state hospital, etc.) when possible rather than admit to the hospital
- Create an electronic database where clinical staff can enter and maintain current resources

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Best Practices for Inpatient Psychiatric Facilities

Best practices identified through onsite visits with recruited inpatient psychiatric facilities with readmission rates below their respective state baselines.

Coordination with Outpatient Providers

- Work with outpatient staff to coordinate care transitions
- Provide a warm handoff with outpatient clinic staff: coordinate a face-to-face visit prior to discharge when possible
- Have outpatient clinic staff initiate a call to welcome new patients
- Maintain a close relationship with community based mental health facilities, establish regular calls to discuss high risk patients

Follow-up Appointments

- Schedule outpatient follow-up appointments for patients within 7 days when possible
- Offer "bridge" appointments, a brief face-to-face appointment for patients whose follow-up appointments exceed the 7 day time frame

Discharge Process

- Include an individualized, step-by-step crisis plan with the discharge paperwork to help patients utilize all support options available to them prior to coming to the Emergency Department or readmitting to the hospital
- Provide small, wallet-sized cards with emergency phone numbers for crisis situations
- Include a specific pharmacy on the discharge paperwork along with a specific plan for how the patient will acquire the medications
- Confirm that prescribed medications are accessible and affordable
- Provide resource lists for patient's identified needs
- Have discharge coordinators available on units
- Provide assistance to patients with higher needs (especially older adults) by helping coordinate: scheduling in-home care and follow-up appointments, faxing x-ray reports, coordinating between providers, sending prescriptions to the pharmacy, providing requested information to outpatient facilities, and conducting follow-up meetings with families

Phone Calls to Patients

- Conduct follow-up calls to patients within a week of discharge from hospital to answer questions, assist with care coordination, etc.
- Provide reminder calls to patients regarding upcoming appointments, medication refills, etc.
- Follow-up with patients about missed appointments

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