Reduction of Readmission Rates After Pediatric Behavioral Health Admission

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Introduction & Problem Significance

- Mental health admissions have increased in US, especially 10–14-year-olds
- 1/5 all pediatric admissions attributable to mental health illness, surpassing asthma
- US pediatric preventable readmission rates 3-23%
- Increased odds of readmission in youth with mental health conditions
- Overall readmission rate of 7% for 30 days and 19% for 90 days on Medical Behavioral Unit (MBU) at implementation site in 2021

Design:

- pre-/post-test intervention

Setting:

- 10 bed acute care medical behavioral unit, large pediatric academic center on U.S. east coast

Sample:

- Control: all patients discharged to home from MBU with principal behavioral health diagnosis June, July, August 2022
- Intervention Group: all patients discharged to home from MBU with principal behavioral health diagnosis September 12, 2022-December 11, 2022

Ethical Considerations:

- Implemented after receiving approval from School's Project Ethical Review Committee and Institutional Review Board at implementation site

Interventions/Procedures:

- Standardized phone script was developed
- Chart reviews performed on control group
- Telephone calls completed 48-72 hours post discharge on intervention group

Analysis:

- Descriptive statistics of central tendency (counts and percentages)
- Statistical analysis with chi square test conducted using SPSS software

Methods

- Evaluate effectiveness of follow up discharge phone calls on reducing readmission rates when completed 48-72 hours post discharge over 12 weeks
- Determine feasibility of time and resources for calls

Aims

1. Determine if post discharge calls completed 48-72 hours after discharge decrease 30- and 60-day readmission rate for patients discharged to home from MBU after behavioral health admission
2. Determine feasibility using post discharge evidenced-based phone call to decrease readmission rates over 12-week period using a time metric

Results

Patient Demographics

- 69 participants, aged 5-19 years
- 35 patients (57% male, 43% female) control group
- 34 patients (68% male, 32% female) intervention group

Call Completion Rate (n=34)

- 21% call completion rate
- 79% call completion rate

Readmission Rate Pre and Post Intervention

<table>
<thead>
<tr>
<th></th>
<th>Control Group (N=35)</th>
<th>Intervention Group (N=34)</th>
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<tbody>
<tr>
<td>Yes</td>
<td>26</td>
<td>24</td>
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<tr>
<td>No</td>
<td>9</td>
<td>10</td>
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Discussion

- Post discharge calls have value
- Detect gaps in discharge process. Identify patients at risk for readmission, receive feedback to increase patient & family care experience

Limitations

- Small sample size
- One caller
- Opportunity for caller to debrief if needed

Sustainability

- 30-day supply medications plus one refill
- Identify outpatient provider to manage psychiatric medications
- Discharge calls are not time intensive utilizing standardized phone script

Dissemination

- Present findings to leadership and unit staff
- Hospital poster symposium
- Submit manuscript for publication to journal of psychiatric nursing
- Submit for podium presentation at national conference

Conclusion

- Findings support discharge phone calls 48-72 hours post discharge from behavioral health admission to review discharge instructions, medications, follow up, & overall status to guide practice to help decrease 30- and 60-day readmission rates
- Implications for considering a discharge bundle
- High call completion rates, positive caregiver satisfaction, and short duration of calls (average 8 minutes with average 11 minutes follow up from calls/support feasibility of standardized phone script and implementation of calls into regular practice.

References

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- Aims
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