

Reduction of Readmission Rates After Pediatric Behavioral Health Admission

Anna M. Simon, CPNP-PC, PMHS; Faculty Advisor: Brigit VanGraafeiland, DNP, CPNP-PC, CNE, FAAN, FAANP; Organizational Mentor: Michele Hilman, DNP, RN, NE-BC, CCM



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

Purpose

- 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.

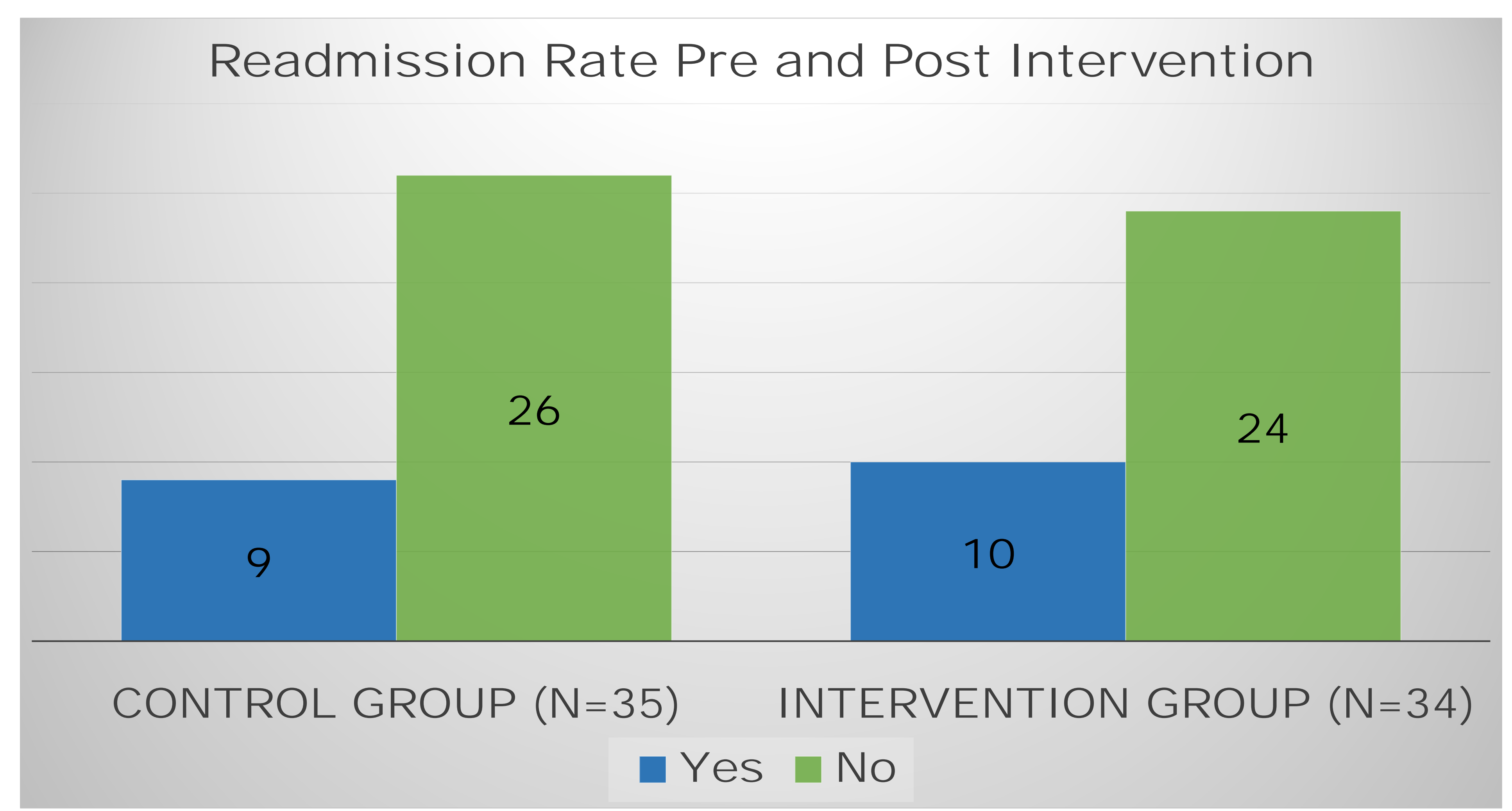
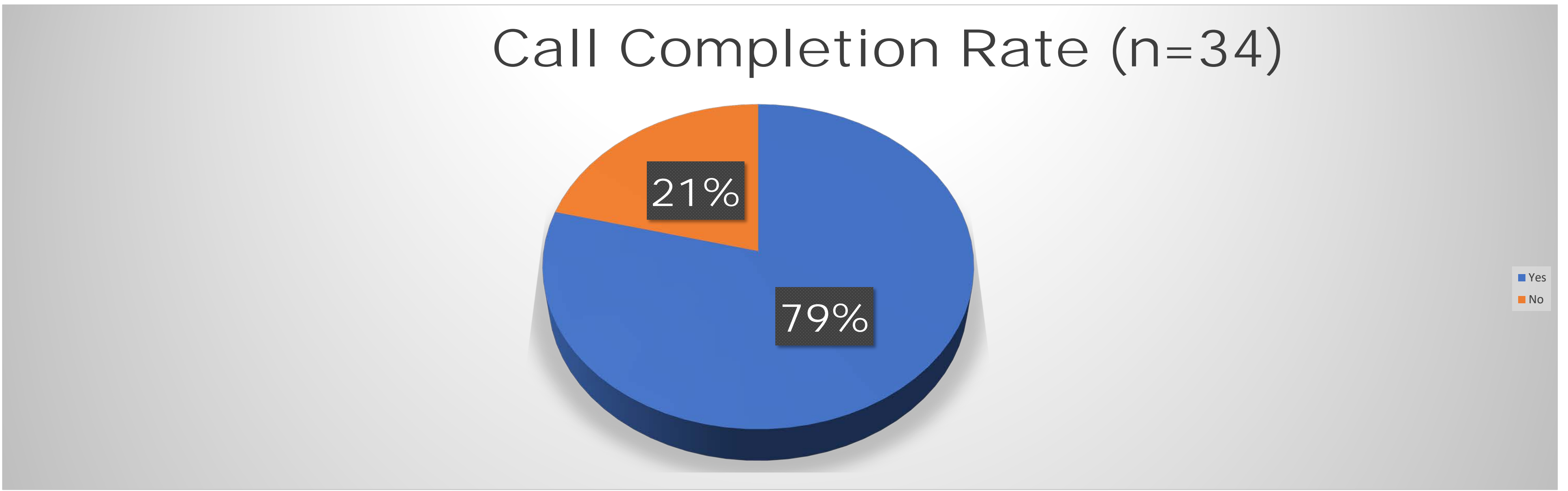
Methods

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: 1) Standardized phone script was developed, 2) Chart reviews performed on control group, 3) 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

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



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

