

Background/Significance

- ❖ 1 in 5 adults suffer from a psychiatric illness in the US (National Alliance on Mental Illness, 2019). 1 in 8 emergency department visits involve mental health or substance use issues (AHRQ, 2016).
- ❖ In recent years there has been a significant reduction in inpatient beds for psychiatric patients, moving to a community-based health model. Although, New Jersey set up twenty-three screening centers across the twenty-one counties, there has been a tremendous increase in the numbers of patients in crises. In 2018, a Northern NJ screening center saw over 4000 patients in which 200 were in crisis once again within 30 days.
- ❖ Many psychiatric patients are unemployed, without health insurance and dependent on welfare. Average cost of an emergency department visit is \$2264 per visit (Healthcare Financial Management Association, 2019).
- ❖ Patient navigators improve patient outcomes and are used in multiple clinical settings (Harold P. Freeman Patient Navigation Institute, nd.).

Clinical Question

Will implementing a follow-up phone call from a patient navigator within 48 hours of discharge from the psychiatric emergency services lower the number of patients seen in crisis within thirty days of first presentation?

References

AHRQ. (2016). Healthcare cost and utilization project: Trends in emergency department visits involving mental and substance. Retrieved from <https://hcupus.ahrq.gov/reports/statbriefs/sb216-Mental-Substance-Use-Disorder-ED-Visit-Trends.pdf>

Harold P. Freeman Patient Navigation Institute, (nd.) The Gold Standard. Retrieved from: <http://www.hpfreemanpni.org/our-model/>

Healthcare Financial Management Association. (2019). Preventable ED Use Costs \$8.3 Billion Annually: Analysis. Retrieved from <https://www.hfma.org/topics/news/2019/02/63247.html>

National Alliance on Mental Illness. (2019). Mental health by the numbers. Retrieved from <https://www.nami.org/learn-more/mental-health-by-the-numbers>

Methods

- The pilot study was designed to explore the feasibility of a call-back intervention to address the identified lapse in follow-up care by a patient navigator in psychiatric emergency department in Northern NJ.
- Patients were called within 48 hours of being in psychiatric emergency services and discharged with outpatient referrals.
- Statistical analysis was done in order to compare the rate of 30-day readmissions to psychiatric emergency services after the patient navigator role was implemented from November 2019 thru February 2020.
- Aggregate readmissions data was collected for the post intervention implementation month of February 2020 and February 2019 for comparative purposes. Frequencies were calculated and reported as percentages. A secondary analysis was conducted to examine barriers identified during the phone calls.

Results

A patient navigator follow up phone call reduced the number of patients seen in crisis within 30 days of last presentation by 15% when compared to rates from the previous year.

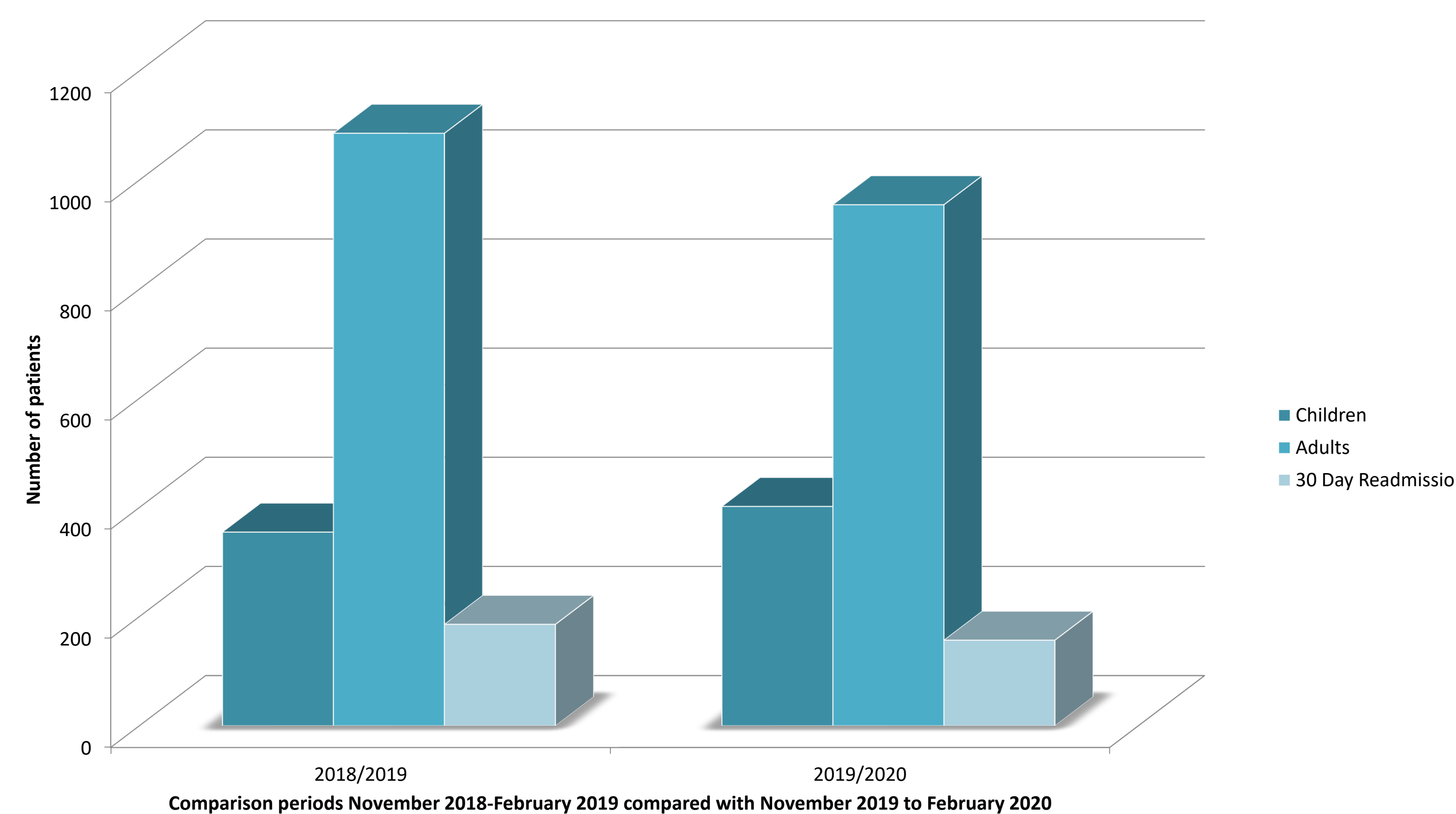


Figure 1: Admission and readmission data from the hospital psychiatric emergency department during November through February 2018/2019 and 2019/2020.

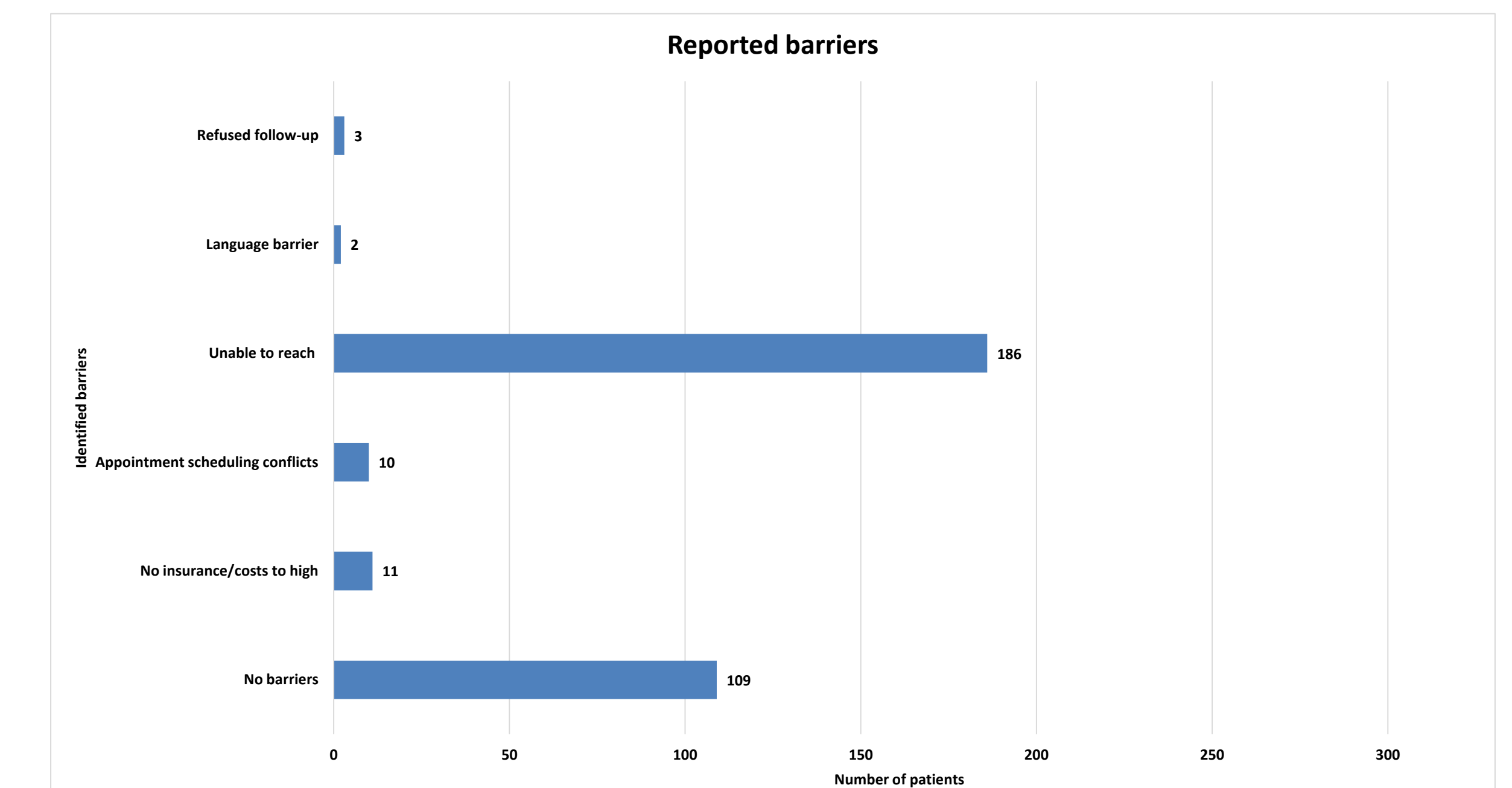


Figure 2: Patient and navigator identified barriers to seeking follow-up care.

•Three main barriers were found to be significantly affecting patient compliance with discharge recommendations:

- Availability of services/appointments
- Insurance/Cost
- Language Barrier

Discussion

•Implementing a patient navigator follow-up phone call improves the quality of care by bridging the gap between the emergency department and outpatient referrals.

•A policy change is recommended to include follow-up phone calls for patients who are discharged in order to lower readmission rates in the emergency department.

•At state level it would be recommended that mental health providers that provide outpatient services be assessed in order to better meet the need of the patients after crisis interventions.

•Lowering the rate of 30 day readmissions would cut the cost of emergency department visits and increase reimbursement rates from insurance carriers.

Contact List

Jacqueline Hunterton-Anderson, DNP student
 jhh102@sn.rutgers.edu
 Rubab Itrat Qureshi, PhD
 Rubab.Qureshi@Rutgers.edu
 Rutgers School of Nursing