Improving Adolescent Outpatient & Inpatient Continuity of Care
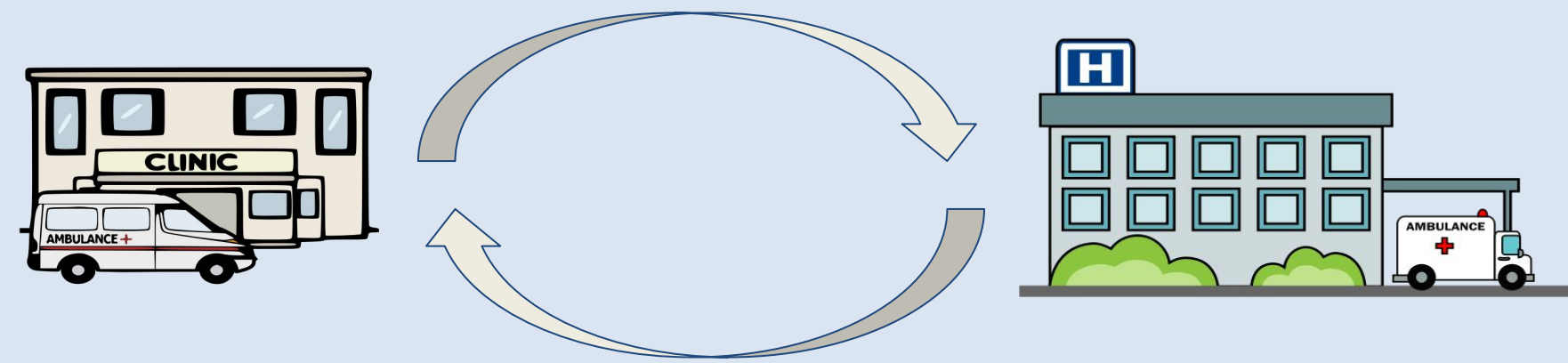
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The Problem

- **Our adolescent psychiatry patients are served in both our outpatient and inpatient departments:** Approximately ⅓ of CHA outpatient providers work with a teenager who has been hospitalized multiple times at CHA within the past year.

- **These patients are high-risk and complex:** In 2023, 50% of these patients were re-hospitalized within 30 days, and 83.3% within 90 days.

- **We need a clear plan for continuity:** There is not a clear protocol for managing continuity of care nor a system to track the patients moving between outpatient and inpatient departments.

Aims & Interventions

How do we understand and improve the communication between our outpatient and inpatient departments so that we can better support these high risk patients?

- **Current gap:** Everyone wants to collaborate, but providers on both sides do not know the best way to connect or schedule critical meetings across multiple schedules and departments.

- **Intervention:** Make use of the existing tools in our shared system (e.g. Google Calendar scheduling) to schedule critical treatment team meetings.

- **Short Term Aim:** To increase attendance and participation in shared inpatient-outpatient treatment team meetings.

- **Long Term Aim:** To strengthen continuity of care in order to:
  - Increase patient attendance at 7-day follow up appointment
  - Reduce need for rehospitalization 30 & 90 days post discharge

Project Timeline

December-January:

- ✓ Began tracking adolescent outpatients admitted to inpatient in 2023 (n=15)
- ✓ Conducted interviews across outpatient/inpatient
- ✓ Reviewed proposal with leadership
- ✓ Previewed & discussed changes in inpatient & outpatient departments

Early February: Introduced Google Calendar proposal

February-May:

- ✓ Survey distribution to OP and IP teams for each inpatient admission
- ✓ Ongoing tracking of key process & outcome measures

Early Findings

→ **Using Google Calendar helped providers attend meetings** (n=10)
  - ◆ **Utilized 50%** of the time for scheduling (by inpatient caseworkers)
  - ◆ When used, outpatient providers **attended 80%** of meetings

→ **Providers across departments find collaboration useful to…**
  - ◆ Learn about how inpatient admission can be most helpful
  - ◆ Get on the same page about patient needs
  - ◆ Share insights across settings (e.g. medications, new issues)
  - ◆ Prepare for discharge and safety planning

→ **There are some gaps in MD communication across departments**
  - ◆ Outpatient MDs not invited to 50% of meetings; when invited, MDs attended 66% of meetings
  - ◆ Inpatient says: "They never come"
  - ◆ Outpatient says: "I never heard from anyone"

→ **Attendance at 7-day follow up is strong; re-hospitalizations are still high!**
  - ◆ 9 of 11 patients attended 7-day follow up (81.8%)
  - ◆ Attending the 7-day appt did not keep patient out of hospital…but if they did not attend, patients were readmitted or not engaged in care

Implications and Next Steps

Lessons Learned:
- Identifying needs and gaps can improve collaboration
- Providers can collaborate if they have an easy way to communicate
- The rate of re-hospitalization is very high, highlighting the urgent need to optimize care coordination for this vulnerable group of patients

Immediate next steps:
- Use lessons to establish clear OP-IP workflow for continuity of care during admissions
- Distribute workflow to increase communication, and in turn, relationships between OP/IP
- Use EPIC to promote communication at discharge (e.g. routing discharge summaries)
- Share lessons with other departments (child, adult)

Learning as Gold Fellows

- People want change & it unsettles people
- Prior relationships support change management
- *How* something is communicated is as important as *what* is communicated—people value clarity, simplicity, & appreciation
- It is critical to be open minded & flexible (i.e. don't get attached to proposals)
- Technical challenges (e.g. setting up meetings) & adaptive challenges (e.g. feeling connected across departments) overlap