Inpatient Care Transitions

GLS Grantees’ Annual Meeting
May 4, 2016

Smita Varia
Elaine deMello
Kim Walton
Overview

✓ Background

✓ Practices and lessons learned from SPRC’s Community of Practice

✓ New Hampshire – NAMI NH/New Hampshire Hospital

✓ Indiana - Community Health Network
Suicide Prevention Resource Center
Promoting a public health approach to suicide prevention

The nation’s only federally supported resource center devoted to advancing the National Strategy for Suicide Prevention.
Background
Objective 8.4:

- Promote continuity of care and the safety and well-being of all patients treated for suicide risk in emergency departments or hospital inpatient units.
Suicide Rates Post-Discharge

New York: (2012)

✓ Of 17% of suicide deaths in public mental health care classified as inpatient related, vast majority (85%) were within 30 days of discharge.

✓ < 72 hours post-discharge: 2 times as many suicide deaths as on inpatient units

✓ 72 hours-30 days post-discharge: almost 4 times as many deaths as on inpatient units
High Risk Period

✓ “The periods just after admission, just before discharge and in the first weeks subsequent to discharge are the times of highest risk across all age groups.” (Knesper, AAS & SPRC, 2010).

✓ In a study of almost 900,000 veterans treated for depression, Valenstein et al (2009) found that while all transitions were associated with increased risk, the highest risk was in the 12 weeks following discharge.
Broad focus on care transitions

26 member organizations/partnerships

GLS grantees:

State, tribal, campus

State Coordinators
Barriers to Starting a Follow-Up Program

✓ Lack of staff to conduct follow-up activities
✓ Difficulty of communicating across systems
  - Releases of Information
✓ Liability concerns
✓ Staff attitudes towards attempt survivors
Getting Initial Buy-In

✓ Relationships

✓ Framing:
  - Quality Improvement
  - Return on investment

✓ Examples

✓ Legislation/State policy

✓ *The Joint Commission Sentinel Alert
Implementation
Stabilization and Timing

- Treatment visit set up before discharge
- Stabilization follow-up within one day
- First treatment appointment within 7 days post-discharge
- Additional follow-up after initial appointment(s)
  - Up to 70% never make it to 1st appointment or don’t go to more than a few appointments (Knesper, AAS & SPRC, 2010)

24 hrs  3 days  7 days
Follow-Up Format

✓ Postcards

✓ Phone, text, telemental health
  – In between therapy sessions

✓ Home visit
  – Mobile crisis team
  – Peers
  – Outreach workers
Additional Ways to Improve Post-Discharge Outcomes
Safety Planning

- Start to co-create plan at least 2 days prior to discharge
- Collaborative, skills-building
- Use a standardized template across the setting
- Outpatient plan differs from inpatient plan
- Communicate plan to family, supports
Family Education

- What to do if patient activates their Safety Plan
- Means safety
- Gatekeeper training / Warning Signs
Peers

- Peer support network
- Follow up
- Recovery movement
- Housing
- Respite centers
  - Run by certified peer support specialists

Continuity of care for suicide prevention and research: Suicide attempts and suicide deaths subsequent to discharge from an emergency department or an inpatient psychiatry unit. Knesper DJ, American Association of Suicidology, & Suicide Prevention Resource Center. (2010). Newton, MA: Education Development Center, Inc.


Discussion

What are you doing in your grant to support *inpatient* care transitions / prevent further attempts, deaths, and rehospitalizations?