NBHP Member Spotlight

HMH Psychiatry Service Line Program & DSRIP

PREVENTING AVOIDABLE READMISSION OVERVIEW

Definition:

Transitional care is defined as a set of actions designed to ensure the coordination and continuity of health care as patients transfer between different locations or different levels of care within the same location (Coleman, 2003). The DSRIP Program at HMH recognizes that behavioral patients may face additional obstacles to improved health, ranging from expensive medications requiring close management, to chronic co-morbidities, as well as socio-economic problems.

Identification of High Risk Patients

Understanding the patients who are more likely to be readmitted will enable targeted resources to be used for patients who are most at risk. Screenings include a readmission risk assessment scale, a depression scale (PHQ-9), and the Audit-C, which addresses potential drug/alcohol bingeing. The EMR incorporates all three.

Handling High Risk Patients

When a patient has been screened as high risk with any of the three instruments, team social workers receive an automatic notification. They visit the patient, and invite him/her into a program that includes a tele-health home visit and series of automated telephone calls addressing health concerns. From September 2018-September 2019, DSRIP completed 658 home visits, in which an aide used Face Time to assist the team RN or NP in doing evaluations of newly-discharged patients. The team educator follows up by phone with those patients who either flag in the automated calls, or who are unable to have a home visit.

More Tele-Health

JSA/SOC, a tele-psych service, is currently in place in the emergency departments, in order to evaluate and prescribe medications for mentally ill patients. This service addresses the community hospitals without staff psychiatry, or those hours when the hospitalists are unavailable. From 2018-2019, tele-psych consults jumped 147% (1,273 to 3,141).