Inpatient Psychiatric Facility Resources

Lake Superior Quality Innovation Network’s behavioral health initiative has compiled this inpatient psychiatric facility resource listing to provide best practices, learning session slide decks and journal articles targeted at reducing all-cause readmissions within the inpatient psychiatric facility context.

The Bridge Model
http://www.transitionalcare.org/the-bridge-model/
The Bridge Model is a person-centered, social work-led, interdisciplinary model of transitional care. Bridge emphasizes collaboration among hospitals, community-based providers, and the Aging Network in order to ensure a seamless continuum of health and community care across settings.

Care Transition Interventions in Mental Health
This article addresses three main questions regarding care transitions as related to psychiatric readmissions within existing frameworks. Interventions to improve care transitions were evaluated to determine if they could be adapted for the behavioral health population.

An Effective Model to Reduce Psychiatric Readmissions
One hospital’s behavioral health performance improvement committee monitored 30 day psychiatric readmissions and examined variables related to patient population, diagnostic profiles, payor source and the interdisciplinary team members providing care. This document outlines the outcomes they developed regarding strategies for reducing readmissions specific to IPFs.

Interdisciplinary Meetings and Mental Health Treatment Orders
Presentation by Michele Baker and Hon. John D. Tomlinson at the 2017 Care Coordination Summit on the importance of community partnerships in addressing mental health.

Medicare Psychiatric Patients and Readmissions in the Inpatient Psychiatric Facility Prospective Payment System
This article focuses on readmission analysis regarding the discrete issues raised by the admission and readmission patterns for IPFs paid under the Medicare IPF Prospective Payment System (PPS).

Project RED (Re-engineered Discharge Toolkit)
This program was developed and tested by the Boston University Medical Center and this toolkit was put together with their help to assist hospitals, especially ones serving diverse populations, reduce readmissions. This toolkit is very comprehensive and covers an extensive amount of information related to implementation, delivering services, follow-up and monitoring outcomes.

RARE (Reducing Avoidable Readmissions Effectively)
http://www.rarereadmissions.org/resources/mental_health.html
This program addresses five key areas known to reduce avoidable readmissions. Hospitals can work on any of the following areas: comprehensive discharge planning, medication management, patient and family engagement, transition care support and transition communications. The above link is to the mental health collaborative section of the program which contains presentations on several areas addressed during their initial campaign in 2014.
READMIT Clinical Results Index: A clinical risk index to predict 30-day readmission after discharge from acute psychiatric units
This is a clinically useful risk index, administered before psychiatric inpatient discharge, for determining the probability of psychiatric readmission within 30 days of hospital discharge.

Strategies to Help Reduce Hospital Readmissions
This article focuses on innovative strategies using risk assessment tools, medication reconciliation and discharge scripts to reduce hospital readmissions.

A Toolbox with Hinges: Innovative Strategies to Avoid Readmission to Inpatient Setting
Lake Superior QIN Behavioral Health Initiative presentation by Paul Anderson, Andrew Rhodes, Shari Alder and Jared Olafsson on innovative ways to reduce readmissions in IPFs.