

Child & Adolescent Readmission, Monitoring & Follow-Up Process

Kings County Hospital Center
(KCHC)

Department of Behavioral Health



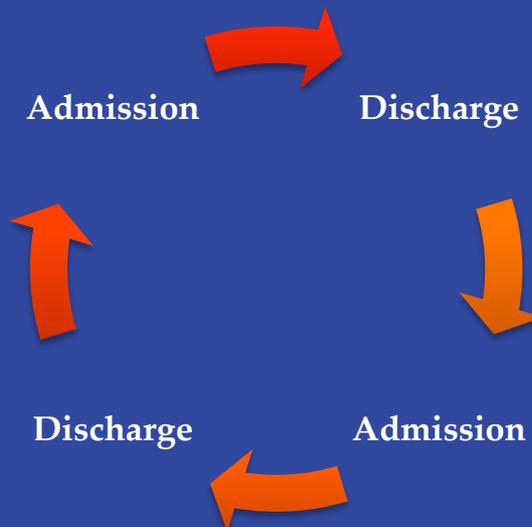
Child and Adolescent Psychiatric Inpatient Service (CAPIS)

3 Co-ed Units

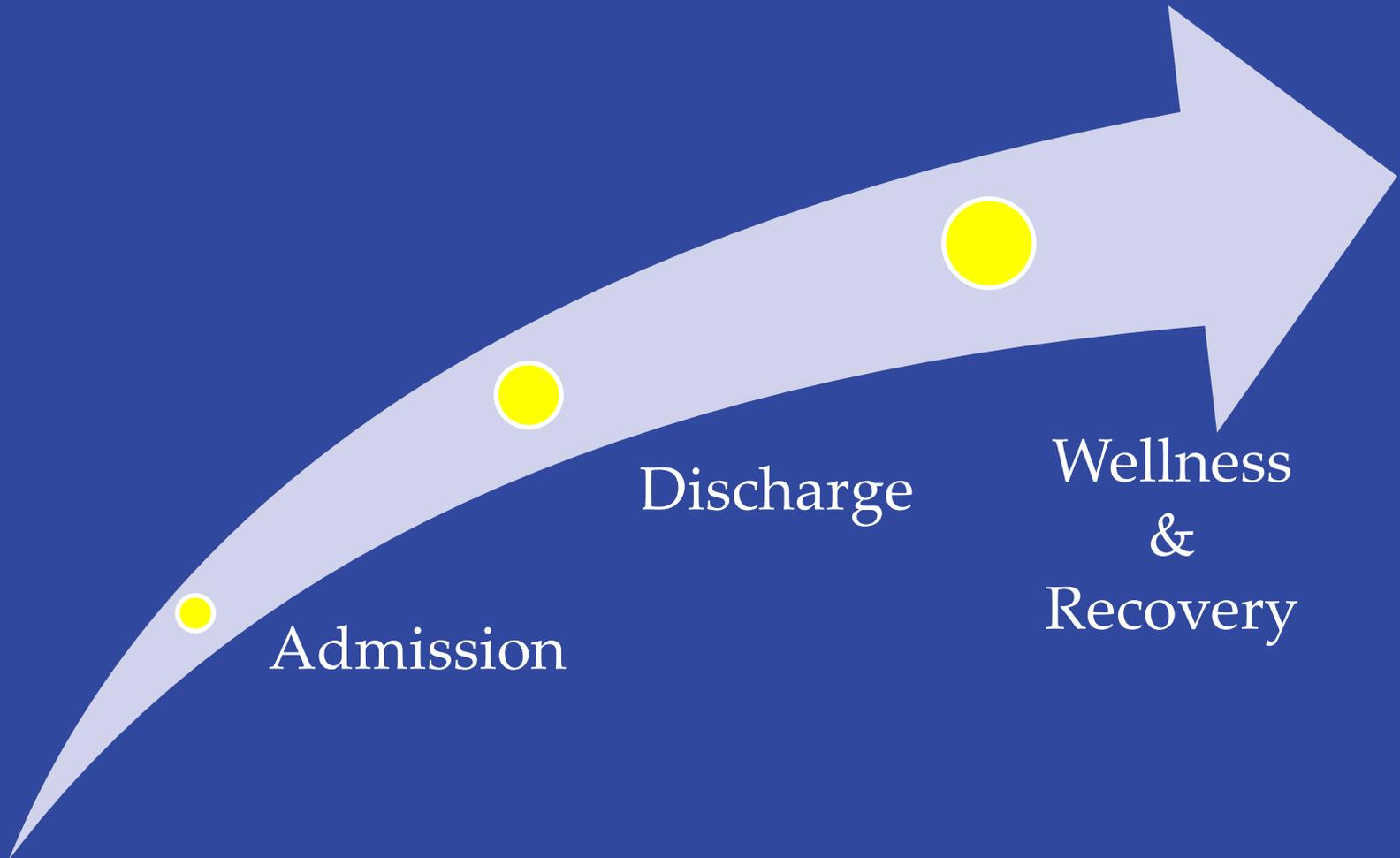
- 6 East: 13 – 18 years
- 6 West: First Episode Psychosis, 16-23 years; opened January 2014
- 7 West: Latency – up to 13 years

Reason for Action

To reduce patient re-admissions by providing supportive treatment services that ensure the recovery and wellness of our patients for successful re-integration back into the community such that we maximize independence and self advocacy



Target State



KCHC Behavioral Health

Repeat Admission
Review Committee

(RARC)

Community
Linkage Unit

Monitoring, Referral &
Linkage Unit

(MRLU)

- ❖ Child RARC Coordinators = Monitoring, Referral, and Linkage (MRL) Supervisor & Assistant Director of Child & Adolescent Services
- ❖ Ensuring that patient's individual needs are met in the community including need for housing, treatment, support, medication, public benefits and recovery.

What is the MRLU?

- *Monitoring, Referral & Linkage Unit at KCHC Behavioral Health*
- Originally 1 MRL worker for three child and adolescent units; now 2 MRL workers
- Provide community support aimed at increasing engagement in community treatment, wellness & recovery activities; reducing readmission rates and increasing effectiveness of linkages to promote sustained connection to the community

Who are the MRLU workers?

- Bachelors and Masters Community Linkage workers, who report to the Department of Social Work.
- Unit is supervised by a Licensed Clinical Social Worker (LCSW)
 - Weekly group and individual supervision
 - Supervision is both task and process focused
- Extensively trained in recovery and wellness, risk assessment and mental status, psychoeducation, home based interventions, family support, motivational interviewing, Screening Brief Intervention and Referral to Treatment (SBIRT), and Critical Time Intervention, to name a few.

What do the MRL workers do?

- Provide enhanced pre- and post-discharge services for up to 90 days to everyone discharged from KCHC's acute inpatient services:
 - Provide post discharge care coordination & support to the recipient of care, his or her identified family and social supports, and to the providers charged with providing recovery services.
- Function as part of inpatient team:
 - Provide feedback on the status of the aftercare plan in real time to the inpatient staff
 - Advocate for integrity of aftercare plan formulation
 - Engage recipients of care in the follow-up process prior to discharge
 - Participation in RARC process

Follow-up can include:

- Calls verifying adherence with aftercare plan
- Appointment reminders and accompaniment, including non-psychiatric medical appointments
- Home visits
- Family support
- Identification of post discharge need for additional resources/services
- New & supplemental referrals
- Bridger during an unavoidable readmission (historian, advocate, coordinator)
- Referrals to Mobile Crisis Unit to re-engage

What are the levels of follow-up?

Standard – 30 days Monitoring & Services

Readmission to KCHC within 61 days or more from the date of last KCHC discharge, *or*

- No more than one prior admission KCHC in a 12 month period or in a lifetime.
- No more than three prior admissions to KCHC in a lifetime

Moderate – 60 Days Monitoring & Services

Readmission to KCHC within 31-60 days from date of last KCHC discharge, *or*

- No more than two or more prior admissions to KCHC in a 12 month period, *or*
- No more than four prior admissions to KCHC in a lifetime.

Intensive – 90 Days Monitoring & Services

Readmission to KCHC within 30 days from the date of last KCHC discharge, *or*

- Three or more prior admissions to KCHC within the last 12 months, *or*
- Five or more prior admissions to KCHC in a lifetime.
- *OR*, if the clinical team determines this level of follow-up is indicated.

Initial Intensive

- For those deemed clinically appropriate for higher level of follow-up; made by CAPIS team in consultation with MRLU

What is the Child RARC?

Repeat Admission Review Coordinator

- Tracks & analyzes data on CAPIS readmissions
- Facilitates readmission conferences held within 72-hours of admission
 - Person-centered review that identifies both the strengths and the primary barriers to successful community reintegration. All disciplines attend, participate and contribute.
- Co-chairs Repeat Admission Review Committee
- Available as consult for inpatient treatment teams

• Repeat Admission Review Committee

- Interdisciplinary treatment team
- Meets twice weekly
- Reviews data from readmission conference
- Offers wide range of recommendations to the Inpatient treatment team
- Facilitates readmission conferences as needed

Contributions from Psychiatry

- CAPIS Medical Director sits on RARC committee
- Offers wide range of recommendations to unit based treatment teams
- Collaboration with Pharmacy in relation to accessing medications post-discharge; Assistant Director of Behavioral Health Pharmacy also sits on RARC committee
- Evaluation of recipients who return to CPEP within 30 days of discharge

RARC Criteria

- Initially started tracking 15-day readmissions

- Expanded criteria to recipients who have three (3) KCHC admissions in a year, or five (5) KCHC admissions in a lifetime.

- KCHC moving toward collecting data on and designing interventions to support those recipients of care who return to the Comprehensive Psychiatric Emergency Program (CPEP) on 90 days or less.

"The Dash"

Readmissions - Windows Internet Explorer
http://kch-dashboards.cbk.nychhc.org:8093/pages/pReadmissions.aspx

KINGS COUNTY HOSPITAL DASHBOARD
Behavioral Health

R Building CPEP & EOU Adult IP Child IP Readmissions Medication Reports Users NICS LogOut

READMISSIONS WELCOME, LORA GIACOMONI

CPEP READMISSIONS			INPATIENT READMISSIONS		
VIEW	DESCRIPTION	VALUE	VIEW	DESCRIPTION	VALUE
	CPEP 15 day Readmissions	0		IP 15 day Readmissions	0
	CPEP 30 day Readmissions	2		IP 30 day Readmissions	0
	CPEP 60 day Readmissions	3		IP 60 day Readmissions	1
	CPEP 90 day Readmissions	2		IP 90 day Readmissions	1
				IP Admissions 3X in a year	1
				IP Admissions 5X in their lifetime	1

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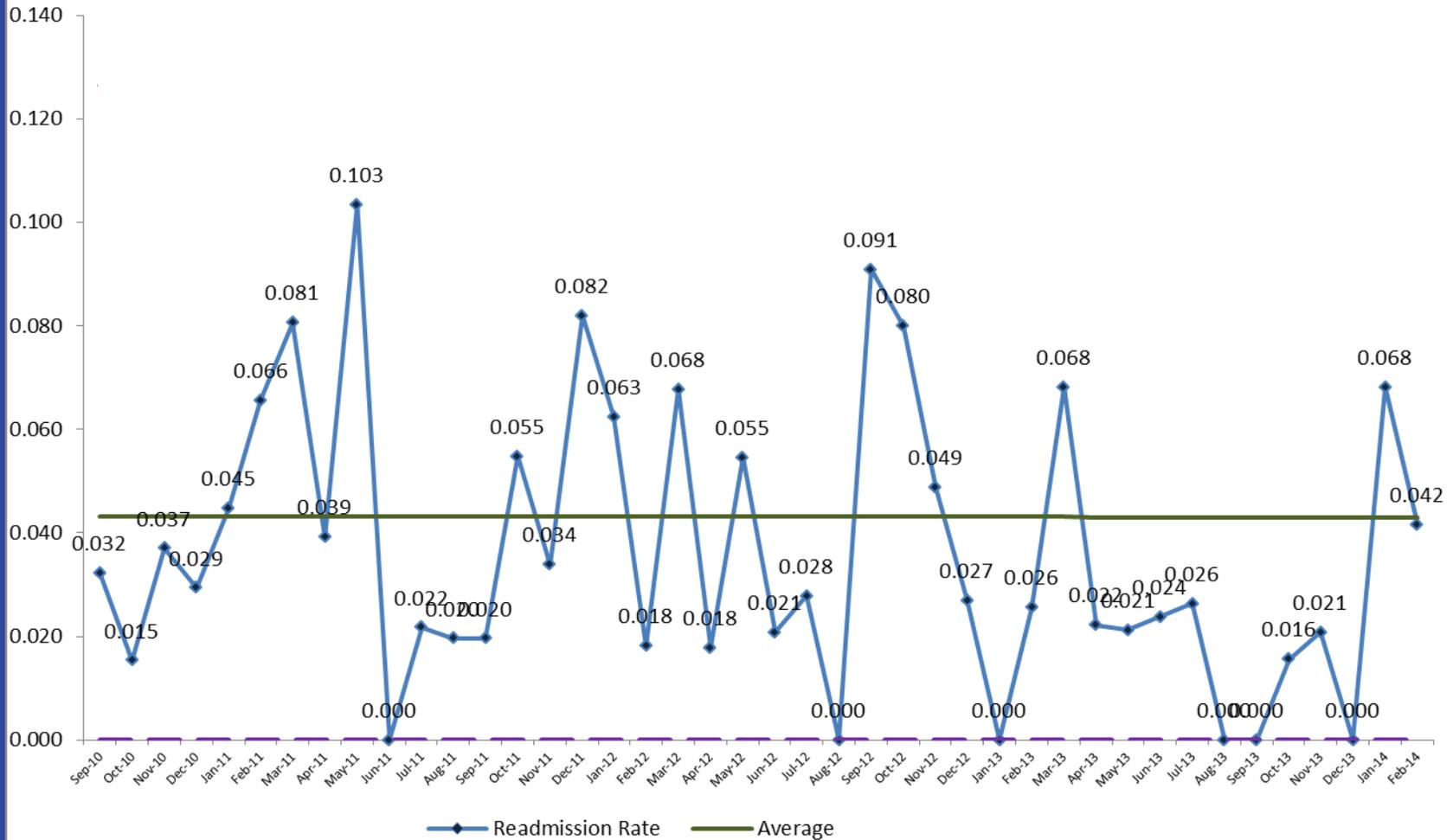
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Cases are reviewed closely to:

- Identify the factors that led to the recipient of care's return to the hospital
- Determine what modifications to the prior treatment and aftercare plans are required
- Formal recommendations to modify treatment plans; quality management and performance metrics measure and report to the Department of Justice (DOJ) on integration of and fidelity to the recommendations
- Identify systems level barriers and trends to support city- and state-wide advocacy efforts

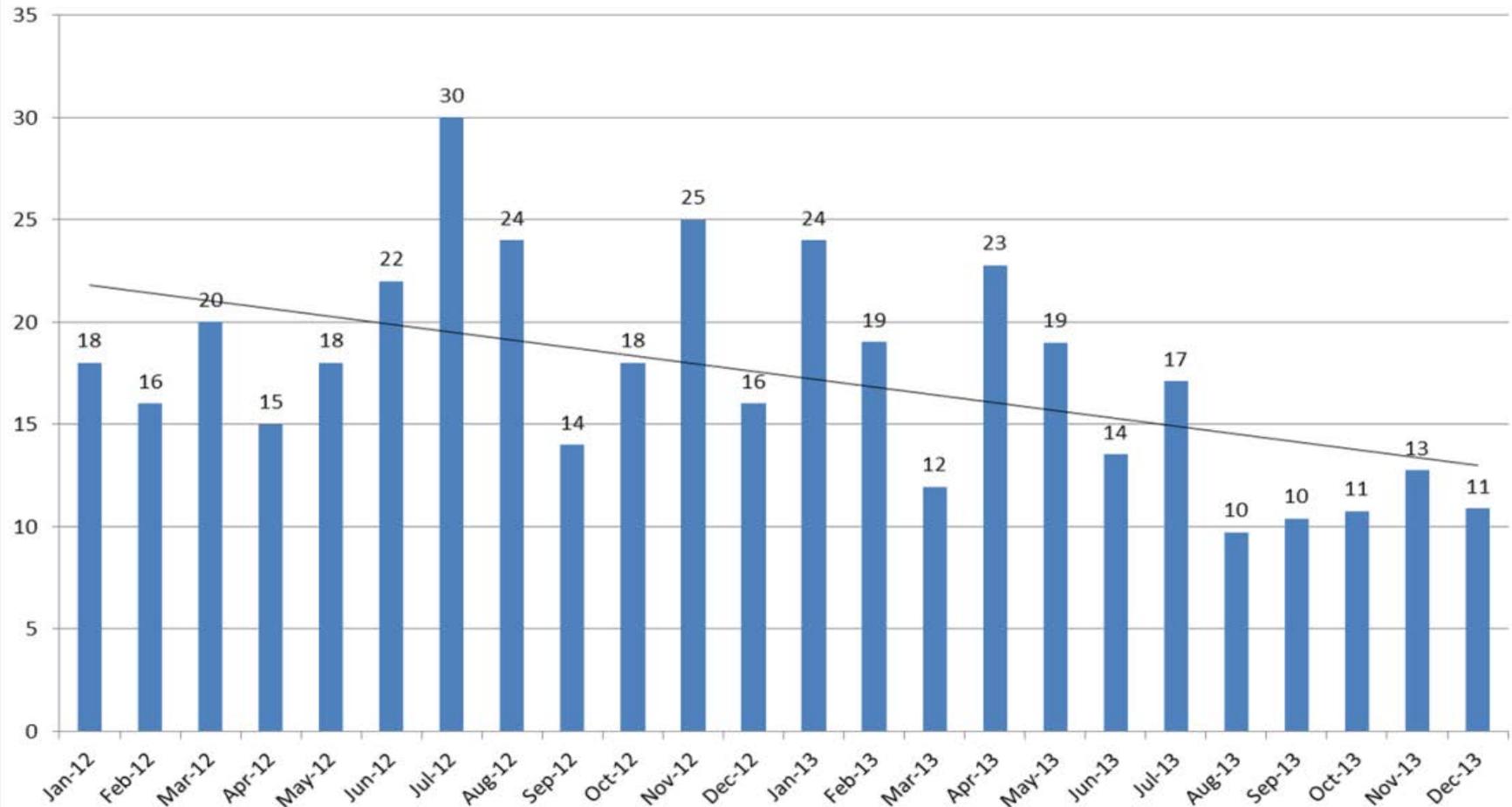
What we have found...

15 Day Readmission Rate - Child & Adolescent Inpatient September 1, 2010 - February 28, 2014



Child & Adolescent Length of Stay (LOS)

CHILD & ADOLESCENT LOS
January 1, 2012 - November 30, 2013



Challenges & Moving Forward

- MRLU:

- Expanding services = expanding caseloads
- Migration of data into complicated electronic medical record
- Increased responsibility = increased supervision needs

- RARC:

- Culture shift = ebb/flow of buy in across disciplines
- Data limitations with current Electronic Medical Record
- Continued DOJ oversight