Growing Organizational Capacity to Facilitate the Streamlining of Patients with Psychiatric Disorders in a Community Academic Health Network; An Eight Year Review

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GROWING ORGANIZATIONAL CAPACITY TO FACILITATE THE STREAMLINING OF PATIENTS WITH PSYCHIATRIC DISORDERS IN A COMMUNITY ACADEMIC HEALTH NETWORK; AN EIGHT-YEAR REVIEW

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BACKGROUND
This report details a transformation process of quality improvement projects that Lehigh Valley Health Network (a three-hospital system with a total of 889 beds) has undertaken to improve psychiatric patient flow. Projects included medical floor transfers to inpatient psychiatric units, reducing length of stay on inpatient psychiatric units, decreasing ancillary testing, and improving psychiatric patient flow in the emergency department.

METHODS
A combination of lean methodology and Kotter’s eight steps for change were used to develop standardization processes designed to improve access to care.

RESULTS
Even as volumes in all areas were increasing, the average waiting time of psychiatric patients on medical floors decreased from 10 hours to less than 5 hours. The average length of stay on the inpatient psychiatric unit decreased from over 10 days to 8.45 days. Ancillary testing on the inpatient unit was reduced by 29%. The average length of stay on the inpatient psychiatric unit decreased from 10 hours to less than 8.45 days. Ancillary testing on the inpatient unit was reduced by 29%.

CONCLUSIONS
Using a collaborative change model (and increasing spheres of influence), psychiatric patient flow across the continuum of a premier academic community hospital became more cost effective.

AVERAGE YEARLY LOS DATA

YEARLY PATIENT VOLUMES

STAGES OF CHANGE
- Increase urgency
- Build the guiding team
- Get the vision right
- Communication for buy-in
- Make change stick

CONCLUSIONS
- The graph demonstrates that psychiatric patient flow across the continuum of a premier academic community hospital became more cost effective.
- Ancillary testing on the inpatient unit was reduced by 29%
- The average length of stay on the inpatient psychiatric unit decreased from 10 hours to less than 8.45 days

This graph demonstrates eight years of data including three-year baseline and five-year active improvement. This graph demonstrates the laborator–

ANCILLARY REDUCTION FY 2009

PSYCHIATRIC EMERGENCY SERVICES (PES) PATIENT FLOW IN THE EMERGENCY DEPARTMENT

- Reduce unneeded tests to decrease length of stay and control costs.
- Move unneeded tests to decrease length of stay and control costs.
- Physician consultation with a psychiatrist for a level of care.
- Provide information feedback to improve process.

A PASSION FOR BETTER MEDICINE.