Unplanned Discharges

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Unplanned Discharges (AMA/AWOL) had a significant spike in FY 14-15.
LHH Discharge Dispositions
November 2014 – November 2015
N=321

- 44.9%, House/Apt.
- 23.4%, AMA/AWOL
- 13.4%, Hotel
- 5.9%, Out of County
- 8.1%, Other
- 2.8%, B & C
- 1.6%, Specialized Housing - HIV
Analysis

Reasons for AMA/AWOL Discharges
FY10-15 Total

- Did not want to be here: 32.9%
- Substance abuse: 26.3%
- Non-compliance w/ P&P: 14.4%
- Lack of LHH policy: 13.8%
- Desire to go home: 4.2%
- Resident satisfaction: 4.2%
- Mental & Cognitive health: 1.8%
- Smoking: 1.2%
- Personal: 1.2%

% of AMA/AWOL Discharges
<table>
<thead>
<tr>
<th>EASY TO DO</th>
<th>HIGH IMPACT</th>
<th>LOW IMPACT</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• Medicating Opioid Disorders (Buprenorphine)</td>
<td>• Upon admission, earlier appointment with STARs</td>
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<td>• Standardize Care Plan or Clinical Search Process</td>
<td>• Better communication between all department about actual scheduled discharge date</td>
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<td>• Communication: 1) A communication tool to inform patients of why they are at LHH to avoid confusion and forgetfulness. 2) Outreach to patients to understand their needs.</td>
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<td>HARD TO DO</td>
<td>• Strengthen alliance with community Education for Staff Have Non-treating provider to search for substances (policy change)</td>
<td>• Revamp clinical search by pitching the issue from a clinical one to a safety one (clinical search vs. safety search)</td>
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Countermeasures

- Transparency with Goals of Care and Discharge Plan
  - Identification of residents high risk to leave during pre-admission screening
  - PMS RCT partner with resident within 24 hrs of admission to identify focus of care while at LHH, identification of Discharge date and Discharge Destination. This is made visible at bedside to remind resident frequently of discharge plan.
Substance Use and Cravings

- New weekly STARS group in S2 started
- Weekly Life Ring peer support group initiated
- Weekly SUD rounds by psychiatrist initiated in S2
- Medication Assisted Treatment (MAT) to address substance use training for Psychiatry staff completed
- Buprenorphine and MAT was discussed with med staff
- Nursing added assessment for substance craving protocol and MD notification once craving is identified
- Clinical Search Team Swap
- Clinical Search Standardization
- Special Psychopharm Consult services made available to primary care physicians
### Unplanned Discharges by Fiscal Year

- **FY 13-14**: 31
- **FY 14-15**: 33
- **FY 15-16**: 39
- **FY 16-17**: 22

### Unplanned Discharges After Implementation of Countermeasures

- **April 16**: 1
- **May 16**: 0
- **June 16**: 1
- **July 16**: 0
- **Aug 16**: 4
- **Sep 16**: 5
- **Oct 16**: 4
- **Nov 16**: 4
- **Dec 16**: 2

### Table: Unplanned Discharges by Fiscal Year

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Unplanned Discharges</th>
<th>Total Discharges</th>
<th>% of Unplanned Discharges</th>
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</thead>
<tbody>
<tr>
<td>FY 13-14</td>
<td>37</td>
<td>293</td>
<td>12.63%</td>
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<tr>
<td>FY 14-15</td>
<td>74</td>
<td>313</td>
<td>23.64%</td>
</tr>
<tr>
<td>FY 15-16</td>
<td>46</td>
<td>258</td>
<td>17.83%</td>
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</tbody>
</table>
Residents with unplanned discharges are more likely to have SUD diagnoses than LHH general population.

Opioid dependence was present in 21% residents with unplanned discharges.

Residents with SUD diagnoses and AWOL were referred and seen by STARS.
Important to recognize:

- Primary reasons for LHH admissions are NOT substance treatment.

- SUDs are chronically relapsing in nature - changes are difficult even with treatment.

- Treatment focus is reducing harm.

- Medication Assisted Treatment (MAT) is evidence-based treatment for substance use.
Next Steps

- Grand Rounds for LHH Clinicians on Buprenorphine and MAT for March 2017
- Motivational Interview Training for Nursing Staff April 2017
- Pilot Clinical Search Team Hospitalwide