

SEEI Phase 2 Study

An Evaluation of Community Based Discharge Planning

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A community mental health research initiative funded by the Ministry of Health and Long-Term Care in partnership with the Centre for Addiction and Mental Health, Canadian Mental Health Association, Ontario, Ontario Federation of Community Mental Health and Addiction Programs and the Ontario Mental Health Foundation.

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An Evaluation of Community Based Discharge Planning

Community-based Discharge Planning

Research Team:

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An Evaluation of Community Based Discharge Planning

Community-based Discharge Planning

Funded by The Ontario Mental Health Foundation
- \$80,500 over 21 months

Ethics approval received from the Research Ethics Board, York University
and the Ethics Committee, Bluewater Health

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The Model

Bluewater Health and the Sarnia-Lambton branch of CMHA received funding through Federal Accord Funds to create a community based position for discharge planning

Goal: to reduce reliance on hospital service, provide timely access to care, ensure appropriate discharge planning and to provide seamless access to community-based services in a timely manner

The discharge planner, based at CMHA, meets with all newly admitted clients and works to develop and implement a discharge plan

The discharge planner is connected with both the Meditech data base at the hospital and with the full range of community based mental health services

An Evaluation of Community Based Discharge Planning Program Implementation and Evaluation

- Program implemented October 2005
- Funding for evaluating investments in mental health care made available November 2005 through the Ontario Mental Health Foundation
- Proposal submitted January 2006, Funding received October 2006
- Purpose:
 - Does this model provide as good or better service as traditional model of discharge care?
 - Does this model meet selected criteria for acceptable and effective discharge service as outlined in the *Mental Health Accountability Framework* (Queen's Printer for Ontario, 2003).

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Research Questions

Is the model meeting the expectations of the agency partners?

1. Do clients feel involved in the discharge planning process?
2. Is the transition to community services a satisfactory experience for clients?
3. Are there gaps in linking people to services in the community, in time or in type?
4. Does timely provision of community based services post-discharge make a difference in effectiveness as measured through client outcomes (Housing, level of functioning, symptom severity, quality of life, physical health status, and involvement in meaningful daytime activities)?

An Evaluation of Community Based Discharge Planning Design

1. Review of Administrative Data (pre and post change in service)- Number of discharges/month, Re-admission rates (one month and overall), LOS, ALOS,
2. Post-test design program evaluation design (prospective)
 1. Collection of data from people being discharged from an acute care inpatient mental health unit
 2. Use of data from other studies of discharge care, through the use of common instruments, to provide a proxy for evaluating effectiveness of this model

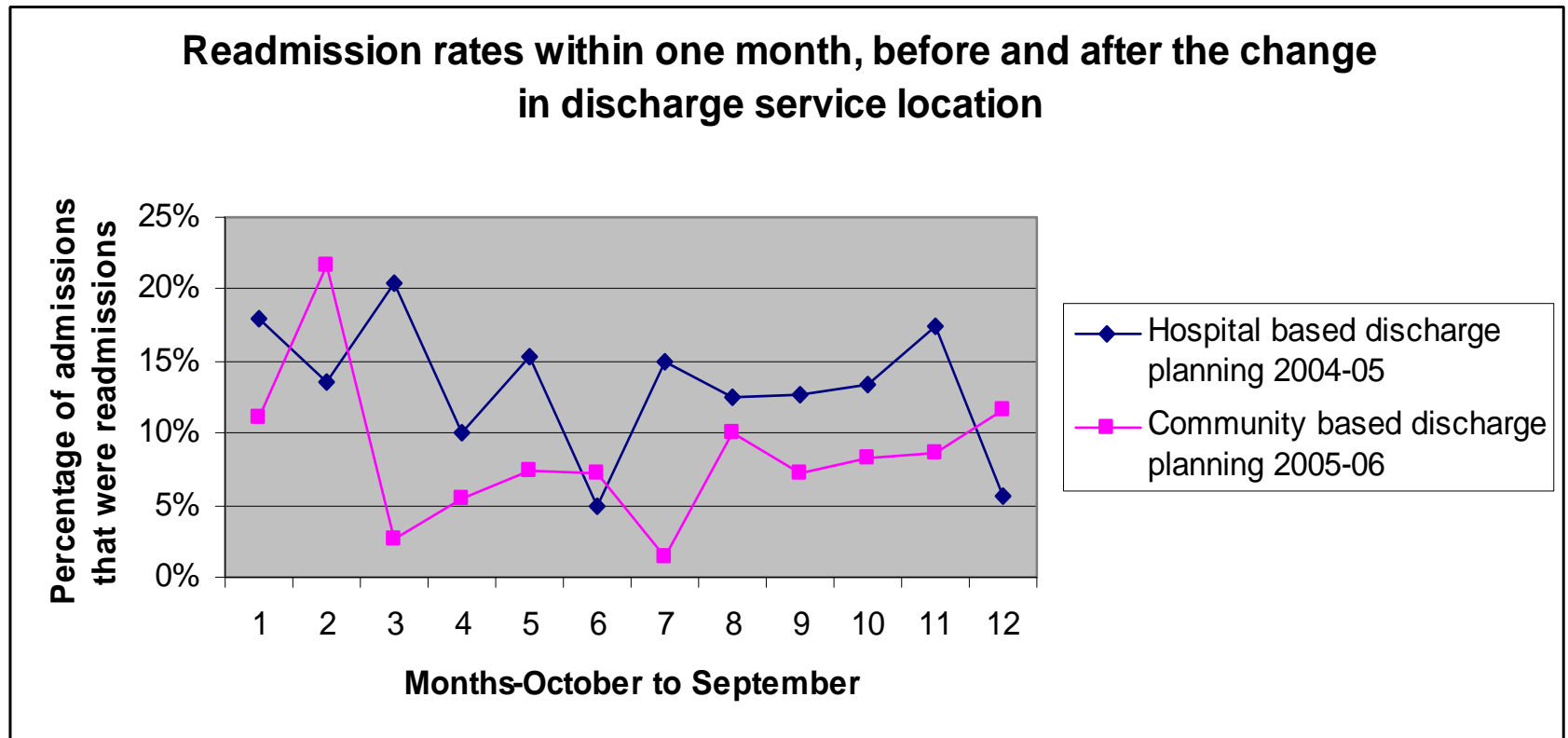
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Results: Administrative Data

- No significant change in the number of discharges, length of stay, or the average length of stay
- Rate of readmissions within one month was reduced by 36%
 - ($t=2.395$, $df=22$, $p=.026$)
- Total number of readmissions dropped by 40%
 - ($t=2.458$, $df=22$, $p=.022$)

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Administrative Data: Readmission Rates



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Prospective Evaluation: Sample and Instruments

- Instruments
 - Demographic Information
 - Client Interview Questions: Process of Discharge/Follow-up
 - Degree of Implementation (scale)
 - Lehman Quality of Life Interview (Brief)
 - Client Satisfaction With Care Survey
 - Colorado Client Assessment Record
- Sample
 - 38 people enrolled (age 18 years and older- pop'n served by the planner) - selected randomly over 8 months (20 Female, 18 Male)
 - Interviewed at the point of discharge, one month post discharge, and 6 months post-discharge
 - 24 people completed all interviews (14 Females, 10 Males)

An Evaluation of Community Based Discharge Planning Prospective Study Results: Sample

- Education: 22% had less than high school, while 25% had completed college or university
- Marital Status: 48.6% were single, 34.3% were married, with the remainder being separated or divorced
- Employment: 51% were working, 6% were unemployed, 36% were unable to work, 3% retired, remainder unreported
- Average length of stay: 14 days
- Average age of first mental health contact: 30 years
- Average age of first mental health admission: 32 years

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Results: Prospective Sample

- Staff support post discharge did not impact QOL
- Most people were aware of a discharge plan at discharge
- Many wanted some form of counseling in addition to follow-up with GP/Psychiatrist and/or case manager
- 67.7% were receiving at least monthly mental health service by one month post discharge
- All participants remained housed at 6 months (45% with a relative)
- Readmissions: 1 at 1 month, 2 at 6 months

An Evaluation of Community Based Discharge Planning Results: Proxy Control Group Analysis

	Acute Care (n=36)	Tertiary Care* (n=390)
Marital Status: Single	44%	52%
Education: High School +	94%	37%
Employed (FT, PT, SE)	48%	13%
Age: First mental health contact	30 years of age	21 years of age
Mood Disorder	72%	40%
Schizophrenia	16%	40%
		* (Forchuk et al, 2005)

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Discussion

- The agency partners are satisfied with the results of the change in service as it has met their goals
- Moving the base for discharge planning from the hospital to the community has reduced readmission rates, reducing demand for inpatient services
- Basing discharge services in the community has improved services for people using acute care inpatient mental health services by improving community tenure post discharge.
- The community agency partner reports an increase in service demand as a result of the change in discharge service.

An Evaluation of Community Based Discharge Planning Recommendations

- Funding for evaluation needs to be built in at the design stage of new services or of changes to existing services to facilitate the use of the strongest possible designs
- Implementation and evaluation of this model in other communities has the potential to improve service for people using acute care mental health hospital services
- The addition of an economic analysis will provide important data for decision makers
- Involvement of consumers/families can add an important perspective to the design and evaluation of services
- The differences between the people in tertiary settings and acute care settings requires further study

An Evaluation of Community Based Discharge Planning Epilogue

- CMHA Sarnia-Lambton Branch received an unprecedented 3 year accreditation in their first accreditation
- This model has been proposed to the Minister of Health and Long Term Care by CMHA Ontario as one strategy for reducing pressure on emergency departments

An Evaluation of Community Based Discharge Planning Questions?

- The technical report is available under the SEEI section at <https://www.ehealthontario.ca/>



Thank you

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