

Providing Support Through Care Transitions

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University of Utah Health Mission

- ▶ “University of Utah Health serves the people of Utah and beyond by continually improving individual and community health and quality of life. This is achieved through excellence in patient care, education, and research; each is vital to our mission and each makes the others stronger.
 - ▶ We provide compassionate care without compromise.
 - ▶ We educate scientists and health care professionals for the future.
 - ▶ We engage in research to advance knowledge and well-being.”
- ▶ This coincides with the essential elements of Zero Suicide initiative
 - ▶ Lead
 - ▶ Train
 - ▶ Identify
 - ▶ Engage
 - ▶ Treat
 - ▶ **Transition - SAHMSA Follow-up Program**
 - ▶ Improve

Goals to Improve Transition

- ▶ Reduce suicidal behaviors post discharge
- ▶ Provide caring contact and support
- ▶ Provide encouragement to follow up with discharge plans and outpatient care
- ▶ Provide continued suicide assessment and crisis planning
- ▶ Provide resources and referrals
- ▶ Improve access to crisis services

What We Have Been Doing

- ▶ Referrals come daily from the University of Utah Medical Center Emergency Department and University Neuropsychiatric Institute
 - ▶ 25 years old and older, seen in the ED or admitted to UNI for a suicidal crisis, and clinically appropriate (will not cause more harm or upset)
- ▶ 4 phone contacts over 90 day period
 - ▶ 1st 1-3 days after DC
 - ▶ 2nd 7-10 days after DC
 - ▶ 3rd 30-60 days (roughly 45 days after DC)
 - ▶ 4th 60-90 days (roughly 75 days after DC)
 - ▶ Further follow-ups occur as needed after this period
- ▶ Three attempts to get a hold of someone are made (one has to be after 5 pm) before closing the follow-up and attempting again on the next. Two consecutive follow-ups with no contact will close the profile.
- ▶ Currently, we have 1 dedicated staff member (the program coordinator) and many of our crisis workers help support and assist in making contacts.
- ▶ “Scripts” have been created so every one is asking the same questions and HIPAA compliant voicemails.

Data Points

- ▶ We are reporting on general demographics such as age, gender, language, living situation, race/ethnicity, insurance coverage, and location of service
- ▶ The narrative of the presenting problem and discharge plan is cut and pasted into each form
- ▶ We are looking at the following in EACH of the 4 follow up contacts:
 - ▶ Active rescue/welfare Checks
 - ▶ Caring contacts
 - ▶ Community/outpatient referrals made DURING the follow up
 - ▶ Declined follow up
 - ▶ Discussed safety plan, including if it was just checked in on, a new one was created, client refused to make one, or if their current one was updated
 - ▶ Client has been to the ER since their last follow up
 - ▶ If they have been participating in appointments, including if the plan to, have attended one, have attended multiple, or have refused to attend
 - ▶ If they were referred to MCOT during the follow up
 - ▶ Referred to the nearest ER

Data Points (continued)

- ▶ Referred to the receiving center
- ▶ Referred back to UNI
- ▶ Whether they were clinically appropriate or not
- ▶ If they are currently in a treatment or medical facility
- ▶ If they have returned to inpatient care
- ▶ If their number is disconnected or wrong in the EMR
- ▶ If we were unable to get a hold of them after 3 attempts
- ▶ If we are continuing to follow up
- ▶ If counseling on lethal means has been completed
- ▶ If a suicide risk assessment has been completed and what level of risk they appear to be at
- ▶ Number of people successfully contacted during that follow up
- ▶ Total number of successful outreaches (live contacts and voicemails)

Data Points (continued)

- ▶ The number of individuals seen in the ED by the ED crisis workers, including those over 25, those released rather than hospitalized, and the number released but presented with SI
- ▶ The number of individuals discharged by UNI, the number over 25 discharged, and the number over 25 that had SI upon admission
- ▶ Total number of charts reviewed
- ▶ The total number of new individuals added to the follow up program
- ▶ Total number of people successfully contacted
- ▶ Total number of closed files
- ▶ Percentage closed
- ▶ List of specific agencies/therapists referred to from ER and UNI
- ▶ Length of time from discharge to follow-up appointment

Q2 Findings:

- ▶ Total of 1373 individual medical records reviewed
- ▶ Total of 419 individuals were identified
- ▶ Completed 800 follow ups in those three months
 - ▶ 408 Initial follow-ups
 - ▶ 267 2nd follow-ups
 - ▶ 116 3rd follow-ups
 - ▶ 9 4th follow-ups
- ▶ 1091 live discussions or voicemails left
- ▶ Closed 204 (25.5%) due to incorrect contact information, not being able to contact them after multiple attempts, and because they opted out (only 18 people)
- ▶ 45% of those discharged from the ED or UNI had an appointment within the first week after discharge
 - ▶ 42% had no appointment scheduled, but possibly given referrals

Benefits

- ▶ Support and appreciation - requesting follow up even after the fourth outreach:
 - ▶ “Feels good to know someone cares”
 - ▶ “So glad you called because I’ve been having a rough week.”
 - ▶ “This is a great service.”
 - ▶ “I’ve been to UNI five times and this is the first time any one has followed up. Why didn’t they think of this sooner?”
 - ▶ “Just the fact you called has made a difference.”
 - ▶ “You are the only person who has consistently reached out to me to see how I was doing since I left the hospital.”
 - ▶ “I feel like these calls have helped keep me on track.”
- ▶ Increased knowledge of resources such as Crisis Line, Safe UT, MCOT, Warm Line, and local mental health authorities

Barriers

- ▶ Correct contact information (14.5% closed on the first contact attempt due to wrong number or a disconnected number)
- ▶ EMR system (having to review every chart to find who meets criteria)
- ▶ Time consumption for administrative needs
- ▶ Decline in participation over the 90 days
 - ▶ Not returning phone calls
 - ▶ Stating they no longer need follow up
- ▶ Balancing how to leave a HIPAA compliant voicemail without sounding like a bill collector

Future

- ▶ January 2019 we will add the University of Utah's South Jordan emergency department
- ▶ Currently looking in to the logistics of written or text contacts if we are unable to get someone by phone
- ▶ Improved ways to increase connection and education with our partners, both internal and in the community