

ROBUST PROCESS IMPROVEMENT™ FOR THE VOLUNTARY INPATIENT PSYCHIATRY ADMISSION PROCESS

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INTRODUCTION

Patients admitted to the adult Inpatient Behavioral Health Unit on a voluntary basis can ask to sign a Request to Discharge (RTD) Form if they would like to be discharged before the treatment team sees fit. This gives the treatment team up to 72 hours to complete a determination as to either discharge the patient or institute involuntary commitment to the unit. As formerly practiced, patients offered voluntary admission to the inpatient behavioral unit often lacked complete understanding of the “72-hour rule” and the process for requesting early discharge from the facility. We hypothesized that this led to the observed patient frustration and hostility, lack of trust in the treatment team, poor attendance and participation in group therapy activities, medication refusal, and low patient satisfaction scores. To address this issue, we conducted a pilot project to improve the voluntary admission process on the adult inpatient unit.

METHODS

The Joint Commission’s Center for Transforming Healthcare developed Robust Process Improvement™ (RPI) as a blended approach in applying Six Sigma, Lean, and Change Management techniques to this end. RPI techniques were applied to better define the problem, collect data, obtain staff involvement, create a solution, and monitor for lasting benefit. The techniques used to accomplish these tasks included Active Listening, Elevator Speech, Statistics, Cause and Effect Diagram, development of a Communication Plan, Brainstorming and Standard Work.

The new process is demonstrated in the flow chart in Figure 1. Flow charts, scripts, and pocket cards were created and distributed to relevant nurses, PAs, and residents who participate in the admission or discharge process. The language and layout of the Request for Voluntary Admission Form was revised and approved by the Forms Committee to emphasize the “72 hour rule” and the process of requesting a RTD Form. In October, trainings were conducted with all relevant staff who participate in the admission process or patient care on the unit to provide instruction as to how to use the materials. The new process was first implemented on November 1, 2017.

Overall Press Ganey scores, in addition to admission and discharge subsection scores, were compared before and after implementing the new process to monitor changes from the patients’ perspective. Additionally, the treatment team members answered survey questions related to perceived patient understanding at the beginning of training sessions in mid-September through mid-October and again 5 weeks after the new process was implemented.

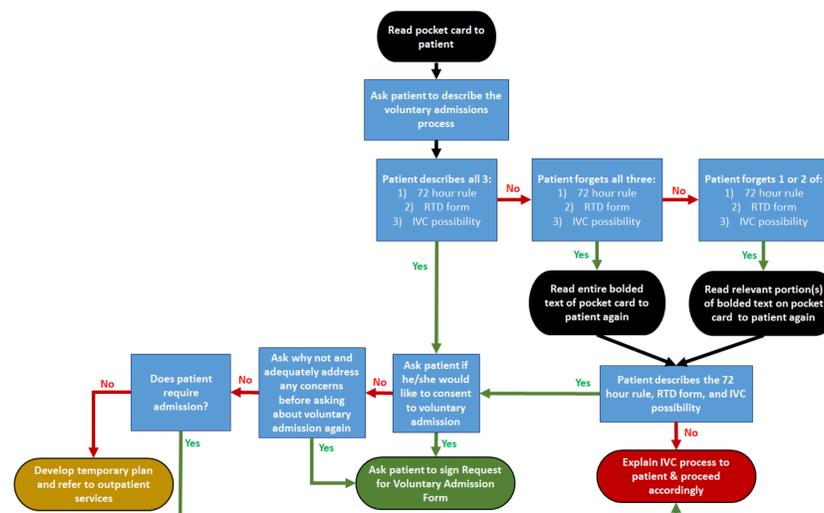


Figure 1: Flow chart describing the standardized process to ensure patient understanding of the 72 hour rule and RTD process.

RESULTS

Incorporating RPI techniques, a pocket card was created for consenters to use standardized language to describe the voluntary admission process along with a flowchart and script for different scenarios that all consenters can read. The inpatient treatment team members also received the same materials in order to answer any questions about the 72 hour rule or RTD form on the unit in a standardized manner.

As summarized in Figure 2, the survey related to perceived patient satisfaction and confusion indicated improvement.

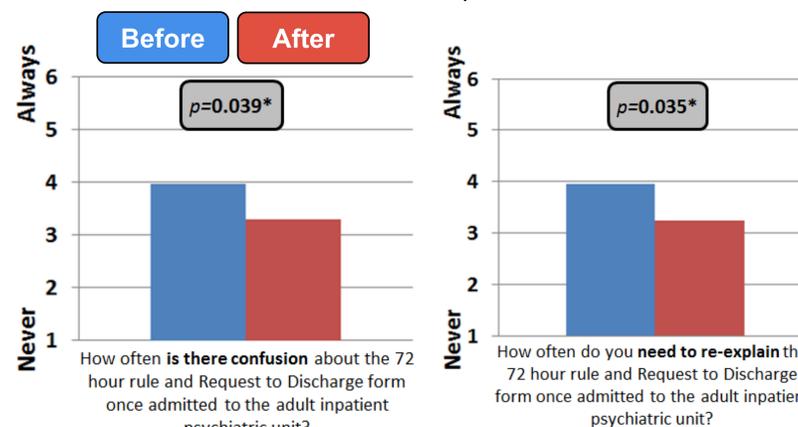


Figure 2: The group responsible for consenting and admission indicated less confusion related to the 72 hour rule and RTD form under the new process.

Figure 3 reports behavioral health Press Ganey Overall and Discharge scores for the 8 months before and 8 months after the new process was implemented. The average overall Press Ganey score for respondents improved from 77.1 to 81.6 ($p=0.003$), while the average discharge score improved from 83.0 to 87.5 ($p=0.023$).

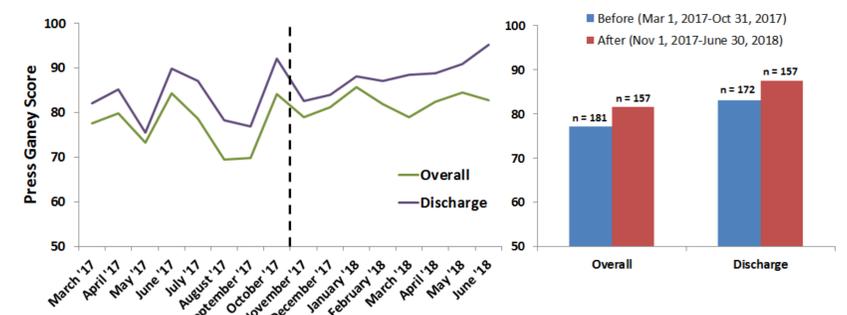


Figure 3: Press Ganey Overall and Discharge scores increased in the 8 month period after the modified process was implemented in comparison to the previous 8 months.

In recent months, the behavioral health discharge satisfaction score has become one of the highest performing aspects of the department according to Press Ganey Reports. In the most recent month, the department has performed in the 98th percentile in “information about patient’s rights” during admission, and “discharge instructions if help is needed”.

CONCLUSIONS/FUTURE WORK

Survey data from patients (Press Ganey scores) and the treatment team members indicated greater patient satisfaction and understanding in the 8 month period after the new process was implemented in comparison to the 8 month period before the process was implemented.

Data is also being collected to correlate the ratio of voluntary to involuntary admissions under the former and current consent processes.

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