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Walden University
2021

Abstract

Reducing Recidivism of Psychiatric Inpatient Clients in Behavioral Health Facilities

by

Cottrell Jacobs

MA, Prairie View A&M University, 2004

BA, Prairie View A&M University, 1994

Doctoral Study Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology

Behavioral Health Leadership

Walden University

May 2021

Abstract

Research shows readmitting clients to inpatient psychiatric facilities within 30 days to one year of discharge can be costly for an organization and may represent less than optimal quality care for clients. The purpose of this study was to obtain an in-depth understanding of practices and barriers to reducing inpatient readmissions by completing a qualitative case study of readmission reduction strategies used by a large inpatient psychiatric facility in the southern United States. The Baldrige excellence framework was used to guide the assessment of the organization. Data collection consisted of five semi-structured interviews with organizational leaders, evaluation of internal archival records, and a review of academic literature on the topic of reducing inpatient psychiatric readmissions. Study results identified the following recidivism reduction best practice gaps for the organization: strategic plan alignment, monitoring readmissions, and client participation. Recommendations included adding a readmissions reduction goal to the strategic plan, expanding use of best practices to reduce readmissions, and increasing staff and client engagement in recidivism reduction efforts. This study has implications for the field of behavioral health leadership as other inpatient psychiatric facilities can use this study as a potential model to better understand their own inpatient readmission issues. The positive social change implications of reducing inpatient readmissions include lower healthcare costs and ensuring patients receive a high quality, optimal level of care that allows them to remain in their communities.

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Section 1 a: The Behavioral Health Organization

Introduction

Behavioral Health Organization X (BHOX) is a large public psychiatric facility in the southern United States and is fully accredited by the Joint Commission. The Joint Commission is an independent, not-for-profit organization recognized as the global leader for health care accreditation (Joint Commission, n.d.). As noted on BHOX's website (2020), the organization provides a concise overview of its mission, vision, values, and recognitions. The mission of BHOX is dedication to excellence and leadership in the provision of patient care and the growing need for treatment of persons with mental illness residing in the county. BHOX's vision is to be a premier psychiatric provider in the delivery of treatment, education, and research. Achieving this vision requires faculty and staff to promote clinical excellence. The values of the organization are represented in the phrase "We Care":

Working as a team to provide quality care in a safe environment

Excellence in the service of care

Culturally competent staff

Accountability in our commitment to excellence

Respect and compassion

Ethical and fair treatment for all

The organization promotes clinical excellence for all stakeholders.

Details regarding the organization's clinical structure were obtained through a review of the organization's website (BHOX website, 2020) and discussion with the

organization's chief operating officer (COO; BHOX COO, personal communication, December 2019). BHOX offers services to low-income and indigent persons via individualized treatment plans, individual and group counseling therapy, family participation, discharge planning, and community follow-up referrals. The organization also serves commercially insured individuals who request behavioral health services or need acute psychiatric care. BHOX, in cooperation with another local behavioral health organization, Partner Organization 1 (PO1), operates a forensic competency restoration unit, providing care for individuals incarcerated by the County Sheriff's Office in the County Jail as well as other facilities throughout the area.

The organization is dedicated to excellence and leadership in the treatment of those with mental illness (BHOX website, 2020). BHOX models a local university's mission of conducting research into the causes and cures of mental illness, providing education to professionals in the care of mental illness, and acting as a resource through community outreach, as noted on BHOX's website (2020). Over 9,000 patients are served annually, and it provides opportunities for practical experience to 2,000 students in the fields of medicine, psychiatry, psychology, nursing, social work, pharmacy, and recreational therapy (BHOX website, 2020). The inpatient psychiatric center provides acute care for individuals experiencing a psychiatric emergency and is open 24 hours a day, 7 days a week, as noted on BHOX's website (2020). Once stabilized, clients are discharged and scheduled for follow-up treatment at one of PO1's outpatient clinics.

Practice Problem

BHOX faces a growing need to reduce readmissions to the inpatient psychiatric units, as per the organization's social services director. According to the Center for Health Information and Analysis (2019), behavioral health organizations need to address recidivism due to the high cost of hospital use. McCullumsmith et al. (2015) report that patients in psychiatric crisis often lack connection to community resources and present to emergency departments for care. Due to the lack of community connections, they return to the emergency department for regular treatment which contributes to increased hospital utilization.

BHOX's director of social services identified a lack of effective recidivism reduction strategies as a primary organizational problem (BHOX director of social services, personal communication, February 12, 2019). Therefore, the research question for this case study is: What are recognized recidivism reduction best-practices that would be beneficial for BHOX? The director of social services also shared that the organization is committed to reducing recidivism rates and has allotted resources for this effort.

Recidivism is defined as readmission to inpatient psychiatric care after discharge as per Kalseth et al. (2016). According to Rieke et al. (2016), it is estimated that approximately 40% of psychiatric inpatients are readmitted within 1 year of discharge. These readmissions have a negative influence on the quality of life for patients, and increased community involvement has been shown to help decrease readmissions (Zamardo et al. 2018). According to Zamardo et al. (2018), people with less social

support and involuntary admissions have a higher chance of frequent and repeated hospitalizations that occur shortly after discharge.

Koval et al. (2016) examined the outcomes from a recovery-oriented model of care used to determine the impact of the percentage of readmissions to an inpatient mental health unit. Patients that participated in a recovery-oriented model of care had a lower percentage of readmissions to inpatient psychiatric care than those who did not participate. These results suggest a need to transform behavioral health care from a provider-centered, intervention-based model to a patient-centered, recovery-oriented model (Koval et al., 2016). Implementing recovery programming on inpatient units with direct involvement of patients in their own recovery has been shown to improve patient satisfaction and outcomes as well as decrease readmission percentages (Koval et al., 2016).

Purpose

The purpose of this study was to examine the current inpatient recidivism reduction strategies and practices of BHOX. The organization's goal is to reduce psychiatric patient recidivism, which is defined by BHOX as readmission to inpatient psychiatric care within 1 year of discharge (as per the BHOX Recidivism Committee). The Baldrige excellence framework (National Institutes of Standards and Technology [NIST], 2017) was used as a reference for assessment of the organization. The Baldrige excellence framework empowers an organization to reach its goals, improve results, and become more competitive by aligning plans, processes, decisions, people, actions, and results (NIST, 2017).

Interviews with four to six behavioral health leaders (BHLs) from BHOX, in conjunction with review of secondary data sources, was used to understand the organization's current recidivism challenges and identify potential opportunities for improvement using best practices identified from the academic and professional literature. The sources of information that was collected for the study included interviews with select BHLs in the organization and secondary data such as archival data and discharged client records. Permission was granted from the organizations Institutional Review Board and director of research to conduct the study. BHLs interviewed for the study were asked to sign a consent form prior to interview. Each interview was transcribed, with transcriptions coded to maintain confidentiality of the BHL. All secondary data abstracted was in aggregate form or summarized to maintain confidentiality.

Significance

BHOX coordinates inpatient psychiatric units. A high percentage of clients are referred for services from a partner organization and there appears to be a gap in linkage to long-term care, as per communication with the COO. Additionally, those connected to follow-up care are non-compliant or nonadherent with plans and need to reintegrate into services as indicated via secondary data or discharge plans. The organization has formed a recidivism committee that includes BHLs from a partner organization to develop strategies to address the readmission issue and improve the quality of life for discharged clients. BHOX, local law enforcement officers, and county officials all have a vested interest in reducing recidivism and allocating resources toward other clients that can

benefit from inpatient psychiatric services as per BHOX's COO (personal communication, December 13, 2019).

Heslin and Weiss (2015) reviewed specific diagnoses and reported a 9%-15% increase for a 30-day readmission cost of $7,200 per episode for mood disorders, and a 15.7%-22.4% increase rate at a cost of $8,600 for psychotic disorders. Quality improvement has been a focus in healthcare since implementation of the Affordable Care Act in 2010 (Reisman, 2015). Cost reduction occurs when quality improves (Reisman, 2015). Reducing the recidivism rate will help BHOX reduce costs and improve clinical outcomes by keeping clients out of hospitals and ensuring they connect with follow-up care.

The gaps in the behavioral health care continuum noted previously are not unique to BHOX. Scotten et al. (2015) reported that poor communication among providers contributed to poor patient outcomes and errors in healthcare. Traditional methods of communication may not meet patient or healthcare provider needs and should be standardized using technology that all team members understand (Scotten et al., 2015). Enhanced communication may lead to reduction in errors and readmissions that will also decrease lengths of stay and improve satisfaction of care teams and patients. Fraino (2015) noted that the financial state of hospitals is negatively impacted by the burden of patients returning to the hospital due to unresolved issues. A pilot program demonstrated that the use of a mobile psychiatric provider to support continuity of care efforts helped reduce hospital readmissions and provided essential transitional care (Fraino, 2015). Examining the gap between BHOX's current practices and recognized best practices on

recidivism reduction will potentially allow the organization to reduce inpatient recidivism and improve the quality of life for BHOX clients. Other behavioral health organizations may benefit by using this case study as a model from which to make their own inpatient recidivism reduction improvements, thereby having a positive effect on many individuals beyond BHOX.

Summary and Transition

BHOX plays a significant role in providing behavioral health services for persons located in the southeast region of their state. Services are often initiated from a partner organization, PO1, where care is provided 24 hours per day and 7 days per week. PO1 includes inpatient psychiatric units that experience client readmissions multiple times a year (as per the BHOX recidivism committee). These readmissions are costly both financially and for each client's quality of life (Heslin & Weiss 2015). Research indicates recidivism is a concern for most behavioral health organizations and that using recidivism reduction best practices can lead to reduced financial costs and improved quality outcomes (Reisman, 2015). This study will support BHOX's leadership in their efforts to develop new strategies to reduce recidivism by clarifying currently used strategies, identifying potential barriers to recidivism reduction, and sharing recidivism reduction best practices highlighted in the academic and professional literature.

Section 1b explores the organizational profile of BHOX. BHLs are instrumental in establishing the organizational profile. Organizational profiles provide information about employee categories, history, services offered, and anticipated performance. BHOX has a dynamic profile that is necessary to provide quality care. As noted on

BHOX's website (2020), the organization fosters an educational and working environment that provides equal opportunity to all members of the community. Staff, students, interns, and residents all compose the organizational profile and contribute to quality outcomes for clients.

Section 1 b: Organizational Profile

Introduction

BHOX needs to address recidivism to inpatient psychiatric units according to the Recidivism Committee. Recidivism is defined by the organization as a client returning for treatment to an inpatient psychiatric unit within 1 year of discharge (as per the BHOX Recidivism Committee). The purpose of this qualitative case study was to explore the current inpatient recidivism reduction procedures and practices of BHOX and identify opportunities for improvement. The research question for this study is: What are recognized recidivism reduction best practices that would be beneficial for BHOX?

The organizational profile and key factors were engaged to identify strategic importance. BHOX has a diverse team of employees that all play intricate parts and have daily duties to help the organization fulfill its mission (BHOX website, 2020). A summary of the organizational background and context was provided to demonstrate the need for this case study. Other psychiatric inpatient facilities with similar compositions may use this as a benchmark study to address readmissions.

Organizational Profile and Key Factors

BHOX serves as a teaching hospital for a state school and operates under the university board of regents' accountability program. The university website gives a succinct overview of the mission. The mission of the university is to provide high-quality educational opportunities for the enhancement of the human resources of the state, the nation, and the world through intellectual and personal growth (University website, 2020). This is a comprehensive mission statement that applies to various elements of a

large academic and health institution. There are distinct missions, histories, cultures, and goals for university programs, but collectively the common vision is to enhance the lives of individuals and society by reducing readmissions to inpatient psychiatric units (BHOX website, 2020). Additionally, the organization must adhere to the Health Insurance Portability and Accountability Act of 1996 in which client or patient medical information must be kept private and secured from unauthorized use (Centers for Medicare and Medicaid Services, n.d.). Private health information is secured and only used for treatment purposes. Secondary data, in this case discharged client charts, was reviewed to assist with exploring the recidivism phenomena.

As noted on BHOX's website (2020), the organization serves clients within a large demographic profile with patients as young as 7 seen on a children's unit, and senior patients seen on a geriatric unit. Most patients are from the local community, but there are some patients from surrounding counties that do not provide inpatient psychiatric care. Contact is made with local mental health authorities when a patient lists an outside county as the place of residence (BHOX program manager, personal communication, June 6, 2018).

Inpatient psychiatric units provide services to over 9,000 clients annually, and a diverse team of employees and residents contribute to maintaining the program (BHOX website, 2020). The team is comprised of psychiatrists, psychologists, nurses, social service clinicians, psychiatric technicians, administrative assistants, interns, residents, housekeeping and food service staff, and volunteers. Education levels vary from high school graduates to medical and professional degrees depending upon the position and

job requirement. There are full-time, part-time, contractual, and PRN (as needed) staff. BHLs ensure staff involved with direct care have the resources needed for performing essential job duties, as per BHOX's admissions director (personal communication, July 7, 2020). Table 1 provides an overview of staff roles and responsibilities.

Table 1

BHOX Positions

Staff role	Staff responsibility
Psychiatrist	Assess patients and write prescriptions for psychotropic medicine
Interns and residents	Shadow psychiatrists to gain experience in setting
Psychologists	Conduct psychological assessments to determine mental capacity of patients
Nurses	Monitor vital signs and distribute medicine to patients
Psychiatric technicians	Assist patients with daily living activities. (DLA)
Social service clinicians	Conduct individual and group therapy sessions
Housekeeping / Food Service	Clean facility / Prepare and serve food

BHOX website (2020)

BHOX's mission is dedication to excellence and leadership in the provision of patient care and the growing need for treatment of people with mental illness residing in the local community (BHOX website, 2020). The vision of BHOX is to be a premier psychiatric provider in the delivery of treatment, education, and research. Clinical excellence is promoted by faculty and staff. The values of the organization are teamwork,

excellence, cultural competence, accountability, respect, and ethical treatment for all, as noted on BHOX's website (2020).

The organization has a traditional, hierarchical structure with a governing body that sits at the top and management levels that flow from top down (BHOX website, 2020). The inpatient psychiatric unit is located inside a teaching hospital and a dean of the medical school sits below the governing body and beside the chief executive officer. BHOX works in tandem with a local university to educate and train future behavioral healthcare providers. The BHLs aspire to instill excellent work ethics in all students, interns, and residents so that future generations will receive quality care (BHOX program manager, personal communication, June 6, 2018).

Organization Background and Context

There are federal uniform standards that health organizations align themselves with to provide safe, quality care (Centers for Medicare and Medicaid Services, n.d.). The Center for Medicare and Medicaid Services (CMS) provides a manual for conditions of participation for psychiatric hospitals. Adherence to special requirements of medical records and staff is required to maintain CMS payments (Centers for Medicare and Medicaid Services, n.d.). BHOX complies with the CMS standards. The organization also adheres to the Department of Environmental Health and Safety Standards to ensure patients, staff, and visitors are free from hazards. The Occupational Safety and Health Administration provides guidelines for the organization to follow in terms of providing a safe work environment for staff. The psychiatric inpatient hospital also adherers to the National Fire Protection Association's guidelines for preventing, eliminating, and

decreasing economic and property loss, as well as loss of life. Additionally, BHOX is certified by the Joint Commission on Accreditation of Healthcare Organizations, an international organization that develops and upholds patient safety and care standards for hospitals and other healthcare organizations (Joint Commission, n.d.).

The organization’s chief financial officer (CFO) is responsible for fiscal resource planning and works with the director of financial operations and the director of business operations to do so as per BHOX’s director of social services (personal communication, June 9, 2020). BHOX primarily serves uninsured and underinsured patients, and the organization is reimbursed for services by third-party insurers or customers. Standard charges are the same for all services and determined by fixed government rates. BHOX accepts Medicaid / Medicare and all other third-party insurers that pay for behavioral health services (BHOX website, 2020). The organization also has a manager of medical records who is responsible for compliance and behavioral health policy and law. If the organization is out of compliance with federal or state mandates, it can be fined for every violation. Thus, the manager of medical records works closely with the CFO to save the organization money, according to the performance improvement director (personal communication, August 12, 2020).

BHOX has a Performance Improvement Department that focuses on improving delivery of safe, quality care that is efficient, cost effective and consistent with strategic goals, mission, vision, and values, all while adhering to regulatory requirements (BHOX website, 2020). The Performance Improvement Department also focuses on policies and best practices, including The Joint Commission National Patient Safety Goals that have

proven to improve high-quality care in a safe environment (BHOX performance improvement director, personal communication, August 12, 2020). Patient relations, utilization review, health case management, and infection control are all areas the Performance Improvement Departments monitors and modifies systems as needed, as per BHOX's Performance Improvement Director (personal communication, August 12, 2020). The BHLs of the organization follow governing board guidelines and are vested in the success of the organization. BHOX's COO identified several key strategic opportunities, strengths, and threats for the organization (See Table 2).

Table 2

BHOX Strengths and Weaknesses

Strengths	Weaknesses
Good reputation among local community members	Accessing more revenue (insured) patients to increase income
Population and job growth	Need to improve electronic communication infrastructure
Low-cost of living and natural resources	Alternative energy resources
Quality of Life and transportation routes to major highways for staff	Recruiting inpatient faculty positions such Assistant, Associate Professors, and Professors
Access to primary healthcare via referral for patients.	
Individualized treatment plans to address the needs of each patient	
Comprehensive treatment team including a psychiatrist, nurse, care coordinator, and psychiatric technician for each patient	

BHOX website (2020)

Of the organizational weaknesses noted, the topic of increasing revenue for inpatient units is the most directly related to inpatient recidivism. BHOX primarily serves

indigent patients that are uninsured or underinsured. The effects of health insurance on health are well established with studies (Institute of Medicine, 2002; McWilliams, 2009; Substance Abuse and Mental Health Services Administration, 2015) noting that serious mental illness is more prevalent among uninsured and underinsured adults and that these individuals are less likely than insured individuals to:

- receive prevention and screening services (general health)
- receive appropriate care management for chronic illness
- have diminished access to care (overall)
- receive mental health services as indicated by practice guidelines

High rates of inpatient recidivism among uninsured or underinsured individuals may affect BHOX's revenue-to-cost-ratio in several ways. First, value-based reimbursement models are expanding into behavioral healthcare (Soper et al., 2017). Value-based reimbursement refers to payment agreements between third-party payers (commercial and public insurance) and healthcare providers based on the providers' ability to achieve measurable, high quality, cost effective care (Soper et al., 2017). This means that BHOX's ability to reduce inpatient readmissions play a role in insurance payments soon if it is not a factor already. Second, frequent readmissions of uninsured patients mean less bed availability for admitting insured patients. Finally, costs associated with inpatient readmissions can be high (Hines, et al. 2014).

BHOX has a recidivism committee that was established to explore options for reducing readmission rates. The director of social services shared an example of one client having been admitted to an inpatient psychiatric unit 187 times over a 26-year

period (BHOX director of social services, personal communication, April14, 2020). Although this client's experience may not represent the average client's experience, it highlights the degree to which recidivism can be costly in terms of resources and quality for the organization and for the client. Some patients are denied inpatient admission and given a packet of resources for outpatient treatment. They are denied due to posing no immediate danger to self nor others, and they are educated on acute admissions. These same patients often return in 12-24 hours and then complain of homicidal / suicidal ideations or psychosis, according to the inpatient unit's admissions director. BHOX's COO reports that some of the patients retuning for services are homeless and there tends to be an increase in admissions when inclement weather is present.

BHOX is in the developmental stage of working with a partner organization in setting up a transitional housing unit located within a rehabilitation facility in the county. Additionally, Brannstrom et al. (2018) reported that some patients return to psychiatric inpatient care due to difficulties in affective regulation and need assistance managing their emotions; relational sensitivity and a need for a secure therapeutic rapport, resignation or inclined to passivity and depression, or lastly ambivalence towards responsibility which could lead to failure to initiate change. The transitional housing unit will serve as a location for intensive case management that addresses affect regulation, emotional stability, and independence, and provides a therapeutic environment (PO1 program director, personal communication, August 2020).

Summary and Transition

BHOX is structured to provide quality care and aspires for continuous improvement of services provided. This study explored the background and approach used by the BHLs of the organization to reduce recidivism. Findings provided insight for BHLs by comparing current practices to identified best practices in the academic and professional literature. Existing data and information from various organizational departments and committees (e.g., Performance Improvement, Recidivism Reduction Committee, SWOT analyses) was accessed as part of this case study.

Section 2 consists of an assessment of the organization's leadership and workforce operations. Readmissions to inpatient psychiatric facilities drain resources and take beds away from clients who can benefit from inpatient services. BHLs working collectively to address the issue and ensure systems are in place for quality outcomes can position the organization to implement best-practices and reduce recidivism.

Section 2: Background and Approach-Leadership Strategy and Assessment

Introduction

Reducing psychiatric inpatient readmissions among behavioral health organizations improves quality of care and assists clients with better outcomes, thus reducing healthcare cost (Soper et al, 2017). BHOX is the largest psychiatric inpatient facility in the southeast portion of the state and has a Recidivism Committee in place to address the issue. Inpatient readmissions are costly for organizations in terms of resources, money, and quality of care as per BHOX director of social services. The purpose of this study was to review the recidivism reduction strategies currently being used by BHOX. BHLs defined recidivism as readmission to the psychiatric inpatient unit within 1 year of being discharged. I conducted interviews with BHLs; reviewed secondary data including strategic plans, internal documents, meeting minutes, organizational website, intra-net site, discharged patient charts, and explored literature to discover and implement some best practices.

Supporting Literature

I used resources including Google scholar, PsycINFO, and PsycArticles. Key search terms used included, but were not limited to, *behavioral health, mental health*, *psychiatric, re-admittance, re-hospitalization, and re-admission*. All literature was peer reviewed and ideally had been published within the past 5 years. Literature published prior to 2015 was included if deemed highly relevant or a seminal publication for the topic of reducing recidivism.

Overview of Psychiatric Inpatient Recidivism

Research on inpatient psychiatric readmissions has been conducted and continuously evolved as best practices and new standards are developed. Repeated psychiatric hospitalizations for those with a serious mental illness are a substantial problem (Gaynes et al., 2015). Hospitals' unplanned readmission rates indicate poor quality of care at a national and global level (Molfenter et al., 2016). Additionally, Molfenter et al. (2016) reported that 9% to 48% of all inpatient readmissions are preventable. Rylander et al. (2016) asserted that readmission rates have been proposed as a quality metric for inpatient psychiatry, but little is known about predicting readmissions and identifying modifiable factors that may assist with reducing readmissions.

Multiple factors contribute to inpatient psychiatric readmissions such as previous admissions, lack of support systems post discharge, noncompliance with plans of care, and poor organizational practices (Han et al., 2020; Kisley, 2016; Moore, et al., 2019; Volpe et al., 2018). Suicidal ideation on initial admission, diagnosis with a psychotic disorder, and suicidal ideation with a comorbid personality disorder have been identified as key indicators for readmissions (Rylander et al.2016).

Pre-discharge factors from a prior inpatient admission may also be associated with readmissions to psychiatric inpatient facilities. Donisi et al. (2016) conducted a systematic literature review and reported that pre-discharge factors that contribute to readmissions could be classified into categories. Campione et al. (2017) asserted that inpatient quality of care seems to have less influence on hospitals readmission rates when compared to clinical and social determinant of health factors. (See Table 3).

Table 3

Prior Admission and Non-Clinical Factors

Factor	Factor explanation
Demographics	Men are at a higher risk of being readmitted compared to women.
	Age factors included younger age persons (teens-30s) are at risk of readmission compared to older adults.
	Marital status demonstrated a higher chance of readmission in singles compared to couples.
Social and economic characteristics	Homelessness is a risk factor for readmission compared.
	Low levels of education or illiteracy is as high risk for readmission compared.
	Unemployment is a risk factor for readmission compared.
Attitude and perception	Negative attitudes toward medication and adherence to aftercare may be a higher risk for readmission.
Environment	Urban and rural settings both indicated higher risk of readmission, and a higher risk for those residing close to Narcotics Anonymous meetings.
Previous hospitalizations	Long lengths of stay for previous admissions is a risk-factor for readmission.
Functional status	Global assessment of functioning of severe illness indicates a risk factor for readmission.
Social support	Lack of support systems post discharge indicate a higher risk of readmission.

Campione et al. (2017)

Best Practices

Measurement-based care has important implications across multiple avenues in mental and behavioral health care, including clinical care, quality improvement, and accountability (Wright et al., 2019). Recidivism can be reduced when organizations apply best practices or evidence-based practices. According to the Oregon Research Institute (n.d.), evidence-based practice has been rigorously evaluated in experimental evaluations, like randomized controlled trials, and shown to make a positive, statistically significant difference in important outcomes. Webber (2019) asserted that evidence-based practices provide clear guidelines to improve psychological and behavioral health. Best practices can be supported by data not solely based on theory. Such best practices are repeatedly tested and can be reproduced in other settings. Holistic system approaches and patient participation have been identified as best practices in reducing recidivism.

Systems Approach

Organizational change models that focus on reducing readmissions rates and improving quality of services are beneficial. Silverman et al. (2015) reported that a systems approach could help health care administrators navigate the complex system of improving quality of care, reducing costs, and reducing reliance on sick care. They cited modeling and simulation as valuable tools for managing complex systems (Silverman et al., 2015).

A decision support system that includes an agent-based model of various stakeholders' motivations and micro-decision making allows users to replicate and envision all the interacting parts of cost reduction, outcome improvements, and benefits

of health promotion would help with recidivism (Kudyba & Perry, 2015). Behavioral health organizations can help reduce recidivism when a collective approach is used with external stakeholders, as per BHOX's COO (personal communication, December 12, 2019). BHOX has external stakeholders, including a partnership with an outpatient service provider; using a system approach, both organizations can contribute to decreasing readmissions. Silverman et al. (2015) asserted that to understand systems science, three levels must be considered: the parts or in this case patients, the whole or practices of a health system, and the containing system or community. All system parts affect quality and best outcomes. The social and ecological determinants of health play important roles in recidivism, and when not properly aligned, patients may be inclined to return to familiar surroundings.

A system approach that uses telehealth services assists with reducing readmissions. Taylor et al. (2005) reported that a good predictor of hospitalization is a history of hospitalization, along with poor discharge planning, issues with scheduling follow-up appointments, and poor adherence to plans of care. Case management is generally considered to be an effective strategy for reducing recidivism, but case management is time-consuming and expensive; Taylor et al. (2005) reasoned that telephone-based case management system would be effective in reducing recidivism.

Home visits contribute to reducing readmission to inpatient psychiatric units. Chang and Chou (2015) conducted a study examining the home visit intervention effects on readmission rates and medical costs for patients with serious mental illness. Participants were categorized as those receiving four or more home visits, those who

received less than four, and those who do not receive any home visits. The re-hospitalization rate and National Health Insurance costs were significantly lower for patients having four or more home visits from behavioral health staff compared to those who received no home visits. Those who received less than four home visits had no difference than those who had no visits indicating a minimum of four visits resulted in fewer readmissions (Chang & Chou, 2015).

NYS Health Services (n.d.) provides guidelines for behavioral health organizations to follow to help reduce readmissions. They shadow what primary care providers deliver to patients. These guidelines align with best practices suggested among literature, and according to BHOX's director of social service (personal communication, August 14, 2020) the organization implements some of the strategies. (See Table 4).

Table 4

Strategies to Reduce Behavioral Health Readmissions

Strategy	Strategy description
Consultation before readmitting	Member of most recent inpatient team conduct in-person evaluation to determine if client status is same as discharge, if prior admission was helpful, was contact established with outpatient provider, and consult with admitting psychiatrist.
Warm hand-off	When possible, arrange for face-to-face meeting with receiving outpatient provider during inpatient stay.
Assertive outreach to families / caregivers	During inpatient stay meet with family / caregivers to educate about post-discharge plans.
Use teach-back method	Have clients and caregivers verbalize what discharge plans are to assess understanding.
Follow-up call to clients / caregivers	Within 72 hours of discharge, someone from inpatient team calls to reinforce adherence to plan.
Follow-up call to outpatient provider	Contact outpatient provider to verify attendance and follow-up on non-attendance.
Build / practice skills	Provide pill boxes for meds and practice calling outpatient provider to schedule appointments.
Increase community support	Refer to Assertive Crisis Team, Home Health, and Case Management as needed.

NYS Health Services (n.d.)

Patient Participation

Behavioral health organizations that implement a psychoeducation and monitoring program assist with reducing recidivism. According to Lay et al. (2017), programs that promote self-management skills, including psychoeducation focusing on behaviors prior to and during illness-related crisis, crisis cards, and discharge planning, show positive results in reducing compulsory admission to psychiatry. A 24-month preventive monitoring study was conducted, and participants that completed the program were readmitted to inpatient psychiatric facilities 28% compared to 43% rate of readmissions for other patients that received treatment as usual (TAU), as per Lay et al. (2017).

Community resources play a significant role in reducing readmissions. BHOX has a partnership with an organization that provides outpatient follow up care. Patients that adhere to plans of care are less likely to need readmission to inpatient services. Nirma et al. (2009) conducted a case-control study that explored multiple psychiatric readmissions that focused on service-related and individual factors. The study was conducted over a 12-month period and consisted of 307 participants having been readmitted for inpatient psychiatric care three or more times already. Participants were separated into two groups at discharge, one group allowed to return to populations at risk of readmissions with the TAU model, and the other group members referred to community psychosocial support units. The psychosocial support group members had a 20% lower chance of readmissions that those referred to TAU. Nirma et al. (2009) concluded that psychosocial support plays an important role in preventing multiple psychiatric admissions. Findings also suggest

that peer-supported / self-management reduces readmissions to acute care (Johnson et al., 2018). Peer delivered self-management includes participating in treatment planning, interest, discharge, and follow-up care for patients. Patients that actively participate in all levels of care are more likely to adhere to plans of care and more likely to continue with outpatient follow ups improving their quality of life.

Value based payment (VBP) programs are emerging as catalyst to improve quality for behavioral health. The traditional fee-for-service model that rewards organizations for volume services is not effective in improving quality (Soper et al., 2017). Currently states, health plans, and providers are beginning to develop VBP arrangements to pay for Medicaid behavioral health services (Soper et al., 2017). The VBP approach will slow the increasing costs of services and is designed to improve quality. Literature suggest that combining an organizational model focused on systems, VBP, and self-management practice assist with reducing readmissions.

Sources of Evidence

The qualitative case study included interviews from four BHLs from BHOX, one interview of a BHL from a partner organization, review of secondary data, and a review of academic and professional literature. Secondary data included, but was not limited to, strategic plans, recidivism committee meeting minutes, internal documents, and discharged patient charts.

Interview questions were developed using the NIST (2017) Baldrige excellence framework. The Baldrige excellence framework has been used by organizations across the globe to improve organizational performance and get sustainable results (NIST,

2017). For this study, the framework structured the process related to obtaining answers to three organizational performance questions related to reducing recidivism: Is the organization doing as well as it could? How do BHLs- know? and What could the organization improve or change? Additionally, information was sought related to the extent to which reducing recidivism is a key strategy for BHOX. This was accomplished by asking performance improvement questions such as: is recidivism mentioned in strategic plans, what projects have been implemented to reduce recidivism, how does the organization measure success for recidivism reduction strategies. Themes were established based on the responses from the interviews and document review. Based on this data, potentially best-practice suggestions outlined based on a thorough review of the literature.

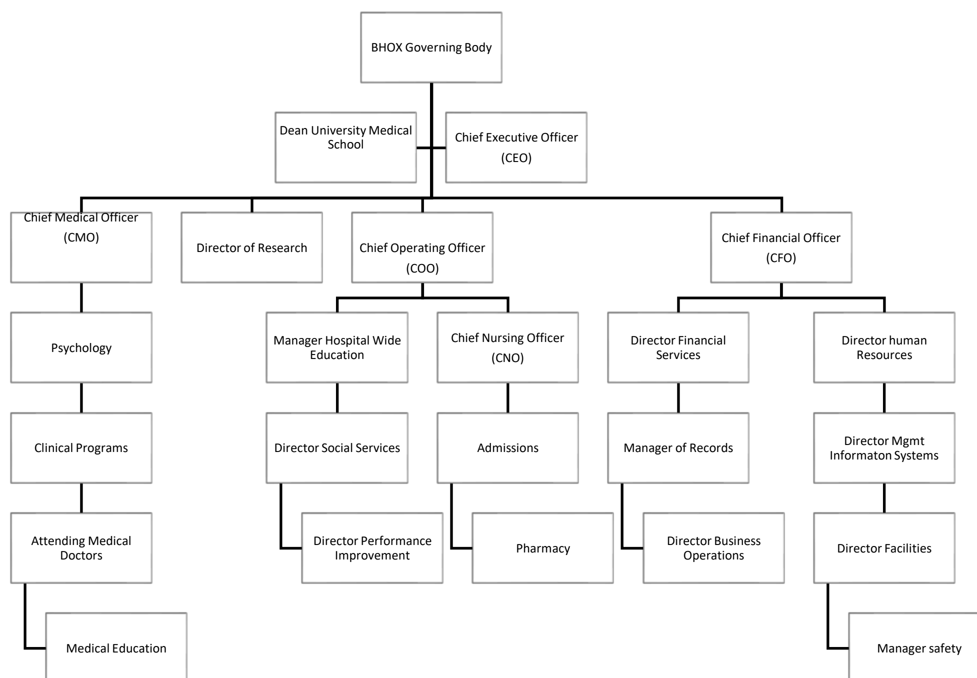
Leadership Strategy and Assessment

BHOX has a governing board that consist of the chief operating officer (COO), chief financial officer (CFO), chief medical officer (CMO), chief nursing officer (CNO), executive director, dean of medical School, and public relations officer. The board meets twice per year, in June and December, to review quarterly reports, address any immediate or ongoing organizational issues, and ensure processes are in place for continuous improvement. The organization has a top-down organizational chart, and each member of the board has staff and a BHL that reports to them. The BHLs consist of program directors who conduct department meetings and inform their designated supervisor about progress, regress, or sustainability of a unit.

The governing board directs BHLs to conduct self-assessments up to and including SWOT Analysis. Based on findings from the assessments, specific departmental plans are made to address challenges and meet opportunities as presented. According to BHOX's performance improvement director (personal communication, August 12, 2020), any system or procedural change is reviewed by the Performance Improvement Department prior to implementation (see Figure 1).

Figure 1

BHOX Organizational Chart



Clients / Population Served

The client population of BHOX consists of low-income and indigent persons, as well as commercially insured clients needing behavioral health or acute psychiatric services (BHOX website, 2020). The organization also operates a forensic competency

restoration unit and provides care for citizens under the jurisdiction of the County Sheriff's Office in the County Jail, as per BHOX's program manager (personal communication, August 2, 2020). As noted on BHOX's website (2020), the organization obtains information directly from clients as they are encouraged to discuss the quality-of-care concerns or compliments with the unit nurse, social worker, or doctor. Clients can also email the organization's Patient Relations Department or call a 1-800 number (BHOX performance improvement director, personal communication, August 12, 2020). Lastly, clients can contact The Joint Commission on Accreditation of Health Care Organizations about any complaints. Complaints may be reported to The Joint Commission online, by email, fax, or regular mail (Joint Commission, n.d.).

Customer engagement refers to clients' and other customers' investment in health care service offerings (NIST, 2017). BHOX engages clients by thoroughly screening them prior to admissions, as per BHOXs' admissions director (personal communication, May 13, 2020). This is a psychiatric inpatient facility that is open for walk-ins 24 hours per day (BHOX website, 2020). Clients fill out intake forms with a receptionist and then they are screened by a nurse to determine the cause for the visit. According to BHOX program manager (personal communication, May 5, 2020) if any serious medical concern is mentioned or an underlying health factor; clients are referred to a county hospital for treatment and told to return once medically cleared. The organization educates clients about total health care, or the lack thereof, that may be contributing to psychiatric issues as per BHOX's admission director (personal communication, April 9, 2020). Clients develop trust with the organization from the initial stage of care and are thankful from the

perspective of a medical professional when basic health care is needed. Brand loyalty and client retention is developed when clients feel the organization has their best interest in mind (Lay et al. 2017).

Clients are asked to sign consent forms to disclose information to family members or friends. According to BHOXs' program manager (personal communication, February 4, 2020) family and friends are considered customers and welcome the inclusion about treatment and discharge plans. BHOX does not provide services to family members but information and referrals are provided on additional service offerings for both clients and family, according to BHOX care coordinator (personal communication, March 2, 2020). Family members and customers are provided information about The National Alliance on Mental Illness (NAMI). NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness (NAMI, n.d.). The local NAMI chapter provides support groups and resources for family members of relatives with a mental health illness.

The organization provides surveys to both clients and customers to collect feedback and help the organization improve services (BHOX website, 2020). In addition to clients reporting any concerns to direct care staff, they are also informed of surveys available to provide feedback. According to BHOX care coordinator (personal communication, March 2, 2020), customers are informed about surveys during the screening process, and if applications are filed for mental health warrants; they are informed about a follow-up call once the warrant is executed. The follow-up calls provide the customer / applicants an opportunity to give feedback about the process and helps

BHOX with continuous improvement (BHOX program manager, personal communication, February 3, 2020).

BHOX is committed to creating and maintaining engagement with the local community, as per BHOXs' COO (personal communication, December 12, 2019). Establishing relationships with clients and customers through participation in treatment is championed by the BHLs of the organization. According to BHOX program manager (personal communication, February 6, 2019), involving internal and external stakeholders is vital for the success of any organization, and BHOX strives to operate in a culture of inclusion.

Analytical Strategy

Throughout the span of the study, personal interviews and several data-collection methods were used to assist with the research topic of recidivism reduction. As a qualitative researcher, my goal was to remain objective and obtain insight into the topic from the perspective of BHLs. Ravitch and Carl (2016) asserted that a researcher is the primary instrument in the research process and must remain reflexive throughout the process. I am employed by a partner organization that provides outpatient services for discharged clients and have firsthand experience of what the process should look like; I remained vigilant in approaching the study as an outsider.

Approval was granted from BHOX's director of research and from Walden University's Institutional Review Board. Prior to interviews being conducted, written consent and agreement was obtained from all participants. The organization's BHLs were informed that all information collected would be for the study and not personal use.

BHLs were also informed that pseudonyms would be used so as not to disclose any sensitive information.

The semi-structured interviews of BHLs provided a large amount of data. Interviews provided an opportunity for participants to share information from their personal experiences. Participants were selected based on their roles within the organization and affiliation with recidivism. The participants included the director of social services, admissions director, and the director of performance improvement. The COO from a partner organization was also included. The partner organization is responsible for providing outpatient services and follow-up on discharged clients. All interview appointments were scheduled during normal business hours as not to increase the standard workday. Interview questions were developed to elicit rich data about the practice problem. Each participant was asked the following questions:

1. Is inpatient recidivism addressed in the strategic plan? If so, how? If not, why do you think it has not been a strategic focus?
2. What is the organization doing to reduce recidivism rates for the inpatient unit?
3. How does the organization monitor readmissions? How does the data get used to help reduce recidivism?
4. Is the organization doing as well as it could in terms of reducing recidivism? How do BH Leaders know?
5. What should the organization improve or change to reduce readmissions?
6. How does the regulatory environment affect the organization’s efforts to reduce recidivism?

7. What type of financial issues affect the organization's ability or motivation to address recidivism?
8. What type of client feedback is used to inform inpatient unit improvement efforts and is such feedback used specifically to improve recidivism?
9. What role does the organization's partners play in reducing recidivism/
10. Do you have any additional thoughts you would like to share related to recidivism or reducing recidivism?

Themes were identified based on the repetitive responses given. The data analysis method was used to determine themes. This method consisted of transcription, reading and familiarization, coding, searching for themes, reviewing themes, defining, and naming themes, and finalizing analysis (Sage Research Methods, 2019). Archival data was summarized to connect discoveries to the research topic. All data collected were relevant to understanding the practice problem. BHOX collects data from surveys and meeting reports that are given to the Performance Improvement Department to be analyzed.

"Validity, in qualitative research, refers to the ways that researchers can affirm that their findings are faithful to participants' experiences," (Ravich & Carl, 2016, p186). Participants received transcripts of their interviews to review and clarify as needed, and all data was cross-checked to ensure reliability. The only limitation noted in the data was the lack of a current strategic plan.

Ethical research standards developed by Walden University were adhered to. Permission was granted to conduct the qualitative study by the director of research from

BHOX. The Prospectus was submitted for review and the intent of the study was explained. The researcher used triangulation to ensure trustworthiness of operational data. Data consisted of interviews, meeting minutes, and strategic plans. No legal documents were used for the study. Historical documents used were cross-referenced with BHLs for internal validity.

Summary and Transition

Data collection and analysis, as well as ensuring reliability and validity were critical steps in understanding the recidivism phenomenon. Qualitative studies are developed through observation and interviews; interviewing BHLs to gain their perspective on how recidivism affects the organization was vital to addressing the issue. Archival data was assessed to fully understand how the organization has historically addressed the issue or if any reduction plan was implemented appropriately. Scholarly data was also used to gain an understanding of inpatient psychiatric re-admissions and best practices reviewed to assist with reduction.

In Section 3, the workforce, operations, measurements, analysis, and knowledge management are examined. The psychiatrists, psychologists, nurses, social service clinicians, and psychiatric technicians all contribute to daily operations of the inpatient psychiatric unit and are all vital in reducing readmission rates. Measurement and analysis of the current systems and processes in place, are compared to research literature about best-practices. All aforementioned areas contribute to an understanding of recidivism and how to reduce re-admissions to inpatient psychiatric units.

Section 3: Workforce and Knowledge Management Components of the Organization

Introduction

Behavioral health organizations strive to reduce inpatient recidivism rates due to the high cost of hospital utilization (Center for Health Information and Analysis, 2019). BHOX shares this goal and has identified recidivism reduction as a current, important practice problem, as per BHOX's COO (personal communication, December 12, 2019. The organization tracks clients that are readmitted to the psychiatric inpatient unit by conducting a screening during the admission process and updating client records (BHOX admissions director, personal communication, April 16, 2020). Clients who return within 30 days to 1 year of discharge are identified so the last social service clinician was included in the current treatment plan. This case study used leadership interviews and document review (e.g., policies, meeting minutes, strategic plan) to understand how the organization is addressing the problem. Additionally, a review of relevant academic and professional literature provided insights on the general nature of inpatient recidivism and best practices for reducing recidivism.

The Baldrige excellence framework was used to frame the study and understand how BHOX evaluates the practice problem, aspects of the organization that may affect the problem, and what is being done or could be done to improve recidivism rates (NIST, 2017). To further explore how BHOX addresses recidivism, I address the organization's workforce, operations, analysis, and knowledge management in this section. After assessing the workforce, and knowledge management, I made implications of the findings.

Workforce

The organization has a diverse workforce that contributes to daily operations. The workforce consists of psychiatrist, psychologist, nurses, social service clinicians, and psychiatric technicians charged with providing high quality, clinical care for clients. Employment at BHOX offers rewards and benefits according to the organization's website (BHOX website, 2020). Eligible staff receive an annual increase in salary and staff that enroll in higher education programs are eligible for tuition reimbursement. As a public, teaching, psychiatric inpatient facility, the organization strives to maintain a professional work environment that encourages personal and professional growth. The environment provides equal opportunity to all staff, interns, and students. Discrimination based on race, color, religion, sex, sexual orientation, national origin, age, disability, genetic information, or veteran status is prohibited.

As noted on BHOXs' website (2020), the organization seeks to recruit high-quality inpatient psychiatrists and mental health professionals. Staff include permanent, full time, part time, and contract personnel. The psychiatric inpatient unit is also a training site for medical and nursing students as noted on BHOX's website (2020). BHOX is associated with a local university and continuing education units are available for staff through the organization's intranet site. Additionally, annual safety and training classes are provided onsite. The safety and training classes are provided to ensure staff have the knowledge, skills, abilities, and competencies to carry out work processes (BHOX website, 2020). Preparing the workforce for evolving capability and capacity requires ongoing training, education, communication, and career counseling.

The assessment of workforce capability should consider current needs and future requirements (National Institutes of Standards and Technology, 2017). BHOX's approach to building an effective workforce provided greater insight into reducing recidivism. The organization has been designated as health professional shortage area (HPSA). HPSAs are designations indicating health care provider shortages in primary care, dental care, or mental health (Health Resources and Services Administration, n.d.). The health professional shortage is assessed according to the organization's population and facility size. The inpatient psychiatric facility serves indigent and low-income clients, and has been designated as an HPSA since 2016, according to the Health Resources and Services Administration website (n.d.). The organization has a shortage of psychiatrist as the CMO also serves as the designated psychiatrist for one of the inpatient units. This shortage of psychiatrist does not lend the executive leaders time to appropriately address recidivism with the leadership team. The organization needs a psychiatrist on every unit and once fully staffed, the CMO can address the readmission process appropriately with the leadership team (PO1 court liaison, personal communication, August 2020).

There is a financial incentive to reduce recidivism as well due to the Affordable Care Act imposing significant fines on hospitals that fail to meet standards set for patient readmission rates (The Cost of Miscommunication, 2015). Reducing recidivism is a goal for the organization, and the director of social services has been designated to lead organizational efforts. The federal government cuts payments to hospitals that have high readmission rates. Penalties range from a 1%-3% reduction in revenue, according to Rau (2020). Rau also reports that Congress ordered Medicare to ease up on the annual

readmission penalties on hospitals serving low-income residents. BHOX serves a high percentage of low-income patients and is currently exempt from penalties. According to BHOX's performance improvement director (personal communication, August 12, 2020) the organization has been exempt from penalties since 2015 and would like to maintain the exemption. Reducing recidivism will ensure the inpatient psychiatric unit does not face penalties in the future should legislation shift.

The organization engages the workforce by providing recognition, professional development, and career advancement opportunities. Understanding the characteristics of high-performance work environments where staff do their best for clients and other customers benefit the organization's success (NIST, 2017). To that extent, the organization selects an "Employee of the Year" as determined by staff votes, and a designated parking space close to the building is presented to that employee. By including staff in selecting the Employee of the Year, BHOX seeks to engage employee commitment, both emotionally and intellectually, in accomplishing the organization's work, mission, and vision. According to BHOX's website (2020), staff are eligible for tuition support to continue their college education if able to commit to the organization for a period after they complete coursework. Tuition is reimbursed for those pursuing degrees in psychology, sociology, counseling, social work, or any social service field. Post-graduate commitment ranges from three to five years depending upon the degree. Professional development is provided to all staff as there are annual safety and training courses required for everyone. Training is conducted on-site and employees are notified prior to certifications expiring (BHOX trainer, personal communication, April 12, 2020).

Knowledge Management

BHOX uses Sunrise, an EHR Clinical Management System (EHR in Practice, n.d.-b), to collect data and manage information about the organization. Sunrise is designed to support physicians and clinicians in their decision-making by providing aggregated client information, documentation, and events via a user-friendly interface. Client data and key information is provided to physicians and clinicians to aid in diagnosing and treatment processes (EHR in Practice, n.d.-b). Sunrise is used by all staff at BHOX to aid in providing quality care.

The organization has a Performance Improvement (PI) Department that collects and analyzes data for optimal operation. According to BHOX's performance improvement director (personal communication, August 14, 2020), the department consists of a director, utilization review manager, infection control nurse, manager of patient relations / service excellence, data collector, and two utilization review nurses. This department is involved in collecting and monitoring data related to recidivism rates (BHOX performance improvement director, personal communication, August 14, 2020). For example, the department receives data from social service clinicians who review client charts when they are readmitted to the psychiatric inpatient unit. Social service clinicians use a 30-day screening form with clients readmitted within 30 days of discharge in efforts to identify variables and patterns associated with readmission as per BHOX director of social services (personal communication, August 14, 2020). The 30-day screening forms are reviewed by the PI director, utilization review manger, and manager of patient relations / service excellence to assist with developing solutions for

readmission rates (BHOX performance improvement director, personal communication, August 14, 2020). Any solution developed is discussed with the social services director and other BHLs to implement in daily operations.

The staff currently use Sunrise, BHOXs EHR system, to store and review client data. The organization is in the process of transitioning to EPIC, a cloud based EHR solution used across a broad range of practices from community hospitals to independent practices (EHR in Practice, n.d.-a). BHLs want to ensure the organization aligns with the Patient Protection and Affordable Care Act (ACA) as Fontenot (2013) reported that the ACA promotes the continuing development of EHR to decrease costs and improve the quality of health care. As behavioral health and primary care organizations are integrating services, BHOX and a large county primary care provider will be able to share records and coordinate better care for clients leading to better outcomes (PO1 COO, personal communication, September 21, 2020).

Summary and Transition

BHOX is committed to reducing readmissions to the inpatient psychiatric unit. BHLs are tasked with ensuring the workforce has all the tools, equipment, and systems in place to achieve organizational goals. The organization has been identified as a HPSA, leadership and the PI Department’s role remain to help the workforce deliver quality services to all clients. The PI Department is set up to review and analyze data on clients returning to hospital. Sunrise, the current EHR system used, stores client data and allows the PI Department, social service clinicians, and members of the Recidivism Committee to review cases and identify patterns on clients readmitted. BHLs are hopeful that EPIC,

the new HIE system the organization is transitioning to, will be a better asset in assisting with recidivism as BHOX and partner organizations will be able to share records on mutual clients and coordinate on successful outcomes.

Section 4 consists of analysis of the BHL interviews, review of secondary data, review of strategic plans, and suggestions to assist with strategies to reduce readmissions. The use of multiple data sources, including academic and professional literature, led to a better understanding of the readmission phenomena, and contributed to suggestions listed.

Section 4: Analysis, Results, Implications, and Preparation of Findings

Introduction

The purpose of this qualitative study was to examine the inpatient recidivism reduction strategies and practices of BHOX. Leadership identified high readmission rates as a problem for the organization (BHOX director of social services, personal communication, March 2019). The facility is open 24-hours per day, 7 days a week and provides emergency services for clients experiencing severe depression, psychosis, homicidal / suicidal ideation, or any symptom that makes them a threat to self or society. As noted on BHOX's website (2020), clients in crisis are also transferred for treatment from other medical facilities that do not specialize in behavioral health. BHOX has defined recidivism as readmission to inpatient psychiatric care within 1 year of discharge. The organization serves over 9,000 clients annually (BHOX website, 2020). Readmissions are costly in terms of resource utilization, may potentially affect third party reimbursement rates, and negatively impact clients' quality of life (Soper et al., 2017; Taylor et al., 2005; Zanardo et al., 2018).

I conducted this research by reviewing current literature, analyzing secondary data sources (e.g., meeting minutes, screening forms, discharged client charts, state behavioral health strategic plans, client satisfaction surveys, organizational website, policies, and procedures), and conducing semi-structured interviews with BHLs from the organization. BHLs were selected for interviews based on their role with the organization and responsibility for daily operations. They were also informed that no personal identifying information would be used for the study other than position titles. The

interviews were conducted in-person, in a mutually convenient location. The following section provides a review and analysis of the data collected, and implications for the organization.

Analysis, Results, and Implications

The analysis, themes, and results of the study are presented in this subsection. Qualitative content analysis was the analytic methodology used. Major themes from the data are presented and findings associated with corresponding Baldrige excellence framework categories are furnished. Implications of these findings for BHOX are also reviewed.

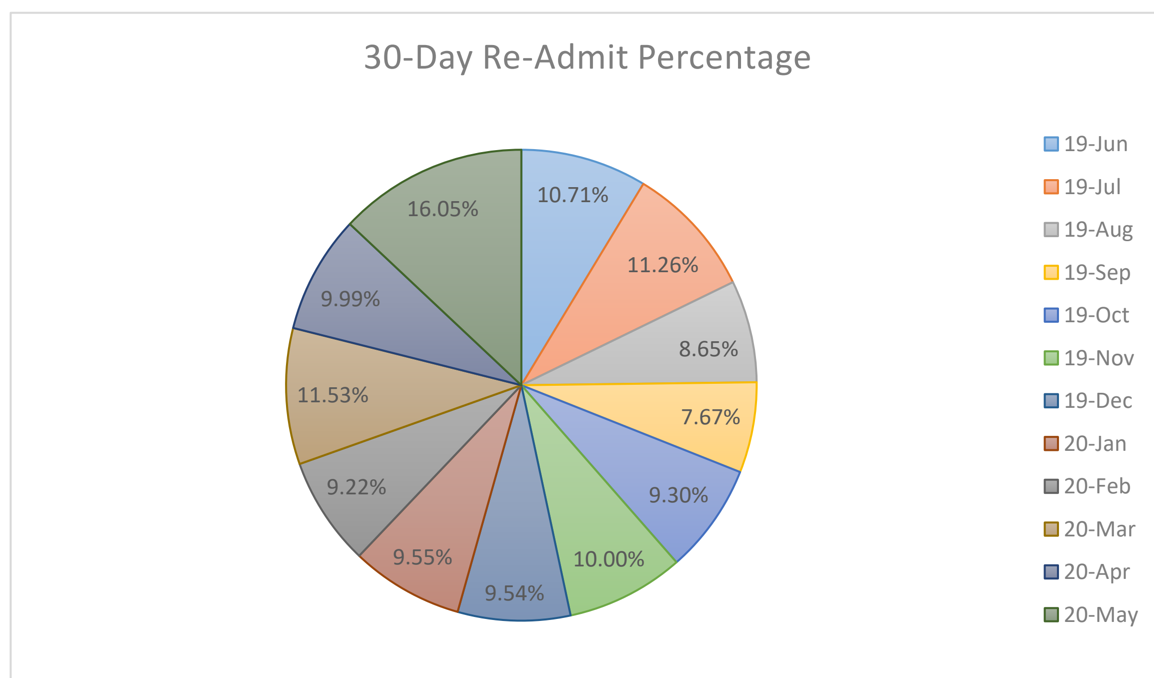
Theme 1: Strategic Plan Alignment

Organizational research has indicated that chronic recidivism and rapid readmissions are a growing concern for BHOX due to the increased costs and less than optimal outcomes (2017). A faculty member at the local university affiliated with the organization and two research assistants presented information at a professional conference on implementing a performance improvement project to decrease 30-day psychiatric readmissions to the organization. BHOX functions as an academic safety-net psychiatric hospital, according to the organization's website. In 2015, the diverse client population of adults, adolescents, and children had a 30-day readmission rate of 12.5%. The faculty member and research assistants reported that 70.8% of the clients served were uninsured, and 33% were discharged to homeless shelters. Homelessness had been identified as an indicator of client readmissions. Of the returning clients, 247 were identified as super utilizers, whom BHOX defined as having four or more admissions

within 1 year. The organizational research indicated that those readmitted within 30 days of care received an additional 10,207 bed days costing the organization $5,384,294.00 based on a daily rate of $525.51 per day. The faculty member and research assistants concluded that a plan needs to be implemented to reduce readmissions. See Figure 2 for percentage of readmissions over a 12-month period from June-2019 through May-2020. The average monthly percentage of readmissions is 10.32% and the goal is 6% (Organizational research, 2020).

Figure 2

30-Day Re-Admission Percentage



A best practice noted in the literature is to identify reducing psychiatric inpatient readmission as a strategic goal for the organization (Docat et al., 2019). This involves having the goal clearly stated in the strategic plan, objectives to accomplish the goal, and

the plan disseminated throughout the entire organization via meetings and documents such as policies and procedures. Additionally, Docet et al. (2019) reported that organizations that operate without clear policy and procedures experience an adverse effect on resources and increase operation costs. Strategic plans that include client participation in plans and preparations for inpatient discharge, self-monitoring, and coping, adhering to outpatient and other community services, being a part of a social community, and seeking peer and family support were also identified as best practices (Adnanes et al., 2020).

The Baldrige excellence framework (NIST, 2017) indicates organizations produce optimal outcomes when strategic plans are used to accomplish specific goals. This notion is supported by a meta-analysis of 31 strategic planning empirical studies revealing that strategic planning has a positive, moderate, and significant effect on an organizational performance (George & Walker, 2019). Furthermore, strategic planning should be specific to each organization as it requires analysis of the organization's mission, values, and environment (George & Walker, 2019). Although an organization-specific plan for BHOX was reported to exist, per the admissions director, a copy of the plan could not be obtained when requested as part of this study's data collection efforts. Instead, a general behavioral health plan sponsored by the state was shared by the organization as a representative organizational strategic plan.

In Section 5.2 of the Statewide Behavioral Health Coordinating Council (2016), two gaps in services were identified as contributing to recidivism. The gaps are: 1) access to the appropriate behavioral health services and 2) coordination across state agencies.

The Statewide Behavioral Health Coordinating Council was developed considering all the citizens in the state, and according to the U.S. Census' American Community Survey, about 15% of the state's population was considered rural (Cowan, 2016). George and Walker (2019) noted strategic plans are meant to be organization-specific to consider each organization's unique culture, operations, and mission goals. The organization is in a large urban area, and according to Brandenburg et al. (2015), facilities in urban centers tend to house more specialty and subspecialty physicians, causing increased wait times for clients. Service time challenges have led to exploration of systems engineering strategies and processes for optimizing resource use requiring strategic solutions (Brandenburg et al., 2015).

BHOX is adhering to the Statewide Behavioral Health Coordinating Council (2016) by coordinating services with PO1 to assist with post-discharge services. The lack of coordination and continuity among providers can result in more expensive services with poor outcomes for clients, as indicated by the state plan. The organization has a Continuity of Care team from PO1 located in the building to assist with discharge planning and ensure clients are aware of the location, date, time, and any information needed for their post-discharge follow-up appointments.

Interviews with BHOX's leaders revealed varying perspectives regarding the role of recidivism reduction in the organization's strategic plan. Interviewees 1 and 3 (I-1, I-3) responded to interview questions about the strategic plan by referencing the organization's strategic plan, which was not made available for review by me. Interviewee 2 (I-2) responded to interview questions by referencing the Statewide

Behavioral Health Coordinating Council. Interviewee 4 (I-4) referred to PO1's Strategic Plan, as I-4 is the COO of the partner organization.

"We try to plan for recidivism as best we can, but it's not in strategic plan," stated I-1 during the interview. Jiang et al. (2016) reported that lacking proven strategies for reducing readmissions are primary barriers for providers and add to hurdles in the daily operations. I-2 reported a specific process listed in the Statewide Behavioral Health Coordinating Council that list providing acute inpatient care with screening, stabilization, and planning for aftercare services in Article 3. As noted by I-2, "Yes recidivism is actually mentioned, we look at 30-day readmissions on a monthly basis." I-2 noted that the Social Services Department is responsible for recording the 30-day data and passing the information along to the PI Department. I-2 referenced the Statewide Behavioral Health Coordinating Council (2016) as motivation for addressing recidivism due to the Health and Human Services Commission's approach to holding hospitals financially accountable and leveraging payment mechanisms to improve health care quality. I-3 spoke in more detail about the 30-day process, "We have a strategic plan where we review patients who come into the hospital within a 30-day period." I-3 shared that most recidivist patients return within a 30-day window, although the organization defines recidivism as those who return for inpatient treatment within 1 year of discharge.

Interviewee # 4 (I-4) reported a specific location in PO1's strategic plan where readmissions are addressed. It is worth mentioning that I-4 is a BHL for the partner organization that provides follow-up outpatient services. This is a connection to the statewide plan of coordinating services between agencies or service providers. Efforts to

avoid psychiatric readmissions should include actions that support daily living activities, improve coping strategies, and build on partner collaborations (Adnanes et al., 2020). According to I-4, “I know we have recidivism mentioned in the Strategic Plan, not sure if it’s Section 1.2 or 1.3 about access to services.”

The implications for organizations that do not have strategic plans, as suggested by Docat et al. (2019), is that uncertainty regarding the presence of an organization-specific strategic plan or absence of a clearly stated recidivism reduction goal may hinder BHOX’s efforts to address the practice problem. A lack of resources and poor organizational structures / processes lead to occupational stress negatively impacting psychiatric staff resulting in poor client care (McTierman & McDonald, 2014). Thus, clients receiving less than optimal care may return to BHOX increasing readmission rates. The New York State (NYS) Health Services (n.d.) reported all relevant services within inpatient facilities play an essential role and should participate in reducing readmission efforts. For optimal, quality outcomes for clients, all internal stakeholders should be involved with readmission reduction; if not, clients may continue to cycle through for services.

Theme 2: Monitoring Readmissions

Hospital emergency departments and psychiatric facilities nationwide are being challenged by an increasing volume of clients seeking psychiatric services (Morris et al., 2018). Morris et al. (2018) found many resources necessary to decrease psychiatric patient visits to hospitals are available within the community. Boutwell at al. (2016) recommended a best practice for reducing readmissions is to develop and maintain a clear

and robust data collection and intervention plan. This involves having the goal clearly stated in the strategic plan, shared throughout the organization via meetings, and documented in policy and procedures. Jiang et al (2016) reported that a system barrier for decreasing readmissions include limited capacity for real-time monitoring of readmissions.

According to the organization's internal research (2017), 30-day readmission rates are important indicators for healthcare planning due to their connection to the quality and continuity of care for patients as well as the high costs associated with additional inpatient care. BHOX uses a 30-day screening tool for clients returning to the psychiatric inpatient facility within 30 days of discharge. Patient data are collected through this process; a social worker attends the intake process with the client to ascertain what happened after discharge. The information collected is forwarded to the director of social services, who records the screenings and discusses factors with the recidivism committee. The screening, data collection, and discussion align with the best-practice of monitoring readmissions, as noted by Boutwell et al. (2016).

This monitoring process was recognized by BHLs during data collection interviews. I-1 stated that "Recidivism is monitored through a monthly audit conducted by Social Services." According to I-2, "It's a CMS requirement, regulatory requirement to monitor readmissions." I-1 and I-2 focused on the regulatory requirements in terms of audits and monitoring. I-3 spoke more in-depth regarding the process for monitoring. "We do a 30-day review to monitor readmissions. The person that comes in meets with the previous social worker and we talk to the current social worker," I-3 stated. The

process of connecting the current social worker with the previous one has been identified as a best practice outlined by NYS Health Services (n.d.). As shared by I-4, “So we kind of monitor readmissions along the same lines with the Quality Control Group.”

The evidence collected confirms that BHOX attempts to engage clients from the initial screening and intake process, during inpatient stays, and prior to discharge via patient satisfaction surveys. For clients returning to the inpatient psychiatric facility within 30 days of discharge, the previous social service clinician is involved to identify any gap in service. The 30-day screening form is the instrument used during the admissions process to capture client data. (See Appendix A). According to the BHOX’s director of social services (personal communication, August 14, 2020) the 30-day screening process is a useful tool and clients tend to provide honest feedback.

Although the 30-day screening process is a data collection best-practice, there were gaps identified in the monitoring process for BHOX. For instance, no information could be obtained on how the organization applies the screening process data to systematically prevent or reduce the likelihood of readmission. Similarly, although the topic is discussed at recidivism committee meetings for BHOX, there appear to be no application of data to develop organization wide interventions. Lastly, although data are collected via screenings, no other sources of data collection for recidivism were identified.

Findings suggest that BHOX does collect data regarding recidivism and that this data collection, via readmission screenings, is recognized throughout the organization by leaders, recidivism committee members, social service personnel etc. However, no

information was readily available regarding management and application of data collected, and no indication was found of a system-wide knowledge management plan related to the recidivism reduction strategic goal. Without a robust data collection plan regarding factors affecting readmission, and a plan to apply the data to improve processes, the organization may find it difficult to make a consistent impact on the recidivism rates. Additionally, it will be unlikely that effectiveness of attempted interventions will be discernable. Donisi et al. (2016) reported that readmissions could possibly be predicted based on length of stays at 7 days and under. Lengths of stay greater than 28 days suggested a protective role and readmissions seem to decrease, (Donisi et al., 2016). This seems to suggest that data collected on clients hospitalized for 28 days or more needs to be reviewed to compare with clients in acute settings for 7 days and under. This monitoring of client data may assist BHOX with treatment options provided to address recidivism.

Theme 3: Client Feedback

Client feedback is vital to the success of any organization and prior research has associated poor aftercare attendance with early psychiatric readmission (Organization's internal research, 2017). High psychiatric readmission rates continue when evidence suggests that care is not perceived by patients as patient centered (Reese et al., 2018). Current research literature has focused on aftercare strategies with limited attention to inpatient treatment as an intervention to reduce readmissions (Campione et al., 2017). Khanbhai et al. (2018) suggested that use of a discharge checklist during inpatient visits may assist with decreasing readmissions to psychiatric hospitals. Readmission rates are

the standard measure of client and service outcomes that could potentially be improved via discharge planning and use of a checklist centered around clients (Khanbhai et al., 2018).

Efforts to avoid psychiatric rehospitalization should include actions that support psychosocial interventions and psychoeducational services during the inpatient stay, as well as during discharge planning, as per Adnanes et al. (2019). NYS Health Services (n.d.) reported that use of the “Teach-back method” is an effective way to obtain client feedback. Teach-back requires staff to educate clients and caregivers about the post-discharge plan throughout the inpatient stay, to assess their understanding and feasibility of the plan. NYS Health Services (n.d.) also suggest the use of motivational I interviewing to elicit client feedback as beneficial for readmission reduction. Motivational interviewing is a client-centered counseling style for eliciting behavior change by helping clients explore and resolve ambivalence. Five principles of motivational interviewing include expressing empathy through reflective listening, developing discrepancy between clients’ goals or values and their current behavior, avoiding argument and direct confrontation, adjusting to client resistance rather than opposing it directly, and supporting self-efficacy and optimism (Arkowitz et al., 2015). Client feedback is beneficial for organization’s seeking to reduce readmissions. BHOX can have better outcomes and provide quality services by implementing processes deemed most beneficial by clients via feedback.

Interviewee 1 reported that BHOX uses a formal process to get client feedback. “We do the Press Ganey Audit to get feedback from clients. Every hospital in the nation

does a Press Ganey," I-1. According to I-2, "We use a survey to get feedback, it was an excellent survey used to develop different interventions for the patient."

Interviewee 3 provided an in-depth response regarding the solicitation of feedback from clients, "Something I would recommend that is something we're going to be implementing is motivational interviewing where clients teach back and repeat the question. Getting people motivated is really a struggle for us here, being able to get them to do something different will help with feedback." The teach back method aligns with a best practice reported by NYS Health Services (n.d.). I-4 reported that, "The client satisfaction survey is a tool definitely utilized to get feedback given the timeliness of it is what we're working on." The interviewees from BHOX all referenced the Press Ganey Survey which the organization uses to collect client feedback data.

The Press Ganey Survey (2015) combines the required Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPS) questions with scientifically developed patient-centered questions to give clients the most comprehensive picture of their patients' care experiences. HCAPS surveys measure client experiences of how often a service was provided and includes a rating scale of always, usually, sometimes, and never; while Press Ganey integrates how well a service was provided and includes a rating scale of very good, good, fair, poor, and very poor. The Press Ganey is used to help organizations with continuous improvement as reported on the Press Ganey website. BHOX uses the Press Ganey to elicit demographic information, speed of admission, staff interactions, cleanliness of units, involvement with care, food quality, etc. The survey has

three questions about discharge planning, and though it appears to be a good tool for total quality assessment, survey content does not relate directly to inpatient readmissions.

A potential gap for the organization is the limited focus on post-discharge factors related to readmission. Sfetcu et al. (2017) conducted a systematic review on post-discharge predictors of hospital readmissions. Individual vulnerability, aftercare related factors, community care, and social support emerged as leading predictors of post-discharge readmissions. Repeated inpatient care is unwelcomed by patients and costly for health care systems, thus more research is needed in post-discharge care to address this gap (Sfetcu et al., 2017). Another study completed by Lorine et al. (2015) focused on patients readmitted to an urban community hospital within 15 days, and within 3 to 6 months to identify any predictors of readmissions. A diagnosis of schizophrenia / schizoaffective disorder, history of alcohol abuse, and number of previous psychiatric hospitalizations were identified as predictors of readmission (Lorine et al., 2015). BHOX should consider post-discharge factors to aid in readmissions reduction.

Although the organization has a formal process in place to gather client feedback, more emphasis on services during the inpatient visit may be more beneficial in efforts to reduce recidivism. Recovery-oriented models engage clients during intake, inpatient visit, and during discharge planning (Koval et al., 2016). Koval et al. (2016) reported that clients have better outcomes when they have been exposed to a recovery-oriented model of care during the inpatient visit. Recovery-oriented models of care are evidenced based and have been shown to improve client satisfaction and outcomes as well as decrease the percentage of readmissions to inpatient psychiatric units (Koval et al. 2016). Research

indicates “buy-in” is established when clients feel valued and have input in their care (Adnanes et al., 2019). Mental health services that develop a recovery identity and a collaborative environment where clients take an active part in their care, benefit clients and assist with buy-in (Cruwys et al., 2020). Furthermore, clients who identified as in recovery, reported better outcomes, a sense of purpose, and decreased psychological distress (Cruwys et al., 2020). BHOX may continue to have rapid readmissions without a robust approach to soliciting client feedback data, and then implementing processes clients indicate as useful in post-discharge services.

Theme 4: Partner Role

Partner Organization 1 is the primary partner functioning as the post-discharge, outpatient service provider for clients discharged from BHOX. PO1 is the local mental health authority of the county, and the largest mental health authority in the state, according to the PO1 agency website (2020). PO1 provides outpatient mental health services via four clinics (Northwest, Southwest, Northeast, Southeast) spread throughout the county. PO1s website (2020) notes that mental illnesses such as depression, schizophrenia, bipolar disorder, post-traumatic stress, anxiety, and obsessive-compulsive disorders can be debilitating for clients and their families. PO1 works with clients and their families to create service plans that are designed specifically to meet the needs of each person. In addition to serving clients referred from BHOX, PO1 has a Comprehensive Psychiatric Emergency Program that provides prompt and high-quality assessments, and efficient stabilization for individuals experiencing a mental health crisis (PO1 website, 2020). Clients that are stabilized, but need longer inpatient services are

transferred to BHOX, (PO1 program director, personal communication, June 2017). Once the treatment team at BHOX determines clients are functional and can be released to outpatient services, COC staff start the post-discharge linkage process to one of PO1s outpatient clinics, (PO1 care coordinator, personal communication, June 2017).   .

Research has associated poor aftercare attendance with early psychiatric readmission, as per organizational internal research (2017). Collaborating with outpatient service providers should improve post-discharge engagement. Adnanes et al. (2019) reported that participants that took part in a study on discharge planning, self-management, and community support, reported a good practice in psychosocial services that prevents rehospitalizations is following up with individuals three to four times per week.

Clients have indicated being sent to a family member's house who abuses drugs or alcohol, and for someone dealing with substance abuse issues, they seem destined to fail (I-3, 2020). I-3 also reported that "In some cases, clients are sent back into abusive environments, physically, verbally, and emotionally and return to care due to psychosocial stressors triggering behavioral symptoms." The quality of inpatient care appears to have less influence on hospital readmissions rates than do clinical and social determinants of health (Campione et al., 2017). I-3s comments about client complaints and their living environments align research indicated by Campione et al. (2017)

State agencies have implemented programs and systems that have significantly improved behavioral health outcomes in areas such as reduction in recidivism and enhanced service integration (Statewide Behavioral Health Coordinating Council, 2016).

The role of partners emerged as another theme from the BHL interviews and document review. According to the Statewide Behavioral Health Coordinating Council (2016), "This strategic plan focuses on creating a framework for future improvements in cross agency coordination, prevention, service delivery, and data collection," (para 2). I-1reports understanding that partners play a significant part in services but said "I'm not sure what role our partners play in reducing recidivism." Table 5 lists the two objectives found in the Statewide Behavioral Health Coordinating Council (2016) that addressed recidivism.

Table 5

Comparison Table of Statewide BH Coordinating Council and BHOX Service

State BH strategic plan	BHOX service
Inventory of BH programs and services	No information available on inventory.
Coordinate BH programs and services to eliminate redundancy	Coordinate post-discharge outpatient services with PO1.

Comparison table (2020).

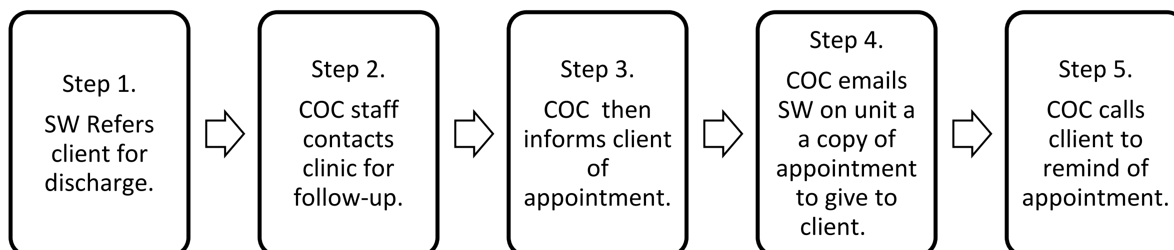
Some common programs and services that can be provided by partner organizations to help reduce inpatient readmissions include peer delivered services, jail diversion, crisis, substance use treatment, employment support, and prevention / early intervention. "The provision of common services across more than one Council agency may, in some cases, be necessary to address unique population needs," (Statewide Behavioral Health Coordinating Council, 2016, p 40). Although no information was available in terms of an inventory from BHOX, crisis services and substance abuse treatment are provided onsite, and PO1 provides peer delivered services, jail diversion,

employment assistance or unemployment benefit application assistance, and prevention / early intervention services.

Referencing a COC team from PO1 that is housed in the same building as the inpatient psychiatric unit, I-2 reported that “I think you guys (PO1) play a major role because you come in and talk to patients. You try to actually assist in you know, once they leave here what they actually do, so partners play a major role.” COC staff, from the partner organization, provide outpatient services and are instrumental in discharge planning for inpatient clients. I-3 said that “I would love to see more partners going out in the community following up with patients before their appointment,” referring to the outpatient follow-up appointments. “Our partners play a huge role in reducing readmissions, we could not do it without partners,” I-4.

Figure 3

Process Map of COC Services



As indicated on the Process Map, the social service clinician (social worker) initiates the discharge process by contacting COC staff from PO1. COC staff contacts one of the four outpatient clinics based on the client’s zip code. The corresponding clinic will provide an outpatient follow-up date within 10 days of discharge. COC staff will then

meet with the client on the unit to provide appointment date verbally and conduct a needs assessment. The needs assessment is done to determine if client will need assistance with SNAP benefits, Medicaid application, or a county gold card to assist with primary care. Once COC staff is done with the client, they will email the social worker on the unit to provide client with a print-out of appointment information. Once discharged, COC staff will follow-up with clients to remind them of the outpatient appointment.

Although BHOX has a partner that conducts outpatient aftercare services and COC staff on site to initiate the process, a gap was noted in the process. A gap in service noted is that COC staff interact with clients only during discharge as reported by a social service clinician (personal communication, November 2020). Adnanes et al. (2019) reported that clients who participate in discharge planning are more likely to adhere to plans. BHOX may continue to have readmissions if the only time clients are involved with the process is when the COC staff contact them about follow-up appointments.

Summary of Findings

The purpose of this case study was to examine current recidivism reduction strategies used by BHOX. Gathering data from semi-structured interviews, secondary data, and reviewing scholarly literature, revealed potential strengths to be leveraged and gaps to be filled as BHOX continues to reduce inpatient readmissions. Use of the 30-day screening form is the main tool used by the organization to combat recidivism. Additional tools are needed to reduce readmissions and assist clients with better outcomes. The implications from the results of the study indicate that when BHOX implements additional best-practices, and clients adhere to post-discharge treatment plans with the

assistance from identified support systems, better outcomes are more likely, and readmissions will be reduced. The organization can then allocate resources toward other clients that need hospitalization opposed to being on a waiting list, and this helps the community efforts to maintain safety.

Strengths and Limitations of the Study

Strengths

Data triangulation was used for analyses. Triangulation refers to the use of multiple methods or data sources in qualitative research to develop a comprehensive understanding of a phenomena (Ravitch & Carl, 2016). Thus, data was collected from semi-structured interviews, scholarly literature, and secondary data including meeting minutes, BHOX's website, partner organization's website, screening and survey forms, and observations. This approach helps ensure the validity of study findings.

Another strength of this study was the rich, in-depth information obtained from the BHLs. The interviews allowed me to obtain relevant information about department processes and how they influence readmission rates. Consistent messaging about monitoring and client feedback was gained. The information will assist the organization with its efforts to improve recidivism reduction processes and implement new best-practices as identified.

I was able to obtain rich, qualitative data. As noted by McLeod (2019), case studies allow researchers to explore topics in more detail than might be possible when dealing with many research participants. Due to the in-depth, multi-sided approach case studies shed light on aspects of human thinking and behavior that would be impractical to

study in other ways (McLeod, 2019). For instance, information gleaned from the semi-structured interviews about the use or lack of an organization specific strategic plan, and the role of partner organizations may not have been discovered using a quantitative process.

Limitations

Consistent with most qualitative studies, there were limitations associated with this study. A limitation that I was unable to address is the inability to access all key documents (e.g., strategic plan) that were deemed important to review given the practice problem. This may have resulted in the absence of key information to inform findings. Another limitation with the study is the potential for researcher bias as analysis of qualitative data depends on the interpretation as noted by McLeod (2019). In this instance, researcher bias can occur as I held two potentially conflicting roles: case study researcher and PO1 staff member. This bias was monitored and managed through use of triangulation in data analysis, member checking for interview content, and reviewed by peers.

Summary and Transition

Some themes that emerged from interviewing BHLs and reviewing secondary data include strategic plan alignment, monitoring readmissions, client feedback, and partner roles. Staff feedback was also identified as necessary to assist with readmission reduction efforts. The Baldrige excellence framework notes the importance of employee engagement in accomplishing any organizational goal (NIST, 2017). There were gaps in services noted that adequately addresses each theme. Section 5 consists of

recommendations to address each gap in service and a list of best practices to reduce readmissions as identified via scholarly and professional literature.

Section 5: Recommendations and Conclusions

The purpose of this qualitative case study was to examine recidivism reduction strategies currently being used by BHOX. The organization monitors readmissions using a 30-day screening form which has been aligned with a strategy reported by the NYS Health Services (n.d.). BHOX coordinates aftercare outpatient services with a partner organization. One of the BHLs of the organization chairs a recidivism committee that was assigned to address the readmission issue. I collected and analyzed data consisting of scholarly literature, secondary data, and semi-structured interviews. High inpatient readmission rates can result in high costs for behavioral health organizations, affect reimbursement rates, and have a negative impact on client quality of life, as noted by Soper et al. (2017). The focus of this study was to identify strengths and opportunities for BHOX in terms of readmission reduction practices using recognized best practices from the academic literature. Analysis and synthesis of the data collected from BHOX and the literature resulted in the recommendations shared in this section.

Recommendations

Organizational Strategy

Organizational Strategy Recommendation #1: Add Readmission Reduction Goal to Strategic Plan

Although the organization uses the Statewide Behavioral Health Coordinating Council (2016), BHOX may benefit from developing a plan to address readmission rates for their specific population. The organization is in a large urban setting, and the statewide plan addresses readmissions for urban, suburban, and rural

communities; a site-specific plan may be more beneficial. Strategic planning has a positive, moderate, and significant impact on organizational performance (George & Walker, 2019). BHOX uses a generic statewide strategic plan that provides some guidance; however, study results indicate it is unclear if the organization has its own specific strategic plan. Specific procedures and systems are needed in readmission reduction efforts. Work systems refer to how an organization's work is accomplished, consisting of the internal work processes and external resources needed to develop and produce health care services, deliver them to clients and other customers, and succeed in the marketplace (NIST, 2017). The statewide plan is not comprehensive enough for the organization, and unless one is produced that directly addresses readmissions, BHOX may continue to have higher than desired readmission rates.

Strategy Recommendation #2: Expand Use of Best Practices

The organization has some best practices in use already. The Recidivism Committee and 30-day screening process are both beneficial in readmission reduction efforts, but additional processes are needed. BHOX has a Recidivism Committee that meets quarterly to discuss the issue. As noted by Epapke-Shields and Boyer-Wright (2017), strategic planning characteristics can be incorporated into a project management framework, yielding potentially useful insights regarding the relationship of project management behaviors to eventual project success.

The Recidivism Committee appears to be a logical choice to develop readmission reduction processes for a strategic plan that is useful for the organization and yields quality results for clients. Morris et al. (2018) report that the plan-do-study-act (PDSA)

cycle should be used as a model to guide the quality improvement process. The cycle consists of the following:

P-Plan: develop a plan to make a change in a process or program.

D-Do: implement the plan in a methodical manner.

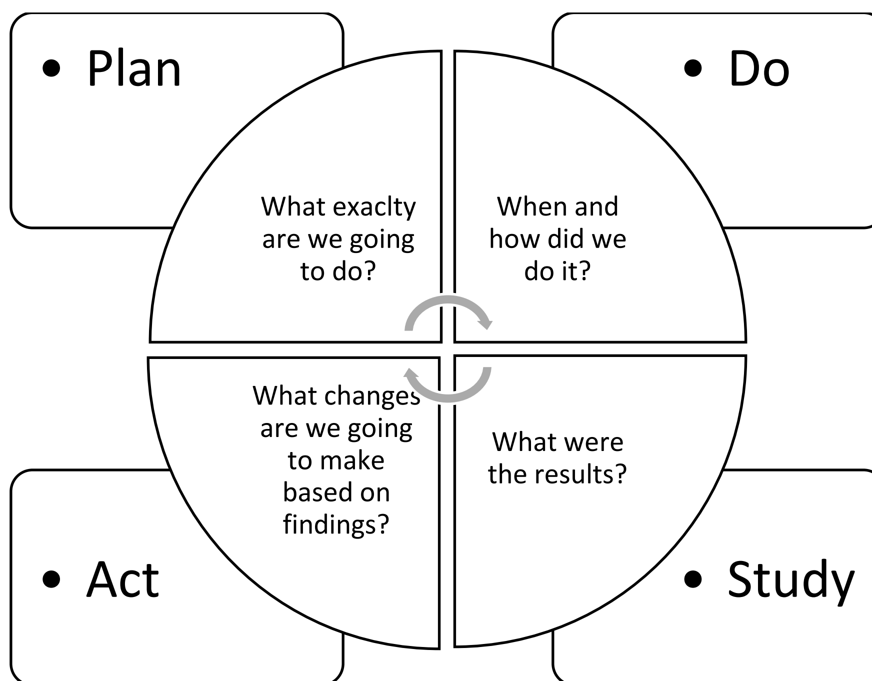
S-Study: monitor and measure the changes to determine impact.

A-Act: act on the information obtained to make additional changes as needed.

Figure 4 (Morris et al., 2018) displays a visual of the cycle that may assist the recidivism committee.

Figure 4

PDSA Cycle



Morris et al. (2018)

PDSA is designed to be an ongoing process and adjusting actions based on knowledge gained (Morris et al., 2018). The Recidivism Committee in collaboration with

the PI Department can use the PDSA tool to document progress toward decreasing readmissions. This process will assist with information and knowledge management of BHOX, and according to NIST (2017), embedding learning in the way an organization operates means that learning is firstly a part of everyday work, secondly results in solving problems at the source, thirdly is focused on building, and sharing knowledge throughout the organization, and lastly is driven by opportunities to bring about significant, meaningful change and innovation.

The organization currently monitors readmissions using a 30-day screening tool. Use of this type of screening tool has been identified as a best practice by NYS Health Services (n.d.). However, additional tools and strategies are needed to build on this best practice. BHOX has been identified as a regional safety-net hospital (SNH), and according to Figueroa et al. (2017), trends suggest that high-performing SNHs are more likely to use several readmission reduction strategies. Thus, a robust approach to reducing readmissions is needed. Approaches consisting of care coordination with outpatient SUD providers, building / practicing, testing skills that will assist clients succeed in the next lower level of care, increasing community support, and fully engaging all direct-care staff add to a robust approach. Organizational processes that assist with providing quality care and optimal outcomes for clients will allow the organization to reduce readmissions, allocate resources to new clients, and continue receiving agreed upon reimbursement rates. Adding readmission reduction as a goal in the organization's strategic plan will help ensure prioritization of this issue and appropriate allocation of resources to make necessary improvements. I recommend the BHLs of the organization identify a project

management team to assist the Recidivism Committee in developing a strategic plan, not only for readmission reduction, but to assist with other organizational goals leading to improved service delivery and quality outcomes for clients.

Table 6 provides a comparison between best practices for reducing readmission rates provided by NYS Health Services (n.d.) and current BHOX strategies. Although the organization is currently using some best practices included in the literature review, there are still opportunities to expand strategies.

Table 6

Comparison of Literature Best Practices vs BHOX Best Practices

Best practice in literature	BHOX use
Warm hand-off. Face to face meeting with receiving outpatient provider during the inpatient stay.	COC staff meet with client to deliver post-discharge plans (appointment date, time, location). No face-to-face meeting with outpatient clinic staff.
Assertive outreach to family / caregiver. Use caregiver meetings to support evaluation, assess family / caregiver needs, provide crisis intervention, and educate regarding post-discharge plan.	No practice identified.
Integrate Dual Diagnosis Treatment. Identify and treat co-occurring disorders, screen during intake and refer to providers for aftercare.	Clients are treated for co-occurring disorders and COC staff refer to Dual Diagnosis Program on discharge. Limited availability, possible waitlist, but will be seen at outpatient clinic until an open slot.
Follow-up phone call to client. Call by someone known to client to assess status, reinforce discharge plan, review medications, and trouble-shoot.	COC staff call client to remind of outpatient appointment and confirm plan to attend. (COC mainly meets with client when providing discharge plans.) Possibility not as familiar as other direct care staff.
Family / caregiver meeting. Meet with family / caregiver during inpatient visit and during discharge to educate about plans.	No practice identified.
Partner to improve transition. Collaborate to improve shared transitional care processes including med-management, timely communication between providers, notify primary care of admission, warm-handoff.	COC works in collaborative role to schedule outpatient visit.

Comparison chart (2020).

Based on the above comparison, the following strategies may support BHOX's readmission reduction efforts:

- Conducting a benchmark study of a similar organization within the state.

- Recidivism Committee members attending professional conferences on readmissions reduction.
- Using social media in professional communities to initiate dialogue about recidivism reduction.
- Implementing outreach to family / caregivers to educate about treatment, medication, and other resources.
- Conduct annual stakeholder assessments.
- Establishing a databank on readmissions reduction for behavioral health organizations.

Implications for Future Research

BHOX may benefit from conducting a benchmark study with a comparable organization that has successfully decreased readmissions. Benchmarking is a key feature of many quality improvement approaches and is the process of comparing an organization's performance metrics (quality, cost, operational efficiency) to those of other best-practice or peer organizations (Burns et al., 2016). As BHOX is the largest inpatient psychiatric provider in the area, BHLs would be well served by sending representatives to other parts of the state, or perhaps out of state, to observe and study how SNH have reduced readmissions. Additionally, BHOX may benefit by suggesting PO1 send representatives along to assess the outpatient linkage process to see if aftercare services could be improved.

Strategy Recommendation #3: Increase Staff Engagement in Readmission Reduction Efforts

Reducing readmissions will require staff engagement and participation. An option for engagement is the use of surveys. As noted on the organization's website (2020), BHOX conducts staff satisfaction surveys, but they are not given on a regular basis. A survey could be developed specifically focusing on readmission reduction efforts to determine if staff are even aware that readmissions are an issue for the organization, and to solicit input on methods to decrease recidivism. Traditionally, strategic planning has been viewed as a top-down approach where leaders create strategic plans and then pass them down to managers to engage employees to complete projects (Wehrley, 2019). This archaic system of transactional leadership is not suitable for today's working environment. To maximize efforts and truly inspire staff, collaboration and innovation needs to be considered by leaders. Employees really want to be heard, respected, and appreciated for their contributions; this feedback is just as important to a company's culture as the strategy itself (Wehrley, 2019). The following seven step engagement process could be used for staff:

- Create vision and values.
- Create mission and goals.
- Create initiatives.
- Create teams.
- Determine action plans.
- Check in on progress.

- Provide quarterly updates.

BHOX has a clearly defined mission, vision, and values. However, reducing readmissions does not appear to be tied to them. To align with the Recidivism Committee efforts, readmission reduction project teams, initiatives, and action plans need to be established. The quarterly meeting held by the Recidivism Committee could easily be the time for updates and checking progress of all readmission reduction efforts. In addition to the Social Services Department and PO1 representatives, members from BHOXs nursing staff, psychiatric technicians, psychiatrist, and psychologists should be included on the team. Input from all staff involved with direct care would be beneficial.

According to the Baldrige excellence framework for healthcare (2017), organizations that foster high performance have an organizational culture with an engaged workforce. From observations and personal communication within the organization, all staff do not seem to be fully engaged in recidivism reduction efforts. If all staff involved with direct care reinforce the goal of adhering to post-discharge care to clients, readmissions could be reduced.

Strategy Implementation

Strategy Implementation #1: Recovery Oriented Model of Care

Behavioral health organizations with leaders that support recovery-oriented treatment and recovery programming assist with providing optimal care for clients (Khoury & Barrio, 2015). Recovery-oriented models of care are evidence-based and have been shown to improve client satisfaction, outcomes, and decrease the percentage of readmissions to inpatient psychiatric units (Koval et al., 2016). Recovery oriented models

are holistic, person-centered approaches to care based on two premises: 1) It is possible to recover from a mental health condition, and 2) the most effective recovery is patient-directed (Lyon, 2020). The recovery model works complementary with the medical model; while the medical model focuses on biological causes of illness and treatment with medication, the recovery-oriented model focuses on patients being directly involved with their own treatment. Lyon (2020) stated that one of the major strengths of the recovery model is that it focuses on individual strengths and abilities rather than deficits and pathologies. BHOX uses the 30-day screening tool to elicit client feedback when returning to the hospital. Greater input from clients during the inpatient stay will assist them with not returning for treatment. Clients should be directly involved in their own recovery and take an active part in treatment while hospitalized. The value of shared decision making can help address the problem of client dropout rates and disengagement with treatment (Bond et al., (n.d.)

Traditionally, clients returning for inpatient psychiatric services are given psychotropic medications and once a baseline is reached, and symptoms are reduced, they are then discharged for care at an outpatient clinic (personal communication, program manager, May 2020). Policies and procedures could be revised to reflect the importance of recovery, training of frontline staff regarding recovery principles, and transfer or recovery information directly from inpatient units to outpatient providers (Koval et al., 2016). A part of a recovery treatment plan from the provider's perspective includes motivational interviewing. Motivational interviewing consists of four main objectives (Rogers & Moyers, 2017). Providers should first engage the client to gain insight on what

is desired. Secondly, providers should elicit change talk which allows clients to focus. Thirdly, providers should evoke client's motivation to make a change, and lastly assist with specific plans to change. Rogers and Moyers (2017) also reported that providers should express empathy, avoid arguments or confrontations with clients, roll with resistance, and support self-efficacy. I-3 stated that BHOX should implement motivational interviewing to assist with readmission reduction.

Use of motivational interviewing along with the recovery-oriented approach, shifts more accountability on clients to adhere to post-discharge plans. As the professional literature indicates, stakeholder involvement is paramount for success of any organization; in this setting, the most valuable stakeholder is the client him or herself (Morris et al. 2018, Khoury & Barrio 2015, Lyon 2020, Bond et al. (n.d.). BHOX should also use the teach-back method to educate clients about post-discharge plans throughout the inpatient visit. The teach-back method is used to educate clients and caregivers about the post-discharge plans throughout the inpatient stay to assess their understanding and ensure feasibility of the plan (NYS Health Services, n.d.). Slater et al. (2017) reported that regardless of age, a positive association on retention of aftercare instructions from emergency departments was found when teach-back was used. Griffey et al. (2015) conducted a randomized controlled study comparing teach-back to standard discharge instructions among emergency patients and concluded that teach-back appears to improve comprehension of discharge instructions, medication compliance, and follow-up instructions. A systematic review of health education employing the teach-back method was conducted by Dinh et al. (2016). The review indicated that use of the teach back

method improved outcomes in patients' illness specific knowledge, adherence, self-efficacy, and correlated with a reduction in hospital readmission. Evidence from the systematic review supports the use of teach-back methods in educating people with chronic illnesses to maximize their understanding and promote knowledge, adherence to treatment, and self-care skills (Dinh et al., 2016). All direct-care staff at BHOX should be trained in the teach-back method to aid in readmissions reduction. Additional information on how to use the teach-back method can be found at http://www.teachbacktraining.org/home.

Recovery-oriented models of care allow for client engagement. Customer engagement refers to clients' and other customers' investment in or commitment to the brand and health care service offerings (NIST, 2017). Johnson et al. (2018) reported that peer-delivered self-management reduces readmission to acute care as well. Peer-support aligns with recovery- oriented models of care in that peers help clients with completing a personal recovery workbook, including information or personal recovery goals and crisis plans (Johnson et al., 2018). A recovery-oriented model of care for BHOX could include the following: staff using the teach-back method during the inpatient stay to confirm the importance of medication adherence for clients, staff asking open-ended questions during team meetings to elicit input from clients about treatment, meeting with family / caregivers during the inpatient visit to educate them on treatment and asking clients to help develop survey questions to address readmissions reduction. BHLs should consider all the important characteristics of services that clients and other customers receive at each stage of their involvement with BHOX, as noted by NIST (2017). Client and

customer support that exceeds expectations may assist with marketing in the community, and clients with quality outcomes may act as champions for the organization.

Conclusion

Readmission reduction strategies were analyzed based on practices stated by BHLs, and review of internal data. The organization does a good job of identifying repaid readmissions using the 30-day screening tool, however, additional system-wide processes are needed to assist with decreasing turn-around times. The Recidivism Committee was developed after organizational research reported that like other behavioral health organizations, BHOX had an issue with clients returning within 30 days. The organization also identified some super-utilizers, defined as having four or more admissions within one year. Sustained efforts are needed from all direct-care staff to make noticeable differences.

The Recidivism Committee plays an important part in organizational efforts, but recruiting participants from the nursing staff, physicians, psychologists, and psychiatric technicians will expand efforts. Workforce engagement is indicated by Baldrige excellence framework for healthcare (NIST, 2017) as vital to the success of any organization. The potential for insurance reimbursement rates to be decreased based on high utilization of retuning clients should be motivation for all parties. BHOX uses evidence-based treatments to reduce readmissions to the inpatient unit, expanding those efforts to incorporate additional best practices and improve use of data to inform interventions will aid the organization in reducing service delivery cost, and impact

positive social change by allowing clients to stay in the community with family, work, and contribute to society.

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Appendix

Patient Readmissions within 30 Days of Discharge

MRN ______PNO ________Readmit date________________________

Age _____Gender: _______ Number of days between hospitalizations: ____________
Race/Ethnicity:______________________
Current Admission Involuntary: ___________ Homeless: ___________
Primary Diagnosis at last Discharge: _________

Patient's belief as to why s/he returned so quickly to the hospital? (Check all that apply)

- Patient was not ready to leave during previous hospitalization
- Medication problems
- Living situation after discharge was stressful (environmental stressors)
- Other; ______________________________

Was this patient discharged by the court during their previous admission?

Did patient attend any aftercare appointments? If no, please answer the next question.

____

____

____

Patient's description why s/he did not attend aftercare appointments (please describe in patient's own words using quotation marks):

____

____

____

If patient attended aftercare, please describe in patient's own words what factors helped with successful engagement:

____

____

____

Was there post-discharge substance abuse? Yes No______

Patient's description of what led to this readmission (please describe in detail in patient's own words using quotation marks):

____

____

____

Previous Social Service Clinician's perception of factors leading to this readmission (please describe in clinician's own words using quotation marks):

____

____

____