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Strategies Used by Psychiatric Hospital Directors to Reduce Readmission Rates, Increase Revenue and Improve Patient Outcomes

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Walden University

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Walden University

College of Management and Human Potential

This is to certify that the doctoral study by

K'chinwe Blanche Marie Ezeokoli

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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Walden University
2025

Abstract

Strategies Used by Psychiatric Hospital Directors to Reduce Readmission Rates, Increase

Revenue and Improve Patient Outcomes

by

K'chinwe Blanche Marie Ezeokoli

MSW, Howard University, 2021

BSW, Sacramento State University, 2018

Research Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

November 2025

Abstract

High psychiatric hospital readmission rates threaten patient stability, strain hospital finances, and reduce community wellbeing. Psychiatric hospital leaders need effective strategies to lower readmissions. Grounded in complex adaptive systems theory and the balanced scorecard framework, the purpose of this qualitative pragmatic inquiry project was to identify and explore effective strategies used by psychiatric hospital directors to reduce readmission rates, increase revenue, and improve patient outcomes. The participants were seven psychiatric hospital directors who had implemented strategies for reduced readmission rates. Data were collected through semistructured interviews and relevant public documents. Using thematic analysis, five themes were identified: (a) establish a readmission tracking task force, (b) operate within the state budget, (c) ensure timely and effective discharge planning, (d) use a multidisciplinary team approach, and (e) reduce readmission rates. Key recommendations include psychiatric hospital directors understanding the relationships among the variables in the discharge planning system, setting short- and long-term goals and objectives, measuring the outcomes and adjusting as needed. The implications for positive social change include the potential for psychiatric hospital directors and organizations to implement the identified strategies, thereby reducing readmission rates, improving patient outcomes, and increasing revenues that can be used to help create healthy communities. Additionally, the implications contribute to promoting the systematization of key processes within psychiatric hospitals to inspire and motivate stakeholders to work towards improving services to improve patients' outcomes.

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Dedication

I dedicate this work to my younger self. Thank you for being a dreamer. Thank you for believing that you could do anything you set your mind to. You have overcome every obstacle that was placed in your way and by the grace of God you made it through. You were fearfully and wonderfully made then placed on this earth to inspire, to motivate, and to shine. May your light never be dimmed. You go girl.

Acknowledgments

Lord heavenly Father: I thank you for protecting me and carrying me through this doctoral journey. Lord, I thank you for my life. And for my life, Lord, I thank you. For every victory in you I've seen, and for all the moments Lord, I know it was you who kept me, so I thank you for my life.

I cannot express enough gratitude to my committee chairperson, Dr. Kim Critchlow for your continued support and encouragement. From the moment I walked into your Residency 1 class, I felt your spirit and knew I was blessed to be where I belonged. To my second committee chairperson, Dr. Isabel Wan I offer my sincere appreciation for your support and learning opportunities.

My completion of this project could not have been accomplished without the support of my Critchlow Scholar classmates. What an honor it is to be amongst you fellow doctors and become one of the best of the best that Walden University has to offer.

Finally, to my family and friends, I offer my deepest gratitude. Your encouragement is much appreciated. It is a great honor to become the first doctor; however, I will not be the last. I share my success with you all, in hopes that it becomes the family standard. Believe in yourself and work hard for what you want. And to my life partner, Presler Jefferson Julien, who has picked me up when I did not have a leg to stand on. Thank you for encouraging me and teaching me how to trust myself.

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Section 1: Foundation of the Project

Background of the Problem

Psychiatric patient readmissions present a significant challenge for facility administrators within the healthcare system, often leading to substantial financial burdens and suboptimal patient outcomes. Cabello-Rangel et al. (2024) defined *readmission* as any admission to the same hospital after discharge, noting that it can adversely affect health outcomes. High hospital readmission rates are a concern, with approximately 20% of patients being readmitted within 30 days of discharge, costing the healthcare system an estimated \$26 billion annually (Glance et al., 2017). High levels of hospital readmissions correlate with unfavorable patient outcomes while imposing significant financial burdens on healthcare facilities (McIlvennan et al., 2015). Weiss and Jiang (2021) reported that the national average readmission rate was 14% based on data from 2018, resulting in nearly 4 million hospital readmissions. The ramifications of elevated hospital readmission rates indicated that such rates could result in lower hospital ratings, reduced reimbursements, and an overall decline in the ability to attract new patients (Escobar et al., 2019). The impact of readmissions on overall healthcare costs highlights the urgent need for implementing effective strategies and interventions aimed at minimizing these occurrences. These readmissions not only place a financial burden on healthcare systems but also have negative repercussions on patient health and satisfaction.

Business Problem Focus and Project Purpose

The specific business problem addressed in this project is that some psychiatric hospital directors lack effective strategies to reduce readmission rates, increase revenue,

and improve patient outcomes. Therefore, the purpose of this qualitative pragmatic inquiry project is to identify and explore effective strategies used by psychiatric hospital directors to reduce readmission rates, increase revenue, and improve patient outcomes. The specific population for the project consisted of seven psychiatric hospital directors located in the National Capital region of the United States who have successful strategies to reduce readmission rates, increase revenue, and improve patient outcomes. I used purposive sampling with the goal of selecting 6–8 participants. I used semistructured interviews, relevant and accessible publicly available government documents, and public records/archival data. The conceptual frameworks used for the project were Holland's (1992) complex adaptive systems (CAS) theory and Kaplan and Norton's (1992) balanced scorecard (BSC) framework.

Research Question

What effective strategies are used by psychiatric hospital directors to reduce readmission rates, increase revenue, and improve patient outcomes?

Assumptions and Limitations

Assumptions

Assumptions refer to foundational ideas upon which further reasoning or hypotheses are built. Individuals accept assumptions as true without engaging in critical analysis or questioning their validity (Creswell & Creswell, 2018). I assumed that the interview participants would provide honest and accurate responses regarding strategies to reduce psychiatric hospital readmission used within their organizations. Further, I

assumed that the sample of participants selected for interviews may be representative of the broader population of participants tasked with addressing the business problem.

Limitations

The *limitations* of research pertain to the aspects of your research design or methodology that affected or shaped the evidence (Bougie & Sekaran, 2019).

Acknowledging the limitations of one's study highlights an ability to think critically and objectively about your own work and guarantees that the conclusions you draw are an honest and unbiased reflection of your research findings. The project had potential limitations. A sampling limitation may arise from the relatively small number of psychiatric directors who were interviewed during the research process. This restricted sample size could impact the diversity of perspectives and insights gathered, possibly leading to a skewed representation of opinions within the broader population of directors. Additionally, the experiences shared by participants may not fully represent the challenges of readmission in organizations of different sizes or locations. Lastly, the project relied on participants' subjective self-reported data regarding the use of strategies, making independent verification challenging.

Transition

In Section 1, I provided the background of the problem, business problem and project purpose, the research question, and the assumptions and limitations. Section 2 will include a review of the literature and its application to the applied business problem. Section 3 will include project ethics; the nature of the project; population, sampling, and

participants; data collection activities; interview questions; data organization and analysis techniques; reliability and validity; and a summary of key points.

Section 2: The Literature Review

Literature Review Opening Narrative

Hospital readmissions in mental health settings can be as high as 43%, surpassing those in general health settings (Zhou et al., 2023). These readmissions hinder the recovery of patients with mental illness and place financial pressure on healthcare organizations. Zhou et al. (2023) compiled various risk factors related to hospital readmissions within 30 days for patients with mental health issues. Furthermore, Stensland et al. (2012) indicated that adults with a mental or substance use disorder accounted for 29% of all hospital days and 22% of total hospital expenses in that year. Additionally, hospitalizations involving mental or substance use disorders were 29% longer than those for other conditions, with an average length of stay of 5.8 days compared to 4.5 days for other conditions (Stensland et al., 2012). Notably, hospitalizations related to schizophrenia and psychotic disorders ranked as the second most common reason for readmissions within 30 days. The purpose of this research project was to identify and explore effective strategies used by psychiatric hospital directors to reduce readmission rates, increase revenue, and improve patient outcomes.

I performed a literature review that involved analyzing and synthesizing professional and scholarly literature. Literature reviews are used to synthesize and analyze the findings of empirical, theoretical, critical, analytic, and methodological literature (Karunaratna et al., 2024). I used the following keywords as part of a comprehensive search for my doctoral study: *reduce readmission rates, readmission rates, performance measures, mental health, psychiatric, directors, increase revenue,*

risks factors, strategies, patient outcomes, revenue, complex adaptive systems, balanced scorecard. I searched the following databases for the journal articles, Sage, Scholar Works, Business Source Complete, ProQuest, EBSCOhost, and Google Scholar.

I referenced a total of 60 sources and 50 peer-reviewed journal articles. Among these sources, 43 were published within the last 5 years, with the remaining 17 published over 5 years ago. Ninety-five percent of the utilized sources were peer-reviewed articles. Table 1 provides the article count for the literature review.

Table 1

Research References Breakdown

	Total sources	Peer reviewed	Non-peer reviewed	< 5 years	> 5 years
Journal articles	60	57	3	43	17
Percentage	100%	95%	5%	71.6%	28.3%

The research project is grounded in the CAS theory and the BSC theory. I provided a systematic, comprehensive review of the literature. I examined the business problem through the lens of each of the conceptual frameworks, to include an analysis of supporting theories. The analysis and synthesis included scholarly peer-reviewed articles and identified potential themes and phenomena relating to the project's purpose to explore the problem at length and any effective strategies that psychiatric hospital directors can implement to reduce readmissions, increase revenue, and improve patient outcomes. I examined and contrasted various professional and scholarly viewpoints on the problem under study. I will deliver a thorough and well-supported review of the professional and academic literature pertinent to my research.

Application to the Applied Business Problem

The purpose of this qualitative pragmatic inquiry project is to identify and explore effective strategies used by psychiatric hospital directors to reduce readmission rates, increase revenue, and improve patient outcomes.

Conceptual Frameworks

I integrated the CAS framework as a broad perspective, alongside the BSC as a specific management tool. This combined analysis helped me explore and identify effective strategies and innovative approaches to increase revenue generation while enhancing the quality of psychiatric healthcare services.

This combined framework assisted in identifying innovative strategies and effective approaches aimed at boosting revenue generation. Additionally, it focused on enhancing the quality of psychiatric healthcare services provided. By recognizing the intricate relationships and feedback loops present in a CAS, strategies can be incorporated in real time, ensuring that directors remain responsive to both market demands and patient needs. Ultimately, this comprehensive analysis aims to increase revenue growth while maintaining a high standard of care in psychiatric services.

Complex Adaptive Systems

The CAS theory was developed by Holland (1992). The tenets of the conceptual framework are self-organization, emergence, and the role of agents. Holland identified *self-organization* as the process by which a system spontaneously organizes itself without external direction, leading to a structured state or behavior from initially chaotic conditions. *Emergence* is the phenomenon by which new, coherent patterns or properties

arise at a higher level of complexity that cannot be predicted solely from the individual elements of the system. Lastly, *agents* are the individual components or entities within the system that interact with one another and their environment, contributing to the dynamics and adaptability of the system (Holland, 1992). Agents are described by Holland as components of the system. Engebretson and Hickey (2013) found that agents within a psychiatric hospital system may include employees, patients, and families. In a CAS, the interaction and influence among agents is a continuous and ongoing process. Agents such as psychiatric directors can influence readmissions by how well they adapt, respond to challenges, and implement effective strategies for an ever-changing hospital system. The diverse operations within hospital systems demonstrate a complex interplay of medical professionals, technologies, and patient interactions, all aimed at delivering effective healthcare (Begun et al., 2003).

The term *complex* in CAS is a testament to the inherent diversity within these systems. They consist of a wide array of elements that interact in multifaceted ways, including different types of entities such as organisms in nature or various stakeholders in a healthcare setting. *Adaptive* in CAS highlights the system's ability to modify itself in response to external changes or internal experiences, emphasizing the capacity to learn from past events. This adaptability is crucial for survival and evolution, enabling systems to thrive amidst uncertainty and challenges. A *system* in the context of CAS is a cohesive set of interconnected or interdependent components that work together, influencing one another in a dynamic relationship. The interactions within these systems can lead to emergent behaviors that are not easily predictable, making the study of CASs both

fascinating and complex. Each of these examples illustrates how CASs operate not merely as isolated entities but in a web of relationships that contribute to their overall functionality and resilience (Begun et al., 2003).

CAS theory extends and enhances the examination of healthcare organizations, broadening the relevant research techniques and improving the capacity of theory to produce valid studies on intricate organizational structures, such as the healthcare system (Begun et al., 2003). Nilsen et al. (2020) believed that organizations within and among the healthcare sector are becoming increasingly interconnected. The diverse operations within hospital systems demonstrate a complex interplay of medical professionals, technologies, and patient interactions, all aimed at delivering effective healthcare. Effective systems, such as psychiatric hospitals, learn and adapt to environmental changes (Holland, 1992). The CAS approach conceptualizes healthcare and other systems as interconnected components (Barasa et al., 2017). Each component, an agent, plays a vital role within this framework. These agents engage in dynamic interactions, and their behaviors, decisions, and processes significantly influence and shape the overall system. This perspective emphasizes that the relationships and interactions among the agents create patterns and outcomes that are not simply the sum of individual actions but are instead characterized by emergent properties. The healthcare system is a CAS where employees of a psychiatric hospital act as agents that interact with one another to function as a singular system (Holland, 1992). Interactions between agents impact the overall success of the hospital which can lead to fewer readmissions for patients. By viewing the

healthcare systems through the CAS lens, I expect that I may better understand the psychiatric healthcare system and the interacting agents.

Balanced Scorecard

The BSC was conceptualized by Kaplan and Norton (1992). The BSC uses a multifaceted approach to measure performance. BSC is linked to strategic planning and execution, serving as a management framework that aids in identifying the essential value drivers that companies can leverage to optimize their strategies (Kaplan & Norton, 2001). BSC tenets allow managers to evaluate a business from the perspectives of the customer, internal, financial, and innovation and learning (Kaplan & Norton, 1992). The first tenet, customer perspective, emphasizes understanding and improving customer satisfaction, loyalty, and overall experience. Managers assess metrics such as customer retention rates, acquisition costs, and the quality of service or product offerings to gauge how well the organization meets the needs and expectations of its customers. In addition the internal processes perspective looks at the internal operational processes that contribute to delivering value to customers. By analyzing key performance indicators related to efficiency, quality, and process improvements, managers can identify areas where the organization can enhance operational effectiveness and optimize resource allocation. Next, the innovation and learning perspective focuses on fostering a culture of continuous improvement and innovation. It involves measuring employee training, knowledge sharing, and developing new products or services. This perspective highlights the importance of investing in employee skills and leveraging technological advancements to maintain competitive advantage. Lastly, the financial perspective is centered on the

organization's financial health and sustainability. Managers examine traditional economic metrics such as revenue growth, profitability, and return on investment (ROI). The indicators mentioned provide insights into the organization's financial performance and help guide strategic investment decisions.

The BSC framework is relevant to my project as it can help psychiatric hospital directors shape their organizations to meet the challenges and take advantage of the opportunities presented by a changing competitive healthcare system (Kaplan & Norton, 2001). The BSC is an open system that considers the interests of all stakeholders, balances both short-term and long-term objectives, and uses performance indicators to monitor progress (Mio et al., 2022). It is a well-established and effective framework that addresses common management challenges (Kumar et al., 2024). Designed as a strategic management tool, the BSC assists organizations in translating their overarching mission and strategic objectives into a comprehensive set of performance measures (Johnsen, 2001). This framework provides insights into how psychiatric hospital directors can develop strategies to successfully reduce readmissions, increase revenue, and improve patient outcomes.

Literature Pertaining to Potential Themes and Phenomena

Psychiatric care, unplanned hospital admissions, and inpatient health care represent significant financial burdens within the realm of mental health treatment. Research conducted by Adu et al. (2024) highlighted that individuals diagnosed with various psychiatric disorders experience the highest rates of hospital readmissions shortly after discharge, surpassing those of any other patient population. The recent scholarly

literature highlights the high costs of psychiatric hospital readmissions. The total average cost for a 30-day readmission was \$16,037.08 (Ghabowen et al., 2024). This figure encompasses various factors such as medical treatments, procedures, medications, and associated facility charges during the readmission period. Understanding these costs is crucial for healthcare providers and policy makers aiming to improve patient outcomes and manage healthcare expenditures effectively. Annual expenses related to hospital readmissions for the U.S. Centers for Medicare and Medicaid Services are estimated to range from \$17 billion to \$26 billion (Alvarado et al., 2023). The impact of preventable readmissions on healthcare costs illustrates the need for effective strategies and interventions to reduce these occurrences and improve patient outcomes. An analysis of Medicare spending over one year revealed that patients who experienced readmissions had an average cost of \$56,856, indicating a significant 60% increase relative to the average spending of \$35,465 for patients who were not readmitted (Zheng et al., 2019). Combined, the articles discussed the financial impact of frequent psychiatric readmissions and underscored the need for effective strategies psychiatric hospital directors can use to reduce readmission rates, increase revenue, and improve patient outcomes (Adu et al., 2024; Alvarado et al., 2023; Ghabowen et al., 2024; Zheng et al., 2019).

The available recent scholarly literature emphasized the contributing factors for psychiatric hospital readmission, which varied among the studies. Summers et al. (2023) found that although the hospital is assessed based on the readmission rates, many of the factors leading to a patient's return to the hospital are often beyond the organization's

influence. One key factor influencing rehospitalization is the availability of community resources. Supportive ancillary programs play a vital role in maintaining the psychiatric stability of patients and decreasing the occurrence of psychiatric crises. All facets of a patient's life are interconnected and affect their psychiatric stability (Summers et al., 2023). In contrast, in a previous study, McGuire et al. (2022) found that recovery orientation did not impact readmission rates. In the study, patients who had a pattern of frequent service utilization, along with those dealing with substance abuse or personality disorders, were more likely to experience readmission. Similarly, Hermer et al. (2022) found no evidence to indicate that timely outpatient care led to a decrease in readmissions for patients with schizophrenia or bipolar disorders. This suggests that, despite the intention of improving continuity of care and stabilizing patients' conditions, the outpatient interventions examined in the study did not yield the desired outcome of lowering the need for subsequent hospitalizations. The study also highlighted a theme where untimely care was associated with an increase in readmissions for patients suffering from depression. Overall, results indicate a complex relationship between outpatient treatment strategies and patient outcomes, indicating that while prompt care may benefit certain populations, it could inadvertently contribute to higher readmission rates in others. Combined, the extant literature has commonly identified the predictors of psychiatric readmission (Hermer et al., 2022; McGuire et al., 2022; Summers et al., 2023).

The Relationship of the Project to Previous Research and Findings

In recent years, the available scholarly literature contained an emphasis on the need for effective discharge planning, and the continuity of care post discharge. To address the issue of costly psychiatric readmissions, Ojo et al. (2024) advocated for the importance of ongoing care and support for patients. Their study emphasized the critical role of relational continuity in mental health care, which involves sustaining meaningful, ongoing connections between psychiatric patients and their healthcare providers. This continuity can enhance trust, improve communication, and ultimately lead to better health outcomes for patients navigating the challenges of mental illness (Ojo et al., 2024).

In a similar study, the efficacy of a continuity-of-care model tailored specifically for individuals with mental health issues was explored (Maoz et al., 2024). Their comprehensive evaluation focused on how this model fosters consistent and coordinated care across various healthcare settings, minimizing the likelihood of readmissions. The findings from this research indicated that implementing such a model significantly reduces psychiatric hospital readmission rates by facilitating a collaborative approach to patient management and ensuring that individuals receive the necessary support before, during, and after hospital stays. Together, these articles address the problem of high psychiatric readmission rates and propose that adopting a continuity of care model may be an effective strategy to reduce these rates (Maoz et al., 2024; Ojo et al., 2024).

Research by Brom et al. (2024) highlighted that psychiatric patients experience higher rehospitalization rates and poorer outcomes following hospital discharge. Their study examined eight transition-care programs, with a variety of support mechanisms

including coaching services, medication management assistance, access to psychiatric providers, and counseling support. These findings were corroborated, emphasizing that patients often actively seek out guidance and support during the critical phases of healthcare transitions (Hindsbak et al., 2024). Their research identified seven intervention strategies that have shown promise in enhancing patient outcomes. These strategies encompassed effective discharge care planning, integrated care approaches that foster collaboration among various healthcare professionals, and the involvement of dedicated care coordinators who assist patients in navigating the complexities of their postdischarge care. Together, these studies underscore the importance of structured support systems in mitigating rehospitalization risks and promoting healthier outcomes for psychiatric patients.

Rather than exploring various strategies to reduce psychiatric readmission rates, as seen in the studies by Brom et al. (2024) and Hindsbak et al. (2024), researchers demonstrated that a multidisciplinary communication strategy specifically contributes to a reduction in 30-day readmission rates (Hahn et al., 2024). This targeted approach not only supports the well-being of patients but also enhances the overall efficiency of psychiatric care delivery (Hahn et al., 2024). Following the implementation of their strategy, there was a 45% reduction in readmissions, equating to seven fewer admissions per 100 patients. The workflow for multidisciplinary communication regarding transitional care had a 45.2% decrease in the rate of readmission, or roughly seven fewer overall readmissions for every 100 patients. The findings indicate that fostering effective communication and collaboration among various healthcare professionals leads to better

patient management and continuity of care, ultimately resulting in fewer instances of readmission within the first month after discharge.

Hindsbak et al. (2024) demonstrated that intervention strategies generally enhance patient experiences. However, additional studies emphasize the necessity for a more detailed understanding of which specific components lead to improvements in outcomes such as quality of life (QOL) and readmission rates (Eboreime et al., 2022; Oyesanya et al., 2021). Eboreime et al. (2022) conducted a study in Alberta, Canada, of 10,000 participants recruited across nine acute care sites and day hospitals. Their research suggested that while various transitional care interventions exist, there is a critical need for studies that better identify which specific components are most effective in improving patient outcomes and QOL. Collectively, it was indicated that although healthcare transition interventions typically enhance patient experiences and outcomes, significant questions remain regarding optimal implementation (Eboreime et al., 2022; Oyesanya et al., 2021). This gap in evidence underscores the importance of developing more targeted, evidence-based approaches. Researchers established an innovative four-item predictive model with the objective of generating a rapid, objective, and accurate estimation of the likelihood of psychiatric readmission within one year following hospital discharge for patients diagnosed with schizophrenia (Hou et al., 2024). They proposed that this predictive tool could serve as a valuable resource for clinicians, enabling them to identify potential risk factors and initiate early interventions aimed at managing the chances of readmission effectively. Similarly, the investigation led by Okoli et al. (2024) focused on the impact of long-acting injectable antipsychotic (LAI) medications compared to

traditional oral medications. The research aimed to determine whether LAI medications could enhance treatment adherence, decrease the frequency of re-hospitalizations and improve recovery outcomes for psychiatric patients upon discharge. The results revealed that LAI medications demonstrate significant effectiveness for this patient demographic, providing crucial insights into optimizing treatment protocols for those exiting psychiatric care. Research suggests that implementing comprehensive follow-up care that supports patients after they leave the hospital effectively reduces the likelihood of readmissions, thereby enhancing overall patient outcomes (Yamaguchi et al., 2024). The emphasized theme is that intensive postdischarge services may prevent readmissions. However, implementing preventative interventions remains challenging (Fu et al., 2023). Some interventions have been developed to standardize processes and procedures to reduce 7-day and 30-day readmission rates in behavioral health to address these challenges (Winner et al., 2025). This study demonstrated that rigorous quality improvement efforts can effectively lower these readmission rates (Winner et al., 2025). Implementing consistent protocols and creating tools addressing known factors contributing to readmissions were associated with reductions in both 7-day and 30-day readmission rates. Additionally, involving clinical pharmacists in the process of medication reconciliation during patient discharge can help prevent medication discrepancies and may lead to a reduction in unplanned hospital readmissions (Gallagher et al., 2022). Results revealed that patients identified as high risk for readmission who received pharmacist support for discharge medication reconciliation had a significantly lower 7-day readmission rate than those who did not (Gallagher et al., 2022). Whereas

Winner et al. (2025) and Gallagher et al. (2022) provided important insights into applying discharge interventions as a strategy to reduce preventable psychiatric hospital readmission rates, Fu et al. (2023) identified the barriers and facilitators to applying discharge interventions from the viewpoints of both providers and service users. The researchers emphasized that the findings of this study are crucial for creating customized implementation strategies suited to various healthcare systems through formative intervention mapping and consensus-seeking processes (Fu et al., 2023). Combined, the articles highlighted a common theme that adopting multiple interventions can decrease preventable psychiatric hospital readmission rates (Fu et al., 2023; Gallagher et al., 2022; Winner et al., 2025).

Transition

In Section 2, I provided a critical analysis and synthesis of various sources and content of my literature review, presented the project application and its application to the applied business problem, analyzed and synthesized literature of the conceptual frameworks, potential themes, and phenomena, and compared competing approaches.

In Section 3, I will discuss the research project methodology. I will include an evaluation of the project ethics and the nature of the project. I will discuss my role as the researcher in the data collection and the relationship I may have with the topic, participants, and/or research area. Next, I will identify the population, sampling, and participants. I will identify the population and describe the eligibility criteria for project participants and support claims and decisions with multiple scholarly peer-reviewed or seminal sources. Then, I will describe the data collection activities. Next, I will list each

interview question and ensure the interview questions align with the research question.

Afterwards, I will discuss the data collection activities and lists each interview question.

Next, I will describe data organizing and analysis techniques. Lastly, I will review the reliability and validity of the data collection instruments and processes.

Section 3: Research Project Methodology

Project Ethics

As the researcher, my role in the data collection process was critical. My role was to gather, organize, and evaluate the data to address the primary business problem. I upheld my obligation to maintain integrity and ensure that the ethical standards outlined in *The Belmont Report* were upheld within the research process. An ethical issue is defined by Drolet et al. (2023), as a situation that can harm the respect for at least one moral value that society considers important and should be protected and upheld.

I have experience with frequent psychiatric readmission challenges as a behavioral health therapist. Although I may have preexisting knowledge of some of the research participants due to my professional experience working in the psychiatric hospital industry, there was no direct reporting relationship, and neither have I worked for them nor them for me. This was my first time researching this subject, which allowed me to uphold a neutral and objective position.

I adhered to the ethical principles set forth in *The Belmont Report*, which serves as a foundational guideline for conducting research involving human subjects. The principle of respect for persons emphasizes the importance of acknowledging the autonomy of individuals and obtaining their informed consent before participation. Beneficence involves maximizing potential benefits while minimizing any possible harm to participants, ensuring their well-being throughout the research process. Finally, the principle of justice underscores the fair distribution of the burdens and benefits of research, ensuring that no group of individuals is unfairly targeted or disadvantaged. I

aimed to uphold ethical standards and promote the dignity and rights of all participants by following these principles. To uphold ethical integrity in my research, I began by obtaining approval from the university's Institutional Review Board (IRB; Approval No. 03-28-25-1217202). Maintaining the ethical principles aided me in ensuring the protection and privacy of all participants and guaranteeing their well-being throughout the research period. The IRB assessed elements such as informed consent, data confidentiality, and the strategies proposed to reduce any potential harm to participants.

Informed consent protects individuals by ensuring they understand the details of research studies before participating (Yusof et al., 2022). I reviewed the informed consent form with each participant to address the project's purpose, procedures, potential risks and benefits, and their rights and role within the project. No incentive was offered to participate in the project. Participants had the right to withdraw from the study without reason simply by notifying me by email or a phone call. There were no penalties for participants who chose to withdraw their participation. The principle of respect for persons is upheld when participants have the ability to make their own choices and decisions (Ehidiamen & Oladapo, 2024). If a participant chose to withdraw, any data collected from their interview would be disposed of and not included in the presentation of findings.

I took specific measures to ensure that the ethical protection of participants was adequate, which included masking the identity of the participants and location. Pseudonyms are commonly utilized to anonymize participants, organizations, and locations referenced in interviews and other written materials gathered for research

purposes (Heaton, 2022). Each participant was assigned a unique pseudonym during the data collection, analysis, and final presentation of findings. I used pseudonyms to anonymize the identity of the participants and ensure that their personal information remains confidential throughout the research process. I will securely store the data for up to 5 years to protect the confidentiality of the participants and permanently destroy the information after that point.

Nature of the Project

For this project, I used a qualitative research method and pragmatic inquiry research design to research effective strategies that are used by psychiatric hospital directors to reduce readmission rates, increase revenue, and improve patient outcomes. This approach was appropriate for this project because it allowed for further inquiry into psychiatric hospital directors' experiences that cannot be easily put into numbers. Qualitative research is characterized by specific key principles, such as its focus on individual cases, its consideration of cultural and historical backgrounds, and its emphasis on reflexivity (Lewis-Beck et al., 2004). Using inductive reasoning and exploring are crucial aspects of qualitative research. The qualitative method is useful for revealing and understanding the viewpoints and experiences of individuals or groups related to the specific business problem (Saunders et al., 2020). The specific research design was a pragmatic inquiry, which was appropriate for this project because it prioritizes the development of practical and feasible solutions to address research challenges in the business context (Savin-Baden & Major, 2013). My research project will be inductive and will focus on the individual decision-maker's professional

experience such as psychiatric hospital directors which aligns with the pragmatic inquiry research design.

Population, Sampling, and Participants

Participants for the project consisted of seven psychiatric hospital directors with effective strategies to reduce readmission rates, increase revenue, and improve patient outcomes. These participants were selected based on their demonstrated success with reducing readmission rates, increasing revenue and improving patient outcomes. Each participant would bring a unique perspective on effective management practices, evidence-based interventions, and collaborative efforts. I anticipated that I would achieve data saturation between four and six interviews. Data saturation occurs when additional data collected yields little to no new information or themes (Saunders et al., 2020). However, at whichever point the participants provide no new information, I planned to conduct one more interview to ensure that data saturation is reached. Recognizing data saturation determines when to conclude the data collection phase, ensuring that the research area has been adequately explored without unnecessary redundancy. I gained access to the participants through email invitations, LinkedIn connections, and professional associations. I used the purposeful sampling method for the research. Purposeful sampling is a nonprobability sampling approach frequently used in qualitative research, where the researcher's judgment is utilized to select the cases that constitute the sample (Saunders et al., 2020). The selection process was intentional to encapsulate a diverse array of experiences and perspectives. This method allowed for the inclusion of

participants who possess relevant knowledge or experiences that are crucial to understanding the business phenomenon.

Data Collection Activities

As the researcher, I was the primary instrument for data collection and analysis. My approach involved conducting semistructured interviews with participants to maintain flexibility while ensuring that the interview questions are thoroughly addressed. An advantage of semistructured interviews is that they allow the interviewer to maintain a focused conversation while also providing the flexibility to explore relevant topics that may arise during the discussion (Adeoye-Olatunde & Olenik, 2021). I collected data through semistructured interviewing to gather personal insights and to stimulate discussion that can reveal nuances surrounding the research topic. The interview process consisted of seven open-ended questions aimed at eliciting comprehensive, in-depth responses from participants. To maintain consistency with each interview during the interviewing process, I followed an interview protocol (see Appendix) comprising an introduction to the research project, informed consent language, the interview questions, and a summary and conclusion to the interview process.

In addition to the qualitative data obtained from interviews, I planned to integrate various available secondary sources to provide corroborative context and support my findings. These sources included artifacts relevant to the study, published industry reports that offer trends and benchmarks, and publicly available official statements made by organizations that pertain to the research topic. I also delved into publicly available government documents to enrich the data pool and provide a broader understanding of

the regulatory and environmental landscape influencing the area of study. To further enhance the richness of the data, I researched public records and archival reviews, focusing on historical documents that could provide context on past strategies and changes over time. This multifaceted approach aided in creating a robust and well-rounded analysis of the research data available on the topic being studied. I enhanced the reliability and validity of the data collection instrument by utilizing member checking.

Interview Questions

1. What effective strategies have you used to reduce readmission rates?
2. What effective strategies have you used to increase revenue?
3. What effective strategies have you used to improve patient outcomes?
4. How do you measure the success of your strategies?
5. What were the biggest challenges you encountered when implementing the strategies?
6. How did you overcome any challenges when implementing the strategies?
7. What additional information would you like to share about your effective strategies to reduce readmission rates, increase revenue, and improve patient outcomes that we have not already discussed?

Data Organization and Analysis Techniques

The data analysis process for the research project involved thematic analysis of the collected data. Thematic analysis is an exploratory method in which the researcher identifies patterns of meaning within a data set (Squires, 2023). Thematic analysis is appropriate for qualitative research because of its flexibility, allowing it to be adapted to

a range of qualitative research designs. Thematic analysis includes identifying, analyzing, and reporting themes found in qualitative data sources such as interviews, observations, and documents (Braun & Clarke, 2006). This method not only aids in organizing the data but also enhances the understanding of how different themes relate to one another, ultimately providing a rich and nuanced interpretation of the findings. I collected all documents, interview transcripts, and audio recordings and organized them into a directory, assigning pseudonyms to each participant for confidentiality. By employing thematic analysis, I was able to systematically analyze the qualitative data, identify recurring themes and patterns, and derive insights focused on strategies to reduce psychiatric hospital readmission rates. To analyze the collected data, I used Braun and Clarke's (2022) six-step data analysis method, which is a widely used approach for conducting thematic analysis in qualitative research. First, I familiarized myself with the data. Next, I generated initial codes while searching for themes. After reviewing the identified themes, I defined and named them. Lastly, I wrote the report. I conducted the interview process using Microsoft Teams, which allows for seamless video and audio communication. I transcribed the audio recordings using Microsoft Word to ensure accurate documentation. All data, including audio files and transcriptions, will be securely stored on a password-protected flash drive to maintain confidentiality and protect sensitive information. After a retention period of 5 years, I will securely delete all data from the flash drive to ensure that no information is retained beyond 5 years.

Reliability and Validity

Reliability

Reliability refers to the degree to which a data collection technique or multiple techniques can produce consistent and stable findings over time (Chetwynd, 2022). It involves the expectation that if the same research were conducted by other researchers using the same methodology, similar observations would be made, and consistent conclusions would be reached. Additionally, reliability is enhanced when there is transparency in the research process, including clear documentation of how researchers interpreted and derived meaning from the raw data. Transparency allows for an evaluation of the methods used and strengthens the trustworthiness of the findings. Reliable research should reveal that different studies, under comparable conditions, yield comparable results, thereby reinforcing the validity of the conclusions drawn. Dependability emphasizes the importance of systematically documenting all changes and adjustments made during the research process (Janis, 2022). Thorough documentation is essential for producing an account that is reliable and can be consistently trusted by others who seek to understand and evaluate the evolving research focus.

I implemented several strategies to effectively address dependability. In qualitative research, dependability is one of four critical criteria that contribute to the rigor and trustworthiness of research findings (Janis, 2022). One approach I used was member checking, which involves presenting the data interpretations or findings back to participants for their validation. Researchers use member checking in interviews by repeating, rephrasing, and asking for clarification on unclear comments made by

respondents (Coleman, 2022). This process helped ensure that my interpretations align with the participants' experiences and perspectives, thereby enhancing the credibility of the findings. To enhance dependability, I also conducted a transcript review. For the transcript review, I asked independent reviewers or research team members to examine the interview transcripts to confirm accuracy and consistency in the data collection process. Feedback from independent reviewers can reveal discrepancies and provide additional context, ensuring that the analysis is grounded in the participants' actual words and meanings. Additionally, I conducted a pilot test to refine the research instruments and methodologies before full-scale implementation. By testing the tools and processes on a smaller scale, I could identify potential issues and make necessary adjustments, thereby enhancing the overall dependability of the research findings.

Validity

Validity refers to the degree to which a study accurately measures or represents the concepts it intends to assess. In simpler terms, a study is deemed valid when it truthfully reflects the intended constructs or variables being examined (William, 2024). Credibility is ensuring that the representations of the research participants' socially constructed realities match what the participants intended (William, 2024). To ensure credibility in the research project I used member checking to ensure that my interpretations align with the participants' experiences and perspectives.

Transferability pertains to the extent that the results of a study can be applied or extrapolated to different contexts, settings, or populations (Stalmeijer et al., 2024). Transferability in research emphasizes the importance of providing a comprehensive

account of various elements of the study, including the research questions posed, the design employed, the specific context in which the research was conducted, the findings derived, and the interpretations made by the researcher (Ahmed, 2024). The transferability process allows for a deeper understanding of the research's applicability beyond its immediate context. In addressing transferability, I highlighted key contextual factors that may influence outcomes, such as demographic specifics, situational dynamics, and environmental conditions. For future research, I will encourage readers to conduct follow-up studies that explore the same questions in varied environments or among different groups, which can help strengthen the overall body of knowledge. Through this approach, I contributed to the validity of the findings and to a broader audience.

Research confirmability is ensuring that the findings are credible and can be substantiated (Ahmed, 2024). This involved maintaining a clear audit trail, which documents every step of the research process, including data collection methods, analysis procedures, and decision-making rationales. Additionally, I engaged in reflexive practices to critically examine my own biases and assumptions. Reflexive practices involve a thorough self-examination and reflection on how personal experiences and perspectives may shape the research findings (Bang, 2024). By engaging in reflexive practices, I can ensure a more objective and unbiased approach to the research findings. Lastly, to further enhance confirmability, I sought feedback from my committee chair and second committee member to facilitate an external audit of my research process and findings. This collaborative approach helped to validate the interpretations made.

To ensure data saturation, I conducted in-depth interviews until no new themes or insights emerged from the data, indicating that a comprehensive understanding of the subject matter has been achieved. Once I reached data saturation, I conducted one more interview to ensure data saturation has actually been achieved. When a consensus is reached among participants and repetition of ideas is noted, it is considered data saturation (LaDonna et al., 2021). I also used additional data sources, such as archival data to triangulate the findings and confirm the richness of the information gathered. By comparing data from an additional source, I could confidently identify when data saturation had occurred. Iterative data analysis is a systematic and structured approach used to explore and interpret qualitative data (Neale, 2021). I conducted ongoing data analysis throughout the research process, continuously reviewing and coding the data. I stopped data collection once I noticed that the variety in the data has diminished.

Transition and Summary

In Section 3, I outlined my role in the data collection process, my connection to the subject, my ethical responsibilities, and my commitment to following the guidelines set forth in *The Belmont Report*. I included a discussion on the process for participants to withdraw from the project. I addressed the methods I employed to protect the identities of participants and ensure their confidentiality, as well as the strategies for securely storing the data. Additionally, I provided a detailed explanation of the research methodology I used, including the study design and the steps I took to obtain participant consent. Finally, I evaluated the reliability and validity of the tools and methods I used for data collection.

Section 4: Findings and Conclusions

Presentation of the Findings

The purpose of this qualitative pragmatic inquiry research project was to identify and explore effective strategies used by psychiatric hospital directors to reduce readmission rates, increase revenue, and improve patient outcomes. The overarching research question was what effective strategies are used by psychiatric hospital directors to reduce readmission rates, increase revenue, and improve patient outcomes? The sources for data included semistructured interviews with seven participants. Each participant was assigned a unique alphanumeric pseudonym (P1–P7) to maintain their confidentiality. Data from interviews were transcribed using Microsoft Word and named according to the pseudonym assigned to each participant. Microsoft Excel was used to conduct manual data analysis. Five major themes emerged from the research: (a) establish a readmission tracking task force, (b) operate within the state budget, (c) ensure timely and effective discharge planning, (d) use a multidisciplinary team approach, and (e) reduce readmission rates. Each major theme included at least one subtheme. Table 1 shows the major themes, the number of participants who referenced the theme, and the number of references made to the theme.

Table 2*Major Themes*

Major themes	No. of participants who referenced theme	No. of references made to theme
Theme 1: Establish a readmission tracking task force	7	21
Theme 2: Operate within the state budget	6	18
Theme 3: Ensure timely and effective discharge planning	7	28
Theme 4: Use a multidisciplinary team approach	6	20
Theme 5: Reduce readmission rates	7	49

Researchers used Holland's (1992) CAS theory to identify the healthcare system as a system where employees of a psychiatric hospital unit act as agents that interact with one another to function as a singular system. According to Barasa et al. (2017), CAS theory conceptualizes healthcare and other systems as interconnected components. The diverse operations within hospital systems demonstrate a complex interplay of medical professionals, technologies, and patient interactions, all aimed at delivering effective healthcare. Interactions between agents impact the overall success of the hospital which can lead to fewer readmissions for patients. Viewing the healthcare systems through the CAS lens, provides a better understanding of the psychiatric healthcare system and the interacting agents. The themes that emerged aligned with the CAS theory, such as the use of a multidisciplinary team approach. Within the CAS theory, interactions between agents significantly impact the overall success of a system. The implementation of a multidisciplinary team approach enhances the ability to address complex patient needs. For example, psychiatric hospitals utilize treatment teams to provide care to patient and influence the likelihood of the patient being readmitted to reduce higher readmission

rates. Within the psychiatric hospital system, the treatment team is typically composed of a diverse group of medical professionals, including psychiatrists, nurses, social workers, and care coordinators. Each member of this multidisciplinary team plays a distinct role: psychiatrists diagnose and manage medications, nurses monitor patient progress and administer care, social workers address psychosocial needs and coordinate with families, while care coordinators ensure smooth transitions between various levels of care. Jordans (2025) argued that CAS helps to better analyze and understand the organization of people and services for psychiatric problems by optimizing mental health services and resources.

The BSC framework helps psychiatric hospital directors shape their organizations to mitigate challenges and improve performance. Designed as a strategic management tool, the BSC assists organizations in translating their overarching mission and strategic objectives into a comprehensive set of performance measures (Johnsen, 2001). This framework provides insights into how psychiatric hospital directors can develop strategies to successfully reduce readmissions, increase revenue, and improve patient outcomes. Employing the four perspectives of the BSC, financial, customer, internal business processes, and learning and growth, aligns every level of the organization with common objectives, supporting successful strategy execution and efficient performance management. The financial perspective focuses on revenue growth, cost management, and overall fiscal health, enabling leaders to track metrics like net income, ROI, and budget efficiency. The customer perspective emphasizes patient satisfaction, quality of care, and community reputation, allowing directors to assess and improve the hospital experience for patients and their families. The internal business processes perspective

examines clinical workflows, their efficiency and effectiveness, discharge planning, and readmission prevention protocols, helping identify operational improvements that drive better outcomes. The learning and growth perspective centers on staff development, training, innovation, and organizational culture, which are critical for adapting to changes and sustaining long-term improvements. All the major themes that emerged aligned with the BSC theory. Winner et al. (2025) conducted a study demonstrating that a standardized process and rigorous quality improvement efforts can effectively lower readmission rates. The BSC framework provides insights into how psychiatric hospital directors can develop strategies to successfully reduce readmissions, increase revenue, and improve patient outcomes.

Theme 1: Establish a Readmission Tracking Task Force

Establishing a readmission tracking task force emerged as a theme with participants noting their involvement in or knowledge of a tracking task force or committees dedicated to monitoring and analyzing hospital readmissions. These task forces typically comprise representatives from nursing, case management, and administration. Their responsibilities extend beyond gathering readmission as they regularly review patient charts, identify patterns and root causes of readmissions, and assess the effectiveness of existing interventions. The task force collaborates to develop targeted strategies, such as patient education initiatives, improved discharge planning, and enhanced follow-up protocols. In addition to data analysis, these teams often provide feedback to clinical units and report trends to hospital leadership. Through ongoing meetings and transparent communication, the task force ensures best practices are shared

and that continuous improvement efforts align with the hospital's overall goal of reducing readmissions and optimizing patient outcomes.

All seven participants confirmed the importance of establishing a team to track and collect data regarding readmission. P1 noted, "We created a readmission task force that has been active for at least two or three years now." Further, P1 noted, "we actually track our readmission rate each month." P7 noted, "this has allowed me to keep track of individual patients, specifically their readmissions over a 12-month period." P3 stated, "we are full data driven and we have like four committees on this." The authors of newly identified literature confirmed the theme of establishing a readmission task force.

Virtanen et al. (2024) suggested that identifying possible risk factors for readmission can be used to plan psychiatric care and can reveal unmet treatment related needs. Interview participants described how tasks forces are utilized. According to P7, key tasks within the readmission tasks force include,

Gather data regarding the previous discharge date, the readmission date, the patient's diagnosis at the time of admission, where the patient was sent upon discharge, and the reasons for their transfer. Additionally, outline the patient's discharge plan and review previous admissions for any documented barriers identified by the outpatient or case management teams.

In addition, P4 noted, "the tracker system is a good way of measuring what's going on, especially subprocesses." Hospital readmissions remain a significant issue. Turkington and Stirling (2024) examined patient readmission rates by tracking and identifying specific patient characteristics and medical conditions associated with an increased

likelihood of readmission. The researchers stressed that regularly tracking patient information helps identify those most at risk of readmission. This information is also useful for creating care plans and prevention strategies tailored to each patient. With this approach, healthcare teams can focus on the most important risk factors, use resources wisely, and help prevent patients from being readmitted, which leads to better care for patients and improved hospital results (Turkington & Stirling, 2024).

The theme supported CAS and BSC theoretical frameworks. Researchers have found that establishing a readmission task force involves many different people and groups whose complex and evolving interactions impact outcomes. The CAS framework shows that these systems can change and adapt as new patterns develop, leading to surprising and unpredictable results (Kumar et al., 2024). Establishing a readmission tasks force engages complex systems to utilize a flexible, adaptive approach. The ongoing adaptability with CAS is essential for effectively responding to the inherent uncertainties and dynamic nature of such systems. The learning and growth principle of BSC supports successful strategy execution and efficient performance management. Interview participants emphasized the effectiveness of various quality improvement and process improvement metrics. P5 noted, “in our quality improvement efforts, we focus on the patient experience and pay close attention to what patients are asking for.” P3 noted, “we’re constantly doing performance improvement projects.” Further, P3 noted, “We did a training on how to improve compliance of medications, especially after discharge, by reducing the number of medications prescribed and also educated staff on the added side effects for patients.”

Subtheme 1: Focus on Underlying Reasons for Readmission

Interview participants emphasized that examining the underlying causes of readmissions supplied data for the tracking task force. P1 noted, “So we saw a lot of patients reporting things like, they couldn’t refill their medication, they weren’t able to meet with their outpatient providers. They had another stressor that occurred after discharge. It was a lot of psychosocial issues.” P6 also emphasized the importance of focusing on underlying reasons for admission, “really talking with them, taking the time to really understand what’s going on, what’s going on that is, contributing to them being in and out of hospitals.” P4 noted methods that leaders employ to identify barriers: “one team meets with us administrators to go over all the patient and to make sure that especially with the focus on discharge and what barrier is that preventing them from getting out.” By analyzing these underlying reasons, the task force was better equipped to identify patterns, implement targeted interventions, and develop strategies to reduce future readmissions.

Subtheme 2: Determine Which Patients Are Highest Risk for Readmission

Interview participants emphasized that identifying patients at highest risk for readmission enabled the task force to conduct targeted follow-up interventions. P2 stated, “both the nursing staff and the psychiatric staff would determine that someone was higher risk.” P6 discussed criteria for readmission: “patients would come in through the emergency department and be evaluated based on their needs, there were certain triggers or flags.” P5 noted, “I’ve noticed that readmission rates are particularly high among homeless patients.” By focusing on these vulnerable individuals, the task force could

provide additional support, coordinate necessary resources, and implement preventive measures to help reduce the likelihood of future readmissions.

Subtheme 3: Implement a Readmission Team to Follow Patients Post Discharge

Interview participants emphasized that establishing a dedicated readmission team to monitor and support patients after discharge is crucial for facilitating a smooth and effective transition from hospital to home. P5 noted,

One of our nurses calls every single patient to ensure they are following their plan of care. She checks if they have transitioned to the next steps. She also verifies that they are adhering to the medication regimen prescribed by their providers.

This process helps us understand how we can improve our discharge planning.

P5 also noted,

One significant initiative we implemented to support individuals with substance use disorders is the creation of a recovery transition guide position about two years ago. This role involves working one-on-one with patients diagnosed with substance use disorders who are being discharged from the hospital. The guide helps them transition to the next level of care and follows up with them for up to six years.

P6 noted,

Projects with how to continue to get them to engage and participate, we had different kind of workflows and processes in place to continue following up with patients, to try to get them to take advantage of the different supports and programs that we were offering them.

P2 noted, “making sure they had their appointments and providing follow up care.” By maintaining regular contact, providing follow-up care, and addressing any emerging concerns promptly, the readmission team can help prevent complications, reduce the risk of unnecessary readmissions, and ensure patients have the resources and guidance they need for successful recovery in the community.

Theme 2: Operate Within the Budget

The need to operate within the constraints of the state budget emerged as a key theme, with participants noting that financial limitations can have a substantial impact on hospital revenue. Participants highlighted that adherence to state budget guidelines often requires careful prioritization of resources, cost containment strategies, and ongoing evaluation of expenditures to ensure both financial stability and the continued delivery of quality patient care. Financial metrics such as cost per patient and revenue growth help psychiatric hospital leaders deliver quality care while managing costs wisely. Psychiatric hospitals face substantial financial challenges, as mental health care represents a significant share of overall inpatient treatment costs. These expenses stem from a variety of sources, including extended lengths of stay for patients with complex psychiatric conditions, the need for specialized staff such as psychiatrists, psychologists, and psychiatric nurses, and the use of tailored therapeutic interventions and medications.

Interview participants discussed that revenue is difficult to measure and generate. Approximately 86% of participants confirmed the importance of operating within the budget and decreasing readmission rates, to increase psychiatric hospital revenue. P1 noted, “Revenue generation is challenging because we operate under a global budget

structure, we receive a set amount of funding from the state.” P1 noted, “Under the global budget structure, we do face penalties for hospital readmissions. There is a significant cost associated with each admission, approximately \$40,000 per person.” Interview participants discussed utilizing creative methods to operate within their state budget. P2 noted, “there’s not much that we can do to create profit more than just providing good quality care and providing care that is the most financially reasonable.” Participants noted that when psychiatric hospitals offer postdischarge services, such as partial hospitalization programs, they use a fee-for-service billing model. As a result, precise and timely billing is essential to ensure compliance and proper reimbursement, as well as to maximize revenue and support the hospital’s financial sustainability. Accurate billing also helps maintain positive relationships with payers and minimizes the risk of denied claims or revenue loss. P3 noted, “a patient’s hospitalization is covered by day... billing needs to be accurate.” P6 noted, “the costs associated with inpatient hospitalization tend to be higher for insurance companies.” P6 also noted, “these initiatives could increase revenue for hospitals, as they can participate in outpatient programs.” Interview participants highlighted the correlation between increasing revenue by reducing readmission rates. P7 noted, “the less readmissions that we have, the more money that we, retain as an organization and vice versa, the more readmissions that we have, the less money that we have to utilize within the organization.”

The authors of newly identified literature confirmed the theme of operating within the budget, to increase psychiatric hospital revenue. It is difficult for healthcare leaders to control costs. About 1 in 5 patients return to the hospital within 30 days of discharge

costing the organization thousands of dollars (March et al., 2022). Health care systems often struggle to improve outcomes and reduce costs for patients who are both high-need and less involved in their care.

The theme supported the CAS and BSC theoretical frameworks. Recognizing the healthcare system as a CAS helps leaders make better decisions during uncertainty by fostering greater resilience and adaptability throughout the organization (Araja, 2022). Amer et al. (2022) found that implementing BSC improved patient outcomes and strengthened the financial performance of healthcare organizations. Their findings highlighted how the BSC can effectively align hospital operations with strategic goals, resulting in better patient care experiences and more sustainable financial outcomes for organizations. The financial principle of BSC assesses an organization's ability to generate revenue, manage costs, and deliver value to stakeholders. According to Bahri and Al Faruqy (2023), financial performance benchmarks used in the healthcare sector include net income, which measures profitability after all expenses are deducted, and ROI, which evaluates the efficiency of investments by comparing the gains or benefits to the initial costs. Psychiatric hospital leaders can recognize areas of financial strength and weakness, enabling them to make informed, evidence-based choices that support fiscal stability and long-term viability.

Subtheme 1: Utilize Cost-Efficient, Readily Available Resources

Mental health costs impose significant financial burdens on healthcare organizations and individuals. Leaders are placing greater emphasis on using robust economic data and cost analyses to inform mental health care planning, resource

allocation, and policy development, aiming to maximize positive outcomes within available budgets (Knapp & Wong, 2020).

Interview participants emphasized that leveraging community resources can help psychiatric hospital leaders significantly lower expenses related to patient readmission.

P1 noted,

You might not have a large budget, but look for ways to leverage community resources to provide patients with additional support. Many patients require this type of assistance. I believe starting with resources available in the community can make a significant impact while the hospital works internally on improvements.

P6 noted, “Follow-up methods were also employed to engage patients in utilizing post-hospitalization support programs. Supporting individuals transitioning from a Partial Hospitalization Program (PHP) to postdischarge care. Establishing a connection with the individuals while they are still in the program.” P6 further explained that “partial hospitalization program works on both ends to prevent hospitalizations and to prevent readmissions to inpatient hospitalizations; it’s an intensive two-week program.” P5 noted, “She checks if they have transitioned to the next steps, such as attending a PHP, an addiction center, or if they require a psychiatric consult.” Utilizing community resources can help reduce psychiatric healthcare costs. P1 noted, “our main opportunity for revenue lies in outpatient services, which are not governed by the global budget.” P3 emphasized the value of collaboration, stating, “trying to reach out to the agencies that provide services and just trying to collaborate.” Assertive community treatment (ACT) cuts

hospital admissions by half compared to traditional case management, making it ultimately more cost-effective (Dolber et al., 2025). In addition, technologies, including electronic health records (EHRs) and artificial intelligence (AI), can enhance the accuracy and effectiveness of economic evaluations and mental health care delivery (Fleurence & Chhatwal, 2025). EHRs allow leaders to collect, analyze, and share patient data more efficiently, leading to better-informed clinical and policy decisions. AI technologies can support early identification of mental health risks, personalize treatment approaches, and optimize resource allocation. These strategies and innovations empower psychiatric healthcare leaders to maximize both cost savings and patient outcomes.

Theme 3: Ensure Timely and Effective Discharge Planning

Ensure a timely and effective discharge plan emerged as a theme with participants noting that the discharge process is intricate and specific to the patient's individual needs. The discharge planner is vital in creating tailored discharge plans starting from a patient's admission. The discharge process involves gathering comprehensive information about the patient's psychiatric history, social circumstances, and potential postdischarge needs to ensure that the plan is both effective and realistic. Discharge planners also act as liaisons, facilitating open communication between the patient, their family, the medical team, and external agencies such as rehabilitation centers, home care providers, and social services. This coordination helps to address barriers to discharge, such as arranging follow-up appointments, securing necessary medications or equipment, and educating patients and families about ongoing care requirements. Within hospitals, the discharge planning team typically consists of nurses, social workers, and case managers who work

in tandem with physicians and therapists. They meet regularly while the patient remains hospitalized, to review patient progress, update care plans, and address issues that may arise. Discharge planning services ensure that all aspects of post-hospital care are addressed, which can promote quality, patient-centered care and greatly enhances the likelihood of a patient's successful transition from the hospital to community-based settings.

All seven participants confirmed the importance of ensuring a timely and effective discharge plan. P7 noted, "giving more attention to the discharge disposition" as an effective strategy to improve patient outcomes. P3 noted, "one of the biggest things that we have done is to make sure the discharge process and discharge planning is robust." P5 noted, "it is crucial for us to have a comprehensive understanding of the discharge process to prepare everything before the patient leaves the hospital." The authors of newly identified literature confirmed the theme of ensuring a timely and effective discharge plan. Fatani et al. (2025) studied the role of the discharge planning team on the length of hospital stay and readmission in patients with neurological conditions. Findings revealed that establishing a discharge planning team helped more patients discharge from the hospital sooner and reduced readmission rates, which suggests better use of healthcare resources in neurological care. Hui-Wen et al. (2023) argued that active discharge planning interventions are necessary to facilitate effective transitional care for patients identified as high risk. The researchers also found that age, additional health problems, and certain diseases make discharge planning less effective. Key obstacles to an effective transition from inpatient to outpatient care include patient-

specific barriers, insufficient social support, and the impact of stigma (Ojo et al., 2024). These challenges make it difficult for patients to successfully move from the hospital to community-based care. Additionally, the findings of their study underscore the value of effective communication, collaboration, and timely follow-up to ensure consistent, quality care. Lukanski et al. (2023) found that follow-up phone calls to psychiatric patients post discharge decreases risk of readmission and enhances patient outcomes. Research participants supported successful strategies that are used to ensure a timely and effective discharge plan. P2 noted, “making sure that people have appointments scheduled with their providers within the first couple of days post discharge” as a barrier to effective discharge planning. P1 noted, “one of the things we’ve done recently is to build out the discharge instructions in different languages.” Patients can better understand their treatment plan and further discharge recommendations when utilizing their native language using a qualified interpreter.

The theme supported CAS and BSC theoretical frameworks. Ensuring a timely and effective discharge plan requires integrating CAS principles, which emphasize the need for healthcare teams to remain flexible and responsive to each patient’s unique needs. CAS emphasizes the importance of flexible, individualized care plans and a holistic approach to healthcare (Notarnicola et al., 2024). It also highlights how collaboration and effective communication among healthcare professionals are key to improving the quality of patient care. This involves close interdisciplinary collaboration among members of the treatment team who continuously assess and adjust the discharge plan based on the patient’s evolving clinical status, social situation, and available

community resources. The theory explains how different forms of communication and collaboration among team members impact the extent to which patient care can be personalized and tailored to individual needs (Gans et al., 2024). Effective discharge planning often includes comprehensive patient and family education, coordination with outpatient providers, and proactive identification of potential barriers to a successful transition. The ongoing adaptability promoted by CAS is essential for navigating the unpredictable challenges that arise during discharge, ensuring the plan remains patient-centered and outcome-focused despite inherent uncertainties and frequent changes in complex environments like psychiatric hospitals.

The BSC framework can be applied to the key performance area of developing timely, effective discharge plans, which are critical to reducing readmission rates in psychiatric hospitals. By aligning discharge planning processes with the BSC approach, organizations can better implement and communicate their corporate strategy (Prenestini et al., 2024). BSC ensures that strategic objectives such as improving patient outcomes, enhancing operational efficiency are integrated into daily practices, fostering a culture of continuous improvement across the hospital system.

Subtheme 1: Implement transitional interventions

Interventions that provide ongoing support to patients both before discharge and after leaving psychiatric hospitals, often referred to as transitional interventions with linking components, are highly valued by leaders for their role in maintaining continuity of care (Hegedüs et al., 2020). These interventions typically involve a multidisciplinary team approach, in which mental health professionals and members of the treatment team

collaborate to create individualized care plans and facilitate communication between inpatient and community services. By addressing the complex needs of patients during the vulnerable transition period, these interventions aim to reduce care gaps, improve patient engagement, and facilitate a smoother transition to community living.

Assertive community treatment (ACT) is an evidence-based approach that involves a multidisciplinary team providing personalized, ongoing support tailored to individual needs and has been shown to improve patient outcomes (Jaffé et al., 2025). Satake et al. (2025) conducted a 7-year follow-up study in Japan that revealed that after 2 years of ACT services, the frequency of readmission for individuals with severe mental illness was mitigated. Approximately 28% of interview participants noted that ACT is useful for patients who struggle to make it to their follow up appointment post discharge from a psychiatric hospital. P4 noted,

For those who prefer not to come into the clinic for follow-up appointments, we offer a program called Assertive Community Treatment (ACT). This is a team-based approach that includes a psychiatrist, nurse practitioner, and nurse who can visit patients at their homes to provide necessary care, including administering injections when due. This support helps prevent the need for hospitalization.

P3 noted,

services where the clients get seen usually at least once a week, twice a week, sometimes every day. And if the client can't come to the team or to come to their appointments, the team goes out to see them in the community.

ACT is used as a transitional intervention that provides ongoing support for effective discharge planning.

Unresolved medication-related issues can significantly undermine the effectiveness of discharge planning. These problems often lead to confusion, noncompliance, and an increased risk of readmission. A timely and effective discharge plan is essential for reducing medication-related problems, especially for psychiatric patients who are at higher risk of medication errors due to complex treatment regimens (Stuhec & Batinic, 2023). Clinical pharmacists are tasked with checking patients' medications to help identify discrepancies, prevent duplications, and minimize harmful drug interactions. In addition, pharmacists work closely with patients and treatment teams to ensure that any medication changes are clearly communicated to the patient and their caregivers. Smith et al. (2021) investigated the effects of a pharmacist-led transitions of care clinic for individuals with substance use disorders, focusing specifically on retention in medication treatment after hospital discharge. The study demonstrated that pharmacist involvement in the transition process led to significantly higher rates of postdischarge medication adherence and retention compared to standard care. Interview participants noted that medication problems interrupt the effectiveness of discharge planning. Forty-two percent of interview participants noted that improving medication-related issues enhances effective planning and improves patient outcomes. P1 noted, "when they're discharged, they'll know what medication they're on, and they'll know why." P1 noted, "we work to reduce the number of antipsychotics that a patient is on in hopes that they will be medication complaints as well." P4 noted, "we often encounter patients who are

reluctant to take medication. In the past, it would take a long time before doctors sought court approval to medicate these patients against their will. Now, we have implemented strategies to submit the necessary paperwork to the court within a few days to a week at most. This allows us to medicate patients in a timely manner, thereby improving their health.” P3 noted, “These are pretty serious medications, and the more you add on, the more that a patient will have side effects from these medications. And so we really want to reduce the number of medications.” In all, addressing medication-related problems is essential for effective discharge planning and improved patient outcomes.

Theme 4: Use a Multidisciplinary Team Approach

The use of a multidisciplinary team approach emerged as a significant theme, with participants highlighting how these teams enhance patient care by bringing together professionals from various specialties such as physicians, nurses, social workers, psychologists, and case managers. Participants noted that this collaborative structure enables comprehensive assessment and treatment planning by incorporating diverse perspectives and expertise. Multidisciplinary teams facilitate more effective communication among care providers, ensure that all aspects of a patient’s medical, psychological, and social needs are addressed, and support continuity of care throughout the patient’s treatment journey. Regular team meetings and shared decision-making processes were specifically cited as mechanisms that improve the coordination of care, reduce errors, and foster innovation in treatment strategies. By leveraging the strengths of different disciplines, multidisciplinary teams can develop individualized care plans,

respond more rapidly to changing patient needs, and ultimately achieve better patient outcomes and higher satisfaction rates.

Approximately 57% of participants confirmed the importance of using a multidisciplinary team approach. P1 noted, “I use a multi-disciplinary approach to go to all the treatment team members.” Participants identified multiple disciplines that make up the typical treatment team. P4 noted, “I help the team work together so we have psychiatrists, we have psychologists, we have a team leader that coordinate the whole unit, then we have the nurses, we have social workers.” Collaboration amongst the treatment team is necessary for patient and organizational success. P5 noted, “Communication with the care team is very important, as they form a key support system for the patients.” P7 noted, “I’ve been working on this team of different individuals within the organization. We meet monthly, we explore what it looks like as far as an organization, financially to decrease the amount of readmissions that we have.” P7 also noted, “I think working as a team helped us to narrow down easier, but it does take some time.” A multidisciplinary team approach is important to improve patient outcomes and reduce readmission.

The authors of newly identified literature confirmed the theme of using a multidisciplinary team approach. A multidisciplinary team approach allows for a thorough assessment of a patient’s needs, reducing errors and miscommunication (Prabhakaran et al., 2025). Evidence suggests that starting care planning within the first 72 hours supports early discharge planning, enabling timely solutions to potential issues. Berben et al. (2024) found that multidisciplinary team meetings in psychiatric hospitals

enhance patient participation and help patients better understand their experiences.

Țenea-Cojan et al. (2025) emphasized the importance of coordinated, patient-centered care for individuals with psychiatric conditions. Din et al. (2024) reported that multidisciplinary collaboration improves communication, reduces mistakes, and leads to better management of chronic illnesses. Overall, multidisciplinary teams combine the expertise of various professionals to address complex health problems, delivering care that is both effective and tailored to each patient (Alsubaie et al., 2024).

The theme supported CAS and BSC theoretical frameworks. Multidisciplinary healthcare teams function as complex and multifaced systems that align with the tenets of CAS. The interconnectedness of multidisciplinary treatment teams enables healthcare professionals to facilitate timely responses to address patient needs and develop patient-centered solutions. According to Anderson et al. (2020), the complexity of interactions in health care environments strengthens collaboration, improves communication, and enhances team performance, ultimately leading to better patient outcomes.

BSC is a planning tool that helps organizations achieve their goals by matching their needs with employees, customer relationships, and innovation (Yawson & Paros, 2023). A Multidisciplinary team approach is supported by the BSC framework principles of customer, internal business processes, and learning and growth. A multidisciplinary team not only collaborates with each other, but also with psychiatric patients. A multidisciplinary team collaborates not only among its members but also actively engages psychiatric patients (the customer) in the care process. This inclusive approach ensures that patients' perspectives, preferences, and goals are incorporated into treatment

planning and decision-making. A multidisciplinary team approach aligns with the BSC framework principle of internal business processes by encouraging teamwork, smoother processes, and ongoing improvements to enhance patient care. The BSC framework for learning and growth encourages ongoing education and training for healthcare professionals, where team members share knowledge, build new skills, and stay informed about best practices.

Subtheme 1: Clinical Staff Decision Making Methods

The Ensuring Quality in Psychological Support (EQUIP) initiative is designed to enhance standards in psychosocial support and psychological training worldwide (Watts et al., 2021). By providing resources for trainers and managers, EQUIP underscores the importance of competency-based training and evaluation. A global framework is crucial to equip all providers of psychological interventions and mental health services with the necessary skills for safe and effective care. EQUIP's approach centers on achieving consensus on core competencies, identifying essential skills, and assessing the viability of practical training and assessment tools (Kohrt et al., 2025). Interview participants emphasized the need for comprehensive staff training to ensure competency when working with high-acuity populations, such as individuals with psychiatric conditions. P3 noted, "So we did the training. I went to treatment teams, drop-ins, and I listened to these cases and gave recommendations." P4 discussed, "having staff not being trained to really work with that population is a big challenge, the state did implement some kind of training, I am also part of the training, So we help people understand about trauma." They

highlighted that specialized preparation equips staff to address the unique challenges and complexities presented by these groups, ultimately improving care quality and safety.

Research indicates that evidence-based practices (EBPs) significantly improve patient outcomes and lower hospital readmissions. EBPs also enhance healthcare system efficiency by maximizing resource use, reducing costs from complications and repeated treatments, and streamlining care processes (Connor et al., 2023). Interview participants emphasized the importance of evidence-based tools to guide clinical care. P6 noted, “measuring their progress using different evidence-based tools, to assess progress, such as PHQ-9 and GAD-7.” P5 noted, “We also review the depression screening tools we are using and assess the overall patient experience to find effective ways to assist our patients.” Self-assessment tools are widely utilized to evaluate depression and co-occurring anxiety symptoms, aiding clinicians in making informed treatment decisions. These validated instruments are evidence-based and recognized internationally. The PHQ-9 (Patient Health Questionnaire, 9 items) and GAD-7 (Generalized Anxiety Disorder Scale, 7 items) are particularly effective for identifying symptoms of depression and anxiety (Huang et al., 2022). According to Newman (2022), using both measures together improves the detection of clinically significant symptoms and guides treatment decisions. This indicates that each tool is useful, and their combined application offers additional benefits for informing clinical care.

Theme 5: Reduce Readmission Rates

Participants highlighted the theme of reducing readmission rates, emphasizing that a focused effort to lower readmissions can yield multiple benefits for psychiatric

hospitals. This approach leads to measurable improvements in patient outcomes, including fewer complications, greater satisfaction, and better long-term health. Reducing psychiatric readmission rates also contributes to greater financial stability. By reducing readmission rates, hospitals can avoid penalties for excessive readmissions, optimize resource utilization, and improve overall operational efficiency. Participants also noted that implementing evidence-based strategies, such as enhanced discharge planning, patient education, and postdischarge follow-up, is crucial to achieving these goals. Ultimately, a comprehensive approach to reducing readmissions supports both the clinical mission of delivering quality care and the financial sustainability of psychiatric hospitals.

All seven participants confirmed the importance of reducing readmission rates. P7 noted, “the less readmissions that we have, the more money that we retain as an organization and vice versa.” P2 stated, “having those appointments scheduled following up with patients to make sure that they attend is the biggest, the best outcome to making sure they don’t come back to the hospital.” The authors of newly identified literature confirmed the theme of reducing readmission rates to increase revenue and improve patient outcomes. Geffen et al. (2025) explored the underlying factors for unplanned psychiatric admissions. Researchers argued that identifying factors associated with unexpected mental health decline helps providers adjust their practices and services, leading to more effective care transitions and more personalized care. Their findings emphasize the importance of integrating hospital and community mental health services, implementing crisis management plans, and fostering collaboration among services to

ensure effective care transitions (Geffen et al., 2025). Similarly, Mlay et al. (2025) studied strategies for relapse prevention among people with schizophrenia in South Africa. They argued that quality inpatient care and well-planned transitions to outpatient care are essential to reducing readmissions. Their findings suggested that strategies include preparing patients and caregivers for discharge, building therapeutic relationships, actively managing transitions, involving both patients and caregivers, fostering interagency collaboration, and offering alternative treatment options. In addition, the researchers found that effective discharge planning, adequate staffing, and multidisciplinary teamwork are necessary for effective transitions and better outcomes. Intharit et al. conducted a study in 2021 in northeastern Thailand that identified the risks and protective factors of readmission in patients with first-episode schizophrenia. Their findings revealed that factors affecting relapse in first-episode schizophrenia included family factors, drug abuses, and a concurrent health status. Mental health is strongly affected by social factors such as income, jobs, education, housing, and support networks. Addressing these social determinants can help prevent psychiatric hospitalizations (Kirkbride et al., 2024).

The theme supported CAS and BSC theoretical frameworks. Using complex systems approaches allows for a better understanding of psychiatric disorders' dynamic and interconnected nature (Öngür & Paulus, 2025). By looking at these disorders as CAS, leaders can evaluate how symptoms and causes are connected and change over time. Understanding psychiatric disorders complexity and interacting factors can lead to improved diagnosis and more personalized mental health care treatments to reduce

readmission (Öngür & Paulus, 2025). Using CAS theory in psychiatric hospitals helps leaders to use both positive and negative feedback to apply change and innovative practices (Kamøy & De Boer, 2021).

Psychiatric hospital leaders use BSC to set specific, measurable objectives, track progress with key performance indicators, and identify gaps or areas for improvement. BSC is used to measure and improve performance by helping plan and guide actions. By mapping strategic goals to operational activities, BSC helps ensure that all departments and staff are aligned with the hospital's mission and long-term strategy (Panjaitan et al., 2022).

Subtheme 1: Measure Patient Performance

Patient-reported outcome measures (PROMs) are increasingly recognized as essential tools in clinical care, providing critical insights to guide decision-making. Campbell et al. (2022) demonstrated that both patients and clinicians value PROMs for their ability to inform care across a variety of health conditions and settings, though some challenges remain in their implementation. Bonsel et al. (2024) conducted a systematic review to identify the most effective ways PROMs are used, finding that simply collecting these measures can enhance patient outcomes, while their integration into decision aids further improves decision quality. Kaplan et al. (2021) examined the complexities of measuring treatment success, noting that outcome assessments depend on factors such as the patient's baseline health, provider expertise, facility standards, and adherence to best practices. Advances in technology and validated measurement tools have made it possible to consistently track patient data throughout the care process,

which supports process improvement, informed decision-making, increased accountability, and better-aligned payment models. As a result, healthcare professionals are now more capable of transparently reporting and owning patient outcomes. PROMs not only capture the real-world impact of illness and treatment from the patient's perspective but also help ensure that care remains focused on what matters most to individuals, fostering a more tailored and patient-centered approach (Carfora et al., 2022). Together, these studies underscore the transformative potential of PROMs in healthcare. Interview participants discussed the importance of measuring patient performance. P6 noted, "We use patient satisfaction survey, it's facilitated by a third-party vendor, and we asked them questions related to their experience in the program." Using more standardized and frequently revised questionnaires to assess patient experience and satisfaction could help improve patient outcomes (Friedel et al., 2023).

Subtheme 2: Build Medication Compliance

Medication compliance is a significant challenge, with 74% of patients discontinuing their medication within 18 months (Kim et al., 2020). To address this, psychiatrists often recommend LAIs to support adherence and reduce the risk of relapse. LAIs are particularly effective at reducing the likelihood of rehospitalization, especially among individuals with multiple prior admissions. For those diagnosed with schizophrenia spectrum disorder, low treatment adherence contributes to a high mortality rate (Okoli et al., 2024). Researchers advocate for educating patients about both the benefits and potential side effects of LAIs during hospitalization and at discharge, as this education may further decrease readmission rates. Interview participants highlighted the

effectiveness of building medication compliance to reduce readmission rates. P4 noted, “Many do not have a way to manage their condition without medication. To address this, we are now emphasizing the use of long-acting medications. These treatments enable patients to maintain stability in the community.” Evidence indicates that LAIs are associated with approximately a 65% reduction in psychiatric readmissions among patients with psychotic disorders (Patel & Tankersley, 2022). In addition to reducing readmission rates, LAIs improve patient QOL and offer significant cost savings to psychiatric hospitals (Patel & Tankersley, 2022). Collectively, these findings highlight the multifaceted benefits of LAIs in the management of psychotic disorders to decrease readmission rates, increase revenue, and improve patient outcomes.

Subtheme 3: Understand Underlying Factors for Readmission

Understanding the underlying factors contributing to patient readmission enables psychiatric hospital leaders to develop more effective interventions and strategies to reduce readmission, increase revenue and improve patient outcomes. By addressing the specific underlying issues, leaders can implement comprehensive strategies. These measures help reduce readmission rates, increase revenue by optimizing resource utilization, and improve patient outcomes by enhancing the quality and continuity of care. Identifying patients who are frequently readmitted and anticipating future rehospitalizations supports the creation of proactive intervention strategies and highlights possible shortcomings within current healthcare delivery systems (Barbosa & Marques, 2023). Bui and Moriuchi (2021) found that economic and social factors affect readmission rates in distinct ways for different patient populations. They also highlighted

the need for policymakers and hospital leaders to develop tailored strategies to address the unique needs of complex patient groups. Underlying implications that contribute to worsening mental health and can increase psychiatric readmission includes social factors such as income, jobs, education, housing, and support networks. Addressing these social determinants can help prevent mental health problems (Kirkbride et al., 2024). According to Russolillo et al. (2023), homelessness is strongly linked to higher rates of hospital readmission among individuals with mental illness and substance use disorders. A comprehensive understanding of the underlying factors contributing to patient readmission enables healthcare organizations to design targeted interventions that reduce readmission rates, enhance revenue through more efficient resource allocation, and significantly improve patient outcomes.

Roughly 71% of interview participants highlighted the importance of understanding the underlying factors contributing to psychiatric readmission. P4 noted, “we focus on treating the underlying issues that lead to patient admissions.” In addition, P6 noted, “understanding individually what’s going on and then helping the patients and their families get what they need to prevent them from being hospitalized.” By systematically investigating these root causes, psychiatric hospital leaders can implement targeted solutions. P2 noted, “knowing their reasons for not wanting to join with us around reducing their admission back to the hospital.” Also, P1 noted, “So now we were trying to create the whys, like what’s attributing.” Comprehensive approaches address the multifaceted nature of readmission while also promoting long-term recovery, reducing hospital costs, and improving patient outcomes. P7 noted, “Because when you’re thinking

about the patient, you're really trying to assess any evaluate and make sure that you're treating them as a whole person." By treating patients with a patient centered approach, leaders can identify potential barriers to recovery and anticipate challenges to deliver more personalized, effective care.

Business Contributions and Recommendations for Professional Practice

The research findings in this qualitative pragmatic inquiry project indicate notable business contributions and recommendations for psychiatric hospital leaders to reduce readmission, increase revenue, and improve patient outcomes. Effective strategies are essential in reducing psychiatric readmission, optimizing resource utilization within healthcare systems, and enhancing patient outcomes. I recommend that leaders prioritize several actionable strategies to address psychiatric patient readmission and improve overall hospital performance:

- establishing a dedicated readmission tracking task force composed of representatives from nursing, psychiatry, social work, case management, and data analytics to monitor readmission trends, identify root causes, and develop targeted interventions
- operating within the state budget by implementing cost-saving measures, optimizing the use of available resources, and seeking additional funding streams, such as grants and community partnerships, to support new initiatives
- ensuring timely and effective discharge planning through comprehensive patient assessments, early involvement of outpatient providers, clear

communication with families, and scheduled follow-up appointments to support continuity of care

- using a multidisciplinary team approach that fosters collaboration among mental health professionals, primary care providers, pharmacists, peer support specialists, and community agencies to deliver holistic, patient-centered care
- reducing readmission rates by integrating EBPs, such as transitional care programs, patient education, adherence monitoring, and robust aftercare services

These evidence-based recommendations advance both practice and theory by providing a detailed framework for psychiatric hospital leaders to systematically reduce readmission, optimize financial performance, and enhance patient outcomes. The project findings underscore the importance of coordinated, data-driven, and patient-focused strategies for sustained improvement.

It is essential to thoroughly understand the demographics and behaviors of patients, as this knowledge will inform the design and implementation of these interventions. P1 noted, “It is important to recognize that preventing all patients from returning to the hospital is not always feasible, as stressors in life cannot simply be eliminated.” P7 noted, “we are going to have to continuously work at it and continue to make changes in order to reduce readmissions and increase the revenue and avoid you know decreases in revenue due to new readmissions.” The recommendations focus on reducing psychiatric patient readmission by forming a dedicated tracking task force, optimizing budgets, improving discharge planning, fostering multidisciplinary teamwork,

and using EBPs. These coordinated strategies aim to enhance patient care, financial performance, and long-term outcomes in psychiatric hospitals. One of these strategies include exploring innovative care coordination practices. Gallagher et al. (2022) found that involving clinical pharmacists in the discharge medication reconciliation process for patients at high risk of readmission was linked to lower rates of unplanned readmissions. The implementation of evidence-based treatment protocols has proven beneficial for psychiatric hospital revenue. According to Winner et al. (2025), follow-up phone calls made within 48 hours of discharge are thought to enhance the successful transfer of care for psychiatric patients who were recently hospitalized. The effectiveness of community-based support systems enhances understanding of successful psychiatric healthcare management strategies to reduce the likelihood of readmission. Additionally, investigating the role of patient education and engagement in treatment adherence may also provide valuable insights and improve patient outcomes. Understanding the impact of socioeconomic factors and access to ongoing mental health services is crucial for developing targeted interventions that prove beneficial in minimizing readmissions and increasing revenue.

Lastly, leaders should critically evaluate the efficacy of existing community support services, assessing their impact on patient outcomes and overall community health. In addition, leaders are responsible for disseminating the knowledge obtain through their evaluates, to their staff via annual conferences and trainings. The findings extend current understanding of strategies used by psychiatric hospital leaders to reduce readmission, increase revenue, and improve patient outcomes.

Implications for Social Change

Positive social change entails the improvement of human or social conditions by promoting the worth, dignity, and development of individuals, communities, organizations, institutions, cultures, or societies. The findings from this project reveal significant implications for positive social change for psychiatric hospital directors to reduce readmission, increase revenue, and improve patient outcomes. Positive social change is a potential benefit by promoting and facilitating the systematization of key processes within psychiatric hospitals. These implications are profound, with the potential to inspire and motivate stakeholders to work towards reducing readmission rates within psychiatric hospitals to increase revenue and improve patients' QOL globally. According to Luke and Chu (2013), implications include comprehending the necessity of taking steps to bring about social change and acknowledging the risk involved when current measures do not produce the desired results. Engaging with stakeholders, including community members and experts, during this process is crucial in creating strategies that are both practical and impactful. This comprehensive approach will enable leaders to better align resources with the needs of their communities, ultimately enhancing the quality of care provided. Additionally, there should be an emphasis on the role of multidisciplinary teams in providing holistic care, as well as the importance of continuous monitoring and follow-up practices to ensure sustained patient stability. Different strategies and techniques can be employed to explore how individuals understand, experience, interpret, and influence their social surroundings (Lewis-Beck et al., 2004). The evidence-based recommendations contribute to practice and theory by

illuminating how psychiatric hospital leaders can reduce readmission, increase revenue, and improve patient outcomes.

Recommendations for Further Research

There are several specific areas of further research that would improve practice in the business of psychiatric healthcare management. Psychiatric hospital leaders who seek to implement strategies to reduce readmission, increase revenue, and improve patient outcomes would benefit from expanded research addressing the current project's limitations regarding sample size, data verification, and implementation assessment.

Future researchers should expand beyond seven participants to achieve a more representative and comprehensive understanding of psychiatric hospital leaders' perspectives and experiences. Including a wider range of participants such as leaders from different geographic regions, hospital types (i.e., public, private, academic, community-based), and organizational sizes will enhance the diversity of viewpoints and increase the generalizability of the study's findings. Researchers who draw from a larger, more varied sample can better identify trends, challenges, and best practices specific to different contexts. Additionally, incorporating objective data sources such as hospital readmission records, performance metrics, and third-party evaluations in addition to self-reported information will reduce bias and improve the reliability of the results. Exploring comparative case studies across multiple organizational contexts, such as urban versus rural hospitals or facilities serving different patient populations, will provide deeper insights into the factors influencing psychiatric readmission and the effectiveness of various intervention strategies. These approaches collectively strengthen the validity and

applicability of research findings, offering a more robust evidence base to inform policy and practice improvements in psychiatric healthcare. More comprehensive studies focused on these areas could lead to more effective policies and practices in psychiatric care aimed at reducing readmission, increasing revenue, and improving patient outcomes.

Conclusion

This qualitative pragmatic inquiry project is centered on the strategies used by psychiatric hospital leaders to reduce readmission, increase revenue, and improve patient outcomes. The project involved semistructured interviews with seven participants, all leaders of psychiatric hospitals located across the United States, and I used Braun and Clarke's (2022) thematic analysis to identify five major themes: (a) establish a readmission tracking task force, (b) operate within the state budget, (c) ensure timely and effective discharge planning, (d) use a multidisciplinary team approach, and (e) reduce readmission rates. The major themes included at least one subthemes each. The five major themes aligned with the CAS theory's attributes of how the psychiatric healthcare system comprises multiple, interacting agents such as patients, providers, administrators, families, and community organizations, whose relationships and behaviors are constantly evolving. By applying CAS principles, leaders can better analyze how these agents interact, adapt, and influence outcomes within the broader system. Understanding the healthcare system through the lens of CAS provides a comprehensive framework for understanding the dynamic, interconnected nature of psychiatric care.

The five major themes also aligned with the BSC theory's four attributes of the financial, customer, internal business processes, and learning and growth. By integrating

the four perspectives, the BSC framework provides a comprehensive, actionable plan for psychiatric hospital directors to design and implement strategies that effectively reduce readmissions, increase revenue, and enhance patient outcomes through coordinated efforts across the entire organization. BSC ensures that every level of the organization is aligned with shared goals and priorities. Findings revealed several key strategies for psychiatric hospital leaders to reduce patient readmission and improve hospital performance. These included forming a multidisciplinary task force to track and address readmission trends, implementing cost-saving measures and seeking additional funding, ensuring effective discharge planning, fostering collaborative care among providers, and using EBPs such as transitional care and patient education. Collectively, these coordinated, data-driven, and patient-centered approaches are designed to enhance patient outcomes and optimize psychiatric hospital resources. The findings extended current understanding of strategies used by psychiatric hospital leaders to reduce readmission, increase revenue, and improve patient outcomes. Further research would improve practice in the business of psychiatric healthcare management for leaders who seek to implement strategies to reduce readmission, increase revenue, and improve patient outcomes.

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Appendix: Interview Protocol for Qualitative Pragmatic Inquiry Research Project

Interview Protocol	
Introduce the interview and set the stage. Introduce myself and the purpose of the interview thereby setting the stage.	Hello, my name is Kchinwe Ezeokoli. I am a Doctoral Candidate with Walden University. The purpose of this interview is to identify and explore effective strategies used by psychiatric hospital directors to reduce readmission rates, increase revenue and improve patient outcomes. I am going to ask you seven questions to which I would like your responses to. Then, I will conclude the interview. Do you have any questions?
Watch for nonverbal cues. Paraphrase the participant response. Ask follow-up probing questions to get more in depth	<p style="text-align: center;">Interview Questions:</p> <ol style="list-style-type: none"> 1. What effective strategies have you used to reduce readmission rates? 2. What effective strategies have you used to increase revenue? 3. What effective strategies have you used to improve patient outcomes? 4. How do you measure the success of your strategies? 5. What were the biggest challenges you encountered when implementing the strategies? 6. How did you overcome any challenges when implementing the strategies? 7. What additional information would you like to share about your effective strategies to reduce readmission rates, increase revenue and improve patient outcomes that we have not already discussed?
Wrap up the interview thanking participant.	Thank you for participating in the interview, an integral part of my research project.

Schedule a follow-up interview to perform member checking with the participant.	I will contact you in a week to schedule a time for us to review the accuracy of my interpretations of your interview responses.
Follow-up Member Checking Interview	
Introduce myself and purpose of the follow-up interview to set the stage.	Hello Interviewee, Thank you for taking this time to meet with me again to review the accuracy of my interpretations of your interview responses.
Share a copy of the succinct synthesis for each individual questions. Bring in probing questions related to other information that I found – note the information must be related so that you are I am probing and adhering to the IRB approval. Walk through each question, read the interpretation, and ask: Is my interpretation correct? Did I miss anything? Or Would you like to add anything?	I will read the questions one at a time and my interpretations of your responses to them and ask you if my interpretation is correct.
	1. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed
	2. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed
	3. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed
4. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed	