

2020

Inpatient Psychiatric Readmissions and Social Work Practice in Nevada

Taneisha J. Graves
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Social Work Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Taneisha Graves

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Debora Rice, Committee Chairperson, Social Work Faculty
Dr. Amos Martinez, Committee Member, Social Work Faculty
Dr. Cynthia Davis, University Reviewer, Social Work Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2020

Abstract

Inpatient Psychiatric Readmissions and Social Work Practice in Nevada

by

Taneisha J. Graves, LCSW

MSW, University of Southern California, 2013

BS, Alabama State University, 2005

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

May 2020

Abstract

In the social work profession, there is a lack of understanding related to increasingly rapid readmission rates at inpatient psychiatric units. Medical social workers have a vital role in the discharge planning process. Clients readmitted to an inpatient facility within 30 days of discharge have a significant impact on the social work profession. The research question examined medical social workers' perceptions of the risk factors and challenges associated with rapid psychiatric readmission and how effective discharge planning could address the risk factors and challenges. The purpose for this action research study was to obtain social workers' perspectives into risk factors associated with increasing rapid readmission rates among inpatient psychiatric facilities. Systems theory informed the research by explaining various factors that influence human behavior. Using action research, a focus group of 5 medical social workers with experience working on an inpatient psychiatric unit discussed the research questions related to their work experience. Data analysis consisted of descriptive and in vivo coding protocols. Key findings revealed 4 themes that provide understanding of how effective discharge planning could address the risk factors and challenges. The themes were: (a) client-related risk factors, (b) external risk factors, (c) discharge planning barriers, and (d) bridging gaps in care. Strategies that contribute to the overall social work knowledge included enhanced care through support systems, advocating for client needs, and comprehensive case management. Implications for positive social change involve continuous advocacy to promote the general welfare of vulnerable populations on micro, mezzo, and macro levels.

Inpatient Psychiatric Readmissions and Social Work Practice in Nevada

by

Taneisha J. Graves, LCSW

MSW, University of Southern California, 2013

BS, Alabama State University, 2005

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

May 2020

Dedication

Throughout this process, my family and friends provided an immense amount of support, care, love, and encouragement to ensure I maintained sanity and focus in order to complete my educational journey. I would not be where I am today without a strong foundation, grounded in faith to achieve my goals. Making a decision to return to school and complete a doctoral degree proved to be a challenging experience. Throughout this educational experience, life presented me with a variety of challenges and obstacles which almost caused me to fail. I forced myself to overcome every obstacle because quitting is never an option for me. With that, I dedicate my work on this project to my son Benjamin.

Acknowledgments

First, I would like to acknowledge Dr. Debora S. Rice, my committee chairman, Dr. Amos D. Martinez, committee member, and Dr. Cynthia L. Davis as my University Research Reviewer. Secondly, I would like to thank the research participants for the willingness to share their experiences and make this study possible.

My loving son, my Chatty Carl, My Bossman (Benjamin), thank you for understanding every time mommy was unable to have a dance party with you due to completing my homework. I appreciate you always checking on me to make sure I was “good.” You are truly a blessing in my life and can always find a way to make me laugh or smile. YOU ARE MY PRIDE AND JOY!!!

My dear baby sister (Terri), words cannot express the gratitude I have for you and the support shown while on this journey. I love you very much and appreciate your patience while filling in to care for Benjamin while I studied.

My Squad (Tai, Gary, Keith) thank you for the immense amount of encouragement and laughs to make sure I kept the perfect balance. Also, for our many gatherings whether in the U.S. or abroad, I love every moment we get a chance to break our normal day to day and just unwind. Thank you for the countless memories we shared over the years.

My fellow ASU Hornet and Veteran (Shemika), thank you for your service foremost. We share a variety of similarities and differences that make our friendship extremely unique, and I love every minute of it. Thank you for ALWAYS having my back and respecting my life decisions (good or bad).

Table of Contents

Section 1: Foundation of the Study and Literature Review	1
Problem Statement	4
Purpose Statement and Research Questions	6
Definitions.....	6
Nature of the Doctoral Project	8
Significance of the Study	9
Theoretical Framework.....	10
Values and Ethics.....	11
Review of Professional and Academic Literature	12
Recurring Emergency Room Visits	13
Rapid Inpatient Readmissions.....	16
Medical Social Worker’s Role.....	17
Discharge Planning	18
Transitional Care.....	20
Summary	21
Section 2: Research Design and Data Collection	23
Research Design.....	23
Methodology	25
Prospective Data	25
Participants.....	26
Instrumentation	26

Data Analysis	27
Ethical Procedures	29
Summary	29
Section 3: Presentation of the Findings	31
Data Analysis Techniques.....	31
Limitations	33
Findings.....	33
Sample Characteristics.....	34
Coding Specifics	34
Client-Related Risk Factor.....	35
External Risk Factors	36
Discharge Planning Barriers	40
Bridging Gaps in Care	45
Unexpected Findings	49
Summary	50
Section 4: Application to Professional Practice and Implications for Social Change	52
Application to Professional Ethics in Social Work Practice.....	53
Recommendations for Social Work Practice	54
Limitations	58
Dissemination	59
Implications for Social Change.....	59

Summary	61
References.....	62
AppendixA : Transcript for Focus Group Interview.....	71

Section 1: Foundation of the Study and Literature Review

Deciding to complete my clinical internship in an acute psychiatric facility provided the opportunity to get extensive hands-on training with the mental health population in one Nevada county. As the Assistant Director of Clinical Services and a social work doctoral student specializing in clinical expertise, identifying and addressing the needs of clients became a high priority. Within the first 6 months of my internship, I noticed several clients return to the facility within 30 days of discharge. After consulting with a variety of social workers with previous experience at the facility or other facilities, I learned about the revolving door in the inpatient psychiatric field. Garrido and Saraiva (2012) noted that the term revolving door describes the subpopulation of mental health clients who frequently readmit to inpatient psychiatric units. According to Reif, Acevedo, Garnick, and Fullerton (2017), reducing readmission rates is increasingly a focus for health care quality and cost reduction strategies. Understanding the factors that cause inpatient readmissions and the challenges these risk factors create may aid in addressing the growing concern.

In 2008, the Joint Commission, along with collaboration from other agencies such as the National Association of State Mental Health Program Directors and Research Institute, the National Association of Psychiatric Health Systems, and the American Psychiatric Association, established a set of seven core quality measures for inpatient psychiatric care (Shields & Rosenthal, 2017). The quality measure, Hospital-Based Inpatient Psychiatric Services focuses on creating at least one mechanism for accountability and assessing quality variation between inpatient facilities. In my role, I

also became familiar with the Joint Commission's state-of-the-art standards that focused on patient safety and quality of care. Maintaining patient safety while on the inpatient unit was a priority in the facility where I worked. At the same time, the quality of care includes ensuring client's needs are met prior to discharge. The Joint Commission accredits and certifies health care organizations with a mission to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value (Joint Commission, 2018). Incorporating the Joint Commission's values and mission involves evaluating the increasing number of patients who readmit between 30 and 90 days after being discharged.

Learning more about the cause of client readmission led me on a search to obtain a better understanding from medical social workers, whose job duties include discharge planning. Using a systematic approach to gain a better understanding of the medical social worker's perception of rapid readmission among mental health clients fits with action research. According to Stringer (2014), action research engages a variety of complex dynamics involved in any social context. The research methodology provides specific information regarding how data is collected and analyzed to address the overall research problem of increasing rapid readmissions among mental health clients. Focus groups allow participants the opportunity to reveal the natural, everyday language people use to discuss a concept (DeVellis, 2017). Medical social workers with experience in working with this specialized population on an inpatient psychiatric unit offered appropriate insight during this research process. Following the focus group, I used coding

as a process of organizing and sorting data collected. This allowed for efficient summarization prior to the data analysis.

According to McLoughlin and Young (2005), social research is a critical foundation for programs that seek to engage communities in change and in the development of more sustainable societies. Identifying potential positive social change through action research can address concerns surrounding rapid readmissions among mental health clients. Guided by the profession's code of ethics, a social workers' primary goal is to help people in need and to address social problems (National Association of Social Workers [NASW], 2017). Prior to my work in an inpatient psychiatric unit, I had no knowledge of the risk factors and barriers associated with the medical social worker's job duties related to discharge planning. Social workers draw upon knowledge, values, and skills to help people in need and to address social problems. Continuing to investigate the increasingly rapid readmission rates by conducting a research project served the following functions: I attempted to understand the medical social workers' perceptions on the issues associated with rapid readmissions, complete a thorough evaluation and action research project that aligns with the professional code of ethics, identify potential social change beneficial to specialized and vulnerable populations, and fulfill the research requirements for the Walden University Doctor of Social Work degree.

To understand the purpose of the study and the social work problem, I provide a comprehensive look into rapid readmission rates in inpatient psychiatric facilities. The significance of the study is its potential positive social change in the social work field.

Following the guidance of the NASW Code of Ethics, I identify social work values and ethics related to the action research study. In Section 1, I present a thorough review of professional and academic literature to establish the relevance of the study, justify the use of the design, and provide a rationale for how the findings fill the gap in understanding the medical social worker's perception of rapid readmissions among mental health clients.

Problem Statement

After consulting with medical social workers regarding the increasing readmission rates among mental health clients, I sought to answer several questions. The social work practice problem was focused on inpatient psychiatric readmissions in Nevada. According to Aagaard, Aagaard, and Buus (2014), recidivism and overuse of emergency psychiatric services are underresearched areas. In Nevada, licensed social workers at the master's and clinical level are responsible for the safe discharge planning of all patients in every inpatient psychiatric facility (National Alliance on Mental Illness [NAMI], 2017). As a licensed clinical social worker currently working in an acute psychiatric facility, I interact with clients who have previous inpatient admissions, substance abuse issues, chronic homelessness, no outpatient medical coverage or access to follow-up care, and a lack of community support. These risk factors, in addition to gender, marital status, and unemployment, are important issues for stakeholders to focus on to address increasingly rapid readmission rates (Moss et al., 2014). Duhig, Gunasekara, and Patterson (2017) identify inpatient care as the costliest component of mental health systems.

Through this study, I attempted to understand medical social workers' perceptions of risk factors that cause rapid readmission, the challenges these factors create, and ways effective discharge planning may address these risk factors. Duhig et al. (2017) described hospital admissions as contributing factors for risk containment and crisis management among mental health clients. Understanding the medical social worker's challenges created by risk factors for rapid readmission may bridge the social work practice gap. Medicaid patients and providers identified inadequate planning and unsuccessful follow-up care as root causes of high readmission rates among individuals with mental health or substance use issues (Reif et al., 2017). Psychiatric readmissions for some mental health clients are inevitable due to their mental disorders having a chronic evolution (Mendes et al., 2017).

Aagaard et al. (2014) attributed the burden on the psychiatric emergency services to the increasing rates of substance abuse among vulnerable populations. With this project, I aimed to obtain a better understanding of medical social workers' perceptions related to rapid readmissions. Moss et al. (2014) identified repeated admissions to an inpatient psychiatric facility within a brief period as avoidable, detrimental to the well-being of the client, and a cost burden to the healthcare system. Thakarar, Morgan, Gaeta, Hohl, and Drainoni (2015) identified an annual cost of \$16,011,738 for providing frequent emergency room (ER) service to an average of 6,494 high users. The negative client outcomes and increasing psychiatric treatment needs describe an ongoing problem. Frequent use of ER services contributes to the increasing cost of healthcare nationally, and this is often driven by psychiatric factors (Blonigen et al., 2017). This study

addressed the gap in knowledge about social workers' perceptions of risk factors associated with rapid psychiatric readmissions.

Purpose Statement and Research Questions

The purpose of this action research study was to obtain social workers' perspectives, through action research, into risk factors associated with increasingly rapid readmission rates at inpatient psychiatric facilities in Nevada. Identifying factors associated with rapid readmission and understanding their importance is necessary to reduce the risk of readmission (Evans, Harris, Newman, & Beck, 2017). Seeing the increasing number of patients readmitted to an inpatient psychiatric facility within 30 days of discharge, I decided to conduct an action research project focused on addressing the following research questions:

RQ1: What are medical social workers' perceptions of the risk factors associated with rapid psychiatric readmissions?

RQ2: How do the risk factors associated with rapid psychiatric readmission create challenges for medical social workers?

RQ3: What are medical social workers' perceptions of how effective discharge planning could address the risk factors associated with rapid psychiatric readmissions?

Definitions

To provide a better understanding related to the research, I defined key terms. These definitions provide help throughout this study for understanding medical social

workers' perceptions of risk factors that cause rapid readmission, the challenges these factors create, and ways effective discharge planning may address these risk factors.

Discharge planning: Discharge planning is the preparation of supportive resources and services for a patient (NAMI, 2017). Prior to discharge from an inpatient facility, medical social workers collaborate with other medical professionals and the client to assist in care coordination within the community.

Inpatient psychiatric facility: An inpatient psychiatric facility is a hospital meant to diagnose, care for, and treat clients with mental health illnesses (Nevada Division of Public and Behavioral Health, 2013). The facility provides 24-hour care for mental health clients under the direction of a physician. Inpatient facilities provide acute, short-term care to stabilize severe mental health crisis situations.

Mental health client: A mental health client is a person suffering from a mental health condition involving changes in emotion, thinking, or behavior (American Psychiatric Association, 2018). Mental health clients range from children (ages 5-12), adolescents (ages 13-17), and adults (over age 18).

Rapid readmission: Rapid readmission refers to an episode in which a client is readmitted to a hospital within 30 days of discharge from a hospital. Readmission rates are used as an outcome measure in mental health services research due to the increasing rates, necessitating a strategy for rapid readmission prevention and overall improvement of mental health services (Santosa, Condea, Alcafacea, & Santosa, 2015).

Risk factor: A risk factor is a condition or behavior that predisposes a client to develop a particular disease (Glenn et al., 2018).

Nature of the Doctoral Project

This project's objective was to obtain a clear understanding of medical social workers' perceptions of risk factors associated with rapid readmissions and the challenges those risk factors create. Action research provides a better understanding of the project's objective due to its systematic approach of engaging participants to share their work experiences with mental health clients admitted to an inpatient psychiatric facility in Nevada. Medical social workers, identified as stakeholders, provide the source of data by participating in a focus group addressing the research questions and ultimately bringing about social change. Using action research allowed participants to discuss specific problems they face in the inpatient practice setting to build a better knowledge base and advance social work practices to foster social change (Moxley, 2013).

According to Stringer (2014), using an action research approach along with a theoretical framework provides better insight into the definition of a problem from an insider perspective and into potential strategies for resolution. I collected data through a focus group with medical social workers whose job duties included discharge planning. Those willing to participate were afforded an opportunity to share their personal experiences and professional perspectives to collaborate with others toward a common goal. I created the interview questions for the focus group geared toward addressing the stated purpose of this project and the research questions. As the research facilitator, I was responsible to ensure the research was appropriate and the study was rigorous and ethical. Organizing and analyzing data using coding methods provided a clear and concise understanding of data collected during the focus group. By obtaining this data using

action research, I hope to enhance social work practice and bridge a knowledge gap in mental health care.

Significance of the Study

Stated in the NASW (2017) Code of Ethics, paying attention to the needs and empowerment of those vulnerable populations is an important factor in the social work profession. Contributing to the overall social work knowledge, this study was aimed to address the gap in knowledge about social workers' perceptions of risk factors associated with rapid psychiatric readmissions. According to Garrido and Saraiva (2012), rapid readmissions lead to social burdens and increased pressure on inpatient services. Through this study's findings, I aim to help community agencies consider whether effective discharge planning strategies could reduce the current recidivism prevalence.

Identifying the social work practice problem begins with conducting an evaluation of social work practice. According to Currid (2009), it is important for program sponsors to remain accountable to the clients they serve. Establishing a balance between the agency and mental health clients supports and protects clients. Protecting mental health clients by focusing on client safety and addressing gaps in service were the primary reasons for conducting this doctoral research study. This action research study may contribute to enhanced competencies within social work practice. Contributing to the knowledge base related to inpatient psychiatric care among mental health clients falls under the NASW's ethical principles.

Theoretical Framework

The theoretical framework describes the lens through which the problem, research questions, data collection, and data analysis are addressed. Social work practice is grounded in social work theories, with attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty (NASW, 2017). In the social work profession, practitioners often rely on social work theories as a basis to inform clinical practice (Payne, 2015). This project was informed by systems theory, which explains how human behavior is influenced by a variety of factors. In relation to social work practice, Dimitris and Werner (2014) explored several factors that affect a client's behavior, causing them to suffer from adverse conditions. For example, a client's family, friends, economic class, home environment, community support, and other life stressors influence the client's behavior and readmission potential. Using systems theory provides a better understanding of the increasing inpatient readmissions rates faced by social workers in the psychiatric mental health field by identifying the relationship between interacting systems and human behavior.

Mele, Pels, and Polese (2010) credit Von Bertalanffy for defining a system as a complex of interacting elements surrounding relationship interactions, which lead to behavior changes. This theory provides a general explanation of human behavior related to the specialized population with this action research study. Systems theory, supported by evidence, describes human interaction or how humans react to various stimuli. According to Bertalanffy (1968), the systems concept has pervaded all fields of science and penetrated popular thinking, jargon, and mass media. General systems theory

contributes to the understanding of social work practice by indicating factors on how human systems differ from other systems. I designed this action research project to provide a better understanding of how systems theory relates to identifying and correcting ineffective parts of the system to cause a positive impact on the behavior of this specialized population.

Systems theory describes human behavior as an effective system based on an individual's needs, rewards, and expectations along with attributes of the system (Dimitris & Werner, 2014). Clients suffering from severe mental illness are often unable to create a healthy environment on their own due to experiencing problems functioning in social, work, or family activities (American Psychiatric Association, 2018). Viewing this action research project through a systems theory approach lens required social workers to observe and analyze a variety of systems that may contribute to the client's behaviors and overall welfare and to strengthen those systems. Applying systems theory may provide a better understanding of the lack of system interactions, as risk factors, that result in untreated mental health issues and inpatient psychiatric readmissions.

Values and Ethics

This study aligned with the NASW Code of Ethics (2017) value related to service. The ethical principle focuses on social workers' primary goal of addressing social problems and helping those in need. With safety and quality of care at stake for this specialized population of mental health clients, the purpose and goal of this study was to address the needs of the clients. The code of ethics guides clinical social work practice by drawing on social and political action. This action research project provides an

opportunity to bridge the gaps in care by understanding risk factors associated with rapid readmission rates, challenges they create for social workers, and social workers' understanding of how discharge planning may address these risk factors.

In the organization, values and principles describe the common purpose of integrity (Beder & Postiglione, 2013). For a social worker, honesty and accountability aid in promoting ethical practices in the acute psychiatric facility where the action research study took place. This project supported the values and principles of the professional code of ethics as the goal was to understand the experiences of social workers with this population to discover interventions that have been successful or unsuccessful. The effect will be to spread this knowledge and advance clinical practice with the goal of moving towards opportunities for medical social workers to affect change in the acute healthcare setting.

Review of Professional and Academic Literature

This project's research questions combine several areas of interest: recurrent inpatient admissions, medical social workers' role, discharge planning, and community support. Collectively, these topics are the focus of the following literature review. In this review, I was able to survey a variety of scholarly work to gather a better understanding of the current issues, trends, and concepts in the field of social work. Also, my ability to provide historical background from the past 5 years, 2014 to 2019, narrowed my search to reviewing over 60 peer-reviewed journal articles from the Walden University Library, Google Scholar, and the Veterans Affairs Central Office Library. This literature review provided the foundation for working in the areas of interest.

In order to search these databases, I used the following keyword combinations: (a) *inpatient psychiatric facilities*, (b) *rapid/ recurrent readmissions*, (c) *mental health clients*, (d) *inpatient medical social workers*, (e) *medical social workers and discharge planning*, (f) *vulnerable mental health clients*, (g) *mental health high utilizers*, (h) *mental health crisis*, (i) *increasing emergency rooms visits among mental health clients*, (j) *causes of rapid readmissions*, (k) *discharge planning barriers*, (l) *mental health resources*, and (m) *mental health community support*.

Within the past 5 years, there has been literature regarding social work professionals practicing in inpatient psychiatric facilities. Factors impacting rapid readmission rates among inpatient psychiatric facilities include recurring ER visits, high use among vulnerable populations, medical social workers' role, barriers to discharge planning, and lack of transitional care. Understanding these factors through a comprehensive review of literature also created unanswered questions. It was vital to examine a variety of literature components to gain a better understanding of the research related to rapid readmissions at inpatient psychiatric facilities.

Recurring Emergency Room Visits

According to the literature, recurring inpatient admissions begin with increased ER visits (Blonigen et al., 2018). ER visits among clients suffering from mental health or substance abuse issues increase during client crisis situations (Soril, Leggett, Lorenzetti, Noseworthy & Clement, 2015). In fact, Velligan et al. (2017), noted the costs for serious mental illness are an estimated \$317 billion annually in the United States. These

increased visits during crisis situations contribute to recurring inpatient admissions among mental health clients (Ko, Lee, Chen, Chou, & Chu, 2015).

Effective intervention strategies are needed to reduce the frequent ER use among vulnerable populations (Maeng, Hao & Bulger, 2017; Soril et al., 2015). Examples of interventions include case management, individualized care plans, and information sharing among providers. Another approach to reducing the number of frequent ER visits is incorporating a stronger focus on primary care office visits (Maeng et al., 2017). Multiple ER visits among mental health clients between ages 18 and 39 produce increased inpatient admission rates.

High utilizations among vulnerable populations. An important factor when analyzing high usage of ER visits focuses on the reasons clients seek ER services. For example, substance abuse clients who present to the ER for detoxification services may benefit from appropriate follow-up care within 14 days of discharge (Li, Srasuebkul, Reppermund & Trollor, 2018). Blonigen et al. (2018) examined the substantial cost of mental health care for those clients with multiple uses of ER services during crisis situations. In comparison, another approach to evaluating causes of high usage focused on the increased risks of illness and injury to vulnerable populations following frequent ER visits (Ko et al., 2015). Examples of vulnerable populations include clients who are racial or ethnic minorities, children, elderly, socioeconomically disadvantaged, underinsured, or those with certain medical conditions. Hwang & Burns (2014) provided research on one specific vulnerability, homelessness, and the serious health implications related to this vulnerability. In this action research study, clients admitted to inpatient

psychiatric facilities were stigmatized with a mental health vulnerability. Social workers with little or no previous experience working with vulnerable populations in a specialized setting may not understand the full scope of social injustice these clients face.

Examining the patterns of high usage among vulnerable populations provides insight into factors that drive multiple ER visits. Some client conditions are driven by health conditions and care needs rather than by primary care provider related factors (Maeng et al., 2017). Another possible reason to consider is chronic pain issues. Mental health clients dealing with chronic pain issues contribute to the high usage costs with multiple ER visits (Ko et al., 2015). In comparison to chronic pain, substance use issues also account for multiple ER visits. Rash et al. (2017) evaluated the feasibility of an individualized interdisciplinary chronic pain care plan as an intervention to reduce ER visits and improve clinical outcomes among patients who frequented the ER with concerns related to chronic pain. Other social determinants of ER services include drug and alcohol interventions (Li et al., 2018; Rash et al., 2017).

Working with vulnerable populations draws upon a medical social work practitioner's knowledge and resources to engage clients as partners in the helping process. Medical social workers in the ER have a crucial role in the care of high users, with a special focus on connecting clients to care within the community (Blonigen et al., 2018). The relevance of this study to clinical social work practice is that it offers means for practitioners to develop a better understanding of how to engage clients with vulnerabilities.

Rapid Inpatient Readmissions

Molin, Graneheim, Ringner, and Lindgren (2016) described psychiatric inpatient care as demanding and disorganized, lacking opportunities for quality interactions in everyday life. Some examples such as poor environment, lack of structure, and an inability to manage chaotic environments played a role in the study facility's ability to provide quality interactions in the facility. Lack of interventions such as needs assessment, medication reconciliation, patient education, telephone follow-up, and timely outpatient appointments lead to rapid readmissions (Kripalani, Theobald, Anctil & Vasilevskis, 2014).

Evans et al. (2017) explained that identifying factors associated with rapid readmissions aids in a better understanding of ways to reduce readmissions among inpatient facilities. One strength associated with reducing readmission rates is the ability to identify effective intervention methods. Seow, Page, Hooke, and Leong (2018) examined one way to identify effective intervention methods using the Consumer Perceptions of Care. The Consumer Perceptions of Care is designed to survey and assess mental health client's quality of service received while admitted to an inpatient psychiatric facility. The study facility incorporates a client survey with the discharge process, which also aims to provide feedback on the care received while in treatment. Another quality measure tool used, Hospital-Based Inpatient Psychiatric Services, identifies the difference in psychiatric care performance as it relates to hospital ownership (Shields & Rosenthal, 2017). For example, the results may show differences in resources, training of staff, and complexity of caseloads. According to Brannstrom, Strand, and

Sand (2018), the increased rate of recurring inpatient readmissions is due in part to lack of care and support. In comparison to the lack of interventions with mental health clients, Molin et al. (2016) suggested shifting the focus of rapid readmissions to self-survival among staff and interpersonal team perspectives.

Medical Social Worker's Role

Medical social workers have a long history of helping clients meet health related needs (Reckrey et al., 2014). Medical social workers engage in various roles within the social work career field to include the following: workload, work engagement, job outcomes, and quality of care among other staff working with vulnerable populations in psychiatric facilities. Working with vulnerable populations in social work practice allows practitioners to recognize the central importance of human relationships. According to Yerushalmi (2017), medical social workers engage in therapeutic work with clients facing serious mental illness often encounter specific challenges. This article suggested worker engagement is a likely direct consequence of practice environments that may ultimately have impacts on both staff and patient outcomes.

The NASW (2017) emphasized the importance of social workers conducting ethical social work, focused on meeting the client where they are, addressing a variety of needs, and providing advocacy on behalf of vulnerable populations. According to Linton, Ing, Vento, and Nakagawa (2015), the Patient Protection and Affordable Care Act and budget cuts have altered the role of medical social workers by now placing pressure on conducting speedy discharges and decreasing rapid readmission rates. The relevance of this study to social work clinical practice is that it offers means for practitioners to

develop a better understanding of how to engage clients with vulnerabilities as a part of the medical social worker's role. Medical social workers place emphasis on identifying the unmet needs of clients to aid in assistance with navigating the complex health care system (Reckrey et al., 2014).

Medical social workers often report dealing with behavioral problems, cleaning up messes, organizing family meetings, linking clients and families with resources, dealing with crises, and advocating for clients, but they mostly focus on discharge planning (Linton et al., 2015). The ongoing difficulties of working with vulnerable populations often leave medical social workers feeling helpless regarding the treatment, discharge, and recovery process of clients (Yerushalmi, 2017). Reckrey et al. (2014), described the role of medical social workers as tailoring clients treatment plans to meet the individual needs of the client, often including various interventions such as home visits, frequent follow up phone calls to agencies and family members, one-on-one counseling for patients, visits to hospitalized patients, collaboration with and referral to community agencies, and establishing advance directives.

Discharge Planning

Discharge planning may be a complex process depending on the needs of the patient prior to discharge. Medical social workers working in the ER and inpatient psychiatric facilities have similar roles relating to discharge planning.

According to Velligan et al. (2017), at least 40% of individuals suffering from a serious mental illness do not attend any outpatient visits within the 30 days following discharge from an inpatient psychiatric facility. Niimura et al. (2016) emphasized the

importance of mental health clients having an advocate in the inpatient psychiatric setting to reflect patients' own feelings and individual needs related to transitional care to inpatient and community care providers that is free from bias. Within an inpatient psychiatric facility, the medical social worker plays an important role on the client's treatment team. According to Linton et al. (2015), medical social workers face pressure to conduct speedy discharges, cutting into the necessary time to complete an adequate assessment. In comparison, evaluating the role of the care system identified poorly planned discharges and lack of follow-up care as a risk factor for rapid readmission (Brannstrom et al., 2018).

Addressing social reasons such as housing issues is an example of discharge planning decisions (Rehmann, 2015). Discharge planning includes ensuring the patient is connected to a medication management appointment through a community provider and other necessary community resources (Niimura et al., 2016). According to Brannstrom et al., (2018), many mental health clients described a low continuity and structure in their care contacts post-discharge from an inpatient facility. Often during discharge planning, medical social workers aim to create person-centered goals related to discharge planning that often conflict with a hospitals' financial obligation to discharge clients quickly (Linton et al., 2015). Ensuring mental health clients' transition into community-based outpatient services is a key component of discharge planning (Humensky, Fattal, Feit, Mills, & Lewis-Fernandez, 2017).

Transitional Care

Velligan et al. (2017), associated the rising costs of recurring hospital admissions with the poorly managed hospital to home transitions. A lack of effective transitional care following the period of discharge from an inpatient psychiatric facility back into community mental health care can increase the likelihood of illness recurrence or rapid readmission (Niimura et al., 2016). Prior to discharge, medical social workers formulate a discharge plan (Blonigen et al., 2018). Included in this plan are resources for follow up care once a client is prepared to transition to an outpatient setting (Miller, 2017). According to Hanrahan, Solomon, and Hurford (2014), lack of coordination and communication among community providers, lack of care planning for treatment and medication management, and insufficient education of patient and caregivers about continued treatment and self-care all contribute to worsening of symptoms and an elevated risk for rehospitalization resulting in higher costs. Finding appropriate post-discharge care may present with various challenges due to the lack of integrated transitional care within the community (Blonigen et al., 2018).

Transitional care requires an effective handoff of mental health clients from a psychiatric facility into the community (Velligan et al., 2017). Miller (2017) also noted that with the growing trends related to mental health disorders, families often endure most of caring for loved ones with little transitional care assistance. Brannstrom et al. (2018) identified the importance of mental health clients' need for a safe relationship while meeting with healthcare professionals and access to support activities. Building safe environments with healthcare professionals and supportive activities is intended to

decrease the rapid readmission rates among mental health patients who frequently use inpatient psychiatric facilities.

For mental health professionals working with vulnerable populations, it is important to understand the potential barriers for treatment. Lack of support or negative emotions from a mental health client's family and social network are an important factor related to inpatient readmission (Brannstrom et al., 2018). The 90-day transitional period following discharge from an inpatient psychiatric facility may degenerate into noncompliance with medication, missed appointments, difficulties functioning, and exacerbation of symptoms (Hanrahan et al., 2014). Timely access to community services following discharge from an inpatient psychiatric facility is critical for those individuals with serious mental illness (Velligan et al., 2017).

Summary

With rapid readmission rates increasing among mental health clients, medical social workers in an inpatient psychiatric face ongoing challenge. However, there is limited research related to their perception of the risk factors associated with rapid readmissions and the challenges created because of the risk factors. This exhaustive review of literature focused on topics related to obtaining a better understanding of medical social workers' perceptions of risk factors associated with rapid psychiatric readmissions. This project used data collected from a focus group to gain, through action research, a better understanding of social workers' perspectives into risk factors associated with increasingly rapid readmission rates among inpatient psychiatric facilities

in Nevada. In the next section, I identify the research design and data collection strategies for this research project.

Section 2: Research Design and Data Collection

Following consultation with social workers regarding the increasing readmission rates among mental health clients, several questions remained unanswered. The growing concern prompted research into the practice problem among Nevada's inpatient psychiatric facilities. To gain a better understanding of medical social workers' perceptions of risk factors that cause rapid readmission, the challenges these factors create, and ways effective discharge planning may address these risk factors, I used action research involving a focus group. The information gathered helps bridge the gaps related to understanding risk factors associated with rapid readmission rates while also informing social work practice. This section consists of the project's research design, data collection, participants, instrumentation, data analysis, and ethical procedures.

Research Design

A systematic approach to investigating effective solutions to problems people confront in their everyday lives describes action research (Stringer, 2014). I used a qualitative design with action research to explore the social work practice problem focusing on risk factors related to inpatient psychiatric readmissions in Nevada. My intent with this project was to obtain social workers' perspectives through qualitative action research into risk factors associated with increasingly rapid readmission rates among inpatient psychiatric facilities in Nevada. Bortoletto (2017) offered relevant theoretical and practical sets of methodologies for social work and research that explain the purpose and goal of action research used in social work practice. Related to social work practice, one element involves every practitioner understanding their role as a

change agent on behalf of their client. With this action research study, I aimed to engage a variety of complex dynamics related to discharge planning that may lead to rapid readmissions to inpatient psychiatric units. For any social worker providing discharge planning for mental health clients, addressing the needs of the clients may become increasingly demanding. Action research offers a systematic process of developing an increased understanding of possible barriers to discharge planning that lead to increased rapid readmissions. To help understand the practice problem, the action research project addressed the following research questions:

RQ1: What are medical social workers' perceptions of the risk factors associated with rapid psychiatric readmissions?

RQ2: How do the risk factors associated with rapid psychiatric readmission create challenges for medical social workers?

RQ3: What are medical social workers' perceptions of how effective discharge planning could address the risk factors associated with rapid psychiatric readmissions?

The following action research terms identified by Stringer (2014) define specific terms related to this action research study. With this action research project, eight medical social workers were the potential stakeholders.

Research facilitator: A person who coordinates or facilitates the research project (Stringer, 2014).

Potential stakeholders: Those centrally affected by the investigated issues (Stringer, 2014).

Trustworthy data: Research results that meet the standards of credibility, transferability, dependability, and confirmability (Stringer, 2014).

Guided-tour questions: Open-ended questions (Stringer, 2014).

Methodology

Prospective Data

Action research defines a systematic approach to an investigation that provides the means for people to identify effective solutions to problems faced in everyday life. In comparison to quantitative methods, action research is a qualitative method used to focus on specific situations and solutions (Stringer, 2014). I used a focus group to obtain information from five medical social workers regarding their experience in working with clients who rapidly readmit to inpatient psychiatric facilities. The key concepts were risk factors associated with rapid psychiatric readmissions, challenges created by those risk factors, and perceptions about how discharge planning could address these risk factors. During the focus group, I used a recording device to help gather information for transcribing and analyzing the data. I ensured focus group participants were aware of the device by providing a consent form with permission to record the focus group participants. Also, during the focus group, I used guided tour research questions and allowed medical social workers to share their experiences to obtain a better understanding of risk factors that cause client readmission to inpatient psychiatric facilities. According to Kaner (2014), another job of the facilitator includes providing support to encourage everyone to do their best thinking using open discussion. I strived to provide this support as the facilitator.

Participants

I used purposeful sampling to reach out to medical social workers with inpatient psychiatric experience. This selective sampling technique defines a method that draws upon my judgment while choosing the target population (Research Methodology, 2018). Purposeful sampling provides convenience and was most appropriate to target the specific medical social workers related to this study. As an employee of an inpatient psychiatric facility, I recruited focus group participants via e-mail who I have met in the local community. The criteria used for recruitment included participants who currently worked at an inpatient psychiatric facility or had previous experience working in an inpatient psychiatric facility. These social workers provided the best data related to their work experience with mental health clients.

Willing focus group participants were asked to address topics related to their perceptions about rapid readmission, risk factors, and the challenges created by the risk factors that ultimately affect discharge planning. I utilized five medical social workers as this was a manageable size focus group for the stated purpose and topic. According to Stewart and Shamdasani (2015), if a focus group is too large, the following issues may arise: the group may be difficult to manage or control, the group dynamics may change, some participants may not be afforded the opportunity to share insights, and it may be difficult to recruit participants.

Instrumentation

To collect data during this focus group, a tool was needed to assess the medical social worker's perceptions of risk factors associated with rapid readmissions among

mental health clients. According to DeVellis (2017), developing interview questions requires clear thinking about the specific construct being measured. I created an interview protocol to guide social work participants throughout the discussion related to addressing the social work practice problem. The focus group instrument was based on the research questions, the theory chosen for this project, and the literature review material.

Prior to beginning the focus group, I provided group members with a printed copy of the guided tour questions. These questions allowed focus group participants to share their experiences to obtain a better understanding of risk factors that cause client readmission to inpatient psychiatric facilities. Questions also addressed challenges those risk factors create and how discharge planning may address the risk factors.

Data Analysis

In analyzing the data, I identified themes and important issues related to mental health clients who rapidly readmit to inpatient psychiatric facilities. For example, Stringer (2014) suggested that after gathering data from a focus group, a researcher should analyze the data by collating information from each question, computing appropriate statistical measures, and identifying significant results. I analyzed data collected from the focus group by using coding to gain a better understanding of similarities, differences, patterns, and themes related to the participants' shared experience of working in an inpatient psychiatric facility. Saldana (2016) described coding as a research-generated construct used to translate data gathered during action research. First, I transcribed data collected during the focus group into a Microsoft Excel spreadsheet document. This document allowed me organize and transcribe data in a

format easily used to code as well. Comparing audio from the focus group with my transcription in Excel also allowed me to assess for missing data.

Next, I created a coding system using Microsoft Excel to identify key terminology used during the focus group. Using this coding method allowed me to identify themes and patterns associated with each research question and identify any gaps in experiences shared during the focus group. In addition to Microsoft Excel, I also used Microsoft Word to organize and summarize the information in preparation for analysis.

To also ensure the accuracy of data, I used member checking by following up with participants via e-mail. The e-mail included my initial coding and theme development, asking participants to review the information for accuracy and as a nonjudgmental approach to identifying themes. During the participation recruitment, willing participants were notified of the focus group session and member checking plans. Following the NASW's ethical procedures related to evaluation and research is one method to address concerns regarding the rigor of qualitative research. The ethical responsibility to the social work profession is to protect its integrity by working toward the maintenance and promotion of high standards of practice (NASW, 2017). To ensure rigor, I used a reflexivity journal in this project to help prevent biases in the data collection and analysis. By recording my thoughts, feelings, or biases throughout the project, I was able to identify and protect against inserting any potential judgement or bias. I also sought support from my capstone committee to assist in the coding and reflexive process.

Ethical Procedures

To help protect the focus group participants, I used an informed consent form that provided a review of the study plan prior to the beginning of the focus group. I ensured the focus group setting was safe, comfortable, and confidential to provide an environment that allowed participants to share their experiences openly without fear of judgment. Kaner (2014) defined an open discussion as the unstructured, conversational, familiar way of talking in groups. The code of ethics provides guidelines for conducting research and interacting with research participants (NASW, 2017).

Focus group participants were notified through the informed consent process of data confidentiality. Conducting research and interacting with research participants should maintain the integrity of the profession and promote high standards of practice (NASW, 2017). The data collected during this face-to-face focus group is confidential and only accessible to me to analyze the data through coding. Following the focus group, I stored the data collected, including consent forms, in a locked file box. This locked file box is secured in a location in my home, not accessible to anyone, with a double lock system. The data will remain stored in my home for 5 years and then destroyed in a confidential manner, protecting the focus group participants and the data collected.

Summary

Action research defines a systematic approach to investigation, which provides the means for people to identify effective solutions to problems faced in everyday life. In comparison to quantitative methods, action research is a qualitative method used to focus on specific situations and solutions (Stringer, 2014). To promote and encourage social

change and justice, practitioners use evaluation and research to ultimately improve the interaction between people and their social environment (NASW, 2017). To understand medical social workers perceptions of the risk factors associated with rapid readmissions and the challenges the risk factors create that affect discharge planning, I conducted a focus group. I transcribed data collected from audio recordings from the focus group and used a coding system to assist with the organization and analysis of the collected data. I analyzed the data collected through guided tour questions through coding to gain a better understanding of similarities, differences, patterns, and themes related to the shared experiences of the participants of working in an inpatient psychiatric facility. Findings from this data may be used to increase awareness of the social work practice problem and strategies to affect social change in the social work field. Section 3 identifies the data analysis techniques and the findings of the research.

Section 3: Presentation of the Findings

The purpose of this research was to understand via action research medical social workers' perceptions of rapid readmission among mental health clients. To understand medical social worker's perceptions, I used a focus group interview to collect data. The action research project afforded medical social workers the opportunity to share their personal experiences, feelings, challenges, and ideas for improvement in social work practice.

I used three research questions for this study:

RQ1: What are medical social workers' perceptions of the risk factors associated with rapid psychiatric readmissions?

RQ2: How do these risk factors create challenges to effective discharge planning for social workers?

RQ3: How can effective discharge planning address the risk factors associated with rapid psychiatric readmissions?

I analyzed the data gathered from the focus group using data analysis techniques of descriptive and in vivo coding. According to Elliott (2018), coding defines a universal process in qualitative research in which researchers break down their data to make something new. A summary of these processes helps to explain the research questions for this study.

Data Analysis Techniques

After receiving IRB approval of 11-14-19-0658198, the time frame for data collection began during the winter of 2019, and recruitment lasted 6 weeks. The

recruitment process involved inviting 12 medical social workers who met the inclusion criteria to participate. They were asked to respond via e-mail expressing interest in participating in the focus group interview. The group interview lasted for 60 minutes and consisted of five consenting medical social work professionals with experience working in an inpatient psychiatric facility.

One focus group interview was conducted to gather data for this research project. A focus group allows participants to share personal experiences and perspectives in their own terms, without constraints (Stringer, 2007). Each focus group participant held a master's in social work and was licensed at the master's or clinical level to practice in the state of Nevada. Upon concluding the focus group, I utilized a Microsoft Excel spreadsheet to track and organize the transcribed data. I reviewed audio from the focus group while transcribing data into the spreadsheet. Following the group interview, I sent participants a follow up e-mail to ensure accuracy and authenticity of data through a member check-in process.

After verifying the transcript with group participants for accuracy, I began the coding process, which took 4 weeks to complete. I used two coding processes to analyze data collected during the focus group, descriptive and in vivo coding. Using descriptive codes first provided the basis for later higher order coding by summarizing segments in the data collected (Elliott, 2018). During the coding process, I continued to use the spreadsheet in order to help produce categories and identify themes to address the research questions. In vivo coding identifies keywords and terms provided by focus

group participants (Stringer, 2007). Both coding processes provided the basis for category and theme identification to address the research questions.

Limitations

While facilitating the focus group, limitations encountered involved the participants interactions with one another. Through participant observation, I noticed minimal interaction among the participants. Each participant was only known by the researcher, which may have limited their interactions with one another. I used a reflexivity journal throughout the process to eliminate potential biases while collecting data. I intended the focus group to have participants with various experience levels interact and share experiences and perspectives to add to understanding of medical social workers perceptions of risk factors associated with rapid readmissions.

Some participants provided more detailed experiences than others, which limited the amount information obtained to address the research questions. Another limitation was the number of participants who agreed to be included in the study. Although five participants are a manageable size focus group, having a few more participants would have provided more diverse experiences and perspectives from medical social workers.

Findings

The findings yielded from data collected during the focus group interview provide understanding of medical social workers' perceptions of risk factors that cause rapid readmission, the challenges these factors create, and ways effective discharge planning may address these risk factors. The findings correlated with a comprehensive look at

literature related to rapid readmission rates among mental health clients. In this section I describe characteristics of the focus group, specifics about coding, and the findings.

Sample Characteristics

Five medical social workers participated in the focus group interview aimed to gather data to address the research questions. There were four females and one male present. All participants held a master's degree in social work and were licensed to practice in the state of Nevada. Participants had experience working in an inpatient setting and brought a wealth of knowledge from various facilities in the community. Each participant worked for a different agency or facility and had over 5 years in social work practice. Participants are addressed in findings by pseudonyms to protect their identities and provide confidentiality, as stated in the consent forms. Each participant is identified by numbers 1 through 5. Findings from experiences and perspectives are also captured by using direct quotes from participants.

Coding Specifics

Data analyzed from the focus group interview yielded 84 descriptive codes and 172 in-vivo codes. These codes were narrowed down into the following 13 categories: access to care, advocacy, bridging gaps, case management, chronic issues, community resources, coordination of care, follow up, insurance limits, multidisciplinary team, shortages, stressors, and support. From these 13 categories, a variety of themes were identified to further understand and address the research questions. In this section, four themes are explained under the following headings: (a) client-related risk factors, (b) external risk factors, (c) discharge planning barriers, and (d) bridging gaps in care.

Client-Related Risk Factor

Client-related risk factor was the first theme, which focused on chronic medical and mental health issues. Participants discussed the following categories: chronic issues, insurance limits, shortages, and stressors, which led to theme development for client-related and external risk factors. This theme, defined by personal experiences of participants, describes specific characteristics that cause an increase in readmissions rates.

Chronic medical and mental health issues. In the social work field, social workers have the opportunity to work with clients from vulnerable populations. Participants identified clients with chronic medical and mental health issues as a risk factor for rapid readmission. Participant 4 expressed that her inpatient work experience focused more on children dealing with chronic medical and mental health issues, for example, working with children diagnosed with inflammatory bowel diseases (IBD), such as Crohn's disease and ulcerative colitis. She later went on to share, "I never realized how much chronic medical issues tied into mental health." She described the risk factors associated with IBD in particular that lead multiple admissions for children.

Participant 5 also shared seeing a lot of recurring issues and risk factors such as secondary medical issues in relation to a chronic medical problem. She stated, "I can go on and on about this one because I see a lot of recurring issues." Other chronic issues addressed focused on how chronic medical and mental health issues (e.g., depression) lead to high rates of ER visits and admissions for clients. Participant 1 described how chronic mental health issues also influence what services a client is referred to, based on

the level of severity. All participants agreed that chronic medical and mental health issues are significant risk factors related to rapid readmission rates. In addition to client-related risk factors, there are also external risk factors that cause readmission rates to increase.

External Risk Factors

The second theme was external risk factors. This theme defined how outside influences impact rapid readmission rates, causing significant increases. The external risk factors were inpatient care driven by insurance, lack of resources, and social work role stressors. In addition to expressing frustrations, participants identified how these external risk factors play a role in creating other discharge planning barriers. Participant 2 provided a summarized perspective by saying,

Lack of community resources for those experiencing mental illness can lead to an increase in homelessness, and the community's response to homelessness must include resources for hospital discharges if we plan on seeing a change in homeless client suffering from mental health issues.

Inpatient care driven by insurance. While medical providers write orders to admit and discharge clients to inpatient psychiatric facilities, insurance companies work behind the scenes to determine if the admission will be covered financially. Group participants agreed that insurance company demands are a primary outside influence that impact readmission rates. Participant 3 expressed frustration in seeing clients being discharged too soon, stating "I know a lot of times the insurance companies have something to do with some clients being discharged before they are ready." Participants agreed there is not enough time to address complex needs of clients when insurance

companies will only cover a 3-5-day hospital stay. Insurance companies use utilization reviews to determine what medical treatment is needed. Participant 3 continued to express feeling inpatient care is driven by insurance approval and not by client needs. Participant 2 shared that clients discharge too soon or before they are ready as a result of insurance companies and their inpatient admission criteria, despite the existence of documentation to show justification for more approval days. All participants expressed frustration about being left with the responsibility to inform a client that their insurance will not cover more days for their inpatient stay. Insurance companies also determine outpatient care coverage once a client discharges from an inpatient facility. Participant 1 shared feeling some mental health agencies have long waitlists, which is also impacted by insurance acceptance. When an outpatient clinic accepts a limited number of insurance carriers, it is difficult to get a client various services upon discharge.

Lack of resources. A lack of resources prevents mental health clients from seeking the help they need. Participant 1 described the importance of community resources by stating, “Community resources determine the services some patients are able to receive after discharge, for example, many times shelters are full, and a homeless client has nowhere to sleep.” Participant 3 agreed by sharing his experience with poor community supports related to homelessness. He goes on and states, “There is also a lack of community support including safe housing options and there are limited community resources in the Las Vegas area, which we all know, leads to rapid readmissions.” Participants identify the lack of housing resources and how it impacts discharge planning needs. Participant 1 identifies homelessness, mental illness, and drug addiction as the top

3 related to lack of resources. Participant 4 agreed and stated, “Community resources will continue to be monumental in discharge planning.”

Participants all shared a variety of resource needs and the lack of resources they experience while working on an inpatient psychiatric unit. Participant 2 discussed the lack of access to medications once a client discharges from a facility. Lack of access to medications leads to poor medication management and clients going to ERs to get medication refills. A lack of social support was identified as another risk factor.

Participant 4 identified lack of social support by stating, “The lack of support is huge to me because when clients are returning home to unsupportive environments that plays a big role in them being admitted again.” While one participant has more experience with inpatient needs of children, she discussed the lack of resources related to children and their parents. Participant 5 shared challenges with lack of resources associated with care of children. Children with little access to food or no access to food could possibly affect the child’s health. She also shares her experience with working with children who have a lack of resources in the home, lack of education, rural community living, and parental mental health issues that go untreated. Participants all agreed that a huge component related to lack of resources is funding. Participant 5 shares the one thing all agencies and programs need is more “MONEY.” Participant 3 agreed by stating,

Funding is definitely the greatest need to address these challenges. But it always comes down to this; America is not invested into the care of vulnerable populations. When you ask for more funding it is often cut. I’ve seen it time and time again throughout my career and various roles in social work.

A lack of funding is an ongoing issue. All participants agree a solution is needed to address funding needs across all agencies. A lack of resources creates stressors for medical social workers in charge of discharge planning.

Social work role stressors. Group participants described their roles and how it varied from the stated role in their job description as a medical social worker. Describing their job roles included identifying the stressors and frustrations. Participant 1 explained her role, as a medical social worker in her facility, fluctuates from completing assessments, providing crisis intervention, immediate consultation, and case management to “whatever the client needs before they discharge.” She expressed specific frustration related to feeling as if she does “everything.” Despite the stated job description, participants seemed to have a lot of responsibilities. Participant 3 shared another stressor, “In my facility too, doctors also seem to rush discharge process without understanding necessary steps to plan a safe discharge.” Medical social workers find it difficult to fulfill the requests of doctors who are unaware of the lack of resources or barriers associated with discharge planning. Medical social workers are also tasked with locating resources for clients and family members who provide care for the client. Participant 5 added to the stressor discussion, “It is just sad when it’s hard to get kids help, because their parents need much more help too.” Participant 1 explained she is unfortunately not able to follow through with some patients to ensure the client is connected and attends appointments with all services needed. Additionally, Participant 3 closed this topic stating,

In my years being in this role, Las Vegas has a history of ticking homeless individuals for attempting to survive on the streets. And how exactly do they

expect homeless people to handle legal issues with no income and little resources. Sad to say, but when faced with these fines homeless people often report mental health issues in an effort to avoid fees. It becomes a cycle that cannot be broken and leaves us who work in the medical field with our hands up like, what can be done.

All participants agreed to feeling as if they were being pulled in different directions and often having difficulty finding a balance at work. Participants identified various risk factors associated with psychiatric readmissions and the agreed frustrations caused by client-related and external risk factors. Client-related and external risk factors address the research question related to medical social workers' perceptions of the risk factors associated with rapid psychiatric readmissions.

Discharge Planning Barriers

The third theme is discharge planning barriers. This theme was developed through the following categories: access to care, community resources, coordination of care, and follow-up. Barriers to discharge planning define obstacles that prevent clients from receiving services. Defining this theme shows how challenges identified by participants have an effect on discharge planning, interfere with meeting client needs, and have an effect on patient care. In relation to the second research question, participants identified how risk factors associated with rapid readmissions create challenges for medical social workers.

Effects on discharge planning. Discharge planning aims to provide a plan of follow up care for clients to utilize upon discharge. Group participants described the

negative effects and challenges experienced related to the risk factors associated with discharge planning. Participant 5 stated, “community resources affect discharges greatly, a lack of ability to connect with other agencies can hinder the discharge date.” Participant 1 agreed and shared,

Those factors sometimes create more problems that initially presented. For example, if I see a client who came in for medication issues because they aren't stable or need a change or even ran out of meds. After completing the assessment, you will find out that they have transportation issues, housing issues, support issues, other medical issues that are untreated, substance abuse issues etc. and all these things are difficult to address in a 3-5 day stay on the inpatient unit. So, a lot of challenges are created.

Participants continued to describe the snowball effects related to lack of community resources throughout the interview. Participant 2 reported a lack of community resources, especially housing, could lead to improper discharges. In agreeance, participant 3 shared how often clients verbalize difficulties with obtaining medications after discharge due to the lack of community resources. Coordinating care with community agencies may take more time than discharging providers allow. Participant 3 stated,

Some of our providers, who write the discharge orders, have no awareness to what services the community offers and often either ask for things that community agencies are not able to produce or don't ask for services that the clients really need.

Often clients are unaware of how to access medical or mental health needs. Group participants expressed difficulties having clients fully understand the discharge plan and the importance of follow up care after discharge. Participant 4 added input by stating,

Community resources are the main component of discharge planning and they must provide patients with the maximum level of care to maintain their medical needs in the community, without constant hospitalization to manage health.

Community resource shortage is a big challenge when it comes to discharge planning. Within our clinic, our social workers often complain about not being able to get a patient appointment with outpatient providers for post discharge follow up care.

Negative effects on discharge planning are created due to the risk factors associated with rapid readmissions. Medical social workers are faced with addressing these negative effects despite the lack of resources available. These challenges also interfere with meeting client needs.

Interfere with meeting client needs. Addressing client needs is an important component in client-centered care. Ensuring clients have access to appropriate care is a responsibility of social workers. In relation to discharge planning, participants provided insight on how not meeting client needs affects effective discharge planning. Participant 1 stated,

It is definitely difficult to address and treat some medical concerns when a patient is unable-to meet basic needs. We try our best to connect patients with community

resources available. It's not always possible however due to time constraints, high caseloads and at times lack of patient interest and cooperation.

Medical social workers work hard to address access to care issues through coordination of care. More time is needed when dealing with complex cases, though not always received. For example, rushed discharges or not having enough time to plan an effective discharge interferes with meeting client needs during an inpatient psychiatric admission. Participant 1 shared,

Sometimes we only get to meet with some patients briefly and when they are in a hurry to discharge and leave the hospital, I often feel like they are not fully processing what is expected of them in regards to their follow up care.

Completing an assessment gives medical social worker insight on possible needs a client may have prior to discharge. Identifying chronic issues may interfere with meeting client needs. Participant 5 agreed and mentioned some agencies do not want to accept clients with chronic medical issues. These agencies may not be able to meet the needs of the client which is a barrier to discharge planning.

Meeting client needs also incorporates medication management. Participant 2 explained another challenge faced during treatment team meetings are medications not being agreed upon between providers and clients. Clients may have conflicting medication regimens while inpatient compared to the medication to be filled upon discharge. There is also a need, during treatment team meetings, to review the accuracy of the diagnosis given to the client prior to discharge. Clients always have a right to be

informed of their own treatment, this includes medication and diagnosis. These challenges also have an effect on client care.

Effect on client care. Some challenges have a negative effect on client care. These challenges impede on a medical social workers ability to provide the best care for vulnerable populations. Participant 1 stated,

We also try to establish good partnerships with helping agencies in the community, but that also presents with its own challenges. Some agencies are funded with grants and donations and if their money is low, their resources are low. Even some of our more severe patients fail to follow their discharge plan based on the information going in one ear and out the other.

In comparison to adult clients, medical social workers who provide care to children, also face challenges that have effects on client care. For example, participant 5 stated, “Challenges to me include child protection services (CPS) involvement for those parents who are unable to provide care for a medically complex child. There are definitely high rates of ER visits and admissions for those families.” With the lack of resources or education for caregivers of children with chronic issues, they result in using emergency medical services. Also, caregivers are reluctant to reach out for assistance from fear of CPS being involved. For example, participant 5 mentioned, “if a child needs to be put on a hold and placed in foster care this can take forever, but this is less significant with children unless the child is suicidal or homicidal.” When families are unable to provide for medical and mental health complex cases outside agencies with beneficial resources are needed.

Addressing client needs requires a variety of components. Formulating an effective discharge plan should begin at the time a client is admitted. A thorough needs assessment aids in identifying possible barriers to discharge planning. These barriers should be addressed during treatment team meetings, prior to discharge. This theme emphasized how risk factors associated with rapid readmissions create challenges for medical social workers.

Bridging Gaps in Care

The fourth theme addresses the importance of bridging gaps in care through effective discharging planning. Defining this theme, participants described the importance of enhanced care through support systems, advocating for client needs, and comprehensive case management. In order to gain a better understanding related to how effective discharge planning could address the risk factors associated with rapid psychiatric readmission, participants begin by defining discharge planning and provided insight on the discharge planning process within their facility. Participant 1 explained discharge planning as plan that will allow a patient to continue medical care needs outside of the inpatient facility. Participant 2 defined discharge planning as a means to determine next steps for housing when a patient is discharged from their facility. Participant 3 explained assisting clients with meeting needs in the community, in an effort to reduce readmission, is the goal of discharge planning. Participant 5 stated, “Establishing a safe plan from hospital to home”. All participants agreed that discharge planning ideally should begin at the time a client is admitted to an inpatient psychiatric facility. They also agreed that it does not always happen at that time.

Support systems. Enhancing care through support systems plays an important role in effective discharge planning. Participant 4 explained the importance of using a multidisciplinary team to decide what the client will need. “For example, one helpful part of my job is connecting newly diagnosed kids & families with support groups.”

Participant 2 shared important discharge planning aspects that involve locating support systems, ensuring follow up appointments are set, verifying medications are accurate, and finding housing support. Participant 5 added, “addressing support systems challenges requires more needs assessments and program development within the community or organization to understand how to assist clients in receiving needed financial, living, and social support.” In comparison to client support needs, participant 3 explained medical social workers could benefit from support personnel who are up to date with community resources to assist with discharge planning. Identifying positive support systems is one-way medical social workers can advocate for client needs.

Advocating for client needs. Group participants agreed that advocating for client needs is a helpful component of effective discharge planning. Participant 5 explained advocating includes whatever medical needs that the patient may require at discharge. Participant 4 stated,

There is an importance of advocating more to bridge gaps between psychosocial stressors and linkage to resources within the hospital, as well as resources in the community. For example, I also assist parents with advocating for 504 plans (the educational plans for school) and linkage to community resources to cope with

caring for children with IBD. One helpful part of my job is connecting newly diagnosed kids & families with support groups.

Participant 2 offered another example and stated “I think our social workers can address challenges by ensuring discharges are done correctly and advocate for patients to stay if it is in their best interest.” Participant 4 shared one advocacy improvement involves more consults with medical teams to address challenges related to discharge planning. Participants agreed that advocacy is an appropriate component to address risk factors associated with discharge planning.

Comprehensive case management services. Throughout the focus group interview participants identified various components associated with effective discharge planning. Examples included needs assessments, treatment planning, linkage to services, advocacy, and comprehensive case management. Comprehensive case management describes a customized plan, according to the needs of the client. Participant 1 stated, “We need more staff specifically trained to handle these concerns and be able to offer patient comprehensive case management services.” These services help aid in a client’s treatment or recovery by addressing specific barriers.

With comprehensive case management addressing various needs, participants stressed the importance of their facility being equipped to incorporate more into discharge planning. Participant 2 stated, “Now as far as the resources needed, in my opinion it’s access to housing resources for discharge planning, for example: family rapid rehousing, emergency housing, transitional housing, permanent housing or shelter.” Participants agreed more staff training and resources are needed to aid in effective

discharge planning. Participant 4 would like to see more medical care plans for families to assist with barriers they may face. Participant 5 added to the discussion by stating, “The social workers in my agency need more training in providing resources, utilizing motivational interviewing and writing grants in order to request more funding.”

Resources are constantly changing. Participant 3 noted the importance of social workers staying up to date on local resources but also having difficulties achieving the task when many other responsibilities are required while working on an inpatient unit. Participant 1 shared an important part of comprehensive case management involves education a patient on services offered in the community, while also reaching out to community agencies to facilitate a warm handoff. Specifically, for participant 3, comprehensive case management involved finding safe and secure housing, medication management services and outpatient therapy, if necessary. Treatment team meetings allow an opportunity for various disciplines to meet and discuss a treatment goals and plans, in addition to any barriers to discharge. Participant 3 further stated,

I would like to see more collaboration between teams, then also medical providers should have more than a basic understanding of what a discharge plan consists of and what we are able to do or have set up for patients upon discharge.”

Participant 1 stated,

I would like to see more time and participation from medical providers to allow patients to voice concern or questions directly to the doctor. Many times, patients ask me or other social workers questions related to medical needs they did not feel comfortable or didn't have time to ask the doctor. For example, specific questions

related to health concerns and specialty referrals. And to be honest, at times I am hesitant to ask the providers questions because how they present during treatment team meetings or in a hurry to see a lot of patients in a short period of time because they need to go do rounds at other facilities. And like I said before, I would also like to have more staff equipped to solely focus on providing more thorough case management services.

In order to gain a better understanding related to how effective discharge planning could address the risk factors associated with rapid psychiatric readmission, participants began by defining discharge planning and provided insight on the discharge planning process within their facility. In order for medical social workers to address risk factors, it is important to bridge gaps in care through support systems, advocating for client needs, and comprehensive case management.

Unexpected Findings

As the researcher, it was important that I maintained an open mind throughout the data collection process. Not allowing my thoughts influence the process ensured that the participants led the data collected to address the research questions. Out of the data collected, the following were unexpected findings. Participants mentioned wanting the discharge planning responsibility removed from the medical social worker role. My understanding of this suggestion leaves medical social workers with more dedicated time to focus on specific tasks and not be pulled in various directions. This could ultimately decrease stressors within the medical social worker role. It allows social workers to also have

set boundaries between roles and responsibilities while working with vulnerable populations and other disciplines.

Participants would rather have a dedicated case management team to solely focus on completing discharge planning. Participants prefer bachelor level social workers or other disciplines to complete the discharge planning tasks. Shifting the focus of discharge planning to other disciplines allows medical social workers to incorporate more clinical work into client care. The relevance of more clinical work allows medical social workers to properly assess, diagnose, and treat psychological, behavioral, and emotional disorders.

Summary

In this section, four themes provided a better understanding of medical social workers' perceptions of risk factors that cause rapid readmission, the challenges these factors create, and ways effective discharge planning may address these risk factors. The themes were (a) client-related risk factors, (b) external risk factors, (c) discharge planning barriers, and (d) bridging gaps in care. The findings addressed the research questions by supporting the need of increased resources for staff and clients and using a multidisciplinary team approach to addressing client needs related to effective discharge planning. Medical social workers were able to provide insight by participating in a group interview, from which data were collected. Participants agreed by addressing risk factors associated with rapid readmissions clients may be presented with different options for care and have better outcomes. Section 4 presents how the findings of this study can be

applied to professional social work practice, in addition to the implication for positive social change.

Section 4: Application to Professional Practice and Implications for Social Change

The purpose of this action research study was to obtain, through action research, social workers' perspectives into risk factors associated with increasingly rapid readmission rates among inpatient psychiatric facilities in Nevada. This project's objective was to obtain a clear understanding of medical social workers' perceptions of risk factors associated with rapid readmissions and the challenges those risk factors create. Action research provides a better understanding of the project's objective due to its systematic approach of engaging participants to share their work experiences with mental health clients admitted to an inpatient psychiatric facility in Nevada. Throughout the focus group, participants were able to express their feelings, experiences, frustrations, and other information in order to address the action project's research questions.

For any social worker providing discharge planning for mental health clients, it may become increasingly demanding to address the needs of the clients due to risk factors associated with discharge planning. I used a qualitative design with action research to explore the social work practice problem focusing on risk factors related to inpatient psychiatric readmissions in Nevada. Action research offered a systematic process for developing an increased understanding of possible barriers to discharge planning that lead to increased rapid readmissions. Through this study's findings, I aimed to help stakeholders consider whether effective discharge planning strategies could reduce the current recidivism prevalence.

Contributing to the overall social work knowledge, I aimed this study to address the gap in knowledge about social workers' perceptions of risk factors associated with rapid psychiatric readmissions. I used a focus group of five medical social workers to obtain information regarding their experience in working with clients who rapidly readmit to inpatient psychiatric facilities. The key concepts were risk factors associated with rapid psychiatric readmissions, challenges created by those risk factors, and perceptions about how discharge planning could address these risk factors. The findings revealed four themes, which lead to a better understanding of medical social workers' perceptions of risk factors associated with rapid readmissions and the challenges those risk factors create. The identified themes were (a) client-related risk factors, (b) external risk factors, (c) discharge planning barriers, and (d) bridging gaps in care.

Application to Professional Ethics in Social Work Practice

Conducting research and interacting with research participants should maintain the integrity of the profession and promote high standards of practice (NASW, 2017). This action research project provided an opportunity to bridge the gaps in care by understanding risk factors associated with rapid readmission rates, challenges they create for social workers, and their understanding of how discharge planning may address these risk factors. Findings identified throughout this action research study may improve clinical practices in the social work field. The NASW ethical principles focus on social workers' primary goal of addressing social problems and helping those in need. The principles also encourage social workers to elevate service to others above self-interest.

Social worker integrity and accountability help promote ethical practices in social work practices and research. It was important to behave in a trustworthy manner while completing this research project. According to the NASW (2017), social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards. This project supports the values and principles of the professional code of ethics, as the goal was to understand the experiences of social workers with this population and to discover interventions that have been successful or unsuccessful. The effect of the spread this knowledge would be to advance clinical practice with the goal of moving towards opportunities for medical social workers to affect change in the acute healthcare settings.

Recommendations for Social Work Practice

Based on the findings, three action steps are recommended to address the risk factors associated with rapid readmissions and the challenges those risk factors create. During the literature review, I surveyed various scholarly works to gain a better understanding of the current issues, trends, and concepts in the field of social work. According to the literature, factors impacting rapid readmission rates among inpatient psychiatric facilities include recurring ER visits, high utilization among vulnerable populations, medical social workers' role, barriers to discharge planning, and lack of transitional care. In comparison to the literature reviewed and the project's research questions, there were several lessons learned from the findings related to the action steps with potential to decrease rapid readmissions among inpatient psychiatric facilities.

The first step involves addressing the client-related and external risk factors associated with rapid readmissions. The NASW (2017) encourages social workers to act on behalf of clients who lack the capacity to make informed decisions by taking reasonable steps to safeguard the interests and rights of those vulnerable clients. Findings from this project can be applied in clinical social work practice by social workers maintaining competence in assisting at risk clients in need. Clients with chronic medical and mental health issues are at risk for rapid readmission due to a lack of resources available to assist with their needs. ER visits among clients suffering from mental health or substance abuse issues increase during client crisis situations (Soril et al., 2015). Social work practice allows practitioners to recognize the central importance of human relationships while working with vulnerable populations.

Continuing to build relationships with community agencies helps provide additional resources to clients in need. Working with insurance companies to advocate for increased lengths of stay gives clients in need more time to receive care while inpatient. Ensuring the proper documentation is noted in the client's chart helps provide a detailed justification for the clinical need of an inpatient stay. Social workers can work to educate insurance companies on the importance of having the clinical justification to support additional inpatient days.

Medical social workers engaged in therapeutic work with mental health clients often encounter specific challenges (Yerushalmi, 2017). The findings of this study detail these challenges and offer ways to decrease stressors associated with the medical social work role. With medical social work responsibilities evolving, it would be beneficial to

have defined roles that include additional support staff for discharge planning needs. One suggestion includes having an organization hire bachelor level social workers and licensed vocational nurses to assist in discharge planning needs to relieve some medical social work stressors. Creating a safe discharge plan also involves educating medical doctors who write discharge orders, furthering an understanding of the various aspects that go into discharge planning.

The second step addresses the barriers related to discharge planning. The NASW (2017) mentions social workers should work to improve employing agencies' policies and procedures and the efficiency and effectiveness of their services. Depending on the needs of the clients, discharge planning may be a complex process. Findings from this project can be applied in clinical social work practice by addressing barriers in order to provide effective discharge planning. Effective intervention strategies are needed to reduce the frequent ER use among vulnerable populations (Maeng et al., 2017; Soril et al., 2015). Examples of interventions include case management, individualized care plans, and information sharing among providers.

Humensky et al. (2017) explained a key component for discharge planning is ensuring the mental health client's transition into community-based outpatient services. For communities that lack appropriate resources, social workers could aim to identify the resources needed and work with employing and community agencies on ways to obtain additional resources. Findings stress the importance of having additional clinical time to work with clients to address questions related to discharge plans, medication management, and follow up treatment to reduce readmission rates. Finding appropriate

postdischarge care may present various challenges due to the lack of integrated transitional care within the community (Chan et al., 2018).

The third step involves bridging gaps in mental health care. According to the NASW (2017), social workers have an ethical responsibility to promote the well-being of clients. Findings from this project can be applied in clinical social work practice using a comprehensive case management approach to discharge planning by providing access to a range of services that a client may need for follow up care. Completing thorough needs assessments provide medical social workers with detailed accounts of resources needed prior to discharge. These services include medical, substance abuse, nutrition, mental health, and other services essential to meeting basic human service needs. The findings also identify collaborative work during treatment team meetings in efforts to capture the client's needs to include in the discharge plan. Social workers who refer clients to other professionals should take appropriate steps to facilitate an orderly transfer of responsibility (NASW 2017).

With the limited research related to the risk factors associated with rapid readmissions and the challenges created, the findings will impact my work as an advanced social work practitioner. Having the knowledge from this research project allows me the opportunity to share with stakeholders, social workers, and others who work in an inpatient psychiatric facility. I am more aware of the stressors faced by medical social workers, challenges related to discharge planning, and ways to address client needs. Being able to advocate for clients aids in upholding the NASW Code of Ethics. For social workers to preform clinical duties, certain resources must be set in

place. Sharing these findings will provide insight on the importance of enhanced care through support systems, advocating for client needs and comprehensive case management to decrease rapid readmission rates. Sharing these findings will also provide insight on the tedious roles and responsibilities placed on medical social workers who work in an inpatient psychiatric setting.

As an advanced practitioner, I am already able to use the findings in my current role. I am able transfer the findings into the field of clinical social work practice primarily through meetings with our executive leadership. Having insight on what medical social workers need in order to fulfill their job roles and responsibilities is significant for ensuring client needs are addressed and met prior to discharge. The usefulness of the findings from this study may address policy considerations in the broader field of social work to ensure inpatient psychiatric care is based on clinical needs and not insurance companies demands.

Limitations

A limitation of the action research findings relates to how the analyzed data will be implemented through the field of social work. Inpatient psychiatric facilities have several similarities and differences on how a specific facility operates. For example, The Joint Commission sets standards that each facility must abide by for client safety measures. Specific to each local facility, the discharge safety measures can vary. Privately funded agencies may operate different than a facility funded at the state or federal level. The limited research available may spur more research interest in discharge

planning barriers. I would be interested to see more research completed on insurance companies demands related to clinical care needs being met in short periods of time.

Dissemination

There are several ways to disseminate the findings to help social workers understand rapid readmissions and the risk factors associated with discharge planning. One example includes being involved with the local NASW chapter to offer information during meetings related to continuing education classes or other professional development courses. The Nevada NASW holds annual conferences in which they allow social workers to submit a request to become speaker during the conference. Having a large platform to share information provides a great opportunity to disseminate information.

Another way to disseminate information locally is by participating in informational settings such Learn-and-Learn events, hosted by various medical facilities. Lunch-and-Learn events are informal learning opportunities where staff can be educated on various topics during their lunch break. These informal events can be open to all staff within a facility, including leadership.

Implications for Social Change

These recommendations for enhancing social work practice also aid in positive social change. Social change aims to improve human and social conditions for the betterment of society. The findings include ideas and actions to share information, promote change, raise awareness, and build community engagement efforts. Social workers have an ethical responsibility to the broader society. This includes social welfare,

public participation, public emergencies, social and political action. According to the NASW (2017), social workers should promote the general welfare of society on a variety of levels. These levels include micro, mezzo, and macro levels.

In relation to the findings of this action research project, on a micro level, social workers address risk factors associated with effective discharge planning by engaging with individuals and families to solve problems or address barriers. Findings from the focus group express the importance of enhanced care through support systems. These support systems include family, friends, community support agencies for housing, medical, financial, professional, and educational support. Positive support systems provide a useful opportunity for clients to engage and connect.

On a mezzo level, social workers focus on institutional or cultural change. This change comes in the form of community organization in which a social worker can advocate for resources in the form of donations, for example. The findings stress the importance of comprehensive case management as an important factor of bringing gaps in care. Social workers can work with community organizations to host health fairs, job fairs, or resource fairs to identify a variety of agencies within a specific area to support the needs of clients residing in the community. For example, in a rural area finding agencies who can provide in-home care or telehealth care may be beneficial.

One component of the NASW Code of Ethics (2017) specified social workers should engage in social and political action that seeks to ensure all people have access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Advocating on a macro level, social workers focus on

intervention of large-scale systems. For example, lobbying to change health care laws and developing or changing policies related to mental health care and how insurance companies determine appropriate length of stay. Social change is a vital part within the social work profession and aims to promote social justice on behalf of all clients.

Summary

With the increasing number of rapid readmissions, it was important to obtain a better understanding of medical social workers' perceptions of the risk factors and challenges associated with discharge planning. Effective discharge planning is a vital part of clinical social practice in an inpatient setting. Working with vulnerable populations on in inpatient psychiatric unit, the roles and responsibilities of medical social workers present with various barriers related to discharge planning. Identifying risk factors and understanding their importance is necessary to reduce the risk of rapid readmissions. Key findings revealed themes to provide further understanding of how effective discharge planning could address the risk factors and challenges. The themes include (a) client-related risk factors, (b) external risk factors, (c) discharge planning barriers, and (d) bridging gaps in care. Strategies that contribute to the overall social work knowledge include: enhanced care through support systems, advocating for client needs, and comprehensive case management. With this knowledge, advancements in clinical social work practice provide an opportunity for medical social workers to affect change and continue to promote social justice.

References

- Aagaard, J., Aagaard, A., & Buus, N. (2014). Predictors of frequent visits to a psychiatric emergency room: A large-scale register study combined with a small-scale interview study. *International Journal of Nursing Studies*, *51*(7), 1003–1013. <https://doi.org/10.1016/j.ijnurstu.2013.11.002>
- American Psychiatric Association. (2018). What is mental illness? Retrieved from <https://www.psychiatry.org/patients-families/what-is-mental-illness>
- Beder, J., & Postiglione, P. (2013). Social work in the Veterans Health Administration (VA) system: Rewards, challenges, roles and interventions. *Social Work in Health Care*, *52*(5), 421–433. <https://doi.org/10.1080/00981389.2012.737906>
- Bertalanffy, von, L. (1968). *General systems theory*. New York: Braziller.
- Blonigen, D. M., Macia, K. S., Bi, X., Suarez, P., Manfredi, L., & Wagner, T. H. (2017). Factors associated with emergency department use among veteran psychiatric patients. *Psychiatric Quarterly*, *88*(4), 721–732. <https://doi.org/10.1007/s11126-017-9490-2>
- Blonigen, D. M., Manfredi, L., Heinz, A., Bi, X., Suarez, P., Nevedal, A. L., . . . Wagner, T. (2018). Reducing frequent utilization of psychiatric emergency services among veterans while maintaining quality of care. *Psychiatric Services*, *69*(4), 438–447. <https://doi.org/10.1176/appi.ps.201700288>
- Bortoletto, N. (2017) Participatory action research in local development: An opportunity for social work. *European Journal of Social Work*, *20*(4), 484-496, <https://doi.org/10.1080/13691457.2016.1188770>

- Brannstrom, E., Strand, J., & Sand, P. (2018). A patient perspective on recurrent or prolonged contact with psychiatric inpatient care for affective disorder. *International Journal of Mental Health Systems, 12*(29), 1-10.
<https://doi.org/10.1186/s13033-018-0205-3>
- Currid, T. (2009). Experiences of stress among nurses in acute mental health settings. *Nursing Standard, 23*(44), 40-46. <https://doi.org/10.7748/ns.23.44.40.s51>
- DeVellis, R. F. (2017). *Scale development: Theory and applications* (4th ed.). Thousand Oaks, CA: Sage Publications.
- Dimitris, M., & Werner, S. (2014). Social work and social problems: A contribution from systems theory and constructionism. *International Journal of Social Welfare, 23*(4), 431–442. <https://doi.org/10.1111/ijsw.12091>
- Duhig, M., Gunasekara, I., & Patterson, S. (2017). Understanding readmission to psychiatric hospital in Australia from the service users' perspective: A qualitative study. *Health & Social Care in the Community, 25*(1), 75–82.
<https://doi.org/10.1111/hsc.12269>
- Elliott, V. (2018). Thinking about the Coding Process in Qualitative Data Analysis. *Qualitative Report, 23*(11), 2850-2861. Retrieved from <https://nsuworks.nova.edu/tqr/vol23/iss11/14>
- Evans, L. J., Harris, V., Newman, L., & Beck, A. (2017). Rapid and frequent psychiatric readmissions: associated factors. *International Journal of Psychiatry in Clinical Practice, 21*(4), 271-6. <https://doi.org/10.1080/13651501.2017.1324037>

Garrido, P. & Saraiva, C. B. (2012). Understanding the revolving door syndrome.

European Psychiatry, 27(1), [https://doi.org/10.1016/S0924-9338\(12\)74768-5](https://doi.org/10.1016/S0924-9338(12)74768-5)

Glenn, B. A., Crespi, C. M., Rodriguez, H. P., Nonzee, N. J., Phillips, S. M., Gorin, S. N.

S., . . . Krist, A. H. (2018). Behavioral and mental health risk factor profiles

among diverse primary care patients. *Preventive Medicine: An International*

Journal Devoted to Practice and Theory, 111, 21–27.

<https://doi.org/10.1016/j.ypped.2017.12.009>

Hanrahan, N. P., Solomon, P., & Hurford, M. O. (2014). A pilot randomized control trial:

Testing a transitional care model for acute psychiatric conditions. *Journal of the*

American Psychiatric Nurses Association, 20(5) 315-327.

<https://doi.org/10.1177/1078390314552190>

Humensky, J. L., Fattal, O., Feit, R., Mills, S. D., & Lewis-Fernandez, R. (2017). Factors

associated with outpatient visit attendance after discharge from inpatient

psychiatric units in a New York City hospital. *Psychiatric Services*, 68(6). 624-

627. <https://doi.org/10.1176/appi.ps.201600150>

Hwang, S. W., & Burns, T. (2014). Health interventions for people who are homeless.

Lancet, 384(9953), 1541-1547. [https://doi.org/10.1016/S0140-6736\(14\)61133-8](https://doi.org/10.1016/S0140-6736(14)61133-8)

Irizarry, C., Hallahan, L., Bull, M., & Marlowe, J. M. (2015). Restoring connections:

Social workers' practice wisdom towards achieving social justice. *British Journal*

of Social Work, 46(7), 1855-1871. <https://doi.org/10.1093/bjsw/bcv129>

Joint Commission on Accreditation of Healthcare Organizations. (2018). *Behavioral*

health care national patient safety goals. Oak Brook, IL: Author.

- Kaner, S. (2014). *Facilitator's guide to participatory decision-making* (3rd ed.). San Francisco, CA: Jossey-Bass.
- Ko, M., Lee, Y., Chen, C., Chou, P., & Chu, D. (2015). Prevalence of and predictors for frequent utilization of emergency department: A population-based study. *Medicine*, *94*(29), e1205. <http://doi.org/10.1097/MD.0000000000001205>
- Kripalani, S., Theobald, C. N., Anctil, B., & Vasilevskis, E. E. (2014). Reducing hospital readmission rates: Current strategies and future directions. *Annual Review of Medicine*, *65*, 471-485. <https://doi.org/10.1146/annurev-med-022613-090415>
- Leung, L. B., Yoon, J., Escarce, J. J., Post, E. P., Wells, K. B., Sugar, C. A., . . . Rubenstein, L. V. (2017). Primary care–mental health integration in the VA: Shifting mental health services for common mental illnesses to primary care in psychiatric services. *Psychiatric Services*, *69*, 403-409. <https://doi.org/10.1176/appi.ps.201700190>
- Li, X., Srasuebkul, P., Reppermund, S., & Trollor, J. (2018). Emergency department presentation and readmission after index psychiatric admission: A data linkage study. *BMJ Open*, *8*(2), e018613. <http://doi.org/10.1136/bmjopen-2017-018613>
- Linton, K. F., Ing, M. M., Vento, M. A., & Nakagawa, K. (2015). From discharge planner to “conciierge”: Recommendations for hospital social work by clients with intracerebral hemorrhage. *Social Work in Public Health*, *30*(6), 486–495. <https://doi.org/10.1080/19371918.2015.1058730>

- Maeng, D. D., Hao, J., & Bulger, J. B. (2017). Patterns of multiple emergency department visits: Do primary care physicians matter? *Permanente Journal*, *21*, 16–063. <http://doi.org/10.7812/TPP/16-063>
- McLoughlin, L. & Young, G. (2005). The role of social research in effective social change programs. *Australian Journal of Environmental Education*, *21*, 57-70. <https://doi.org/10.1017/s0814062600000951>
- Mele, C., Pels, J. & Polese, F. (2010). A brief review of systems theories and their managerial applications. *Service Science*, *2*, 126-135. https://doi.org/10.1287/serv.2.1_2.126
- Mendes P., Fonseca, M., Aguiar, I., Pangaio, N., Confraria, L., Queirós, O., & Guerra, J. (2017). Readmission to an adolescent psychiatry inpatient unit: Readmission rates and risk factors. *Acta Médica Portuguesa*, *11*, 769. <https://doi.org/10.20344/amp.8842>
- Miller, D. I. (2017). Inpatient psychiatric care: Families' expectations and perceptions of support received from health professionals. *Perspectives in Psychiatric Care*, *53*, 350-356. <http://doi.org/10.1111/ppc.12168>
- Molin, J., Graneheim, U. H., Ringner, A., & Lindgren, B-M. (2016). From ideals to resignation—interprofessional teams perspectives on everyday life processes in psychiatric inpatient care. *Journal of Psychiatric and Mental Health Nursing*, *23*, 595-604. <https://doi.org/10.1111/jpm.12349>
- Morrow, S. L. (2005). Quality of trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, *52*(2), 250-260.

Moss, J., Li, A., Tobin, J., Weinstein, I. S., Harimoto, T., & Lanctot, K. L. (2014).

Predictors of readmission to a psychiatry inpatient unit. *Comprehensive Psychiatry*, 55, 426-430. <https://doi.org/10.1016/j.comppsy.2013.11.019>

Moxley, D. (2013). Action research. In *Encyclopedia of social work*. New York, NY:

Oxford University Press. Retrieved from

<http://socialwork.oxfordre.com/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-831>

National Alliance on Mental Illness. (2017). Types of mental health professionals.

Retrieved from <http://www.mentalhealthamerica.net/types-mental-health-treatments>

National Association of Social Workers. (2017). Code of ethics of the National

Association of Social Workers. Retrieved from

<http://www.socialworkers.org/pubs/code/code.asp>

Nevada Division of Public and Behavioral Health. (2013). Psychiatric hospitals special

report. Retrieved from http://dpbh.nv.gov/Boards/BHWC/BHWC_-_home/

Niimura, J., Tanoue, M., & Nakanishi, M. (2016). Challenges following discharge from

acute psychiatric inpatient care in Japan: Patients' perspectives. *Journal of Psychiatric and Mental Health Nursing*, 23, 576-584.

<https://doi.org/10.1111/jpm.12341>

Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 et seq. (2010).

Payne, M. (2015). *Modern social work theory*. Oxford, United Kingdom: Oxford

University Press.

- Rash, J. A., Poulin, P. A., Shergill, Y., Romanow, H., Freeman, J., Taljaard, M., . . . Smyth, C. E. (2017). Chronic pain in the emergency department: A pilot interdisciplinary program demonstrates improvements in disability, psychosocial function, and healthcare utilization. *Pain Research & Management*, 1-10.
<http://doi.org/10.1155/2018/1875967>
- Reckrey, J. M., Gettenburg, G., Ross, H., Kopke, V., Soriano, T., & Ornstein, K. (2014). The critical role of social workers in home-based primary care. *Social Work in Health Care*, 53(4), 330–343. <https://doi.org/10.1080/00981389.2014.884041>
- Reif, S., Acevedo, A., Garnick, D. W., & Fullerton, C. A. (2017). Reducing behavioral health inpatient readmissions for people with substance use disorders: do follow-up services matter? *Psychiatric Services*, 68(8), 810-818.
<https://doi.org/10.1176/appi.ps.201600339>
- Rehmann, K. (2015). Ethical considerations in discharge planning on an inpatient behavioral health unit. *Journal of Human Behavior in the Social Environment*, 25(7), 723–730. <https://doi.org/10.1080/10911359.2015.1032637>
- Research Methodology. (2018). Purposeful sampling. Retrieved from <https://research-methodology.net/sampling-in-primary-data-collection/purposive-sampling/>
- Saldana, J. (2016) *The coding manual for qualitative researchers*. London, United Kingdom: Sage Publications.
- Santosa, T., Condea, E., Alcafachea, J., & Santosa, V. (2015). Reasons and factors for rapid psychiatry readmissions: An analysis over a 36-month period. *European Psychiatry*, 30(1), 28-31. [https://doi.org/10.1016/S0924-9338\(15\)32120-9](https://doi.org/10.1016/S0924-9338(15)32120-9)

- Seow, L. L. Y., Page, A. C., Hooke, G. R., & Leong, J. Y. S. (2018). Relationships between quality of care, empowerment, and outcomes in psychiatric inpatients. *Behaviour Change, 34*(4), 267-278. <https://doi.org/10.1017/bec.2018.2>
- Shields, M. C., & Rosenthal, M. B. (2017). Quality of inpatient care at VA, other government, nonprofit, and for-profit hospitals: A comparison. *Psychiatric Services, 68*, 225-230. <https://doi.org/10.1176/appi.ps.201600074>
- Soril, L. J. J., Leggett, L. E., Lorenzetti, D. L., Noseworthy, T. W., & Clement, F. M. (2015). Reducing frequent visits to the emergency department: A systematic review of interventions. *PLoS ONE, 10*(4), e0123660. <http://doi.org/10.1371/journal.pone.0123660>
- Stewart, D. W. & Shamdasani, P. N. (2015). *Focus groups: Theory and Practice* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Stringer, E. T. (2014). *Action research* (4th ed.). Thousand Oaks, CA: Sage Publications.
- Thakarar, K., Morgan, J. R., Gaeta, J. M., Hohl, C., & Drainoni, M.-L. (2015). Predictors of frequent emergency room visits among a homeless population. *PLoS One, 10*(4). <https://doi.org/10.1371/journal.pone.0124552>
- Velligan, D. I., Fredrick, M. M., Sierra, C., Hillner, K., Kliewer, J., Roberts, D. L., & Mintz, J. (2017). Engagement-focused care during transitions from inpatient and emergency psychiatric facilities. *Patient Preference and Adherence, 11*, 919-928. <https://doi.org/10.2147/PPA.S132339>
- Yerushalmi, H. (2017). Creative solutions and development for social workers treating people with serious mental illness: Contributions from supervision. *Journal of*

Social Work Practice, 31(3), 293–306.

<https://doi.org/10.1080/02650533.2016.1253004>

Appendix A: Transcript for Focus Group Interview

Good morning and thank you all for taking the time to participate in today's focus group interview. My name is Taneisha J. Graves and I am a Social Work doctoral student at Walden University. I am conducting an action research study which examines the medical social workers' perceptions of risk factors that cause rapid readmission, the challenges these factors create, and ways effective discharge planning may address these risk factors.

This study closely examines the role of medical social workers, working at an inpatient psychiatric facility. I am inviting you to participate by sharing your experiences related to your work on an inpatient psychiatric unit.

- ❖ Before we begin, allow me to share the ground rules for today's focus group.
- ❖ As the facilitator, my role is to guide today's discussion
- ❖ Participation is voluntary and based on informed consent
- ❖ This session will be audio- recorded
- ❖ Please silence or turn off any cellular device, as to not distract other group members. Should you need to take a call, please leave the room quietly and rejoin the group once your call is complete
- ❖ Please respect each other, allowing one person to speak at a time
- ❖ When necessary, the focus group interview will pause and allow participants to take a break
- ❖ Please keep in mind, there are no right or wrong answers

Appendix B: Questions for Interview Guide

1. What is your role as a medical social worker?

2. What risk factors cause rapid readmissions?

3. What challenges do these factors create?

Probe 1: How can medical social workers address these challenges?

Probe 2: What resources are needed to address these challenges?

4. How do you define discharge planning?

Probe 1: What aspects go into discharge planning?

Probe 2: When does discharge planning begin?

5. What challenges do you encounter with discharge planning?

Probe 1: How do community resources influence discharge planning?

Probe 2: How does mental health diagnosis influence discharge planning?

6. What would you like to see differently in discharge planning?

7. Do you have any additional information to add before concluding the focus group?