

BACKGROUND

- There is a certain subset of patients in psychiatry (usually those diagnosed with Borderline Personality Disorder) who tend need a higher level of care and tend to be more frequent users of resources.
- There is a need to develop better ways to more effectively serve these patients, while both keeping them safe and preventing overuse of scarce resources.
- Often, the most effective care for this population occurs in frequent visits in the outpatient setting as opposed to the acute psychiatric emergency or inpatient setting.

PROJECT AIM

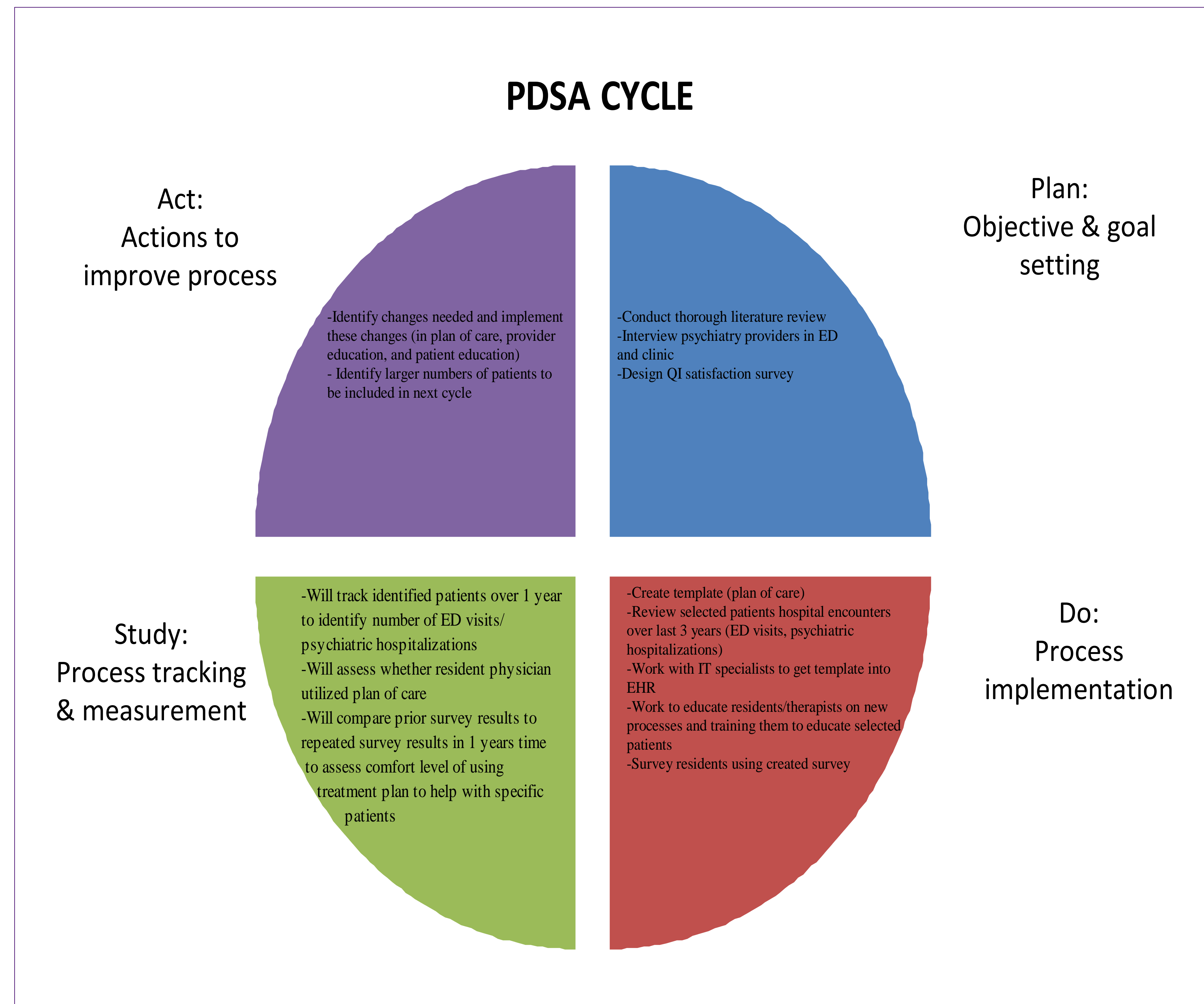
- The project will start with the development of specialized care plans for six psychiatric patients identified as high acuity as determined by diagnosis and review of medical record.
- The goal of the pilot project are to gauge needs, identify roadblocks, and design methods to overcome obstacles.

Patient	Age/ Race/ Gender	Diagnoses	# ED visits in last year	# ED visits in last 3 years	# psych admissions in last year	# psych admissions in last 3 years
Pt 1	36 y/o CF	Borderline PD MDD PTSD	0	1	0	1
Pt 2	42 y/o CF	Borderline PD MDD	0	13	0	3
Pt 3	52 y/o CF	Borderline PD MDD PTSD Bulimia Nervosa Hearing D/O	3	4	3	4
Pt 4	48 y/o CF	Borderline PD Schizoaffective D/O PTSD, Panic D/O	2	3	2	3
Pt 5	53 y/o CF	Borderline PD MDD PTSD, GAD	1	9	1	5
Pt 6	58 y/o CF	Borderline PD MDD PTSD	1	3	1	3

PROJECT DESIGN/STRATEGY

- A proposed method to better serve this specific subset is development of specialized care plans for these high acuity patients.
- These individualized care plans, designed as a collaborative effort between the patient and the outpatient psychiatric resident and/ or therapist offer step by step instructions on what to do in times of crisis.
- The care plans will be placed in a common area in the EHR and thereby be available to every individual on a patient's multi-disciplinary care team.
- The patient's chart will be uniquely coded so as to alert professionals that the patient is high acuity and that they have a specialized care plan in place.

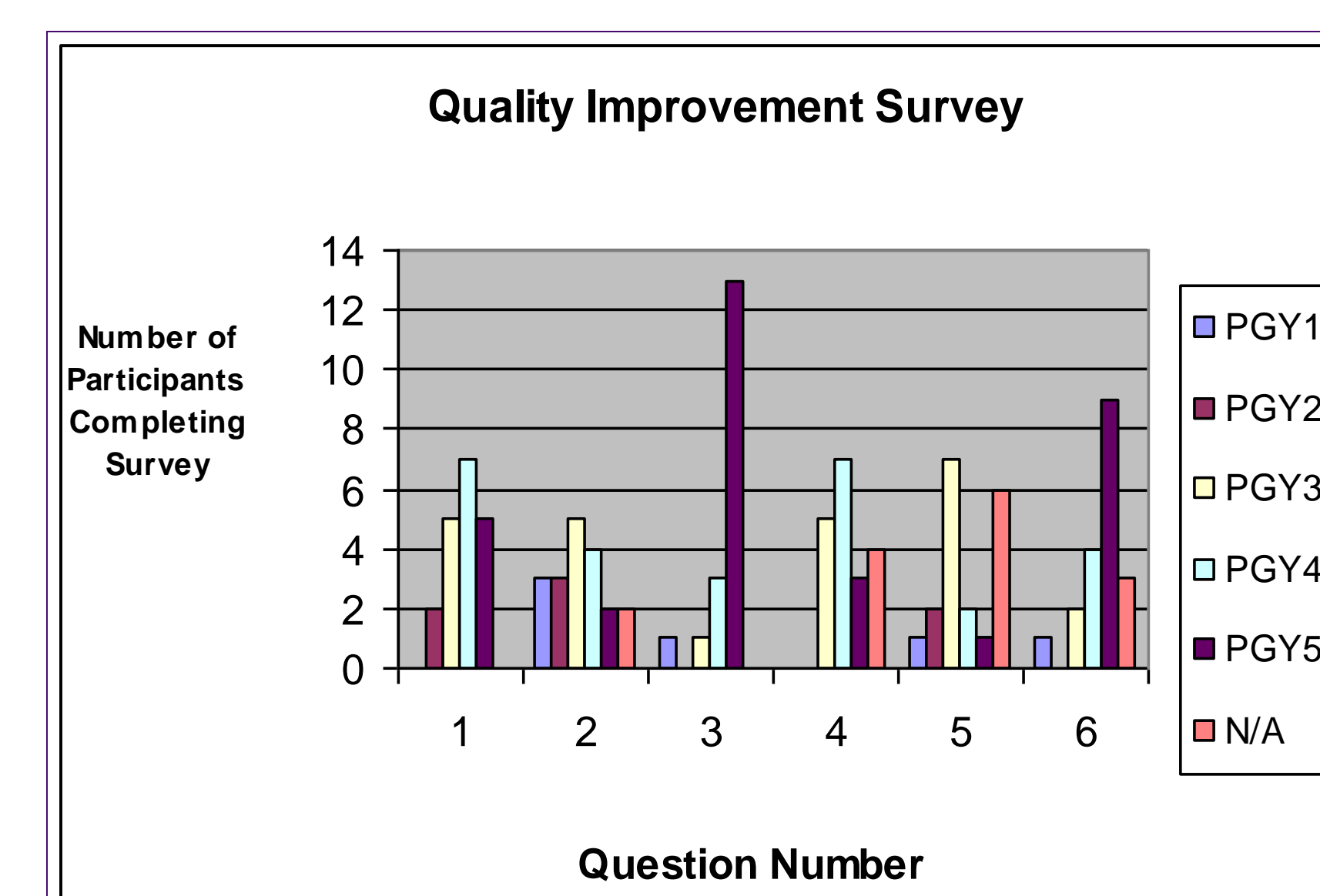
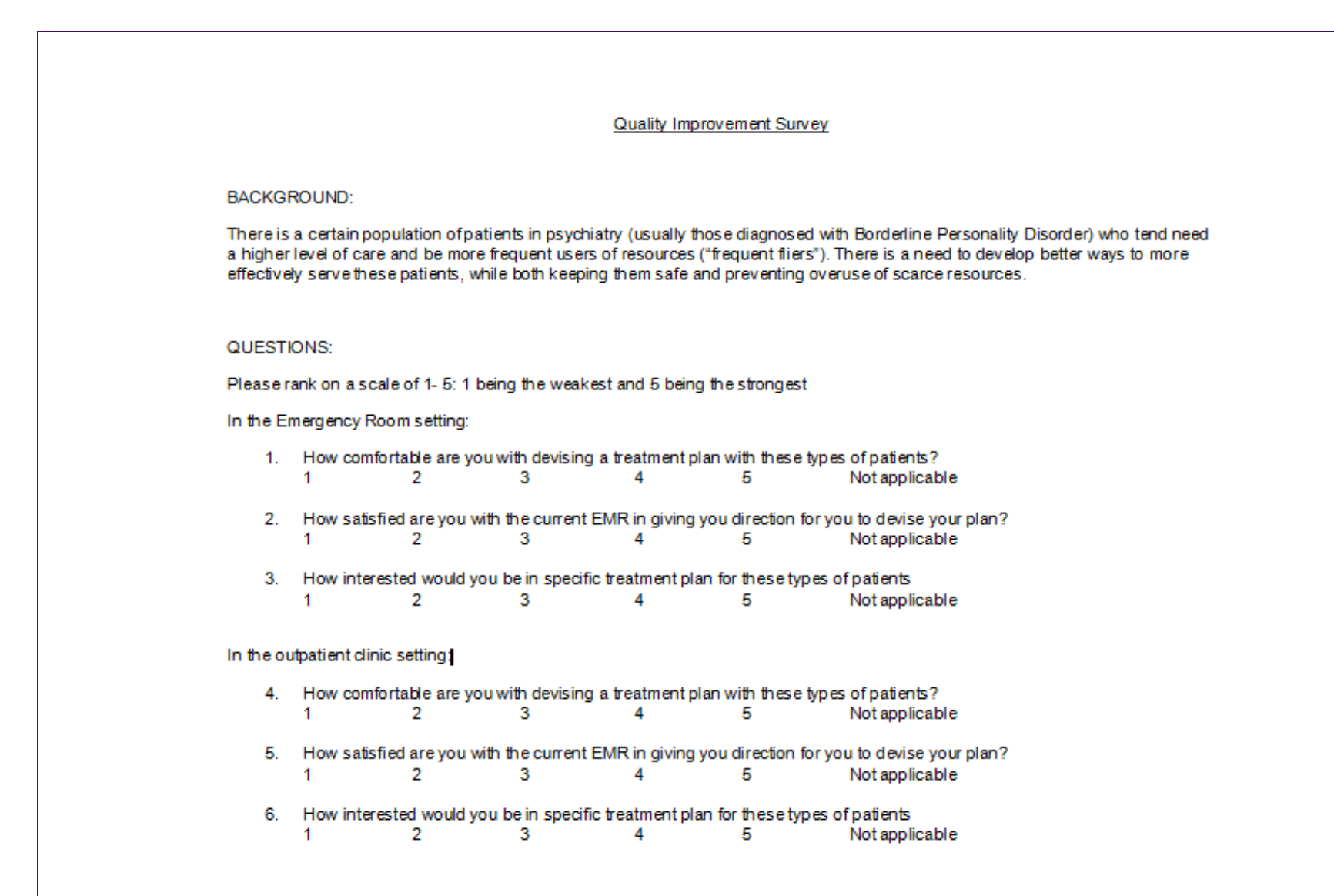
CHANGES MADE (PDSA CYCLES)



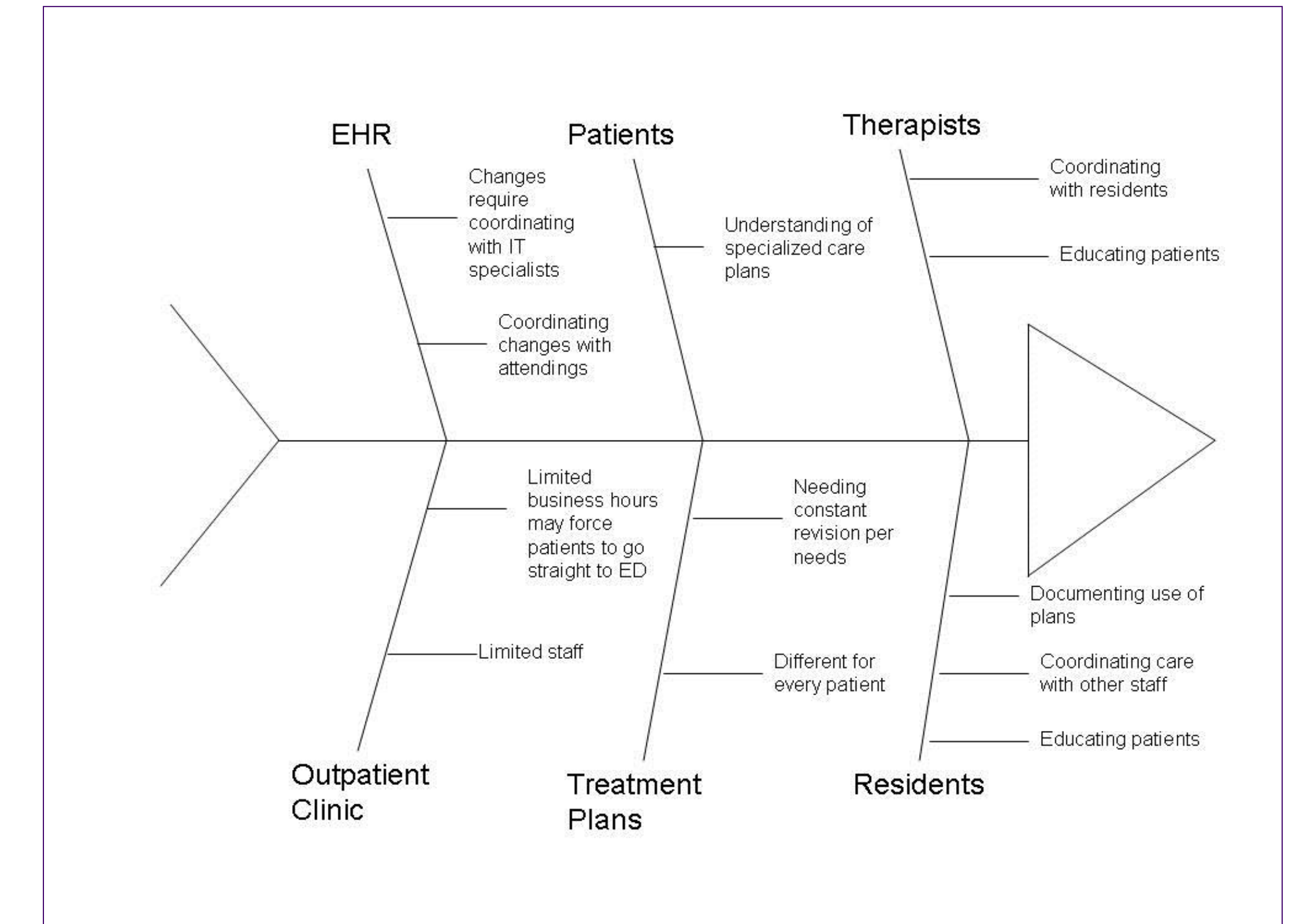
RESULTS/OUTCOMES

The development of specialized individual care plans for high acuity psychiatric patients will:

- lead to less frequent and shorter emergency department visits
- lead to less frequent unnecessary hospitalizations
- provide high risk patients with various resources to help prevent overuse of valuable, yet inappropriate, resources
- improve the satisfaction of the multi-disciplinary team members who are often unsure of the best care management decisions in time of crises



LESSONS LEARNED



NEXT STEPS

- These patients will have their progress tracked in terms of emergency room visits and inpatient hospitalizations. They will have their progress tracked over one year.
- This will be compared to their prior 3 years of emergency room visits and inpatient psychiatric hospitalizations.
- A secondary measure will be a survey of residents on the satisfaction of the current process of treatment planning in the emergency department for these complicated patients compared with the satisfaction after the individualized treatment plans are implemented.

ACKNOWLEDGEMENTS

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