Nurse-Led TOC Agile Model Reduced Readmissions in Behavioral Health Patients

Hackensack Meridian *Health*

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THE FIRST THIRTY
QIP-NJ at HMH

BACKGROUND

A visionary leader developed an innovative transition of care (TOC) program to address inequities in mental health care and social determinants of health (SDoH), particularly given the impact of the COVID-19 pandemic. The pandemic significantly worsened behavioral health outcomes in the United States, with depression rates quadrupling in the second quarter of 2020 compared to the same period in 2019 (24.3% vs. 6.5%) (Czeisler et al., 2020), and substance use disorders (SUD) affecting 17% (48.5 million) of the population aged 12 and older (SAMHSA, 2023). With a growing emphasis on community-based services over traditional inpatient psychiatric care, this nurse-led program developed an evidence-based Transitions of Care Bundle (TOCB™) that successfully reduced readmissions among vulnerable behavioral health (BH) populations.

Learning Outcomes: Upon completion of this program, participants will be able to:
- Replicate and apply a nurse-led program to effectively reduce hospital readmissions within their own organizations.
- Design a model that addresses the impact of SDoH on patient outcomes.

METHODS

Population: Low-income patients aged 18 and older in the inpatient unit with BH disorders

Program Process: Teams across ten hospitals received training on the program's standardized workflow. This workflow involves reviewing Epic for eligible patients, conducting bedside screenings for social needs, depression, and substance use, and creating personalized care plans. The TOC team then communicates these plans to the broader interdisciplinary team to facilitate community referrals and transportation assistance. Post-discharge, the team conducts follow-up calls for medication refills, appointments, and wellness checks.

RESULTS

Figure 1: Readmission Within 30 Days Fiscal Year 2022

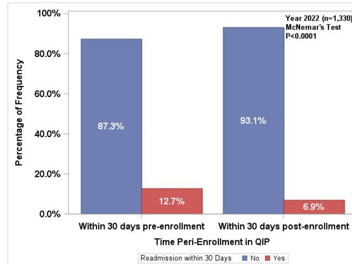


Figure 2: Readmission Within 30 Days Fiscal Year 2023

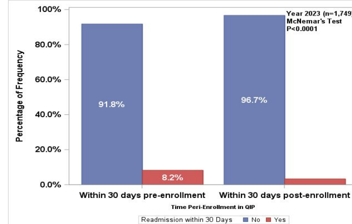


Figure 3: Race

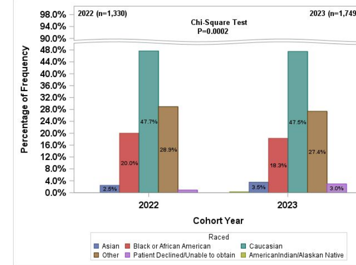
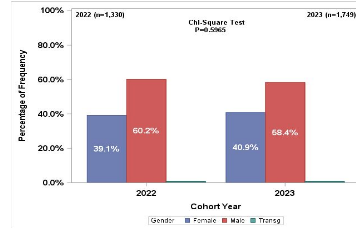


Figure 4: Gender



INTERVENTIONS

1. Care Coordination
 - Follow-up with BH, PCPs & Other Specialists
2. Medications
 - Free of any cost and co-pay assistance; Naloxone 365
3. Discharge Phone Calls
 - Risk stratified calls (High, Med, & Low)
4. Transportation
 - To all follow-up appointments
5. Patient-Specific Package
 - Hygiene kits, food insecurity gift card, prepaid cell phones, warming kits, etc.

CHALLENGES/BARRIERS:

1. Engagement:
- Low patient adherence and readiness for treatment.
- Severe mental illness hinders engagement, increasing relapse risk.

2. Communication:
- Phone access issues hinder communication for both the sending facility and community-based organizations.

RESULTS/CONCLUSIONS

The First Thirty program, applying the TOCB™ demonstrably reduces readmissions and fosters sustainable leadership.
- A comparison for both cohort years (2022 vs. 2023) and peri enrollment (pre vs. post enrollment) was significantly associated ($P < .0001$) with reduced risk of 30-day readmissions in the inpatient setting.
- The nurse leader has demonstrated effective succession planning through well-established mentorship initiatives, fostering autonomy and high reliability.
- Program's success drove organizational change and adoption of this innovative care coordination approach.

STAFFING MODEL

Corporate:
- SVP Associate Chief Quality Officer
- VP of Women & Community QI
- Director of Community Health Quality
- Data Quality & Operations Manager
- Research Nurse Coordinator
- Project Managers
- Administrative Assistant

Regional:
- Regional Managers

TOC Team:
- Nurse Navigators
- Navigators
- Transitions Assistants
- Care Coordinator

RECOMMENDATIONS

Sustain/Improve: Continuous program evaluation and refinement based on identified gaps.
Address SDoH: Leverage resources to address social determinants of health impacting patients.
Expand/Replicate: Apply the TOCB™ model to other patient populations and diagnoses.
Empower Nurses: Elevate the role of nurses in serving marginalized communities.

Czeisler, M. E., Lane, R. I., Petrosky, E., Wiley, J. F., Christensen, A., Njai, R., Weaver, M. D., Robbins, R., Facer-Childs, E. R., Barger, L. K., Czeisler, C. A., Howard, M. E., & Rajaratnam, S. M. W. (2020). *Mental Health, Substance Use, and Suicidal Ideation During COVID-19 Pandemic - United States, June 24-30, 2020.* https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm