

**Project Title:** Development of an Academic Post-Acute Care (PAC) Psychiatry Consult Service to Improve Patient Outcomes and Length of Stay

**Name and Institution:** Janna Friedly MD, MPH, University of Washington

**Mentors:** Tim Dellitt, MD, Interim Dean; Trish Kritek, MD, Vice Dean for Faculty Affairs

**Physician Lead:** Deena Hassaballa, DO

**Mission Area:** Clinical

**Background:** Harborview Medical Center (HMC) is experiencing record numbers of hospital admissions and is routinely >120% capacity. Limited post-acute care (PAC) availability is a major contributor. In response to these challenges, HMC contracts with the Queen Anne skilled nursing facility (SNF) to ensure access for HMC patients who no longer require acute-care services, but need SNF level nursing/therapy care. Currently there are no PAC psychiatrists who oversee their rehabilitation care. Psychiatrists are instrumental in identifying and treating conditions that interfere with participation in rehabilitation (including pain, spasticity, musculoskeletal injuries, cognitive impairment, insomnia, anxiety, agitation) and can advance rehab care plans with on-site therapy staff and avert unnecessary staff time/transportation costs for outpatient clinic visits. There is also growing need to train Psychiatry residents in PAC care as an increasing number of patients with complex rehabilitation needs are discharged to SNFs nationally.

**Overall program objectives:** The 2 primary outcomes of the initial pilot are 1) Improve patient outcomes and 2) Improve PAC throughput. If the pilot is successful, the next phase of the project will be to develop a psychiatry resident rotation and curriculum in PAC rehabilitation.

**Methods:** A pilot program was developed through several steps. First, we engaged institutional and PAC stakeholders who identified a need for PAC psychiatric services. Next, we developed a service model including financial modeling of viability. We then developed care pathways with PAC clinical staff. Finally, we determined key metrics including 1) functional outcomes, 2) length of stay (LOS)/improved throughput, 3) averted outpatient rehab clinic visits and transportation/staffing costs, 4) 60-day rehospitalizations, 5) secondary complication rates (pressure ulcers, contractures, falls, pain), and 6) staff/patient satisfaction with rehab care. Financial/process outcomes include number of referrals and billing revenue.

**Results:** Conservative financial modeling suggests a cost to the hospital of approximately \$60,000 for the pilot program (billed revenue – physician time; minimal infrastructure costs). Pilot psychiatry consult service funding was approved by HMC for one year (March, 2023 -2024). Initial data include 27/100 patients that have received new psychiatry consultations. Of these, 18 awaiting outpatient rehab clinic appointments can be deferred.

**Conclusions and Potential Impact:** The establishment of an academic PAC psychiatry consult service is feasible with limited initial financial investment. Initial results suggest high enthusiasm/engagement for the program and potential for improved patient outcomes and reduction in costs due to reduced LOS and secondary complications. We also expect reduced transportation costs associated with rehab clinic visits and better clinic efficiency as clinic visits with PAC patients often take longer than standard clinic visits. In the next phase, we will create a formal PAC curriculum and incorporate psychiatry residents into the consult service.

