

Overview: William Osler Health System knew that patients with major depression were not always receiving timely access to mental health and addictions treatment following discharge from Osler’s Mood and Anxiety Adult Inpatient Unit. Osler recognized that when patients who are still suffering from depression deteriorate due to lack of timely community support, they often have no alternative but to revisit the hospital services, often in crisis. Not wanting patients to feel abandoned by the health care system, Osler participated in the IDEAS Advanced Learning Program to find ways to ensure more timely follow-up care and improve transitions to home. As a result, **65% of patients now have a follow-up appointment** with a psychiatrist scheduled within 7 days of discharge, and the **average wait for a follow-up appointment has dropped from 17 days to 9 days.**

The Problem: Post-discharge is a vulnerable time for patients affected by major depression. They may be a serious safety risk to themselves because there is a higher likelihood of suicide during the two weeks following discharge from hospital psychiatric treatment programs. But when Osler looked at their internal data, they found that post-discharge appointments were not being consistently made for patients as part of the discharge planning process. When appointments were made prior to discharge, it was often late in the patient's hospitalization—this led to increased wait times for post-discharge follow-up, which in turn led to increased risks for the patient. Osler also recognized that expecting these patients to make their own follow-up appointments after discharge from hospital is not the best way to support follow-up care. Seeking ways to improve the discharge process and support better care post-discharge, Osler participated in the IDEAS Advanced Learning Program to learn QI skills, knowledge and tools that would enable them to implement a solution.

“This was the first time we involved staff in a quality improvement project on this scale [and] the support of the IDEAS Advanced Learning Program was essential to that...We’ve already begun spreading the project to other patient populations.”

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The Solution: The Osler IDEAS team set an aim that 75% of patients with major depression discharged from the inpatient unit would be offered a scheduled follow-up appointment with a health care provider within seven days. The team identified several change ideas, including: starting discharge planning earlier in the patient’s stay; ensuring an Osler psychiatrist had one hour of protected time each week to see patients who were not able to schedule an appointment elsewhere following discharge; and increased use of OTN. At the end of the project, the changes they implemented had led to **65% of patients having a follow-up appointment scheduled within 7 days or less**, with the overall number of days between discharge and scheduled follow-up dropping from 17 to 9 days for these patients. Osler continues to sustain their efforts, and a staff survey showed that the project helped improve employee engagement in addition to the positive patient impacts it produced.

Achievements

- **65% of patients with Major Depression had a follow-up appointment** scheduled within 7 days or less
- The average number of days between discharge and scheduled follow-up for these patients was **reduced from 17 days to 9 days**
- Of the patients charts that were randomly selected for review, **100% included a post-discharge appointment**
- **Revisit rates for patients with depression went from 8.09% down to 7.62%** (note, however, that this data includes all mental health diagnoses, not just those with Major Depression who were the subject of this project)