HOSPITALIZATION FOR SUICIDE ATTEMPT
CONTINUITY OF CARE AND TRANSITIONS TO POST-DISCHARGE BEHAVIORAL HEALTH TREATMENT

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OBJECTIVES

Recognize the relationship between health system characteristics and health service use

Discuss how variations in health system characteristics may impact the timing of post-discharge care

Examine the impact of the timeliness of post-discharge treatment in overall suicide prevention efforts
BACKGROUND & AIM
Psychiatric illness and recent hospital discharge impart increased risk for suicide.\textsuperscript{1-4} Suicide prevention strategies emphasize immediate and intense behavioral health treatment (BHT) after discharge from psychiatric hospitalization for suicide attempt.\textsuperscript{5-7} Few studies have investigated organizational processes associated with the timing of post-discharge behavioral health care for patients admitted for suicide attempt.\textsuperscript{7}

Aim: Describe factors related to continuity of care between inpatient admission and the timing of outpatient BHT.

CONCEPTUAL FRAMEWORK

METHODS
Design: Observational Retrospective Cohort Study
Setting: VISN 9 (Mid-South Region)
Six VA Medical Centers
Sample: 504 Veterans hospitalized in VA for suicide attempt
Observation Period: Date of inpatient admission + 6 months post-discharge
Data Sources: VA administrative data, Suicide Prevention and Application Network (SPAN)
CONTINUITY OF CARE VARIABLES

Dependent Variable
Time (days) to first behavioral health appointment

Independent Variables
- Unit Transitions
  - Medical
  - Psychiatric
  - Med-Psych Transfer
- Consult Initiation
- High Risk Flag Activation
- Facility Transfer

HOSPITAL FACTORS AND TIMING OF POST-DISCHARGE CARE

IMPLICATIONS

Patient demographic and clinical characteristics were not associated with the time to for post-discharge appointment.

Certain types of transitions have implications for timely access to treatment
- Medical Discharge
- Facility Transfer
STRENGTHS & LIMITATIONS

Sample: VA hospitalized patients

Use of nascent data source: SPAN
Allows for observational study of large populations of high-risk patients
Requires supplementary VA data sources to validate patient information

SUMMARY

Care continuity matters

Majority of veterans benefit from standardized care approach

Further work needed to understand patient-level characteristics and health-related interactions

REFERENCES

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