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Workflow solutions to improve interdisciplinary collaboration and satisfaction in mental health urgent care

Background:
- Mental Health Urgent Care Clinic (MHUCC) in Sacramento County is a pilot program that launched in 2017:
    - Aims to address gaps in the mental health system such as lack of inpatient beds, emergency department crowding, long wait times for outpatient services and access to crisis services.
    - Provides walk-in services, crisis intervention, medication management and linkage to outpatient services.
    - Staffed with an interdisciplinary team (IDT) consisting of peer providers, mental health clinicians (clinicians), nursing staff and psychiatric providers (MD/DO, NP/PA).
    - Fast-paced environment with challenges in workflow and communication between disciplines.
- Evidence suggests algorithm-based solutions have been successfully utilized to increase communication and remedy workflow issues among IDTs[1].

Problem:

Lack of formal workflow processes at MHUCC for how clinicians:
- Refer patients to a MHUCC psychiatric provider.
- Present clinical information (case presentation) to psychiatric providers.
- Lack of guidelines for psychiatric provider acceptance/rejection of referrals.

Resulting in:
- Tension between clinicians and psychiatric providers.
- Potential bias in patient referrals.
- Negative impact on clinician wellness and job satisfaction.

Intervention:
- Create a formal referral process for clinicians using:
    - Decision Tree Algorithm - prioritizing acuity/current provider/county/insurance
    - Modified Crisis Triage Rating Scale/LOCUS
- Develop a case presentation template for clinicians
- Run separate collaborative learning sessions focused on new tools.
    - Clinicians: Didactics, case presentations, role play, feedback.
    - Psychiatric providers: Reviewed algorithm, case presentation.

Methods:
- Study Design: Descriptive Pilot Study (January 23, 2020 – April 30, 2020)
    - Data on demographics, pre/post implementation surveys and participant observations
- Sample (N=11); pre/post semi over-lapping due to staff turnover and COVID-19

Results:
- Clinicians report improved knowledge regarding referral process.
- Decision tree helped facilitate referrals to psychiatric providers and increased clinician satisfaction with workflow. Overall, algorithm was viewed as a positive change.
- Template increased clinicians' confidence in presenting cases. Many identified its benefits for junior, but not all, clinicians.

PRE (n = 8)   POST (n = 6)

Know which clients to refer to a psychiatric provider

Know what clinical information psychiatric providers want/need during a case presentation

Satisfied with current procedure and process by which clients are referred to a psychiatric provider

Confident when presenting a case to a psychiatric provider

strongly disagree (-2) somewhat disagree (-1) neutral (0) somewhat agree(1) strongly agree (2)

Case presentations impact my job satisfaction or wellness

very negatively (-2) somewhat negatively (-1) no impact (0) somewhat positively (1) very positively (2)

Implications:
- Structured algorithm-based solutions can successfully address workflow problems in complex, fast-paced safety-net settings that employ IDTs.
- Collaborative learning sessions can enhance interprofessional engagement and education as well as increase overall job satisfaction, which may increase staff retention.
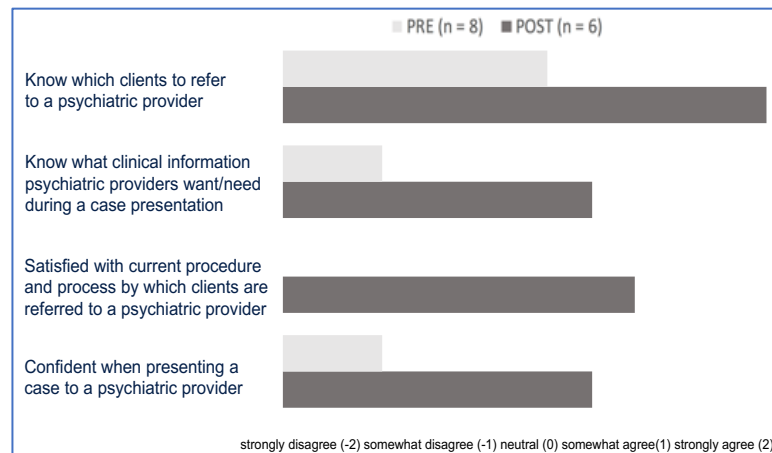
1. Curran V, Heath O, Adey T, et al. An Approach to Integrating Interprofessional Education in Collaborative Mental Health Care. Academic Psychiatry. 2012;36(2). doi:10.1176/appi.ap.10030045.