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BEHAVIORAL INTERVENTION TEAM: A MULTIDISCIPLINARY APPROACH TO CO-MORBIDITY IN HOSPITAL LEVEL CARE

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Introduction: Psychiatric illness complicates physical medical care and prolongs hospital stay.

Objectives: To implement and measure the effect of a multidisciplinary (psychiatry, nursing and social work) team in an academic medical center general hospital.

Aims: To test the hypotheses that early recognition and management of co-morbid mental illness threatening to interfere with hospital level care for physical illness will reduce the fiscal burden of hospital level care.

Methods: Before and after comparison of patients on three medical units examining conventional consultation liaison approach vs the Behavioral Intervention Team (BIT) on four outcome measures: length of stay (LOS), denied days (uncompensated days waiting on medical service for hospital level care of psychiatry when the patient no longer requires hospital level medical care), constant companion use, and thirty day readmission rate.

Result: Consultation liaison patients from August 1, 2008 through June 30, 2009 were compared to BIT patients on the same three units from August 1, 2009 through June 30, 2010; the BIT patients had a lower length of stay (9.99 days vs 11.33 days, Wilcoxon Two Sample Test=200953, $p < .01$, two tailed) with a reduction of constant companion use by 8.7%, and elimination of denied days altogether. Thirty day readmission was reduced 2.5% but was not statistically significantly different.

Conservative economic analysis demonstrates that the intervention begins to generate a profit when the hospital reached budgeted census at least 3.5% of the time.

Conclusions: Interdisciplinary care can be feasible, effective and efficient in a hospital based consultation liaison setting.