

Continuity of care after hospitalization for a psychotic disorder: results from the Finnish Quality of Psychosis Care registry

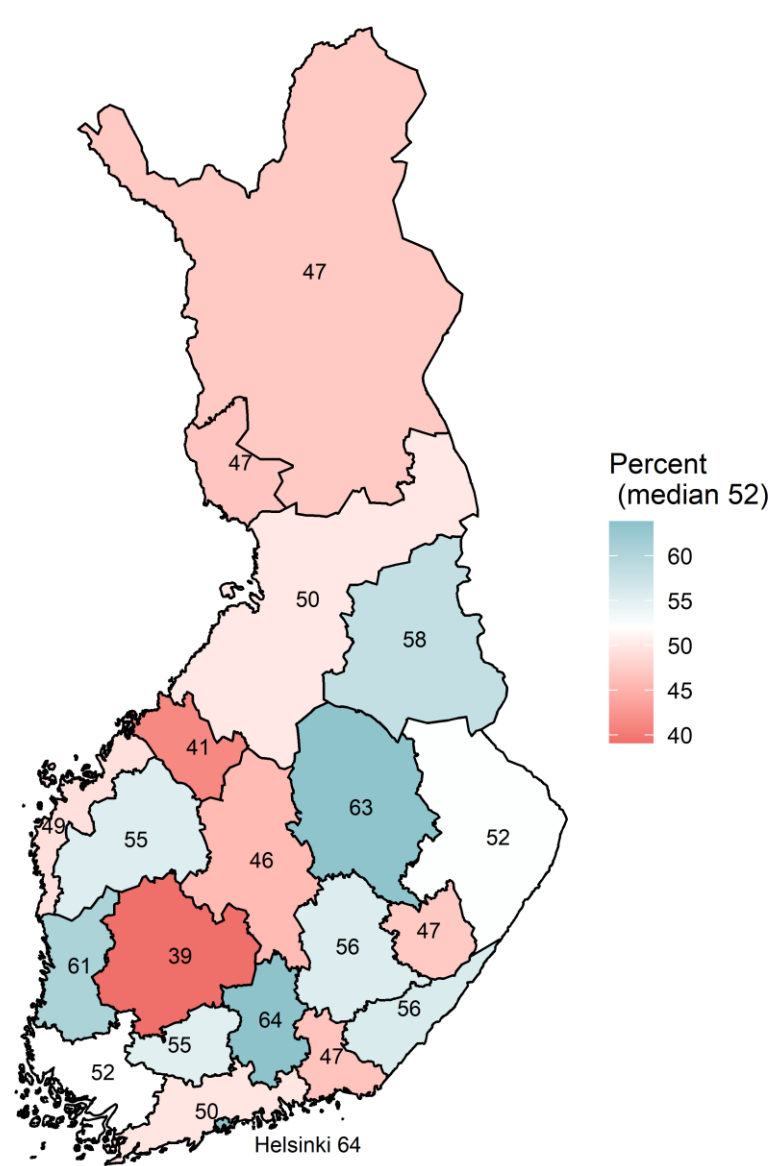


Figure 1: The proportion of patients receiving an outpatient appointment within one week from hospital discharge by region.

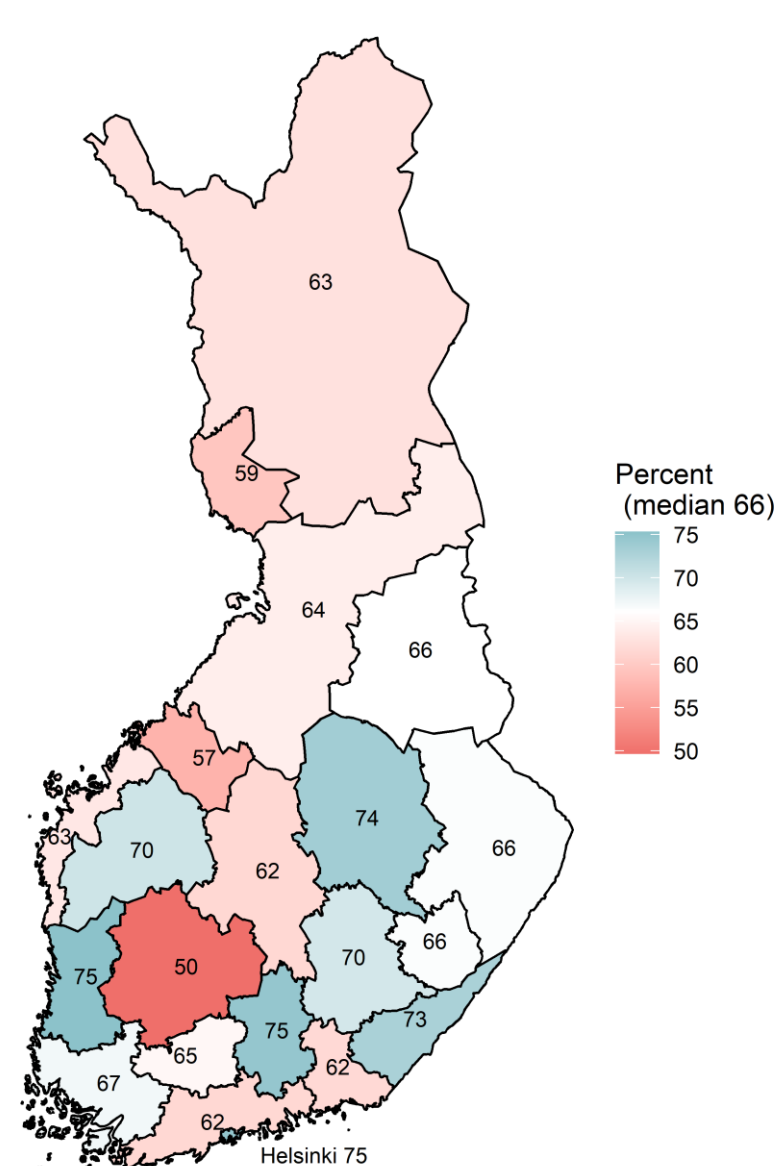


Figure 2: The proportion of patients receiving an outpatient appointment within two weeks from hospital discharge by region.

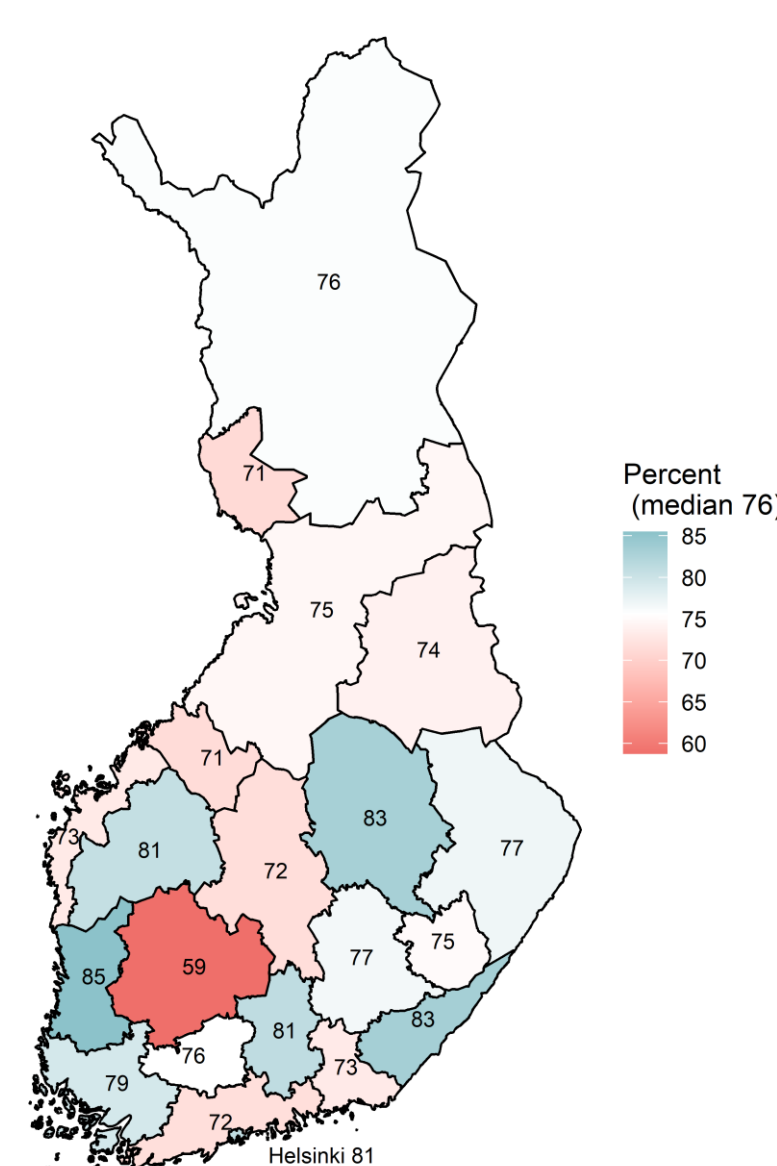


Figure 3: The proportion of patients receiving an outpatient appointment within four weeks from hospital discharge by region.

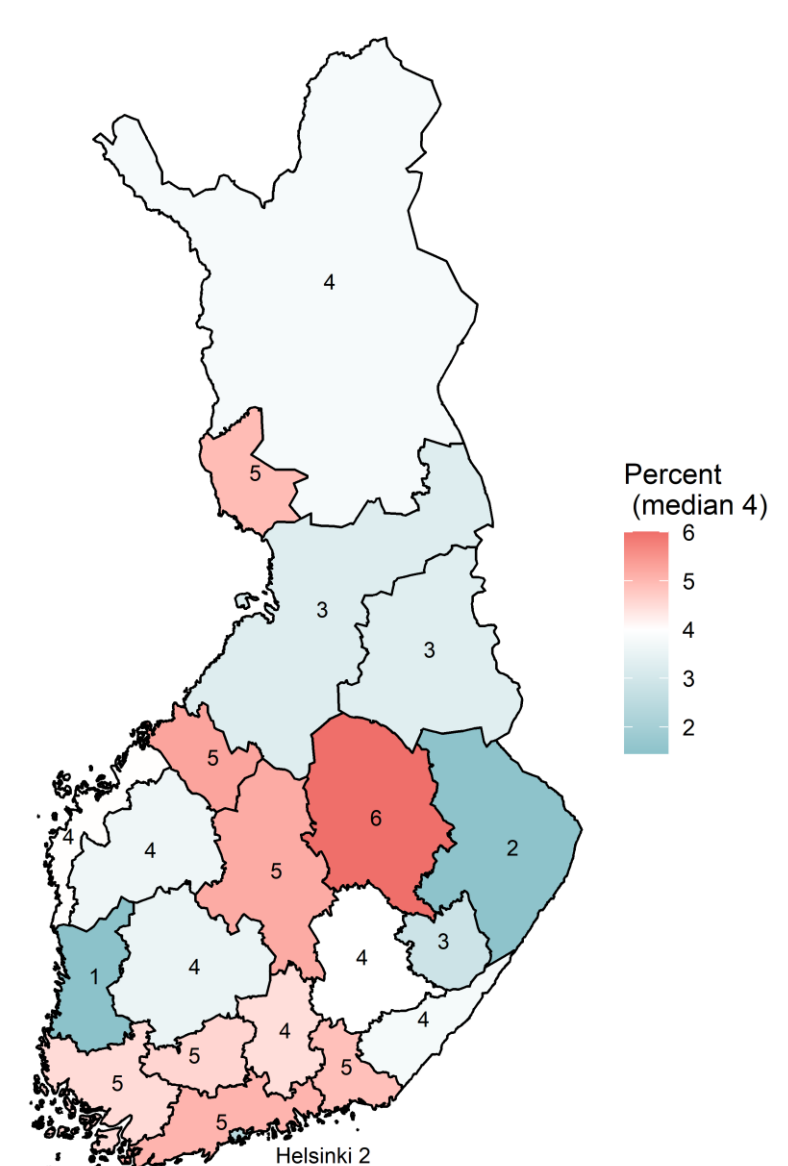


Figure 4: The proportion of patients who were rehospitalized into psychiatric hospital treatment within four weeks after discharge by region.

Introduction

The Finnish Quality of Psychosis Care registry has been developed since 2019 as a part of national health care quality register initiative. The register is based on several nationwide health care and other administrative registers, providing information e.g. on hospital and outpatient care, medication use, living in supported housing, disability benefits as well as sociodemographic factors including employment and income. Here, we describe the results on two quality of care indicators: **timely first outpatient visit after psychiatric hospitalization** and **hospital readmissions**, and investigate regional (hospital district level) differences in these indicators.

Whereas timely ambulatory follow-up visit after psychiatric hospitalization indicates good continuity of care, hospital readmission soon after discharge may indicate premature discharge or lack of coordination with outpatient care.

Methods

The register includes **all people with a diagnosis of non-affective psychotic disorder** (International Classification of Diseases [ICD]-10 codes F20-F29 or International Classification of Primary Care [ICPC]-2 codes P72 or P98) between years 2010 and 2020. These people were identified from the Care Register for Health Care (CRHC) and the Register of Primary Health Care visit. The register contains information on their hospital care, specialized outpatient care and primary health care. The current analysis focuses on those people who received psychiatric inpatient treatment between 1 Dec 2019 and 30 Nov 2020. Their health service use was followed for one, two, and four weeks, starting from the date of discharge.

Results

There were **15 447 patients** discharged from psychiatric hospital care during the follow-up period.

There were notable **regional differences in the continuity of their care**. The proportion of patients receiving an outpatient appointment varied between hospital districts from 39% to 64% within one week from hospital discharge, from 50% to 83% within two weeks from discharge and from 59% to 85% within four weeks from discharge.

The proportion of patients who were **rehospitalized into psychiatric hospital treatment within four weeks** after discharge varied from 1.5% to 6.0%.

Conclusion

There is notable regional variation in the continuity of care of people with psychotic disorder after psychiatric hospital treatment. Reasons for this variation require further studies. For example, shortage of psychiatric beds may lead to inadequately short length of stay and readmissions. Informing hospital districts on these results may facilitate development of the continuity of care between local service providers.