

Enhancing Mental Health Care Access Through Data-Driven Initiatives





80 percent relative reduction in mental health consult turnaround time.



16 hour improvement in the timeliness of inpatient mental health care.



Nearly 100 percent of inpatients—more than 5,100 patients—in need of a mental health consult received needed services.

PRODUCTS

Nealth Catalyst Data Operating System (DOS™) platform

THE CHALLENGE

WakeMed Health & Hospitals (WakeMed) was challenged to meet the needs of patients who presented to the organization for mental health care. Demand for mental health services was high, and psychiatrists were challenged to respond to consult results in a timely manner.

THE SOLUTION

WakeMed used data from the Health Catalyst Data Operating System (DOS™) platform to engage the psychiatry team in understanding current consult turnaround time (TAT) and identifying and implementing changes to improve performance.

A physician leader engaged their peers in analyzing performance data, allowing the data to tell the story about consult TAT and the underlying factors contributing to delays and evaluating changes to improve performance. Led by a proactive physician leader, the team embarked on a thorough review of performance data, allowing insights to guide their actions. It quickly became apparent that many consults exceeded their desired 24-hour TAT goal. Through the strategic use of a heat map, the team pinpointed specific time periods where delays were most pronounced, particularly in the afternoon and evening. In response, they restructured their staffing models to provide enhanced coverage during these critical hours.

THE RESULT

Through the strategic application of data and analytics, WakeMed successfully engaged physicians in solutions to improve consult TAT performance, ensuring the timely delivery of mental health services to those in need.



We used data and analytics to address the critical issue of mental health consultation turnaround times (TAT), resulting in an 80 percent reduction in TATs.

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