

# **PATTERNS OF PERFORMANCE VARIABILITY: A MESO-LEVEL UNDERSTANDING OF PSYCHIATRIC DISCHARGE**

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## **Abstract**

Incident reports, as well as surveys, indicate that there is a risk of healthcare injuries when psychiatric patients are discharged from the hospital, with continued treatment as an outpatient. In this study, we are ultimately interested in the resilience of psychiatric care in this risky discharge, i.e. how the system adapts to cope with the risks. We understand that there are margins of maneuver in everyday psychiatric work, with several strategies potentially leading to acceptable performance and we seek to map the performance variability of such strategies. The aim of this study is to visualize retrospective discharge and compare findings of variability within the Stockholm Center of Dependency Disorder different wards. To understand what is "normal" from an organizational point of view, the study will analyze patterns from clinic visits where patients had been discharged with a follow-up visit between 2009 and 2018.

This is a retrospective longitudinal correlation study with a strategic selection. Data consist of 71 125 anonymous quantified patients, who have been hospitalized and who, at the time with discharge, have been booked to a revisit as an outpatient. Results are compared between 81 different wards in Stockholm County.

Results show that a significant amount (42%) of the patients do not visit the outward as planned by health care, but instead seek help from the emergency ward. Further, a variance in cancellation of the follow-up visit appear as an outcome for the data.

Retrospective analysis of quantified data seems to be a valuable tool for widening the understanding of performance variability and could help healthcare management understand where resources should be prioritized. The results also show how patients themselves have, and use, adaptive capacities in order to navigate the system, and that this has consequences at higher system levels.

**Keywords:** Performance variability, Psychiatric discharge, Resilience, Retrospective analysis, Meso-level, Micro-level.