The Admissions Process Begins the Discharge Process: Three-Way Contracts at Catawba Valley Medical Center in Hickory

An Interview with Cristy Williams, BSN, RN-BC, Patient Care Coordinator by Mebane Rash

Cristy Williams is the patient care coordinator in the psychiatric unit of the Catawba Valley Medical Center in Hickory. Her work involves a mix of direct care and middle management responsibilities. "I oversee the more complex patients in our unit, which now includes the three-way contract beds," she says. Three-way contracts among the N.C. Department of Health and Human Services, local mental health management entities (LMEs), and local hospitals build capacity by paying hospitals for short-term inpatient care. Williams makes sure that a patient is eligible for services under the three-way contract, that patients receive the appropriate discharge medications, and that the appropriate connections to post-discharge services are made. "I make sure that patients come full circle back into the community."

Much of Williams' work involves the three-way contract because Catawba Valley's 30-bed unit is one of the largest involved in the project with 12 beds, and it has a high level of utilization. Within her hospital, she described her role as being "the center that makes the project come together."

Williams says there are many advantages to providing care locally, including short-term crisis care. Catawba Valley admits patients both from their local area and patients from other LMEs. In fact, they have had patients from as far away as Eastern North Carolina.

Williams also notes that providing short-term care at a community hospital can lead to better follow-up services and coordination of care. For instance, Catawba Valley has a strong working relationship with the LME. It is harder, however, to serve patients from different local areas. She says, "It is much more difficult because we don't have the same working relationships."

Regardless of a patient's home region, Williams says there is an advantage to providing care through community hospitals. That is because the community hospitals specialize in providing short-term acute care and don't mix short-term and long-term care patients, as happens in the state psychiatric hospitals.

She says that "the admissions process begins the discharge process." By that, she means that she and her colleagues are thinking about the services a patient will need once he/she is stabilized and discharged. She adds, "We have a plan in place by the time each patient is stabilized." To that end, she and her colleagues look at the patient's symptoms and the severity of those symptoms and also consider the patient's history. While in the hospital, patients receive a combination of services appropriate to their situations (e.g., medication, psychiatric treatment, detoxification/substance abuse treatment, case management, or social services).

In terms of the logistics of serving more patients, Williams says, "We're evolving as we need to and as the contract does in order to provide optimal care." But she adds, "If we were going to serve more patients, we would need more staff."

"We are providing acute care to patients who otherwise would go to state psychiatric hospitals," says Williams, adding that reductions in the number of long-term beds in state hospitals will result in more people with complex needs living in communities, thereby increasing the importance of community services.

Williams says the kind of care provided to patients doesn't vary based on the payment source. "It doesn't matter where they came from or who the payer source is. We're providing the patients with the same services. The only difference is who I send the paperwork to." She adds, "I love it. I love my patients."