
Abstract**Efficacy and Continuity of Care in a Psychiatric Gap Care Clinic: A Program Evaluation****Purpose:**

To assess the effectiveness of a psychiatric gap care clinic in facilitating continuity of care and reducing readmission rates among psychiatric patients. The transition from inpatient or emergency department (ED) mental health care to outpatient services is a high-risk period for patients. This evaluation examined the impact of scheduled gap clinic appointments on psychiatric readmissions within three months of discharge from an ED or inpatient setting. The study included psychiatric patients across the lifespan who were discharged with a scheduled first appointment at the gap clinic. Readmission rates were compared between patients who had scheduled gap clinic appointments and those who did not.

Methods:

A retrospective review of electronic health records was conducted, collecting de-identified aggregate data on psychiatric patients discharged from emergency or inpatient care, both those who were scheduled to follow up in the gap clinic and those who were not. Three-month post-discharge readmission rates were analyzed to determine whether continuity of care through the gap clinic influenced readmission outcomes. Data was presented using tables and graphs. Additional variables, including no-show rates, virtual versus in-person appointment attendance, and patient demographics, were examined to identify areas for improvement.

Results:

Findings from the program evaluation indicated a 1.07% reduction in readmission rates among patients scheduled for gap clinic appointments compared to those who were not. Readmission rates were further reduced by an additional 0.61% for patients who completed all three recommended gap clinic visits. While more in-person appointments were scheduled compared to virtual visits, virtual appointments had a higher completion rate. Demographic analysis showed that patient representation in the gap clinic was largely

reflective of the regional population, except for the Hispanic population, which was notably underrepresented (1.1% in the gap clinic vs. 6.6% regionally).

Implications:

The psychiatric gap care clinic plays a critical role in ensuring continuity of care and reducing readmission rates, leading to significant improvements in patient outcomes and quality of care. Additionally, the reduction in readmission rates carries financial benefits, as the average inpatient psychiatric admission lasts 6 to 7 days at an estimated cost of \$1,200 per day. Lower readmission rates contribute to cost savings, reduce strain on emergency departments and inpatient units, and help address the ongoing mental health crisis at both local and national levels. Future efforts to improve appointment adherence, expand access to virtual care, and promote culturally inclusive services will further enhance the clinic's effectiveness in meeting the needs of individuals seeking mental health treatment.