Managing Psychiatric Patient Throughput in the Emergency Department

Heartland Healthcare Executive Group (HHEG)

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Agenda

- Introductions
- U.S. Mental Health Access Crisis
- Risks to Patients, Staff, Hospital and Community
- EPC Challenges in the State of Nebraska
- Environment of Care Challenges & Recommendations
- Competency & Training
- Assessment of the Psychiatric Patient
- Disposition Strategies

The CawleyJohnson Group Team

- Jean Hubbard, MN, RN, is the Vice President of Clinical Operations and Quality Improvement. She has more than 30 years of experience in psychiatric nursing, including as a Director of Clinical Services and Director of Nursing for a freestanding psychiatric hospital. She has participated in Federal, State and TJC regulatory reviews and has developed performance improvement plans for all range of behavioral health services. Jean is a valuable clinical resource to ensure our your program and hospital meet all patient, payer and regulatory needs.

- Kathryn Abernethy, BSN, RN, is a Clinical Operations Consultant. She has worked in both for profit and not for profit healthcare systems, including acute care hospitals, freestanding psychiatric facilities and residential programs. Kathryn has served as a Director of Nursing, Clinical Coordinator, Nurse Manager, PI, QA and CQI leader, and as an Emergency Room RN as a provider of triage, intake, assessment, admission and referral services. She is certified in crisis prevention and restraint reduction, and a published author in the Journal of Nursing Quality Assurance regarding patient satisfaction as an indicator of quality outcomes.

- Dorothy Heffernan, BSN, RNC, is the Nurse Manager for the behavioral medicine services at Fremont Health. She has worked in behavioral healthcare for over 40 years. She has worked in acute care hospitals, freestanding psychiatric hospitals and residential programs. Dorothy has served as in a multitude of positions from charge nurse to Director of Programs. She has also served as a Risk Manager and Director of Education and Resource and provided national training on trauma.

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Access to Acute Mental Health Services

- In most communities, the ED is the only option for patients or other stakeholders to access behavioral health care services 24/7 due to "de-institutionalization", economic factors, State mental health budget reductions, etc.
  - Per capita State psychiatric bed populations by 2010 have plunged to 1850 levels, 14 beds/100k population. *(B. Kutscher, AHA, 2013).*
  - The ratio in England in 2008 was 63.2/100k population. (B. Kutscher, AHA, 2013).

- In the US, 12.5% of the patients in the ED are behavioral health patients seeking treatment and SAMHSA reports that In 2014, 9.4 million adults aged 18 or older thought seriously about trying to kill themselves in the past 12 months (SAMHSA 2014).

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Access to Acute Mental Health Services

- With the loss of inpatient psychiatric beds, and the attrition of outpatient providers, for many ED's, the psychiatric patient has become the largest consumer of resources and the psychiatric diagnosis has become the most frequent presenting problem
  - Psychiatric patients occupy ED beds 3x longer than non-psych patients
  - Costs exceed hospital payments by $100/hour (Emergency Medicine International, 2012).

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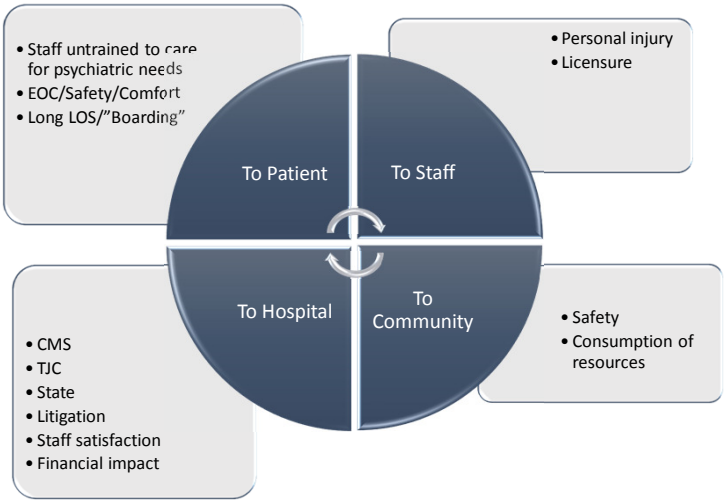
Risks



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EPC Challenges in Nebraska

- Inconsistencies in implementation across counties
- Inconsistencies in timeframes across counties
- Conflict between insuring patient right to access, and right to care in the least restrictive environment
- Financial/funding follows the EPC process
- Geography and proximity of stakeholders creates barriers to collaborative practice

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ED **Housing-Environment of Care**

- Calming, quiet triage area
- Plan for patient disrobing that is sensitive to possible past trauma and or altered thoughts/paranoia (give choices whenever possible)
- Monitoring and visualization, patient and peer
- Effective monitoring of environmental risk
- Elimination of sharp items, potential weapons, items that can be thrown
- Area for visitors to lock their belongings
- Locked or roll down wall/cabinet in patient rooms that contain any tubes, cords, sharp items
- Area is locked or has a delay lock on exit doors
- Lower lighting in hallways and patient rooms
- Access to a pacing area, if possible
- Secure activities available for patients
- Separate adults from child/adolescent patients

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Training and Psychiatric Competency

- Clearly define your objectives and identify needed competencies to include;
  - Assessment
  - Restraint use
  - CPI or other de-escalation techniques
  - Involuntary Commitment processes (unique in Nebraska)
  - ED EOC assessment and identification of changes to decrease risk

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Psychiatric Patient Assessment

- *Why are they in my hospital?* Mental Health crisis, Substance Induced Mental Illness, Trauma(recent or remote)
- Assess why patient has come to the ED
- Assess if the patient has medical concerns
- Is the patient intoxicated or under the influence of an unknown drug or substance?
- Is the patient coherent, lucid, logical? What are their thought patterns and content?
- Is there someone accompanying the patient who can provide more information?
- Is the patient violent or agitated? Does the patient have intent to harm someone else?
- Is the patient suicidal with active intent and/or plan?
  - Effective assessment and reassessment of risk including the risk of suicide (e.g. CSSRS).

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Barriers and Hurdles

- Unfamiliar population
- Limited treatment resources
- Inadequate community buy-in
- Limited guidance and resources
- Sheer number of services, stakeholders, disciplines
- Layers of required approvals
- Busy clinicians, physicians, and staff
- Personalities and politics
- "Taboo" topic
- Culture of, "get them out of my ER"
- Electronic medical record

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Analysis of Current ED Services and Additional Options to Improve Care

- In ED psychiatric assessment by trained provider:
  - Tele-psych assessment
  - Internal placement
- Timeliness monitors to identify internal barriers if inpatient psychiatric care is a current service of the hospital
- Short term ED housing with psych trained providers
- External placement agreements with local providers
- On-going assessment of throughput

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Strategies

- Cultivate leadership buy-in
- Establish an interdisciplinary team with all potential stakeholders
- Identify additional champions (law enforcement, local EMS, local private providers, state hospital system, hospital coalitions, mental health advocacy groups, group homes, psychiatric residential facilities, etc.)
- Consider EMR capabilities WHILE designing processes of care
- Conduct test runs, demos, pilots

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Q&A/Open Discussion

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