Operational Strategies for Behavioral Health Patients in the ED

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Session Objectives

- Describe the real challenges of serving behavioral health patients and discuss countermeasures
- Identify the opportunities to improve the flow of and service to behavioral health patients
• Yes, the situation is difficult...
• Things are likely to get worse...
• No, it isn't fair...
• We do have options...
Rules for Caregiver Survival
Adapted from “The Fifteen Minute Hour”*

**Rule 1:** Do Not Take Responsibility for Things You Cannot Control

**Rule 2:** Take Care of Yourself or You Can’t Take Care of Anyone Else

**Rule 3:** Trouble Is Easier to Prevent Than to Fix

**Rule 4:** When You Get Upset, Tune into What Is Going on with You and Go Through the Three-Step Process
1. What am I feeling?
2. What do I want?
3. What can I do about it?

**Rule 5:** If the answer to Step 3, Rule 4 is “Nothing,” Apply Rule 1

**Rule 6:** Ask for Support When You Need It—Give People Permission to Feel What They Feel

**Rule 7:** In a Bad Situation You Have Four Options
1. Leave it.
2. Change it.
3. Accept it.
4. Reframe it.

**Rule 8:** If You Never Make Mistakes, You’re Not Learning Anything

**Rule 9:** When a Situation Turns Out Badly, Look at Where the Choice Points Were, Then Decide What To Do Differently Next Time

**Rule 10:** At Any Given Time You Can Only Make Decisions Based on the Information You Have

**Rule 11:** Life Is Not Fair—or a Contest

**Rule 12:** You Have to Start Where the Patient Is At

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An Introduction to Our Challenge:

- 2 million people seek treatment annually for Behavioral Health Care problems in hospital emergency departments at a cost of about $4 billion
- ED staff often feel burdened by behavioral health patients
- There is much variation in ED expertise and training in mental health problems, which can lead to inadequate care and negative patient and staff experiences
• More than 62 million Americans (22.2%) have some form of mental disorder.
• Of this group, 8.7% have what is categorized as severe mental illness.
• Ninety percent of Americans with severe mental illness are unemployed and 50% do not receive psychiatric treatment.
• 6 to 12% of all US ED visits are related to psychiatric complaints
• The average ED length of stay for psych patients is double that of non-psych patients (median 5.5 hours) exacerbating ED overcrowding.

Strategies for Expediting Psych Admits by J.D. McCourt, MD, Emergency Physicians Monthly February 14, 2011

One out of every five U.S. hospitalizations involves a mental health condition, either as a primary or secondary diagnosis, according to an Agency for Healthcare Research and Quality (www.ahrq.gov) analysis published in late 2008.
A 2008 survey of 328 emergency room (ER) medical directors done by the American College of Emergency Physicians found that 79% of the survey respondents said psychiatric patients were boarded in their EDs, with a third of the patients boarded for 6 hours or more; 62% said these patients received no psychiatric services while they were being boarded.

American College of Emergency Physicians. ACEP psychiatric and substance abuse survey 2009 [Internet]. Irving (TX): ACEP; 2008
- The behavioral health field has the same basic objectives and stages of care as all the rest of medicine.
- The first requirement is to establish hope – the therapeutic relationship.
- Next is treatment for recovery, then maintaining wellness.

*Behavioral Health in Emergency Care*, Peter C. Brown, MA David Hnatow, Damon Kuehl, MD, FACEP. Chapter 47, *Emergency Department Management*, December 2013
Treatment Goals of Emergency Psychiatry

- Exclude medical etiologies for symptoms
- Rapid stabilization of acute crisis
- Avoid coercion
- Treat in the least restrictive setting
- Form a therapeutic alliance
- Appropriate disposition and aftercare plan

Basic service operation principles can and do apply to behavioral health patients:

- Define the incoming behavioral health patient streams
- Measure patient demand by shift or by day of week and design a system to handle it
- Process flow chart the current service process(es)
- Define resource needs and resource availability
- Whiteboard the “ideal state” for the level and quality of service desired
- Match your service delivery options to your patient streams
- Remove all work that does not add value
- Commit to the right staff, space, supplies and services

The Value of a Defined Process

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You need and want a defined, refined and reliable approach to the individual psychiatric patient.

Psychiatric and medical patients use the same space and staff.

- TRIAGE
  - Physician Evaluation
  - Psychiatric Condition
  - Psych Social Worker or Under Arrangement
  - Admit to Hospital* or Transfer to Hospital
    - Medical Condition

*IAdmit up to three days.

Kaiser South Sacramento ED...
Improving Day to Day Life in the ED...

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Kaiser South Sacramento ED

- Busiest ED in Sacramento
- Serves mixed payer/socioeconomic population (almost 40% uninsured/Medi-Cal)
- Level 2 Trauma Center
- UC Davis ED residency teaching
- Saw 103,000 Patients last year

Space Constrained

- 41 ED bays
- Lose 3 for Trauma
- Over 2500 patients per ED bay!
Center of Innovation

- One of the best performing ED’s in the country
- Use constant improvement and innovation to be sure our patients do not wait
- Teach ED Management & Flow

But…our care of the behavioral health patient fell short…
Psychiatry in Sacramento

- ED crisis throughout the county
- In 2009, Sacramento County Mental Health Center closed crisis unit and 50% of beds
- Direct cost shifting to the ED’s

Increased Demand

- Kaiser South Sacramento Behavioral Health Consults

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Could not provide the excellent care we give our other patients

- Model of care: assessment by a therapist, then boarding
- Often in ED for days with little or no reassessment, medication or therapy
- Basic life needs were often neglected
- Dangerous for patients and staff

An Outsider’s Perspective…
New Paradigm

- Active treatment in the ED
- Reassessment
- Medications
- Avoid unnecessary testing
- Therapy
- Collateral
- Discharge safely when possible

Continuity of Care Along the System

- Establish clear metrics that reflect the continuum of care
  - Hospitalization Percentage
  - Length of stay in the ED for discharged patients (including d/c disposition: inpatient, crisis residential, home, etc)
  - Decreased inpatient hospital length of stay after ED treatment
  - Increase billing by payer mix considering observation time
  - Time to consultation
  - Readmission to ED
  - Patient satisfaction
  - Quality of care
Results:
10% drop in admission percentage!

2014 Admission Percentage
32% average since ED Psychiatrist start

Results

325 admissions saved in one ED!

Goals:
• Optimize ED Care to Decrease Admissions
• Create Capacity for Patients Who Need Inpatient Psychiatric Care
Creative Solutions

- Transitional Lounge for Care
- Reduction in clinically unnecessary testing
- Staffing solutions
- Work with state and local officials on commitment for community treatment access
- Technological solutions for enhanced information exchange

Creative Solutions

- Emergency Psychiatry Fellowship
- MFT/LCSW Internship
- Collaboration with Local Medical Society and California Hospital Association Board
- Improved collaboration with outpatient & inpatient and substance use treatment providers
- Collaboration with Community Providers for Case Management and housing
- Peer Navigators in the ED
Financial Repercussions

- Decreased admission rate
- Decreased nursing & security hours in ED
- Decreased lab tests ordered
- Cost conscious treatment & medication prescribing patterns

Impact on Quality

- Immediate medical care & alleviation of symptoms
- Improved collaboration between providers
- Decreased medical-legal risk
- Least restrictive modality of treatment provided
TLC: Transitional Lounge for Care

- Observation and treatment area in the ED
- Used for behavioral health needs that can be assessed and treated for potential discharge within 24 hours of acceptance
- Structured milieu
  - Medication management
  - Psycho-educational & coping skills groups
  - Supportive therapy
  - Substance use counseling

Changing the ED Culture
Changing the ED Culture

Steps to Wellness

YOUR STEPS TO WELLNESS

Step 1: Assessment
- You will be evaluated by the medical and behavioral health teams.
- You may require lab work to be completed and/or medications.

Step 2: Individualized Treatment
- Case Management: We will obtain information from you, your family, friends, caregivers, and/or community partners, as needed, to help plan for your care.
- Goal Setting: We will work with you to develop individualized goals for weight and maintaining wellness.
- Treatment: We will offer you classes and educational support groups to help support your steps toward wellness.
- Release Planning: We will work with you, your family, friends, physicians and/or caregivers to establish resources and continued treatment to help maintain your state of wellness.

Step 3: Release/Transfer
- We will work with you to help facilitate your release plans or possible transfer to a higher level of care.
Deconstructing Stereotypes

Physician leadership has been key

Cultural change emphasizing care and compassion using the same principles used for medical patients

Conclusion

- The evaluation and care of Behavioral Health Patients in the ED and the boarding of psychiatric patients is so much more than a purely behavioral health problem.

  **It is a health care systems delivery problem...**

- It is crucial to develop connections between community-based outpatient services, community-based crisis services, inpatient services, and emergency room services.
- A systematic operations management approach is helpful, if not mandatory
- There is a portfolio of options that may be available to you
We Remain Optimistic…

“You can always count on Americans to do the right thing - after they've tried everything else.”

~Winston Churchill

What Can You Do By Next Tuesday…

- Define the incoming behavioral health patient stream
  - Measure patient demand by shift or by day of the week

- Define your current state
  - Current process and information flows
  - Current resource needs and resource availability
  - Match your service delivery options to your patient streams
  - Remove all work that does not add value

- Define your future state
  - Future process and information flows
  - Future resource needs and resource availability

- Implement Low-Cost Collaboration: Set up meetings, define problems, opportunities, processes, and resources
  - Work with psychiatry
  - Work with law enforcement
  - Work with the judicial system
  - Work with social services
  - Work with community mental health
References

![Behavioral Emergencies for the Emergency Physician](image1)

*Behavioral Emergencies for the Emergency Physician*, Leslie S. Zun (Editor), Lara G. Chepenik (Editor), Mary Nan S. Mallory (Editor)
Cambridge University Press; 1st edition
May 6, 2013

![Chapter 47 - Behavioral Health in Emergency Care](image2)

Chapter 47 - Behavioral Health in Emergency Care, Peter C. Brown, MA David Hnatow, Damon Kuehl, MD, FACEP, in Strauss and Mayer’s Emergency Department Management, Robert W. Strauss, Thom A. Mayer, McGraw-Hill January 2014

A Seven Point Action Plan

1. Quantify and Monitor the Problem
2. Improve ER Care of Psychiatric Patients
3. Make More Efficient Use of Existing Capacity
4. Implement Low-Cost Collaboration
5. Work With Law Enforcement
6. Invest In Comprehensive Community Crisis Services
7. Invest in Continuity of Care

![A Plan To Reduce Emergency Room ‘Boarding’ Of Psychiatric Patients](image3)

*Analysis & Commentary*

A Plan To Reduce Emergency Room ‘Boarding’ Of Psychiatric Patients

References

- Alakeson, V., Pande, N., and Ludwig, M. “A plan to reduce emergency room ‘boarding’ of psychiatric patients.”
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Case Studies Courtesy Of:

- David A Hnatow, MD, FACEP, Greater San Antonio Emergency Physicians, Medical Director, Public Safety Unit, Center for Healthcare Services, San Antonio, Texas

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