There is a national epidemic of Behavioral Health patients presenting to medical emergency departments in behavioral health crisis. Carolinas HealthCare System has witnessed a 26.5% increase in ED psych volume from 2016 to 2017. Across the state of North Carolina, ED visits associated with mental disorders have increased by 17.7%, nearly 10% of all ED visits.1 State and federal budget cuts over the past 20 years have caused decreased access to inpatient and outpatient psychiatric resources leading to an increased burden on emergency departments while patients wait appropriate care.2 North Carolina has seen extended ED length of stay of many days for patients needing behavioral health and substance abuse inpatient admissions.3 In 2015, referrals to State psychiatric hospitals had an average of 92.8 hours (3.9 days) from referral to placement disposition.4 Prolonged ED stays are associated with risk for symptom exacerbation and/or elopement, increased costs, and increased left without being seen rates. Patient care and customer care issues also arise with ED overcrowd- ing and long wait times.

Carolinas HealthCare System has developed Telepsychiatry as an innovative means to improve the quality of the patient experience for every patient, every encounter, every time. Telepsychiatry enables the quality of care from the moment of contact by creating the means to access specialized behavioral health treatment and streamlined care in 21 emergency depart- ments across North Carolina. Utilizing technology and a partnership with centralized Behavioral Health Patient Placement, virtual behavioral healthcare offers specialized treatment recommendations, rounding and reassessment, and placement into appro- priate care. The demand for Telepsychiatry has continuously surpassed access to psychiatrists and clinical resources. Lean methods and concepts have been embedded in our culture since the development of the Telepsychiatry clinical team in 2014 in an attempt to maxi- mize resources, outcomes, and patient experience. Continuous problem solving ef- forts focus on reduction of wait times, ED psych holds, increased quality and access to care, and maximizing behavioral health resources and beds. The use of Lean methods in EDs across the nation have demonstrated decreased ED length of stay, decreased wait times and left without being seen rates, as well as increased employee and pa- tient satisfaction, and overall improved patient outcomes.5

Project Selection

Carolinas HealthCare System Telepsychiatry is dedicated to improving the access and performance excellence in the application of Lean concepts we con- tinue to endeavor to improve the quality of the patient experience for every patient, every encounter, every time. The project selection was developed based on a coupled with the Carolinas HealthCare System Performance Excellence Center in the application of Lean concepts we continue to endeavor to improve the access and experience for every patient, every encounter, every time. Telepsych in 2016 experienced a 29% increase in order volume with a simultaneous de- crease in our overall consult order to consult complete time. This improvement had a similar impact was seen in our overall consult order to consult complete time which decreased by 266 a month. The rate of defects reduced by 38% per month. One of the major improvement activities included programming clinician phones, security round- ing at Abbey Place, elimination of need for clinical staff to secure video cart numbers, and streamlining process flows for multiple processes to eliminate confusion and pro- vide standardization of care. By engaging the team, more ideas and problems are generated and increased opportunities to learn ensue.

Improvement Process

Several Lean methodologies were utilized to continuously improve our processes and impact our metrics including MDI, POSA, and a Rapid Improvement Event. MDI (Managing for Daily Improvement): The department holds MDI huddles daily to outline improvements, strengthen communication, and yield ideas to improve our processes and patient flow. Huddles were originally held once daily, however the 2nd and 3rd day were held twice daily. These improvement activities included programming clinician phones, securing video cart numbers, and streamlining process flows for multiple processes to eliminate confusion and pro- vide standardization of care. By engaging the team, more ideas and problems are generated and increased opportunities to learn ensue.

POSA (Plan, Do, Study, Act) Telepsychiatry and Behavioral Health Patient Placement initiated several pilots last year to test new process ideas, identify best practice, and further improve our work flow and patient experience. The clinician escalation plan was tested and adopted as a process which empowers the team to request additional staff at times of high patient volume. It en- gages staff buy in to the escalation protocols by being empowered to request and obtain help when needed. Escalation huddles can be worked remotely, allowing for work and life balance, extra income, improved department performance, and patient response times.

Telepsychiatry Scorecard 2016

Continuous process improvement is embedded in the culture of Telepsychiatry. Our goal is to improve access to appropriate Behavioral Health treatment to patients in CHS acute care emergency departments.

Objective Metric Baseline Threshold Target

<table>
<thead>
<tr>
<th>Objective</th>
<th>Metric</th>
<th>Baseline</th>
<th>Threshold</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve psychiatric consult efficiency</td>
<td>Decrease the time from order to complete</td>
<td>8 hours</td>
<td>7 hours</td>
<td>6 hours</td>
</tr>
</tbody>
</table>

The time from the Telepsych consult order being placed to the clinician pre-screen being completed was reduced from 3.8 hours to 2.2 hours at the end of the year. This represents a 42% decrease in the time it takes to pre-screen patients.

Results/Outcomes

Telepsych in 2016 experienced a 29% increase in order volume with a simultaneous de- crease in the total median length of stay for patients. A similar impact was seen in our overall consult order to consult complete time which decreased by 266 a month. The rate of defects reduced by 38% per month. One of the major improvement activities included programming clinician phones, security round- ing at Abbey Place, elimination of need for clinical staff to secure video cart numbers, and streamlining process flows for multiple processes to eliminate confusion and pro- vide standardization of care. By engaging the team, more ideas and problems are generated and increased opportunities to learn ensue.

Improvement Process

Several Lean methodologies were utilized to continuously improve our processes and impact our metrics including MDI, POSA, and a Rapid Improvement Event. MDI (Managing for Daily Improvement): The department holds MDI huddles daily to outline improvements, strengthen communication, and yield ideas to improve our processes and patient flow. Huddles were originally held once daily, however the 2nd and 3rd day were held twice daily. These improvement activities included programming clinician phones, securing video cart numbers, and streamlining process flows for multiple processes to eliminate confusion and pro-vide standardization of care. By engaging the team, more ideas and problems are generated and increased opportunities to learn ensue.

POSA (Plan, Do, Study, Act) Telepsychiatry and Behavioral Health Patient Placement initiated several pilots last year to test new process ideas, identify best practice, and further improve our work flow and patient experience. The clinician escalation plan was tested and adopted as a process which empowers the team to request additional staff at times of high patient volume. It en- gages staff buy in to the escalation protocols by being empowered to request and obtain help when needed. Escalation huddles can be worked remotely, allowing for work and life balance, extra income, improved department performance, and patient response times.

Telepsychiatry Scorecard 2016

Continuous process improvement is embedded in the culture of Telepsychiatry. Our goal is to improve access to appropriate Behavioral Health treatment to patients in CHS acute care emergency departments.

Core Team Member

Amy Barrett, LPC

Manager & Core Team Member

Telepsychiatry | 1601 Abbey Place, Suite 110, Charlotte, NC 28209 | 704-965-8870

Amy.Barrett@CarolinasHealthcare.org | Megan.Parks@CarolinasHealthcare.org

References


4. A. A., Barrett Amy. Telepsychiatry & Behavioral Health, Conference, 2016. A Rapid Improvement Event. This weeklong event engaged a multidisciplinary team with 154 years of combined healthcare experience. The team included staff from CHS emergency departments that utilize Telepsychiatry. Our stakeholders were active participants in the improvement efforts including Patient Experience, Compliance, IS Behavioral Health Patient Placement, and Telepsychiatrists and physician. All improvement initiatives are focused on the patient and the team worked with focusing on decreasing the time from consult request to complete and implementing sustain- able changes. This event produced/predefined recommendations and changes that would

- Reduce monthly defects entering the system by 173 (60% reduction)
- Reduce clinician hours by 207 a month
- Reduce physician hours by 266 a month
- Reduce patient ED wait hours by 212 a month

A similar impact was seen in our overall consult order to consult complete time which decreased in the time it takes to complete a telepsych evaluation.