There continues to be a national epidemic of patients presenting to emergency departments for behavioral health concerns. Atrium Health has dedicated extensive resources to developing a robust Telepsychiatry service to meet the needs of such patients who present to medical emergency departments. This has led to patients being seen more quickly, as well as patients being dispositioned more appropriately. However, there continues to be a trend of patients with behavioral health concerns waiting longer in medical emergency departments than those with other medical needs. According to a study by the University of Pennsylvania, looking at over 200,000 ED visits over a decade, nearly twice as many behavioral health patients waited over 6 hours to be seen compared to those with other medical complaints. Furthermore, patients who were admitted for observation, discharged, or transferred also waited longer than patients with other medical needs (1). Many of these patients desire more specialized care, but are often left with few other options than medical emergency departments.

Atrium Health is fortunate to have the only dedicated behavioral health emergency department in the region. Since the opening in 2007, the BH ED has continued to expand and provide care to more patients, including 18,958 patient encounters in 2017. Patients who come to the BH ED are often in crisis, experiencing symptoms of depression, anxiety, psychosis, as well as suicidal or homicidal thoughts. These patients require acute treatment and stabilization from behavioral health providers. However, as with emergency departments nationwide, one of the most challenging obstacles to patient care is the amount of time it takes to see such providers. Extended wait times typically mean staff are busy addressing various patient needs. Depending on the volume and acuity, there is always potential for patients to become agitated or aggressive. With safety being paramount at Behavioral Health Charlotte and Atrium Health, seeing patients in the most time-efficient manner possible is vital to our mission of improving health, elevating hope, and advancing healing.

GOAL

The goal for this project can be found as a metric in our BHCED Activity A3. We have targeted reducing the elapsed time from patient arrival to the completion of the provider’s note and the beginning of the treatment plan. At the beginning of 2017, we had an average time of 5:28 (H:MM). We created a goal of reducing this time by 30 minutes, which in practice means vital is vital for the mission of improving health, elevating hope, and advancing healing.

IMPROVEMENT PROCESS

Several Lean methodologies were utilized to continuously improve our processes and impact our metrics, including Activity A3, MDI (Huddle), PDSA, staffing to demand, and steering team meetings.

Project Title: Behavioral Health Service Line

Press Ganey Results: Patient Satisfaction with Physician Overall: January-May 2017: 56.9% to June-December 2017: 65.0%, for an overall improvement of 28%

In April of 2017, prior to starting the lean engagement, there was an average of 15.5 patients per week waiting for their second re-evaluation. In December, the average number was decreased to 2.7 per patient with a stretch goal of 2.0 per patient. ED Physician Press Ganey Survey moved from Tier 3 in 2016 to Tier 1 in 2017.

RESULTS & OUTCOMES

Below you will see a number of very impressive performance improvements; but just as important is the overall tone in the department. Functional silos are being broken down, teamwork and communication and closer supervision were required at the beginning of the rotations, the high quality of residents contributed to patients being seen more quickly, thus helping to decrease wait times and improve patient care.

NUMBER OF PATIENTS IN THE BH ED

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