



Adventist Health and Rideout

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Behavioral Health Collaborative in the Emergency Department

Area of focus:

Quality improvement

Executive Leader Statement:

On behalf of the entire Executive Team at Adventist Health and Rideout, we support and endorse the submission of this application for the C. Duane Dauner Quality Award. We believe that the care provided to behavioral health patients in our emergency department, especially those that are brought to us on an involuntary basis, is not only exceptional, but through its collaborative delivery model is poised to be replicated throughout the state and nation. We believe that this model of care provides the best care possible to individual patients and, because it reduces inpatient placements due to its ability to timely rescind involuntary holds, once replicated in a widespread manner, inpatient access to those who truly need it will improve. In essence, this program has the potential to result in an overall increase in inpatient behavioral health bed capacity without increasing actual bed numbers. Any initiative that is part of the solution to the national behavior health crisis, as this one is, should receive as many awards as are available. The awareness and attention awards receive can significantly contribute to replication and improvement of this crisis.

Monica Arrowsmith, JD, MSN, RN, Business Development & Integration Executive

Executive Summary

Recognizing the impact of patients placed on involuntary psychiatric holds being sent to the emergency department, Adventist Health Rideout came up with a new innovative way to care for the behavioral health patient waiting in their emergency department. The goal was to deliver the highest quality care for the psychiatric patient while they were in the emergency department. Realizing the county would be closing their involuntary psychiatric services, Rideout worked collaboratively with their county and agreed to imbed county paid crisis counselors in the emergency department 24 hours a day. Using tele-psychiatry services and clear clinical pathways the team work together to see 100 percent of the patients with a behavioral health diagnosis. Medications are started or resumed, safety plans designed, and follow up appointments are arranged by the team. In 2017 the Emergency Department saw 1898 patients with behavioral health complaints. Working collaboratively with county partners, 50% of all behavioral health patients were rescinded and sent back out in to the community. By decreasing the patients being sent to inpatient beds by 50% the impact for bed availability would increase. With increased psychiatric bed capacity and with quality of care being delivered in our emergency departments the replication of this collaborative could impact the care across the behavioral health spectrum as well as the throughput in emergency departments across California.

Background and relevance of the problem being addressed and effort undertaken:

Emergency Departments across the nation are seeing a significant increase in the volume and length of stay for mental health patients. The reasons are many, but this increase is markedly due to the scarcity of inpatient psychiatric beds and a lack of resources from insufficient government funding. With the shift of care of the behavioral health patient to Emergency Departments, it often places Emergency Departments into critical capacity situations. Ultimately, patients do not receive optimal psychiatric treatment while they await placement. In addition, higher rates of workplace violence in Emergency Departments nationwide have been attributed to this crisis.

As a result of the decreased funding and lack of space in the county's psychiatric emergency area, the behavioral health crisis in our county has become similar to that of the Emergency Departments referenced above. Adventist Health Rideout's Emergency Department has seen a 70% increase in the number of mental health patients placed on psychiatric holds. The increasing length of stay of the psychiatric patient waiting for an inpatient psychiatric bed can affect the Emergency Department's bed capacity. Psychiatric patient holds in the Emergency Department are not only a statewide issue, but as noted, a national concern.

Describe the effort, including the scope, process, strategies and tactics utilized, challenges encountered and how they were addressed:

Collaborative approach.

As the volume of behavioral health patients increased, the Emergency Department (ED) team collaborated with the county behavioral health department on a new, innovative approach for caring for the emergent needs of the behavioral health patient arriving in crisis to the ED. After assessment and medical clearance from an ED physician, an ED nurse, a behavioral health crisis counselor, and a tele-psychiatrist conduct a patient evaluation based on a crisis stabilization algorithm. The algorithm identifies three options:

1. The behavioral health patient's psychiatric hold can be timely rescinded if the patient does not appear in crisis and both the tele-psychiatrist and the county crisis counselor agree; or
2. Evaluation warrants further psychiatric treatment and medication; or
3. The patient will need more intensive psychiatric evaluation and possible hospitalization.

The goal is to get the team involved immediately on arrival and begin the plan for a safe discharge or placement to an inpatient psychiatric bed.

The key to developing this collaborative team approach lies in the timely availability of all the required professionals. To accomplish this, Sutter Yuba Behavioral Health and Adventist Health Rideout have collaborated to place Sutter Yuba Behavioral Health Crisis Counselors in the Adventist Health Rideout Emergency Department 24/7. In exchange, Adventist Health Rideout has agreed to accept all involuntary psychiatric holds for immediate medical and psychiatric "triage" by the collaborative team. Using ED staff, tele-psychiatry and the county crisis team, the patient receives a medical screening exam, a thorough psychiatric assessment, psychiatric medications as needed, and a comprehensive placement or discharge plan. If the decision is to rescind the psychiatric hold a robust safety and follow-up plan, including obtaining collateral (a written confirmation from the family that they have removed all items that could potentially harm the patient from the home) is completed. The team members work together to deliver the highest medical and psychiatric care while the patient is in the ED.

Challenges.

Prior to this collaboration, patients would wait hours for diagnostic tests and medical clearance before the county crisis team became involved in their care. This resulted in long lengths of stay and delayed psychiatric treatment. These delays were primarily caused by the inherent tension between the two agencies; neither of whom were able to individually assess the entire spectrum (medical *and* psychiatric) of the patient's needs. These two agencies had historically pushed and pulled against one another to complete the patients' assessments.

Recognizing that ED staff members save lives with their timely and organized approach to care, we challenged the behavioral health team to approach the behavioral health patient with early assessment, treatment and discharge planning. This would be just like the treatment a stroke, heart attack, or trauma patient would receive. This was a completely different approach than the current practice. Once the mental health workers started thinking like the emergency team,

patients immediately began to move more efficiently through the system. The use of tele-psychiatry was also new for the ED staff and the crisis counselors. New guidelines were created. Equipment was tested to produce the best environment for the mental health assessment. One of our largest obstacles was the availability of transportation for the patients. The county arranges and pays for the transportation. There were also some gaps in crisis counselor staffing and tele-psychiatrist coverage. Our greatest challenge was the changing of a culture made from years of always doing things one way and then asking the team to try something different.

Describe the results.

As a team, the county and hospital have created a process to provide high quality care to the psychiatric patient in the ED. Our team had 1,898 behavioral health patient visits in 2017. By working together we have safely discharged back into our community approximately 50% of the patients seen. This ability to discharge patients to home is made possible through the creation of a robust safety program and discharge plans by our county workers and tele-psychiatry services. Every patient receives true psychiatric care while they are in the ED and this includes the same type of assessment, medication recommendations, and discharge and safety plans performed by behavioral health experts. Because of our treatment plans, we saw a 10% decrease in our restraint usage and the emergency department employees experienced no workman comp injuries in 2017 caused by a behavioral health patient. Our collaborative has not only impacted the quality of care by providing robust psychiatric treatment, but has improved the patient experience for the psychiatric patient and created a safer environment for both the patient and the staff.

Discuss the significance of the results. How do the results demonstrate outstanding achievement?

This collaboration between the county and hospital enables the team to offer the highest level of quality care to our behavioral health patients. Only patients truly in need of the coveted psychiatric bed in inpatient behavioral health facilities are sent to those units. If every Emergency Department worked hand in hand with its county to treat and discharge the behavioral health patient arriving at their ED, only patients in true need of a psychiatric bed would be sent to the inpatient setting. In essence, this would enable emergency departments across the state to not only open the availability of these much needed beds but there would be an impact on wait times as well.

Describe sustainability and scaling of the achievements.

Because the county was able to get the ED licensed as a MediCal site, the county is able to bill for the services they provide to the patients. Due to the billing process, the county has been able to fund additional crisis counselors allowing us to have two (2) counselors 24/7 in addition to the county covering the transportation cost. The hospital pays a fee for service for the tele-psychiatry consultations. A rough cost analysis shows a cost avoidance to the hospital of approximately 5 million dollars by involving the county in the care of the patient. Without the county's involvement, the additional cost would be for social workers that would evaluate and work on patient placement, additional nursing and sitter costs due to the increased length of

stays, increased worker' comp injuries, and the cost of transportation. This does not take into account the loss of revenue from increased wait times. This shared cost model is sustainable for both the hospital and the county.

Describe key lessons learned and any advice to colleagues who might try to undertake a similar effort.

We would like to bring about a call to action for hospitals and their counties. We believe that if every hospital worked hand in hand with their county, we could affect the behavioral health bed crisis and the care of the behavioral health patient. To make this call to action a reality, we have created a tool kit that contains our model, the Memorandum of Understanding (MOU) with the county and directions on how the county certified the site to receive payment. The number one driver of success is the focus on the patient and the care that the collaborative Team approach (ED staff, behavioral health crisis counselor and tele-psychiatric service) provides. Make your county feel welcome, involved and valued. Then you can recognize the great work this Team is accomplishing for your patients!

See Our Video Here:

Behavioral Health Collaborative In The Emergency Department

<https://www.youtube.com/watch?v=IQYhczUa4B0&feature=youtu.be>





