

# 2016 HQI VANGUARD AWARD APPLICATION

## 1. COVER PAGE

Hospital: Providence Saint Joseph Medical Center  
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Title: Boarding of Behavioral Health Patients in the Emergency Department

Topic of Focus: Performance Improvement

Statement of Support:

*The Leadership of Providence Saint Joseph Medical Center is committed to improving care and safety of our patients and caregivers. Our Emergency Department has experienced an increase of behavioral health patients with mental disorders, and substance abuse problems, and this population of patients continue to grow. Our multidisciplinary team of physicians, social work, and emergency department staff has developed strategies with a goal of better care coordination for the behavioral patient population, in order to promote the work performed in this application. – Betsy Hart, Chief Nursing Officer*

## **2. EXECUTIVE SUMMARY**

Emergency departments are faced with daily challenges of caring, that include long wait times, impact to other departments, unpredictable influx of patients, and various acuity diagnoses. Further diagnosis challenges are for leaders to seek ways to improve the patient experience, and to get them to their appropriate disposition safely. These are experiences here at PSJMC, and the difference is the commitment and collaboration in seeking opportunities to make a challenging situation better and providing excellent care to all.

Since 2014 the PSJMC ED has experienced an increase in the volume of Behavioral Health Patients resulting in multiple day stays while awaiting psychiatric evaluation. ED leadership, caregivers, security and physician providers have partnered with the Clinical Social Work team to address this concern at the end of 2014 and continue to this day. Each strategy embraces the Core Values of PSJMC: Justice, Excellence, Respect, Compassion and Stewardship, which has reduced the patient length of stay.

PSJMC continues to seek opportunities to face the challenges that impacted ED's throughput with a focus on meeting the needs of the Behavioral Health Population. Continuous program review and collaboration with vested stakeholders will ensure that the management of this vulnerable population remains a priority.

## **3. BACKGROUND AND RELEVANCE OF THE PROBLEM BEING ADDRESSED AND EFFORT UNDERTAKEN**

Providence Saint Joseph Medical Center, located in Burbank, CA, is not certified under California Lanterman-Petris-Short (LPS) Act to be able to hold and treat psychiatric patients. The nearest LPS certified hospital is five miles away, so in spite of not having the certification to fully treat mental health patients many of the patients with these specific needs are brought to PSJMC anyway because it is the closest hospital available. Furthermore, within the hospital's catchment area is the terminus of a popular subway line that starts in Downtown Los Angeles and traverses Hollywood. Any individuals having a mental health crisis on that train are discovered at the end of the line and brought to our hospital. These factors converge to create a large population of patients in mental health crisis at a hospital that does not have the certification to treat them.

## **4. DESCRIBE THE EFFORT, INCLUDING THE SCOPE, PROCESS, STRATEGIES AND TACTICS UTILIZED, CHALLENGES ENCOUNTERED AND HOW THEY WERE ADDRESSED.**

In December of 2014 it was clear that the long boarding times of patients with mental health crisis was becoming a risk to the safety of the patients and staff and was diminishing the quality of the care provided to not only those patients but the others in the ED. Starting that month the ED Manager and the Clinical Social Work (CSW) Manager met and initiated daily rounds with the ED staff and CSW staff.

This was to reduce duplicate work and miscommunications. In May of 2015 the hospital began a Tele-psychiatric program whereby patients could be evaluated by a psychiatrist via telehealth technology. This enabled the ED to obtain treatment recommendations for medication and also to clear holds that were no longer necessary for patients who had stabilized while awaiting placement. Finally, in October of 2015 the hospital added an additional CSW position that extended coverage to midnight 5 nights a week. This was crucial because most patients requiring a hold for psychiatric care will need an assessment from the LA County PET evaluators. Having an evening CSW enabled coordination with the LA County team during a time of the day that they were less busy and could have faster response times thereby getting our patients seen faster.

## **5. DESCRIBE THE RESULTS OF THE EFFORT**

The results of the project have been successful, through the multiple-disciplinary team collaboration that included the following:

- Hourly rounding of patients
- Use of Tele-psych robot for timely patient assessment
- Partnership with social work, and having a designated resource in the Emergency Department
- Developing community resources for improved transition of care
- Providing education to Emergency Department Caregivers around management of Behavioral Health Patients

In February of 2015, we began collecting our baseline information on Length of Stay (LOS) for the behavior health patients in Emergency Department. The baseline period from February 2015 to September 2015 included 298 patients. The improvement was measured in LOS hours, starting in October 2015 to April 2016.

## **6. DISCUSS THE SIGNIFICANCE OF THE RESULTS. HOW DO THE RESULTS DEMONSTRATE OUTSTANDING ACHEIVEMENT?**

A Wilcoxon signed-ranked was used to determine statistical significance of our improvement efforts, measured as a mean of LOS for all ED behavioral health patients. The p value of .043 indicates the two means, before and after Tele-psych program and additional clinical social work resource presence, are significantly different, statistically, with a 95% level of confidence.

**Descriptive Statistics**

	N	Mean	Std. Deviation	Minimum	Maximum
before	8	37.2500	8.97218	26.00	48.00
after	7	25.0000	4.93288	19.00	33.00

**Wilcoxon Signed Rank Test**

**Test Statistics<sup>b</sup>**

	after - before
Z	-2.028 <sup>a</sup>
Asymp. Sig. (2-tailed)	.043

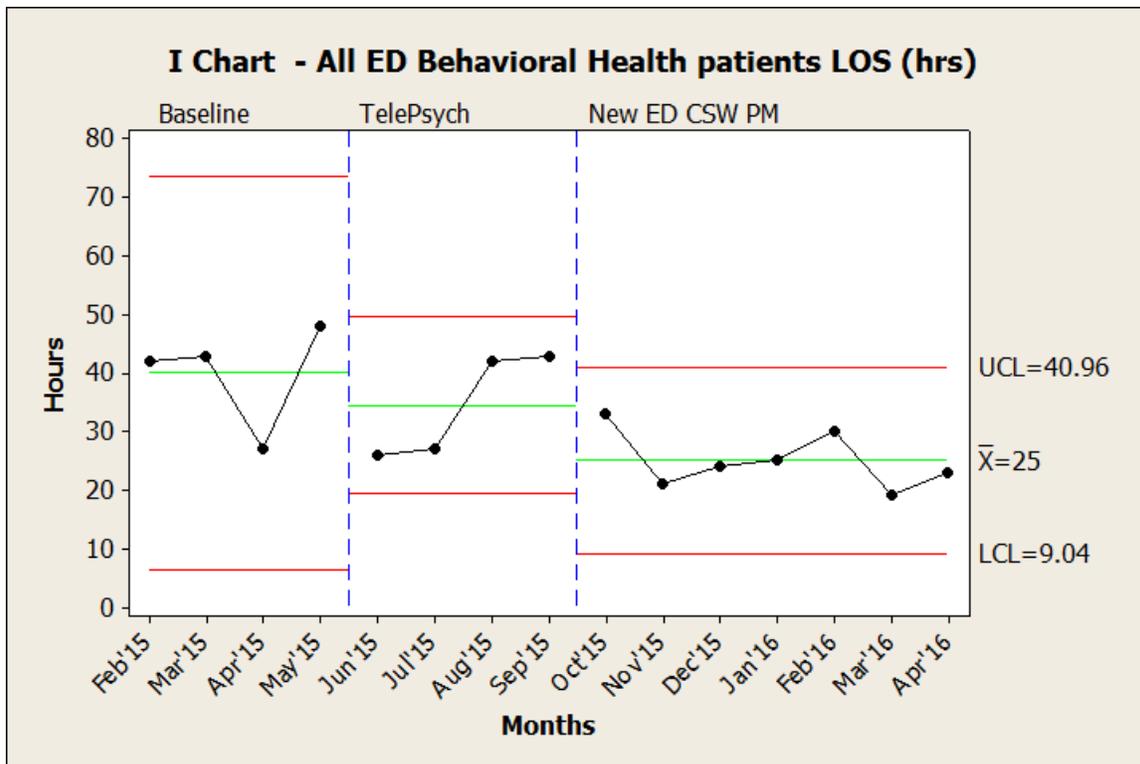
a. Based on positive ranks.

b. Wilcoxon Signed Ranks Test

**7. DESCRIBE THE SUSTAINABILITY AND SCALING OF THE ACHEIVEMENTS**

The project has sustained its improvements for the past seven months. The average LOS before the improvements was 37.3 hours, and the average LOS after improvement was 25 hours.

Figure 2



The proven likelihood to sustain the program as shown in Figure 2, is to continue the monitoring and reviewing of the LOS data, in order to control the outliers in the process.

The development and implementation of the program was done using Tele-psych robot, and additional clinical social work. Although all of these sources were utilized to maximize the results, it can be scaled to the use of computers-on-wheels with cameras.

Our organization had a need to resolve the issue of ED overcrowding for our facility, and this program that was developed, has proven to benefit our organization and our community in general.

## **8. DESCRIBE KEY LESSONS LEARNED AND ANY ADVICE TO COLLEAGUES WHO MIGHT TRY TO UNDERTAKE A SIMILAR EFFORT**

The PSJMC ED Behavioral Health Patient focus is a continued work in progress, and this must be considered when attempting a similar process improvement. The process needs to adjust and account for the fluctuations in census and increased acuity.

Key lessons for colleagues are:

1. It is imperative to meet daily regardless of challenges, regardless of “type of patient” because all are worthy of discussion. Fifteen minutes a day is saved for rounds. Some days it is less, some more but it is important to give that time to enable to team to formulate a plan and have buy in from all stakeholders in the process.
2. Review patient cases routinely and initiate more formal patient care conferences when needed beyond the scope of the daily rounds. It is imperative to include as many points of view and resources as possible. Security, physicians, case managers, and registration in addition to the CSW’s and nurses.
3. Work closely with community mental health providers and work together to figure out how to meet everyone’s needs. PSJMC works very closely with Burbank Police Department, Burbank Fire Department and the Burbank Police Mental Health Evaluation Team and building those relationships has helped ensure proper care in the hospital and in the community.
4. Review past medical history of patients and establish patterns of risk and inform future care planning.
5. Work to change the culture of the staff and challenge the mindset that behavioral health patients “aren’t really sick”. The quality of care is at its highest when the entire staff can look at a behavioral health patient to identify if they are ill.