Mobile Psychiatric Team in an Urban Emergency Department

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Disclosure Statement

This speaker has no conflicts of interest to disclose.

Learning Outcomes

• Describe the challenges of caring for patients with mental health complaints in an acute ED.
• Discuss the importance of mental health professionals in the ED setting.
• Describe the importance of a multidisciplinary triage team.
• Describe positive patient outcomes after implementation of a multidisciplinary psychiatric triage team.
Significance

Patients with mental illness often present to the emergency department with needs varying from medication refills to inpatient admission.

Challenges

Psychiatric Emergency Department Volume

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Situation

- Increased agitation
- Loud noises
- Numerous overhead messages
- Lack of privacy
- NOT a therapeutic environment for patients experiencing psychiatric emergency (Innes, et al., 2013).
- ED overcrowding = increased morbidity and mortality (Collis, 2015).
Evidence

- Presence of multidisciplinary mental health team members in the ED
  - Positively impacts patient care
- When a multidisciplinary method was implemented for patients with mental illness
  - ED staff recognized better care for patients
  - Increased staff satisfaction

Background

- Psych consult service to the ED since 2012
- Focus was on voluntary and “easy to clear” patients
- Patients under emergency detention waited until there was room in the Psych ED
- Adverse event in September 2015
- Identified need to see the most acute patients sooner

Strategic Plan

- Developed a multidisciplinary triage team
  - Physician
  - Nurse Practitioner/Physician Assistant
  - Psychiatry RN
  - Psychiatry Social Worker
- ER staff “level” patients as STAT, urgent, or routine.
- Psychiatry team responds based on clinical acuity
Outcomes

ED Length of Stay prior to Psych Evaluation

Outcomes

Activation Response Time
Lessons Learned

- Continuous need for education in first 1-3 months
- Need for critical EMR updates identified
- Whether to reclassify acuity levels
- Activation “fall-out” evaluations
- ED recidivism- “high utilizers”
  - Individualized behavior plans
  - Community connections

Next Steps

- Evaluate Acuity System: 2 levels vs. 3
- Moving clinician to the Main ED triage
  - Social work presence 24/7
  - Increase to 2 RNs
- Move MH Tech to triage team
- Disseminate findings: presentations, manuscript
- Continuous re-evaluation and modification