Psychiatric Care in the Emergency Department Setting:

Opportunities for Improving Quality of Care and Throughput Efficiencies in a Changing Healthcare Environment

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Disclosures

- Employed by Sutter Health
- No conflicts of interest to disclose

Objectives

- Understand the impact of mental health budget cuts on the current healthcare environment.
- Review Sutter Health’s integration of Psychiatric Response Team and the impacts it has made on cost, quality and outcomes in its delivery of care
- Discuss the sustainability of Sutter’s Psychiatric Response Team
Sutter Health

- One of the nation’s leading not-for-profit networks of community-based health care providers, delivering high-quality care in more than 100 Northern California communities
- Integrated system consisting of:
  - 24 acute hospitals
  - 9 behavioral health centers
  - 35,000 physicians
  - 47,000 employees
- Regional leader in obstetrics, neonatology, orthopedics, pediatrics, and cancer care services
- Sutter Health Plus Health Plan

Sutter Center for Psychiatry

- The only not-for-profit psychiatric hospital in the Sacramento region that is part of an integrative health care system
- Licensed by the State of California and accredited by The Joint Commission as a free-standing psychiatric hospital
- Voted one of Modern Healthcare’s Top 100 Best Places to Work in Health Care for 2012
- 73-bed capacity:
  - 25 Child/Adolescent Beds
  - Only facility in the region providing care to children ages 5 – 12
  - 48 Adult Beds
  - 33 Adult Care Unit beds
  - 15 Intensive Care Unit beds

Current State of Behavioral Health

- 2009 – 2013: The National Association of State Mental Health Program Directors estimates states cut $4.6 billion in mental health services, while an additional one million people have sought treatment at public mental health facilities
  - Increased coverage and parity laws have broadened access to behavioral health services
- 2009-2012: CA mental health budget was cut by 21% ($764.8 million)
- 25 of the 58 California counties have no inpatient psychiatric services at all
  - Since 1995, acute inpatient psychiatric beds have been reduced by 20.5% in California
  - Currently there are 6,930 available acute inpatient psychiatric beds across the state
- Emergency Departments have become the default safety net for individuals with behavioral health needs as inpatient beds and community resources are cut
Current State of Behavioral Health

- 2007: ED visits for behavioral health conditions accounted for 12.5% of the nearly 95 million ED visits nationwide.
- 2008 - 2010: ED visits for behavioral health conditions in North Carolina increased by 17.7%.
  - 31.1% resulted in hospital admissions.
- Increased demand for services, combined with a lack of inpatient and dwindling outpatient psychiatric services has lead to extended lengths of stays in ED settings across the nation.
- ED boarding of patients impacts quality of care, limits the ability of EDs to serve the broader community and effects revenue streams of hospitals.
  - ED boarding results in a direct loss of $1198 per admission.

Sacramento County Behavioral Health Crisis

- May 2009: Sacramento County Mental Health Treatment Center (SCMHTC) closed Crisis Stabilization Unit.
- October 2009: SCMHTC cut beds from 125 to 50.
- Sutter Medical Center, Sacramento (SMCS) Emergency Departments were significantly impacted:
  - Significant increase in S150 (72-hour hold) evaluations.
- Significant increase in the acuity of patients presenting to SMCS EDs.
- Patients were being admitted to in-patient medical units for safety reasons only (i.e. DTS or DTO) due to high ED volumes, and a lack of psychiatric beds in the community.

Sutter Health’s Response

- November 2009: Sutter Center for Psychiatry embeds Patient Care Support Specialists (PCSS) staff in the ED 24/7.
- April 2010: Psychiatric Response Team (PRT) begins functioning.
- September 2010: Director of Affiliated Services position begins.
- October 2011: Complex treatment planning committed created.
- April 2013: Triage assessments begin.
Psychiatric Response Team (PRT)

- **PRT Members**
  - **PRT Supervisor**
    - Oversees day-to-day operations, manages staffing needs, ensures data collection, assists with complex dispositions.
  - **Psychiatric Nurse Practitioner**
    - Provides consultation for acute medical inpatient units, supports PRT role in ED, educates staff.
  - **Psychiatric Nurse**
    - Manages care in ED where high volumes, assists with 5150 evaluations and dispositions, assesses care needs.
  - **Social Work Staff**
    - Conducts 5150 assessments in ED and inpatient units and manages dispositions.
  - **Patient Care Support Specialists (PCSS)**
    - Engages patients therapeutically, provides direct observations of high risk patients, assists with de-escalation.

- **Structure**
  - Staffing includes 21-hour a day coverage
  - Afterhours and weekend coverage

PRT Priorities

- Provide specialized behavioral health care in the ED and medical surgical setting.
- Provide resources and education for nursing and medical staff.
- Reduce lengths of stay and 5150 holds in ED setting.
- Psychiatric consultation services in the ED and acute hospital setting.

Care Process Model: Management of Agitation
Additional PRT Services & Initiatives

- Consultation-liaison services to acute medical setting at SMCS
- Telepsychiatry consultation pilot underway
- Expansion of behavioral health support services to regional affiliates
- Integrated behavioral health into primary care medical home
- Coordination with Sutter Center for Psychiatry to improve throughput
- Strengthening relationships with community providers and resources

Patient Flow and Experience

1. Triage
2. Identification of behavioral health needs
3. Admit to ED bay
4. Initiate direct observation
5. Notify PRT of patient admission
6. MD/LIP evaluation and medical clearance
7. Notify PRT of medical clearance
8. PRT consults with nursing
9. PRT begins evaluation
10. Consult with physician
11. Release, maintain or initiate 5150 hold
12. Develop after care plan
13. Initiate Inpatient Psychiatric Admission Transfer
14. Coordinate care and discharge to community with resources
15. Admit patient to medical unit as determined by Emergency MD/LIP
Behavioral Health Navigator Pilot

- **Objective:** Identify clinical management factors related to extended lengths of stay and improve throughput efficiency and quality of care.

- **Methods:** Psychiatric RN or NP (BHN) stationed in triage to assist with accurate identification of patient presenting with a behavioral health needs and initiate specialized care coordination.

  1. **Triage RN** notifies BHN and data collection begins during triage
  2. BHN begins assessment & MSE provided by MD/LIP
  3. BHN consults with MD/LIP regarding disposition of patient

  - (1) Discharge to community
  - (2) Evaluate further for underlying medical/organic causes of their presenting problem(s)
  - (3) Transfer to inpatient psychiatry

Behavioral Health Navigator Pilot

- **Results:**
  - 36 patients seen during pilot period.
  - Average time to assessment by BHN was 27 minutes
  - Average length of stay was 9.49 hours
  - 50% of patients were placed on 5150 holds
  - Average length of stay for patients requiring inpatient psychiatric hospitalization: 13.45 hours
  - Average length of stay for patients discharged to community: 5.53 hours

- **Conclusion:** The BHN pilot had a substantial impact on its goals of improving throughput efficiency and quality of care.
  - Average time for behavioral health evaluation was reduced by 73%
  - Average length of stay in the ED was reduced by 32%

Psychiatric Response Team Trends (2009 – 2013)

- **ED and Inpatient Discharges**

  - Discharge numbers from 2009 to 2013, showing an increase in both ED and Inpatient admissions.
Sustainability

- Capturing reimbursement for evaluations
  - Generates revenue for system and covers portion of PRT annual expenses
- Capturing appropriate referrals to inpatient psychiatry
- Reducing ED lengths of stay
  - Allows for greater number of patients to be seen and allows hospital to generate greater revenue

References

1. Miller, J. (2012). Too significant to fail: The importance of state behavioral health agencies in the daily lives of Americans with mental illness, their families and their communities. National Association of State Mental Health Program Directors. Alexandria, VA.

Questions
Thank You

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