Bridging the Gap Between Crisis and Care: How to Effectively Integrate Psychiatric Emergency Care Within a Community Hospital Emergency Department.

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Conflict of Interest

- Speakers have no conflict of interest to disclose.
Objectives

- **Objective 1:** Identify at least 2 strategies in which the psychiatric mental health nurse can implement to collaborate with the emergency care nurse in order to bridge crisis stabilization with crisis management.

- **Objective 2:** Articulate the program evaluation metrics related to a psychiatric emergency stabilization and crisis management program based in the Emergency Department (ED).

- **Objective 3:** Distinguish the unique and complimentary roles that psychiatric and emergency nurses have in providing emergency stabilization and crisis management.

**St. Joseph Hospital Orange, CA**

- 463 Licensed beds
- Employees - 3,100
  - Physicians on staff - 971
  - Volunteers – 80
- Magnet Nursing Facility
- ED visits – 9,600 per month
Decrease in psychiatric inpatient/outpatient services results in greater use & longer stays in emergency departments (ED) (Owens, Mutter, Stocks, 2010).

Psychiatric complaints are a component of 1 of every 8 ED visits (National Center of Health Statistics, 2012; Owens et al., 2010).

~41% of mental health ED visits are hospitalized (Owens et al., 2010).

Elopement associated with increased risk of suicide &/or self-harm (Barr, 2005).

- ENAs - Emergency Department Violence Surveillance Study found more than half (54.8 percent) surveyed experience physical or verbal abuse at work in the last seven days (Emergency Nurses Association (ENA), 2012, ENA, 2010).

- Every week, between 8 and 13% of ER department nurses are victims of physical violence (2010).
Impact on Emergency Services

• Increased wait for all ED patients
• Staff dissatisfaction
• Increase in number of patients leaving without being seen
• Increased labor hours for continuous observation for “at risk” patients

Impact on Mental Health Patients

• Isolation by ED staff may worsen psychiatric symptoms (Barr-Gilbert, 2009).  
• Staff attitude – demeaning, judgmental, increasing stigma (Loucks et al, 2010).  
• Patients experience restrictions, coercing, and unnecessary force (Nadler-Moodie, 2010).
Guesting Area
2007 - 2013

• Provide a safe, therapeutic environment for psychiatric patients (Winokur & Senteno, 2009).

• ED resources (human and physical space) utilized for other patients.

• Reduce use of restraints & risk of elopement in ED.
St. Joseph Hospital
Current Problem

- ED volume increasing
  - State hospital closures
  - Funding sources
  - Increase in homelessness
  - Economy changes
- Orange County has reduced psychiatric inpatient beds
- Extended LOS in ED – 20+ hours
  - Psychiatrist in ED – Mon. to Fri. (9-4)

Strategies implemented by ECDU
Psychiatric Nurse Manager

- Identified unused space – 16 beds
  - Psychiatric patients waiting disposition & medical admit holds
  - Improved patient flow
- Psychiatric manager facilitated six 4-hour trainings on mental health for ED nurses
- Developed treatment & medication protocols
- Collaborated w/team on medical & psychiatric care
- Collaboration for disposition – community resources
  - Mental Health Association
  - Two other psychiatric hospitals
Criteria for ECDU

- Medical screening examination has been completed in the main emergency department
- Patient is 18 years of age or older
- Patient is not “actively” violent

Metrics: Volume

- ECDU Unit opened January 31, 2014

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<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
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<td>201</td>
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*New EMR rolled out within hospital.
Treatment Protocols

- Guide nursing care in 5 areas:
  - Activities of Daily Living
  - Physiological
  - Safety
  - Psychiatric
  - Medication Management

Protocols for Treatment of Agitation Associated w/Psychiatric Disorder

- Oral 2nd generation antipsychotic:
  - olanzapine zydis 5-20 mgs
- Oral 1st generation antipsychotic:
  - haloperidol 2-10 mg w/BZN
- Parenteral 2nd generation antipsychotic:
  - olanzapine 10 mg IM
  - ziprasidone 10-20 mg IM
- Parenteral 1st generation antipsychotic:
  - haloperidol 2-10mg IM w/BZN

(Stahl, 2007; Zeller, 2010)
Protocols for Treatment of Agitation Associated w/Intoxication

**CNS Stimulant**
- Oral Benzodiazepines
  - lorazepam 1-2 mg
  - diazepam 5-10 mg
- Parenteral Benzodiazepine
  - lorazepam 1-2 mg IM

**CNS Depressant** (e.g. ETOH)
- Avoid BZN if possible
- Oral 1st generation antipsychotic
  - haloperidol 2-10 mg
- Parenteral 1st generation antipsychotic
  - haloperidol 2-10 mg IM

(Stahl, 2007; Zeller, 2010)

Metrics: Safety

- 45% of our psychiatric patients are on involuntary holds (W&I 5150’s)
- 0 staff injuries in ECDU

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*New EMR rolled out within hospital.
Future

- Department manager submitted a grant to develop a Psychiatric Emergency Services Unit
- Blending of psychiatric nurses and emergency department nurses
- Psychiatric and Emergency Nurse Practitioners
- Emergency Care Psychiatrists

Contact Information

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Questions

References