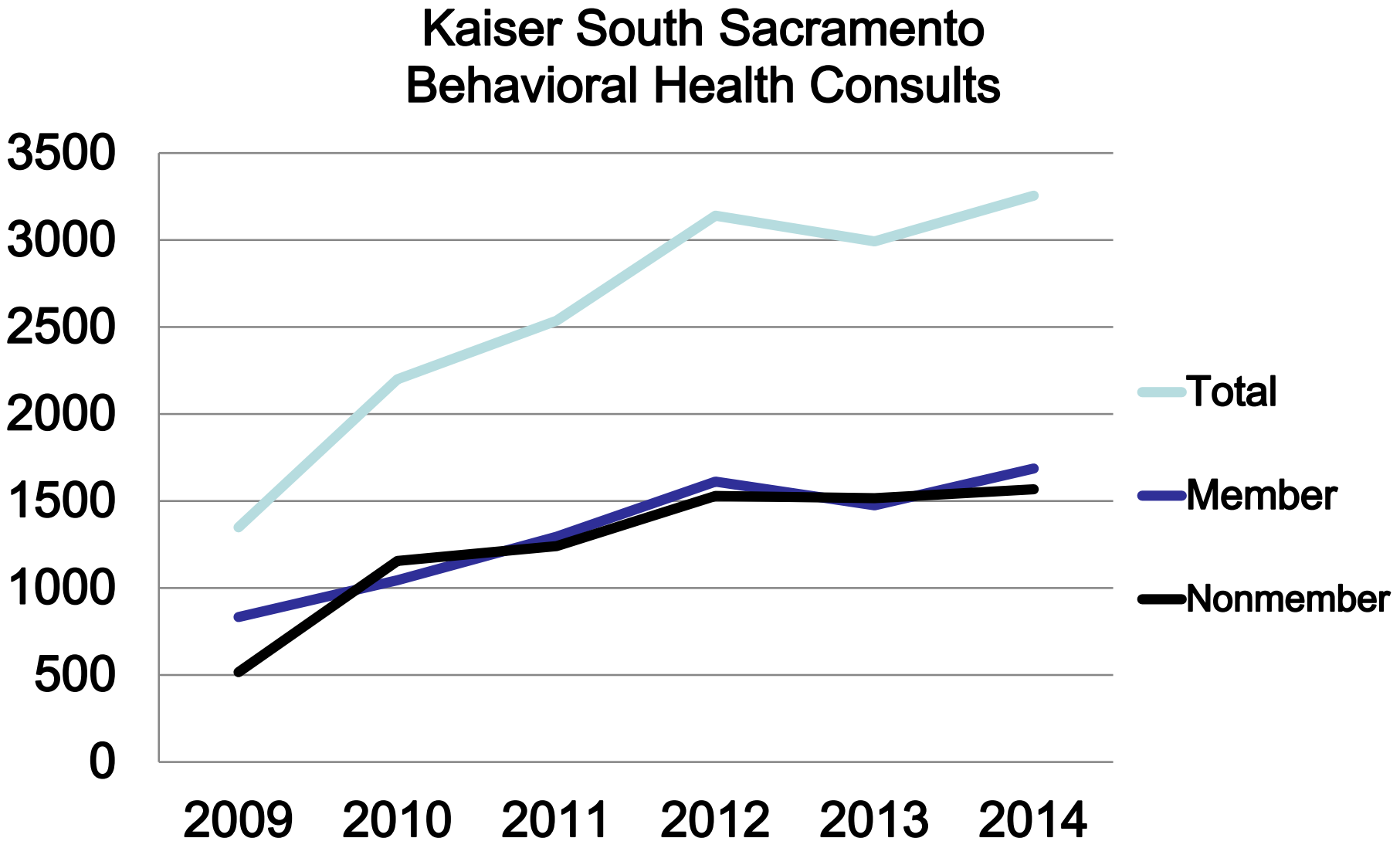
# Examples of Streamlining ED Operations

- Kaiser Permanente Northern California
- Harborview Seattle Washington
- Riverside Hospital Columbus Ohio
- St Anthony’s Hospital, Oklahoma City
- Others

# Kaiser Northern California ED
# Context

- ED crisis throughout the county
- In County Mental Health Center closed crisis unit and 50% of beds
- Direct cost shifting to the ED's, becoming psychiatric triage center for county mental health population
- KP's Busiest ED
- Serves mixed payer/socioeconomic population (40% uninsured/Medi-Cal)
- Level 2 Trauma Center
- Saw 103,000 Patients – number of behavioral health consultations from 1300 to 3500 with non-member greater number then members

# Increased Demand



# Essential Features

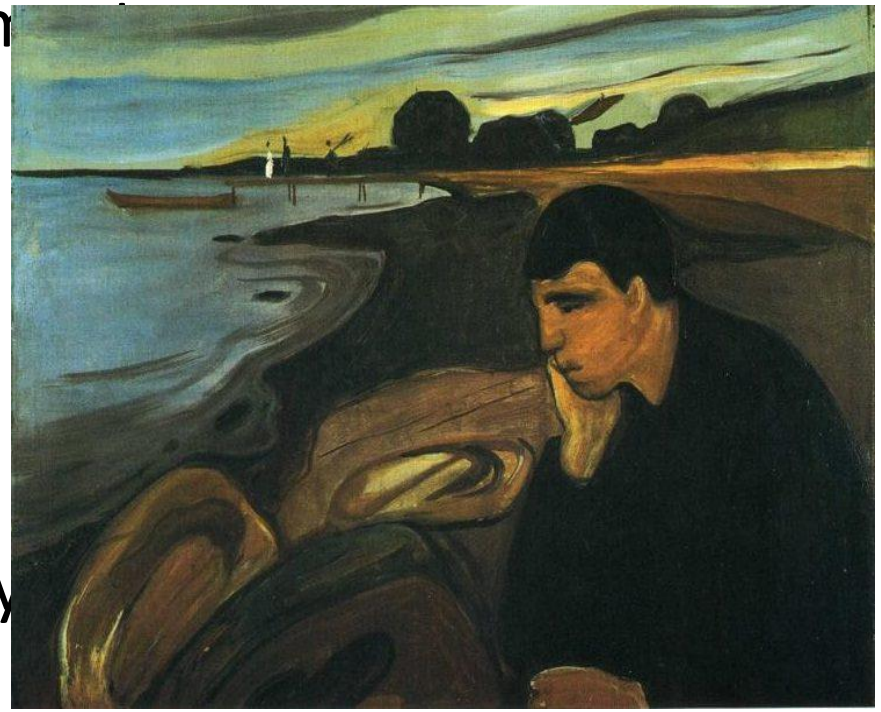
- One size does not fit all : consideration volume of behavioral health patients in the ED
- Begin treatment as soon as possible
- re-assessment particularly for boarded patients
- ED MD's understanding and delivering first line treatment with protocols
- Psych team available when issues beyond first line capabilities are present with a psychiatrist easily accessible
- Effectively connecting to outpatient treatment and the rest of the behavioral health continuum and developing additional services

# Measures of Success

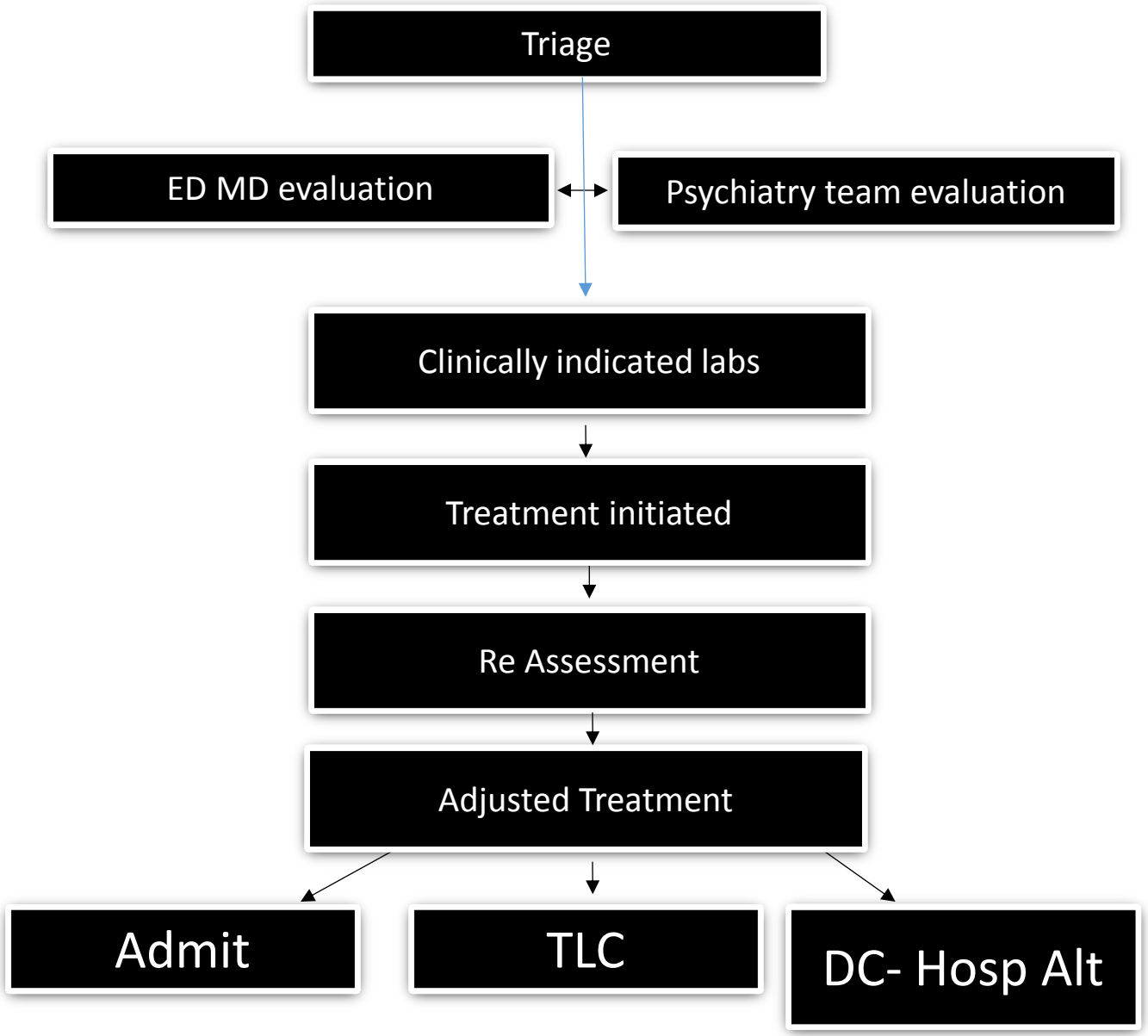
- ED throughput – length of stay in the ED
- low numbers of short inpatient psych admissions
- increased discharges home (diversion rate)
- patient satisfaction
- Follow-up to outpatient services
- Reduced readmissions to the ED and to inpatient psych

# New Paradigm

- Everyone trained in assault prevention (CIT)
- Active treatment in the ED
- BH Interventions & Reassessm
- Medications
- Avoid unnecessary testing
- Collateral
- Discharge *safely* when possible
- Use the continuum effectively



# Ideal model


Triage
ED MD evaluation
Psychiatry team evaluation
Clinically indicated labs
Treatment initiated
Re Assessment
Adjusted Treatment
Admit
TLC
DC- Hosp Alt

# SMART Medical Clearance Form

**S**uspect New Onset Psychiatric Complaint?.....if "**NO**" continue ☐

**M**edical Conditions that Require Screening?.....if "**NO**" continue ☐

- ☐ Diabetes (FSBS > 250)
- ☐ Possibility of pregnancy
- ☐ Other complaints that require screening

**A**bnormal:.....if "**NO**" continue ☐

- ☐ **Vital Signs?**
  - ☐ Temp: > 38.0°C (100.4°F)
  - ☐ HR: < 50 or > 110
  - ☐ BP: BP < 100 systolic or > 180/110 mm Hg (≥ 2 consecutive readings)
  - ☐ RR: < 8 or > 22
  - ☐ $O_2$ Sat: < 95%
- ☐ **Level of Consciousness?**
  - ☐ Cannot answer name, month/year and location
  - ☐ If inebriated HII score ≥ 4 (see next page)
- ☐ **Physical Exam (unclothed)?**

**R**isky Presentation?..... if "**NO**" continue ☐

- ☐ Age < 12 or > 55
- ☐ Possibility of ingestion
- ☐ Eating disorders
- ☐ Significant traumatic injury, prolonged struggle or "found down"

**T**herapeutic Levels Needed?..... if "**NO**" continue ☐

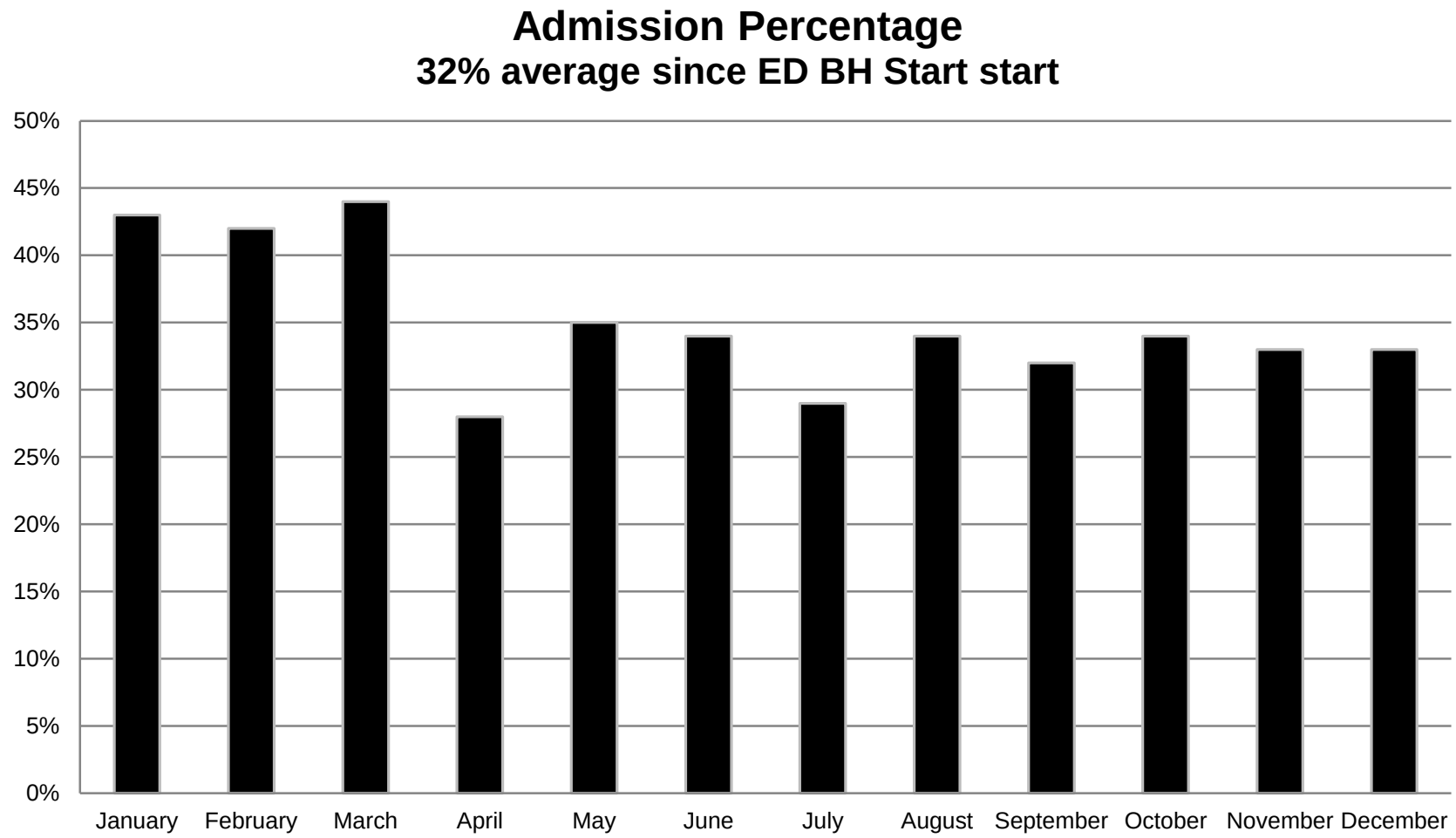
- ☐ Dilantin
- ☐ Lithium
- ☐ Digoxin
- ☐ Coumadin

- **If ALL SMART categories CAN be answered with "NO" then the patient is considered medically cleared and no additional testing is indicated.**
- **If ANY SMART category CANNOT be answered with "NO" then appropriate testing and/or documentation of rationale for medical clearance must be reflected in the patient's chart.**

**Completed by:** _____ _____**, MD/DO** **Date:** _____

Signature Print

# Results:
# Initial 10% drop in admission percentage



# TLC: *Transitional Lounge for Care*

- Observation and treatment area in the ED
- Used for behavioral health needs that can be assessed and treated for potential discharge within 24 hours of acceptance or for boarded patients
- Structured milieu
  - Medication management
  - Psycho-educational & coping skills groups
  - Supportive therapy
  - Substance use counseling

# Benefits of the TLC

- Decreased admission rates
- Decrease inpatient admission times if admission ultimately required
- Improved quality of care
- Increased space in ED for medically ill patients

# Exclusion Criteria

- Acute agitation within six hours
- Acute substance intoxication
- Potential increased length of stay (secondary gain)
- Acute psychosis
- Sexually inappropriate behaviors
- Minors

# Changing the ED Culture

# Other Programs

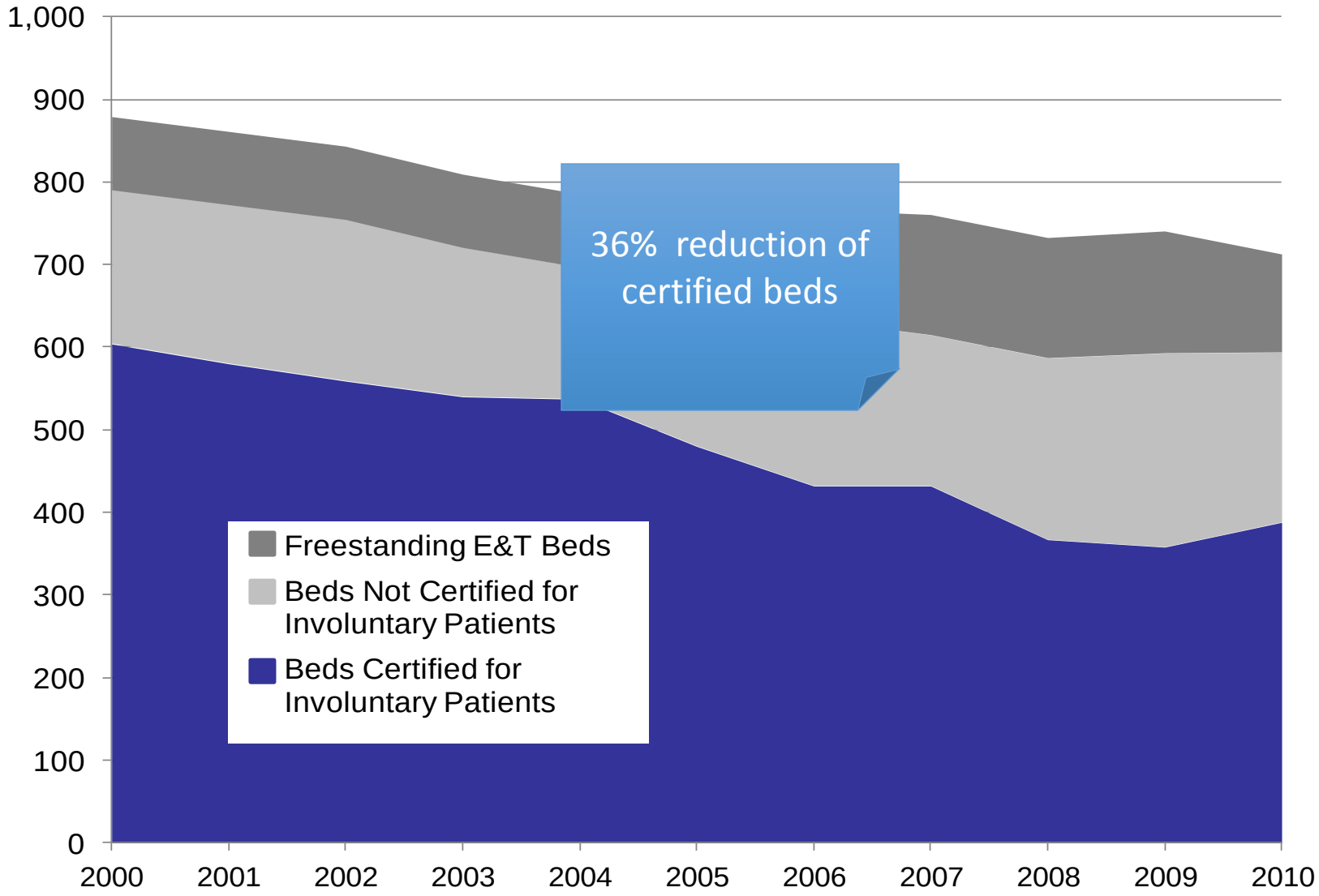
- Mentors on Discharge Program
- County Supported Navigators
- Crisis Stabilization
- Crisis Residential
- IOP Services
- Chemical Dependency – Detox programs & Residential Services

# Harborview Medical Center
# University of Washington

- 413 bed hospital, 65 psych beds
- 59,000 E.D. Visits
- 6000 E.D. Psychiatry Visits
- 1500 Involuntary Psych Admits
- 77% of admissions from E.D.
- Average LOS 6.7
- 97% occupancy

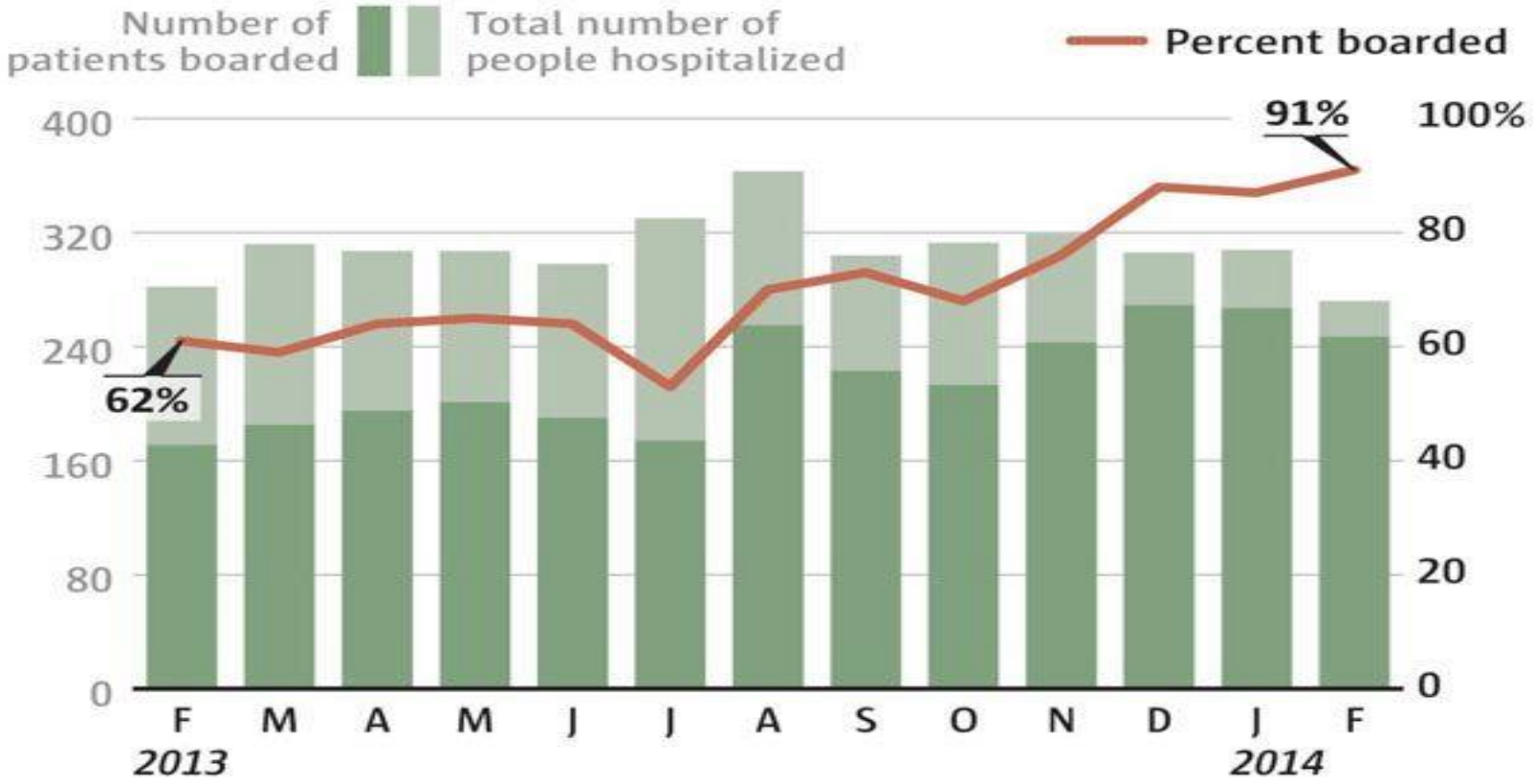
- Only designated Level I adult and pediatric trauma and burn center in Washington, Alaska, Montana & Idaho
- King County Safety Net Center

# Washington State Inpatient Psychiatry Capacity



# Psychiatric boarding

The percentage of patients being detained and boarded while awaiting psychiatric care in King County increased dramatically in a 12-month period.




*Sources: King County Mental Health, Chemical Abuse and Dependency Services*

GARLAND POTTS / THE SEATTLE TIMES

Originally published October 5, 2013 at 7:04 PM | Page modified October 8, 2013 at 4:24 PM

First of two parts

# 'Boarding' mentally ill becoming epidemic in state



TIMES WATCHDOG: Far more involuntarily detained patients are stuck in chaotic hospital ERs and ill-equipped medical rooms. They wait days, even months, for treatment. The practice traumatizes thousands of mentally ill residents, wreaks havoc on hospitals, and wastes millions of taxpayer dollars.

By Brian M. Rosenthal
*Seattle Times staff reporter*

Matthew Jones stripped off his clothes, kicked over a trash can and ran into Kirkland's Juanita Beach Park. He wanted to swim across Lake Washington, find Bill Gates and kill him.

Police intercepted the distraught 35-year-old on a dock and brought him to nearby EvergreenHealth hospital, where officials classified him as dangerously mentally ill and ordered he be detained, against his will, to be treated.

Any threat to the wealthy Microsoft co-founder — and the community — was over. But Jones' ordeal was just beginning.

On that spring night, all four of King County's psychiatric-treatment facilities were full. So officials sent Jones to wait in Evergreen's emergency department.

Untreated and unable to see his family, he languished for hours, and then days, in a small room. When his hallucinations grew especially vivid, the ER nurses tied him to a bed so he wouldn't hurt himself.

◄ PREV 1 of 5 NEXT ►

MIKE SIEGEL / THE SEATTLE TIMES

Mike De Felice, a public-defender supervisor who represents involuntarily detained patients, addresses a court recently on behalf of a client. He says the treatment faced by some as they await help is "humiliating, dehumanizing and deplorable."

**RELATED**

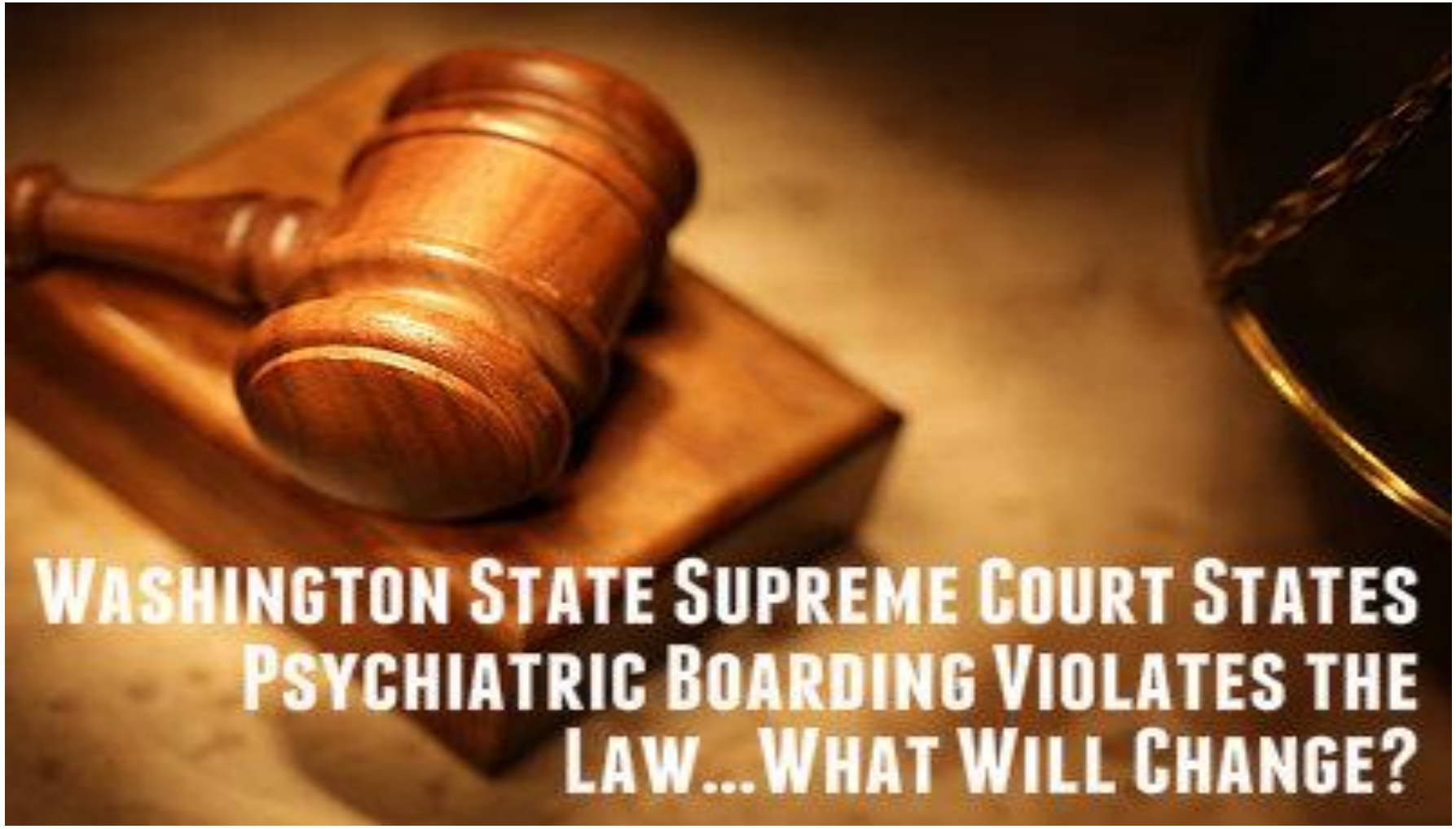
- Caring for mentally ill: 3 counties' success stories

# Kirkland hospital to change procedures for ‘boarding’ mentally ill

Nancee Hofmeister, Evergreen’s chief nursing officer, said the (Joint) commission told hospital officials the inquiry was prompted by The (Seattle) Times series

The Joint Commission’s investigation, criticized the hospital for five “standard deficiencies”:

- Not training contract psychiatrists and ER staff in de-escalation of mentally ill patients;
- Not training contract psychiatrists and ER staff in policies regarding restraint and seclusion;
- Not providing mental-health medication to patients awaiting evaluations for potential involuntary commitment;
- Providing medication but not psychiatric counseling to committed patients boarded in the ER;
- Not caring appropriately for patients awaiting transfer to other facilities;




# August 7, 2014

# Opportunities

- It is important that EDs recognize that the problem with behavioral health patients in the ED is multi-faceted, with challenges of access to care and unlikely to change in the short run
- Community Interventions –Meet with community physicians, community mental health programs, community agencies, and outpatient programs
- Recruit support-Policy makers, law enforcement, first responders
- Use data and real patient stories to educate your own Executives and Board Members

# King County Alternatives to Boarding Task Force

Five Priority Areas of Focus

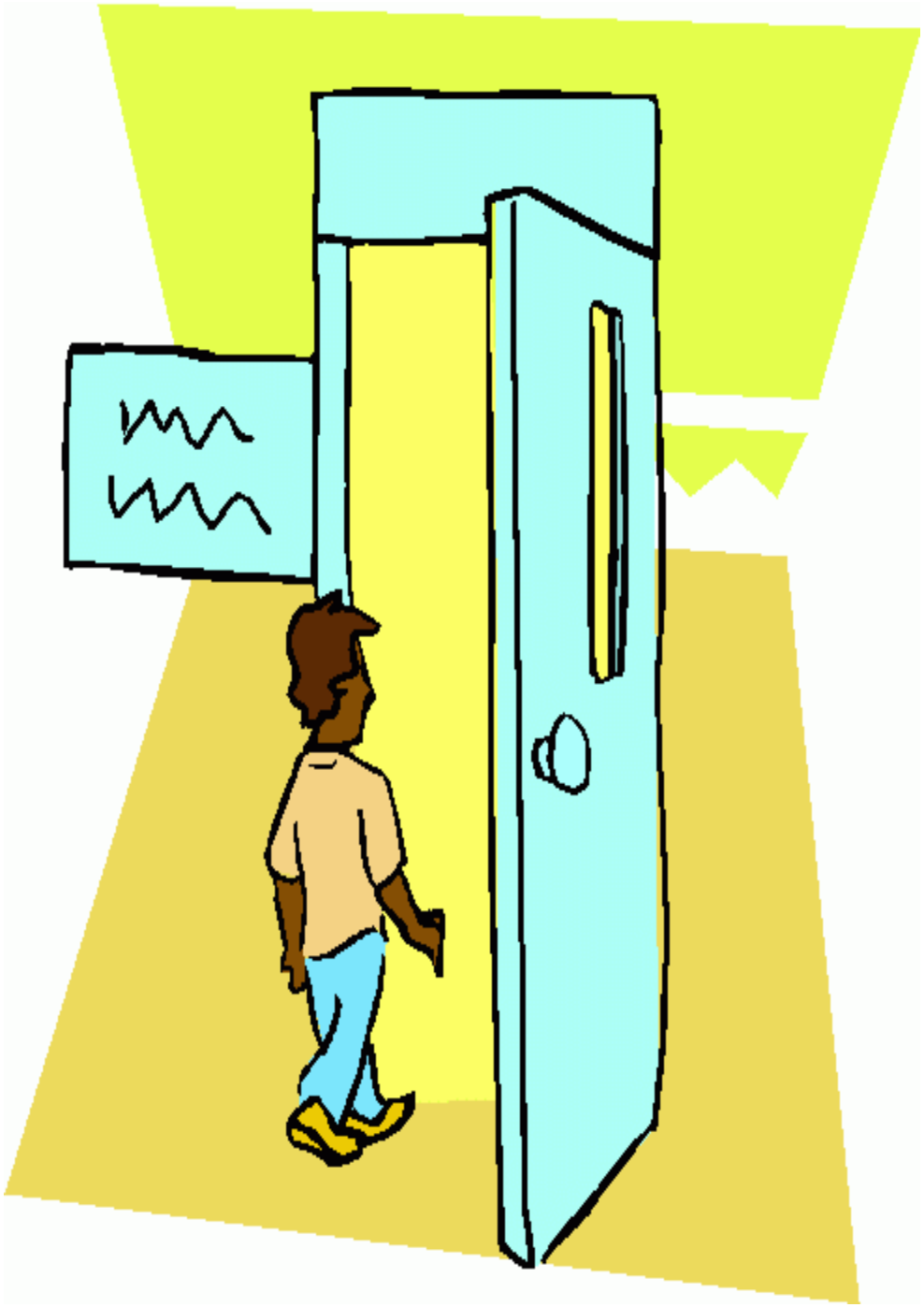
- **Diversion and front-end/upstream re-engineering**
- **Alternative processes and resources for patients with dementia, developmental disabilities (DD), and traumatic brain injury (TBI)**
- **Workforce support and development**
- **Behavioral health integration**
- **Legislation and policy changes**

# Crisis Solution Center

- **Crisis Diversion Facility**
  - 16 beds
  - Up to 72 hours
- **Crisis Diversion Interim Service**s
  - 30 step-down beds
  - Up to 14 days
- **Mobile Crisis Team**
  - 24/7 assistance to police & medics
  - Transportation from E.D. to CSC

# Admission Criteria

- Hospital subcommittee established medical acuity criteria
- Continued oversight by subcommittee chaired by hospital representative
- Referrals only from E.D.'s, Medics or Police
  - Stable behavioral and medical control
  - Non-violent charge and no known history of violence
  - Good faith agreement to participate in services of the program instead of going to jail or hospital



UW Medicine

- Daily e-huddle with the four medical centers regarding status of boarder patients
    - Prioritize UWM boarders over elective referrals
    - HMC prioritizes ITA less than 60 y.o.
    - NWH prioritizes ITA over 60 y.o.
    - UWMC prioritizes voluntary
- "Open Bed: Boarder" mismatch data collection

# Network Case Review Process

- Community Collaboration to engage and plan for patient services
- County Organized Coalition includes all stakeholders
- Data sharing via shared release of information
- Community Ownership of the Care plan with assigned roles and responsibilities

*Outcomes suggest that after collaboration E.D. use decreases for 60% of individuals*