Today’s Host

Morgen Palfrey, Project Coordinator, Institute for Healthcare Improvement, is the current coordinator for web-based Expeditions. She also contributes to the IHI Leadership Alliance, conducts research scans to assist with content development, and works with Strategic Partners in Singapore. Morgen is a member of Work-Life Wellness Team and Diversity and Inclusion Council at IHI, where she and fellow staff members develop strategies for improving the mind and body. Morgen graduated from the University of Florida in Gainesville, FL where she received her Bachelor of Arts degree in Political Science with a concentration in Public Administration.
Audio Broadcast

You will see a box in the top left hand corner labeled “Audio broadcast.” If you are able to listen to the program using the speakers on your computer, you have connected successfully.

Phone Connection (Preferred)

To join by phone:
1) Click on the “Participants” and “Chat” icon in the top, right hand side of your screen to open the necessary panels
2) Click the button on the right hand side of the screen.
3) A pop-up box will appear with the option “I will call in.” Click that option.
4) Please dial the phone number, the event number and your attendee ID to connect correctly.
Audio Broadcast vs. Phone Connection

- If you using the audio broadcast (through your computer) you will not be able to speak during the WebEx to ask question. All questions will need to come through the chat.

- If you are using the phone connection (through your telephone) you will be able to raise your hand, be unmuted, and ask questions during the session.

- Phone connection is preferred if you have access to a phone.

WebEx Quick Reference

- Please use chat to “All Participants” for questions
- For technology issues only, please chat to “Host”
- WebEx Technical Support: 866-569-3239
- Dial-in Info: Communicate / Audio Conference (in menu)
When Chatting…

Please send your message to All Participants

Expedition Director

Kelly McCutcheon Adams, LICSW has been a Director at the Institute for Healthcare Improvement since 2004. Her primary areas of work with IHI have been in Critical Care and End of Life Care. She is an experienced medical social worker with experience in emergency department, ICU, nursing home, sub-acute rehabilitation, and hospice settings. Ms. McCutcheon Adams served on the faculty of the U.S. Department of Health and Human Services Organ Donation and Transplantation Collaboratives and serves on the faculty of the Gift of Life Institute in Philadelphia. She has a B.A. in Political Science from Wellesley College and an MSW from Boston College.
Today’s Agenda

- Welcome
- Action Period Assignment
- Debrief
- Why Flow Matters
- Action Period Assignment
- Closing

Expedition Objectives

At the conclusion of this Expedition, participants will be able to:

- Explain the importance of partnering with patients and their families to improve safety for patients with mental health conditions
- Identify different areas to improve mental health care safety
- Describe examples of improvement efforts at other organizations
- Plan tests of change to begin or continue patient safety improvement
Schedule of Calls

**Session 1** – Partnering with Patients and Families  
**Date:** Tuesday, December 2, 1:00 - 2:30 PM Eastern Time

**Session 2** – Making the Physical Environment Safer  
**Date:** Tuesday, December 16, 1:00 - 2:00 PM Eastern Time

**Session 3** – Why Flow Matters  
**Date:** Tuesday, January 13, 1:00 - 2:00 PM Eastern Time

**Session 4** – Medication Safety  
**Date:** Tuesday, January 27, 1:00 - 2:00 PM Eastern Time

**Session 5** – Ensuring Staff Preparedness  
**Date:** Tuesday, February 10, 1:00 - 2:00 PM Eastern Time

**Session 6** – Being Proactive and Avoiding Crises  
**Date:** Tuesday, February 24, 1:00 - 2:00 PM Eastern Time

Action Period Assignment Debrief

- Sharing examples of changing the physical environment to improve mental health safety
Why Flow Matters

Kirk Jensen and Michael Claeyss

Faculty

Kirk B. Jensen, MD, MBA, FACEP, is Chief Medical Officer, BestPractices, Inc., and Executive Vice President of EmCare, Inc. A leader in practice management, patient flow, and clinical care, he has been a medical director for several emergency departments. Dr. Jensen is a faculty member for the Institute for Healthcare Improvement (IHI), focusing on patient flow, quality improvement, and patient satisfaction both within the ED and the hospital, and he chaired IHI Learning and Innovation Communities on Operational and Clinical Improvement in the ED and Improving Flow in the Acute Care Setting. Dr. Jensen served on the expert panel and site examination team for the Robert Wood Johnson Foundation initiative Urgent Matters and as a faculty member of the American College of Emergency Physicians (ACEP) Management Academy and the Studer Group. He is co-author of the book *Leadership for Smooth Patient Flow*, as well as the author of numerous articles and three books, *Leadership for Smooth Patient Flow*, *Hardwiring Flow*, and *The Hospital Executive’s Guide to Emergency Department Management*. An acclaimed speaker, Dr. Jensen has twice been honored as the ACEP Speaker of the Year.
Michael Claeys is a Licensed Professional Counselor and possesses a Master’s in Business Administration. He developed one of Georgia’s first crisis centers along with alternatives to state hospitalization at the Clayton Center CSB in 1996. From 1999 to 2009 as Executive Director of APS Healthcare, Mr. Claeys was responsible for a statewide external quality review unit for mental health providers that included extensive provider training, provider profiling, and integration of consumer recovery activities. Since 2009 Mr. Claeys has served as Executive Director of Grady Health System’s Behavioral Health services. Grady Health System is a large urban safety net hospital in Atlanta Georgia with over 117,000 emergency room visits a year. Behavioral Health Services at Grady consist of a full array of crisis, inpatient, Assertive Community Treatment, and outpatient services.

The Psychiatric ED Patient: Special Handling Needed
IHI Mental Health Safety Expedition
January 13, 2015

Kirk Jensen, MD, MBA, FACEP
Chief Medical Officer, BestPractices, Inc.
Executive Vice-President, EmCare, Inc.
IHI Faculty Member
Studer Faculty Member and National Speaker
Urgent Matters Faculty and Advisory Board
Objectives

- Highlight some of the approaches to serving behavioral health patients
- Identify the opportunities to improve the flow of and service to behavioral health patients

The presenter has nothing to disclose

A 2008 survey of 328 emergency room (ER) medical directors done by the American College of Emergency Physicians found that 79% of the survey respondents said psychiatric patients were boarded in their EDs, with a third of the patients boarded for 6 hours or more; 62% said these patients received no psychiatric services while they were being boarded.
Defining the ED Experience for the Behavioral Health Patient

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compassion

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The Psychiatric Medical Screening Exam (PMSE)

Although it can be agreed by both specialties that psychiatric illness can coexist with medical illness, can exacerbate medical illness, can be a presenting symptom of a medical illness, and can coexist with substance abuse emergencies, no consensus has been reached regarding a standardized clinical pathway outlining the scope and extent of the PMSE.

*Admit up to three days.

Illinois Hospital Association: Behavioral Health Steering Committee Final Report, October 2007. Model B, General Hospital without Dedicated Psychiatric Unit or Staff.

Strategies for Expediting Psych Admits by J.D. McCourt, MD, Emergency Physicians Monthly February 14, 2011
Case Study: Carilion Clinic

Improving the Front End:
– All mental health patients = Level 1 triage
– Standardized patient intake
– Creation of dedicated ED Mental Health Unit
– Triage process changes and direct to ED Mental Health Unit
– Care plans for unique patients

Throughput:
– Standard order sets and ED zone placement
– Dedicated ED Psych Nursing Staff
  • Additional 1 FTE RN, 1 FTE med tech for ED psych unit
– Psych RN coordinators (Connect Team)
– Parallel evaluations (med clearance and Connect team)
– ED Physician rounder on boarders (2hrs/day)
– Chronic disease management
– ECO and placement concurrently
– Transportation protocols (EMS and Law Enforcement)
Making More Efficient Use of Existing Capacity on the Emergency Department Side

Separate Emergency Department Based Areas or Units for Psychiatric Patients

- A separately staffed 6–10 bed holding unit staffed with a nurse and technician, with an emergency physician overseeing the care of the patient.
- The major benefit is that psychiatric patients are removed from the distractions of the main ED.
- Factors such as ambulance traffic, continuous overhead paging, and constant communication over the police radios tend to escalate the patient's behavior.
- The Emergency Physician provides ongoing care for the patients until a bed in an inpatient facility is available.
- A partial solution with the same goals is to set up a “psychiatric area” or two or three rooms in a designated portion of the ED which are specifically intended for psychiatric emergencies.
- In one approach, a “pod” was developed around four rooms supplied with cameras to assist in patient monitoring.
Director of IT, a Psychiatrist began performing telemedicine with some of his clinic patients

Integrated this platform with similar work through the Call Center and Emergency Medicine

Plan is to screen depressed patients for preventative intervention in those that are high risk

Will expand the program to Panic Disorder

Courtesy Jody Crane, MD, MBA and Kaiser Permanente
Patient with PHQ-9 Score over 20 will receive frequent check-ins to assess their mental health

They will also receive a special code that allows them to check in directly with the HouseCalls physician whenever they feel they need help

HouseCalls physician can either address the issue or connect them with the on call Psychiatrist for immediate or next day intervention

Courtesy Jody Crane, MD, MBA and Kaiser Permanente
Managing Boarded Patients

After formal psychiatric evaluation, patients may be held for days. Mechanisms to improve care for these patients include:

• During high volume periods, nurses may be recruited from an inpatient psychiatric unit to add staff to the ED. While they cannot take over care of other ED patients, they can relieve ED nurses by taking over care of the psychiatric patients.

• Holding orders may help maintain consistent care for the boarding patient. It also helps develop the idea that the boarded patient is now essentially an “inpatient” and requires regular evaluation and medication. This becomes most important when there are concurrent chronic medical concerns.

• Encourage the initiation of psychiatric medications. This may mean re-starting the patient’s usual psychiatric medication regimen. At least one site has developed a protocol to validate medications with family or others.

• Subtle designation of the patient as a boarding psychiatric patient may help staff keep the patient’s special needs in mind. Techniques include separately colored charts or armbands.

• Frequent attending physician re-evaluation. Some sites require formal re-evaluation with documentation every shift.

• Psychiatrist or psychiatric social worker re-evaluation every 24 hours.

Work With Law Enforcement

• First responders engage in many crises involving people with mental illnesses,

• Officers can play an important role in preventing the escalation of a situation involving a psychiatric patient and can thus make inpatient care unnecessary

• Training these officers to manage mental health crises and giving them information about the appropriate use of local mental health services can keep some psychiatric patients out of the emergency room.

• One model of specialized training is the crisis intervention team (CIT) approach.
  – Developed by the police department in Memphis, Tennessee, this approach educates law enforcement officers on how to recognize and deescalate mental health crises

• Another approach is the co-responder model, developed in Los Angeles County, California, which involves partnership between a trained crisis intervention officer and a mental health clinician.

• Several communities – including Bexar and Harris Counties, in Texas; Maryland’s Montgomery County; and Miami-Dade County, in Florida – have invested in specialty training for law enforcement.
A Nice Overview of a Seven Point Action Plan

1. Quantify and Monitor the Problem
2. Improve ER Care of Psychiatric Patients
3. Make More Efficient Use of Existing Capacity
4. Implement Low-Cost Collaboration
5. Work With Law Enforcement
6. Invest In Comprehensive Community Crisis Services
7. Invest in Continuity of Care

Alakeson, V., Pande, N., and Ludwig, M. “A plan to reduce emergency room ‘boarding’ of psychiatric patients.” Health Affairs. 29(9):1637-42, Sept. 2010
Case Studies

- David A Hnatow, MD, FACEP, Greater San Antonio Emergency Physicians, Medical Director, Public Safety Unit, Center for Healthcare Services, San Antonio, Texas

- Damon Kuehl, MD, Assistant Professor, Department of Emergency Medicine, Virginia Tech Carilion School of Medicine Residency program, Director, Carilion Clinic, Virginia Tech Carilion Emergency Department Residency Program, Vice Chair, Emergency Medicine, Virginia Tech Carilion School of Medicine, Roanoke, Virginia

- Michael A Turturro, MD, FACEP, University of Pittsburgh Medical Center Mercy Hospital Campus, Location: Pittsburgh, PA

References

- Alakeson, V., Pande, N., and Ludwig, M. “A plan to reduce emergency room ‘boarding’ of psychiatric patients.” Health Affairs. 29(9):1637-42, Sept. 2010


References


• Behavioral Emergencies for the Emergency Physician, Leslie S. Zun (Editor), Lara G. Chepenik (Editor), Mary Nan S. Mallory (Editor) Cambridge University Press; 1 edition (May 6, 2013)

  • Behavioral Health in Emergency Care, Peter C. Brown, MA David Hnatow, Damon Kuehl, MD, FACEP, Chapter 47, Strauss and Mayer’s Emergency Department Management, December 2013

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Chapter 47: Behavioral Health in Emergency Care
Peter C. Brown, David Hnatow and Damon Kuehl

In Strauss and Mayer’s Emergency Department Management
  • By Robert W. Strauss MD, Thom A. Mayer, MD
  • Kirk B Jensen, MD, MBA, FACEP, Associate Editor

Publisher: McGraw-Hill Professional Publishing
Publication date: 1/2014
Behavioral Emergencies for the Emergency Physician
Editor: Leslie S. Zun
Date Published: May 2013

Flow Matters
Michael Claeys, MBA, LPC
Executive Director
Department of Behavioral Health
Grady Health System, Atlanta GA
Atlanta Can’t Live Without Grady

• Large acute care hospital in Metro Atlanta with Level 1 trauma center and providing 600,000 patient visits annually.
• Psychiatric Emergency Receiving Facility

Behavioral Health Services at Grady

• Comprehensive array of services:
  – Crisis Intervention Service
  – Inpatient adult unit
  – Assertive Community Treatment teams
  – Adult Outpatient Services
  – Psychosocial Rehabilitation services
  – Peer Support services
  – Community Case Management
  – Homeless outreach to identify and reduce homelessness among people with mental illness
Department of Behavioral Health Stats

• 240 employees
• Annually, 8000 unique clients served with approximately 50,000 service encounters
• 60% Medicaid, 31% uninsured and 9% Medicare or other payors

Why does flow matter?
Stats from 2014

• 800 ECC visits monthly for people with MI
• 450 admissions monthly to CIS
• Inpatient occupancy rate of 98% with avg LOS at 6.3 days
• 1200 outpatient visits weekly

It is all about flow!

Preventing Emergency Visits

• Grady EMS outreach to people with mental illness (and other high users of the 911 call system)
• Assertive Community Treatment
• Community Case Management
• Adult Outpatient Clinic Triage and Walk-in
• Psych treatment at Atlanta City Jail
Patient Flow Upon Arrival

- ECC Psych Assessment
- Crisis Intervention for full psych assessment
- Inpatient Psych Unit
- DC Support & Case Management
- Momentum Clinic for immediate follow-up
- ACT
- Outpatient Services
- PIC and Peer Support
- Hospital Medical Unit

Patient Flow Upon Arrival

- ECC Psych Assessment
- Crisis Intervention for full psych assessment
- Inpatient Psych Unit
- Community Case Management
- Inpatient Psych Unit
Questions/Discussion

Raise your hand

Use the chat
Action Period Assignment

- Please think about times when you have made improvements to hospital flow related to safety for patients with mental health issues
  - Share via information about these efforts via the listserv before next session:
    MentalHealthSafety@ls.ihi.org

Expedition Communications

- Listserv for session communications:
  MentalHealthSafety@ls.ihi.org
- To add colleagues, email us at info@ihi.org
- Pose questions, share resources, discuss barriers or successes
Next Session

Session 4 – Medication Safety
Tuesday, January 27th, 1:00 – 2:00 EST