

Report on initiative to decrease lengths of stay for psychiatric patients in ED's

PRESENTED BY:

May 5, 2011

**Paul Rains RN MSN
President**



St. Joseph's Behavioral Health Center

CHW

Acknowledgements

- St Joseph's Behavioral Health Center would like to acknowledge the following agencies and persons for their part in the development of a process that has proved to be a positive step forward in improving the quality of care for psychiatric patients:
- Hospital Council of Northern and Central California
 - **Scott Seamons-Regional Vice President**
- Lodi Memorial Hospital
 - **Kim Hafey RN-Director Emergency department**
- San Joaquin County Mental Health Department
 - **Jim Garrett-Deputy director**
 - **Tom Oliver-Manager Crisis intervention services**

Acknowledgements

- San Joaquin General Hospital
 - Richard Buys MD-Medical Director Emergency department
- St Joseph's Behavioral Health Center
 - Michael Smith MD
 - David Robinson DO
 - Alan Hall RN-Director of Nursing
 - Amber Brackett-Manager evaluations and admission department
- St Josephs Medical Center
 - Michael Herrera MD- Medical Director Emergency department
 - Cheryl Heaney RN-Director Emergency department
- Sutter Tracy Community Hospital
 - Frans Hibma RN-Director Emergency department
 - Rose Norwood RN MSN- Chief Nurse Executive

Background

- St Joseph's Behavioral Health Center's mobile evaluation team serves seven Emergency departments in the San Joaquin service area.
- Evaluators are granted authority to place a legal hold by the County Mental Health Director in San Joaquin County
- Mobile evaluation services are provided twenty-four hours a day seven days a week



Background

- Longstanding problems with length of time psychiatric patients spend in ED's waiting on evaluation and disposition
- Psychiatric emergencies are by nature different especially when no immediate life threatening medical condition is present.
- Psychiatric patients usually placed low in the queue to be seen



Background

- Previous practice had been to insist on having documentation and verbal report on the status of a patient prior to dispatching an evaluator.
- This was largely due to the variance in medical clearance practice and experiences with patients sometimes being transferred without appropriate medical clearance.
- As we were faced with solving issues on our end, it became necessary to address our concerns with the ED's that we serve.



Evolution of a solution

- Scott Seamons facilitated a meeting with managers and administrators of area hospitals with emergency departments
- A workgroup was formed to develop criteria for standardization of medical clearance criteria for psychiatric patients
- Consensus on what criteria is appropriate for medical clearance was more prevalent than we thought
- The workgroup developed standardized criteria for Medical Clearance

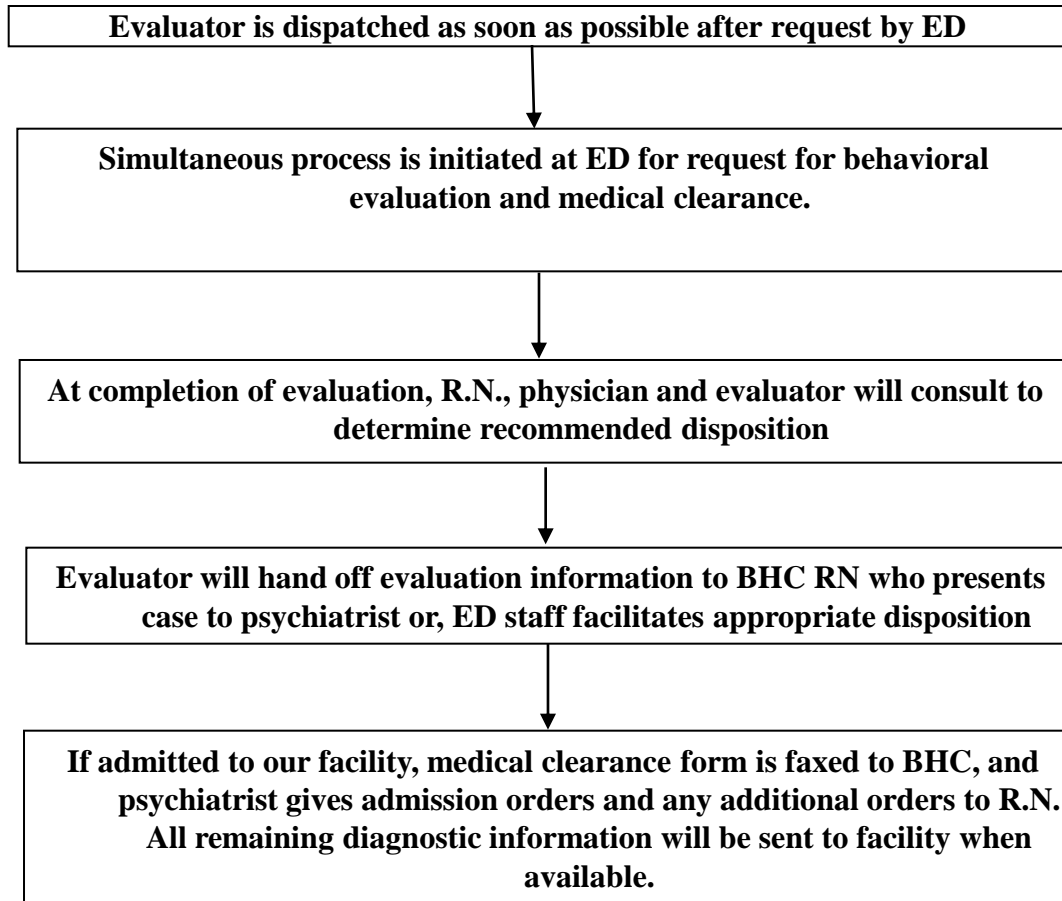


Evolution of a solution

- We now dispatch evaluators to area ED's when notified of a request for behavioral evaluation rather than waiting for the green light from one of our RN's
- Wait time for evaluation is reduced significantly
- Time to disposition and appropriate placement (if necessary) also reduced



Current process



- **Response time-**

The total number of minutes for response to request for evaluation is 2629 for 38 evaluations. The average time for response is 1 hour 9 minutes from the time of dispatch to the time evaluation began.

Variations in time of notification and time of dispatch is most often due to evaluators handling a previous request at the time of notification

- **Time to placement**

The total number of minutes for placement of the patient at our hospital is 7146 for 22 admissions. The average time for placement is 5 hours 25 minutes from the time of evaluation to the time the patient arrived at SJBHC.



Outcomes

Date 2010	Location	Call/Fax	Dispatched	Evaluated	Arrival to BHC	Response Time	Total Time
1-Jan	Dameron	13:10	13:10	13:30	18:00	0:20	4:50
4-Jan	SJMC ER	01:05	01:20	02:15	06:25	0:55	5:05
4-Jan	Manteca Kaiser	03:00	03:00	04:45		1:45	
4-Jan	Dameron	18:50	18:50	20:45		1:55	
4-Jan	Manteca Kaiser	20:00	20:30	21:00	01:20	0:30	3.50
6-Jan	Manteca Kaiser	18:30	18:30	20:30		2:00	
7-Jan	LMH	20:20	24:00	00:45	08:00	0:45	8:00
9-Jan	SJMC ER	15:45	16:00	17:22		1:22	
12-Jan	SJMC ER	15:25	15:33	16:30		0:57	
12-Jan	LMH	16:30	17:30	18:30	21:25	1:00	3:55
12-Jan	Doctors	22:54	23:00	23:45	08:28	0:45	9:28
19-Jan	SJMC	08:20	08:35	09:50	15:15	1:15	6:40
20-Jan	SJMC	08:30	08:35	09:35	12:35	1:00	4:00
23-Jan	Dameron	03:20	10:00	10:25	14:28	0:25	4:28
7-Feb	SJMC ER	07:00	07:30	09:30		2:00	
7-Feb	SJMC ER	07:00	07:30	09:00		1:30	
8-Feb	Sutter Tracy	06:00	07:15	08:40		1:25	
9-Feb	SJMC ER	12:00	12:00	12:30	15:30	0:30	3:30
12-Feb	Dameron	18:30	18:30	18:40	22:50	0:10	4:20
13-Feb	SJMC ER	08:30	08:30	10:00		1:30	
15-Feb	Sutter Tracy	01:00	01:20	01:50		0:30	
15-Feb	Dameron	03:30	03:45	04:10		0:25	
16-Feb	Manteca Kaiser	06:20	07:15	08:45	14:30	1:30	7:15
16-Feb	LMH	07:30	07:30	11:15		3:45	
1-Mar	Doctors	07:00	07:30	08:45		1:15	
2-Mar	Sutter Tracy	17:50	17:50	18:50		1:00	
3-Mar	Doctor's	10:20	10:40	11:50	15:50	1:10	5:10
5-Mar	SJGH	14:30	15:00	16:00	19:29	1:00	4:29
6-Mar	Doctor's	20:00	20:15	20:40	00:00	0:25	3:45
8-Mar	Manteca Kaiser	10:20	11:00	12:00		1:00	
9-Mar	SJMC	05:00	07:05	08:30	11:40	1:25	4:35
18-Mar	SJMC	10:32	11:15	13:10	17:30	1:55	6:15
23-Mar	Dameron	15:45	17:00	17:45	20:40	0:45	3:40
30-Mar	SJMC	07:00	07:00	08:25	17:35	1:25	10:35
3-Apr	Manteca Kaiser	16:15	16:30	16:50	22:05	0:20	5:35
4-Apr	Dameron	22:10	22:20	23:45	02:50	1:25	4:30
5-Apr	Sutter Tracy	07:30	08:10	09:25		1:15	
20-Apr	Manteca Kaiser	10:53	11:15	12:35	17:26	1:20	6:11

Table 1

Outcomes

- Reduction in patients returning to the ED within 24 hours of admission



Outcomes

INDICATOR	GRAPH	ANALYSIS																																						
<p>Number of transfers to the ED within 24 hours of admission to BHC.</p>	<p style="text-align: center;">Transfers to ED within 24 hours of admission</p> <table border="1"> <caption>Transfers to ED within 24 hours of admission</caption> <thead> <tr> <th>Month</th> <th>Number</th> </tr> </thead> <tbody> <tr><td>July 09</td><td>3</td></tr> <tr><td>Aug 09</td><td>3</td></tr> <tr><td>Sept 09</td><td>6</td></tr> <tr><td>Oct 09</td><td>1</td></tr> <tr><td>Nov 09</td><td>1</td></tr> <tr><td>Dec 09</td><td>1</td></tr> <tr><td>Jan 10</td><td>5</td></tr> <tr><td>Feb 10</td><td>2</td></tr> <tr><td>Mar 10</td><td>2</td></tr> <tr><td>Apr 10</td><td>1</td></tr> <tr><td>May 10</td><td>0</td></tr> <tr><td>June 10</td><td>1</td></tr> <tr><td>July 10</td><td>0</td></tr> <tr><td>Aug 10</td><td>1</td></tr> <tr><td>Sept 10</td><td>2</td></tr> <tr><td>Oct 10</td><td>7</td></tr> <tr><td>Nov 10</td><td>2</td></tr> <tr><td>Dec 10</td><td>0</td></tr> </tbody> </table>	Month	Number	July 09	3	Aug 09	3	Sept 09	6	Oct 09	1	Nov 09	1	Dec 09	1	Jan 10	5	Feb 10	2	Mar 10	2	Apr 10	1	May 10	0	June 10	1	July 10	0	Aug 10	1	Sept 10	2	Oct 10	7	Nov 10	2	Dec 10	0	<p>During calendar year 2010, transfers within 24 hours of admission remained low at 0-2 per month with exception of October. Seven (7) transfers occurring in October were due to acute changes in condition not identifiable during the medical clearance, e.g. acute chest pain, shortness of breath, and events such as falls.</p>
Month	Number																																							
July 09	3																																							
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Nov 10	2																																							
Dec 10	0																																							
<p>Rate = % of 24 transfers that met medical clearance criteria prior to admission from an ED.</p>	<p style="text-align: center;">Percentage of transfers within 24 hrs that met medical clearance criteria for admission to BHC</p> <table border="1"> <caption>% meeting Medical Clearance criteria prior to admission</caption> <thead> <tr> <th>Month</th> <th>Met Criteria rate</th> </tr> </thead> <tbody> <tr><td>July 09</td><td>33%</td></tr> <tr><td>Aug 09</td><td>33%</td></tr> <tr><td>Sept 09</td><td>33%</td></tr> <tr><td>Oct 09</td><td>100%</td></tr> <tr><td>Nov 09</td><td>100%</td></tr> <tr><td>Dec 09</td><td>100%</td></tr> <tr><td>Jan 10</td><td>80%</td></tr> <tr><td>Feb 10</td><td>100%</td></tr> <tr><td>Mar 10</td><td>100%</td></tr> <tr><td>Apr 10</td><td>100%</td></tr> <tr><td>May 10</td><td>100%</td></tr> <tr><td>June 10</td><td>100%</td></tr> <tr><td>July 10</td><td>100%</td></tr> <tr><td>Aug 10</td><td>100%</td></tr> <tr><td>Sept 10</td><td>100%</td></tr> <tr><td>Oct 10</td><td>100%</td></tr> <tr><td>Nov 10</td><td>100%</td></tr> <tr><td>Dec 10</td><td>100%</td></tr> </tbody> </table>	Month	Met Criteria rate	July 09	33%	Aug 09	33%	Sept 09	33%	Oct 09	100%	Nov 09	100%	Dec 09	100%	Jan 10	80%	Feb 10	100%	Mar 10	100%	Apr 10	100%	May 10	100%	June 10	100%	July 10	100%	Aug 10	100%	Sept 10	100%	Oct 10	100%	Nov 10	100%	Dec 10	100%	<p>Compliance with medical clearance criteria improved beginning with October, 2009 and remains fairly constant. Three (3) months criteria not met were July and December, 2009 and April, 2010. The Medical Clearance criteria workgroup was in its early stages of work in July of 2009. No patients were transferred within 24 hrs in May, July & December, 2010.</p>
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Lessons learned

- Obviously there are times when are unable to respond in a timely manner. More often than not due to multiple requests for evaluation creating a back log
- ED's sometimes have bottlenecks. We may not receive notification of a pending evaluation in a timely manner



Lessons learned

- There are still differences in opinion and medical judgment but this occurs far less often and we are able to resolve most of these with little fallout
- More education regarding the care of psychiatric patients in the ED is needed as well as a good understanding of what psychiatric services in your area are capable of providing
- We have seen a reduction in the number of patients returned to an ED from our facility within the first 24 hours of admission

