Mission Health at a Glance

Tracing its roots back nearly 130 years and based in Asheville, Mission Health is western North Carolina’s only not-for-profit, independent community healthcare system. Mission Health, through its vision to provide world class care to western North Carolina and beyond, is the tertiary care regional referral center for the western part of the state and the adjoining region.

Employing nearly 12,000 dedicated professionals, the system includes six hospitals with some 1,145 licensed beds; some 400 employed medical providers; and more than 2,000 total physicians on its medical staff.

Mission Health is dedicated to improving the health and wellness of the people of western North Carolina. For more information, please visit mission-health.org.
Western North Carolina 18-County Service Area

Population (2016): 882,581
Percent over 65: 22%
Over 90 ambulatory clinics (primary and specialty)
Behavioral Health Challenge in the Emergency Department

• Problem scope
  – Decreased availability of adult beds
    • State Hospital access limited due to bed closures and increased forensic cases
    • Increased volume to ED (55% increase from 2012-2017)
    • Decreased ability to transfer to other hospitals
    • Increase in acuity
  – Change in patient population
    • Mental health housing challenges
    • Increasing indigent population
    • Increase in Dual diagnosis
    • Intellectual and Developmental Disability patient increase
    • Minimal BH treatment in ED setting previously
  – Increase in medical (med-surg) volume creating more pressure
Boarding numbers reflect number of patients at 0630, with a disposition, who have been waiting four or more hours.

Boarding has leveled off since 2016
**Driver Diagram**

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**Constantly improve Mission Health’s response to BH needs in the ED.**

- De-escalation education
- Surge response
- Trauma-Informed care
- Education: emergent versus non-acute needs
Timeline

2015
- Telehealth
- Therapy Groups for boarding patients
- Intake Rounding
- Discharge Planners
- 24/7 Clinician Coverage for all System EDs
- 2 boarding areas added
- ED/BH Oversight Committee

2016
- BH IP Medical Director
- Community BH Med Dir
- Third boarding area
- BH Urgent Care
- Provider Rounding
- Enhanced “Psych Safe” rooms
- Family Justice Center
- BH Integration into PCP
- Trauma Informed Care

2017
- ED psychiatrist
- Regional Behavioral Emergency Response Team
- De-escalation education
- ED to ED transfer process
- Surge response
- Comprehensive Case Mgmt
- Education to ED providers on acuity
- WNC Substance Use Alliance

2018
- Child & Adolescent Facility-Based Crisis Unit
- 2nd ED psychiatrist
- Zero Suicide Community Collaborative
- Opioid Collaborative
- BH Crisis Response for Ambulatory
BH Discharges From Mission Hospital ED
Mission Hospital ED BH Length of Stay
BH Intake Response Times
Appendix
Partnering with Community

• Behavioral Health Urgent Care (over 200 individuals served per month)
• Comprehensive Case Management
  – Focus on high utilizers of ED and inpatient
  – Collaborative with Vaya LME, grant from NC
  – Started July 2017
    – 28% reduction in ED use, 25% reduction in inpatient
• High Utilizer and Crisis Provider meetings in most member hospital communities
• Routine collaboration with law enforcement
• 3 providers offer walk-in clinics
• Vaya now ensuring patients receive medication appointments within 5 days
• Child Crisis Center
System-Wide Efforts

• Development of psych-safe rooms in regional EDs
• Behavioral Emergency Response Team
• Daily rounding by clinician and psychiatrist via telehealth
• Discharge Planners assist with disposition
• Developed process for transfer to Mission ED and hold areas for acuity and volume
Development of Behavioral Boarding Areas

• Behavioral Health Unit in Emergency Department
  – 5 Beds
  – Staffed by ED nurses, providers, techs, and mental health clinicians

• Psychiatric Evaluation Areas
  – Two units evolved from 5 to 23 beds over time
  – Staffed by BH nurses, techs, psychiatrists, FNPs, mental health clinicians

• B 3 South
  – Hybrid unit, initially Clinical Decision Observation Unit
  – 18 rooms (24 beds)
  – Staffed by ED nurses/BH nurse floaters, PAs, ED psychiatrist, mental health clinicians
Mission Health Investment

- Contracted tele psychiatrists to meet the surge in demand
- From 2015, more than doubled FTE count of mental health clinicians
  - Numerous PRNs to accommodate surging.
  - Discharge Planners added to facilitate transfers, disposition planning, and free up clinician time for direct patient care
- Increase psychiatric nursing capacity
- Recruited psychiatric Medical Director
- Established Community BH Medical Director
- Recruited dedicated ED psychiatrist
- Enhanced Security
- Trauma-Informed Care Education and Culture Development
- De-escalation curriculum development and education
- Psych transport service
Initiate Psychiatric Care in ED Boarding Areas

• Behavioral Health Intake Triage Clinician
  – Decreased time for BH involvement
  – Faster discharges from ED for non-acute patients
  – Better able to determine appropriate boarding setting and treatment needs

• Mental Health Clinicians
  – Provide daily therapeutic rounding on boarding patients
  – Decreased time for full assessment
  – Provide BH groups for boarding patients
  – Suicide assessments with C-SSRS
  – Safety planning for discharging patients
Initiate Psychiatric Care in ED Boarding Areas

- Psychiatrists
  - More patients seen for psych evaluations earlier in process
  - Daily rounding with active management
  - Collaboration with ED docs regarding medical conditions presenting as BH issues
- Surge response
- Suicide Care Process Model
  - Standardized assessment and safety planning (C-SSRS)
- ED Dynamic
  - Increased awareness of BH acuity
    - Emergent versus non-acute needs
- Moving culture to “our patient” versus “your patient”
Assaults: Mission Hospital Emergency Department

High-volume Emergency Department with large volumes of Behavioral Health Patients. Assaults appeared unpredictable and violent.

Interventions

• *Early recognition of escalating behavior, use of Crisis Prevention and Intervention (CPI) and medications as needed*
• *Consistency in providing daily medications*
• *Reduce patient-team conflicts through focus on empowerment versus “limit setting”*
• *Immediate availability of Security as indicated*
• *Consistent availability of BH-specialized staffing in designated BH area*