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

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St Josephs Behavioral Health Center (SJBHC) in Stockton has for years played an integral part in the delivery of mental health services in San Joaquin and surrounding counties. This report documents a change in policy and procedures designed to effect decreased wait times for psychiatric patients in ED's and an overall positive outcome for consumers and providers.

#### Background:

Numerous providers in the community have for some time voiced concern regarding long delays when seeking appropriate disposition of psychiatric patients that present to the area hospitals ED's including our own sister hospital St Josephs Medical Center (SJMC). This issue was compounded during calendar year 2009 when SJBHC received a visit from the Department of Health Services. A full CMS Conditions of Participation survey was conducted over the first ten months of 2009. During the survey, we encountered several issues with our evaluation, assessment and admission processes. Our process for medical screening and clearance was scrutinized and several findings centered on the deficiencies in these processes. The findings resulted in plans of correction that forced significant changes to our admission process. Needless to say these changes affected all of our referral sources to varying degrees. Initially, it appeared that these changes would have further negative impact on psychiatric patients presenting to ED's as well as patients referred from residential and skilled nursing facilities.

We had previously identified concerns related to medical co-morbidity and appropriate medical clearance procedures for patients admitted to our facility. As a freestanding facility, our ability to treat patients beyond a certain level of medical acuity is limited. Prior to the survey we had completed work on our admission/exclusionary criteria and had intended to continue in the direction of creating a community standard for medical clearance. Standardized medical clearance for psychiatric patients is a concept that few communities in California have achieved. The information we received from the validation survey helped guide our direction. Meetings with providers in the community were scheduled and conducted over a period of approximately ten months. Executive staff from the San Joaquin County Mental Health department became involved in our efforts to address these issues and attended many of the community meetings. With the help of the local hospital council, a meeting with the area ED managers and medical directors was convened in April 2009 to provide information regarding the changes we were making to our evaluation and admission processes. Another objective of this meeting was to solicit input and support for development of a unified effort to mitigate any negative consequences the changes might create. We met separately with local law enforcement agencies to facilitate the discussion as it pertained to their involvement.

#### Action:

As a result of the April 2009 meeting, it was agreed that a workgroup be formed to develop and recommend a process that would standardize medical clearance for psychiatric patients. A workgroup was developed and consisted of the ED medical directors from SJMC, San Joaquin General Hospital (SJGH), several managers including the ED manager from SJMC, two SJBHC psychiatrists, SJBHC's president, director of nursing and evaluations department manager, and a representative from San Joaquin county Mental Health Department. It was apparent that the standards for medical clearance for psychiatric patients vary by facility and ED physicians. There was discussion with regard to the rationale for these variances. It was not difficult for the physicians involved to come to an agreement about the necessary criteria. Review of assessment data and referral documentation for patients that were returned to an emergency department

within 24 hours of admission to SJ BHC also helped identify gaps in the medical clearance process. After several meetings, a draft was approved for standardized medical clearance criteria. A pilot project was established between SJ BHC and SJ MC using the standardized medical clearance tool. During the pilot project, we agreed to expedite dispatching an evaluator to an ED when a behavioral evaluation is ordered by the ED physician. The ED's would in turn initiate the new standardized medical clearance process while waiting for the evaluator to arrive. Previously, we waited for medical clearance information before we would send an evaluator to an ED. This often delayed the process and extended the length of stay for psychiatric patients in the ED. Our initial goal was to have an evaluator respond to a request for evaluation within two hours of the request. The ED staff would attempt to complete the medical clearance process around the time of the behavioral evaluation with the intent of reaching a disposition as expeditiously as possible. We asked that the call for evaluation be deferred if initial triage indicated a medical problem.

The Medical clearance criteria document was modified during the pilot project and the final draft was completed in November of 2009. Having had a successful pilot and no further recommendations or changes to the medical clearance criteria, implementation was extended to the other area ED's. Two of the ED's had already created similar medical clearance criteria however agreed to participate in the process to reduce wait times for psychiatric patients in their ED's. One of the area hospitals declined to participate stating that current priorities took precedence over implementation of this process.

### Outcomes:

Audit tools were created to capture information for:

- The time the request is made for an evaluation,
- Our response time to the ED,
- And if we admitted the patient to our facility, the time of admission.
- The presence of appropriate medical clearance documentation for patients that were admitted to SJBHC but returned to the ED within 24 hours of admission.

The outcomes measures monitor our progress toward the goal, and provide valuable information on response/placement time and efficacy of the medical clearance process.

The significant indicators are response time, time to placement and presence of appropriate medical clearance documentation for patients returning to the ED within 24 hours of admission to our facility.

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 are most often due to evaluators performing an evaluation at the time notification came in to the facility. (Table 1)

• 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. (Table 1)

• Reduction in patients returning to the ED within 24 hours of admission Compliance with medical clearance criteria improved beginning with October, 2009 and remains fairly constant. 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. 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. (Graph 1)

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
	Manteca	01.00	01.20	02.10	00.20	0.00	0.00
4-Jan	Kaiser	03:00	03:00	04:45		1:45	
4-Jan	Dameron	18:50	18:50	20:45		1:55	
	Manteca	10.00	10.00	20.10		1.00	
4-Jan	Kaiser	20:00	20:30	21:00	01:20	0:30	3.50
	Manteca	20.00	20.00	21100	01120	0.00	0.00
6-Jan	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	
10100	Manteca						
16-Feb	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
	Manteca						
8-Mar	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
	Manteca						
3-Apr	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	
	Manteca						
20-Apr	Kaiser	10:53	11:15	12:35	17:26	1:20	6:11
			Table	1			

## ST. JOSEPH'S BEHAVIORAL HEALTH CENTER

