Breaking Down Transfer Barriers — Panel Discussion

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Paul Rains
President
St. Joseph’s Behavioral Health Center

Cheryl Heaney-Ordez, DNP, RN, PHN
Director of Emergency Services
Dignity Health, St. Joseph’s Medical Center

Rose Colangelo, RN
Emergency Services Manager
Scripps Health

Be the Voice

Breaking Down Transfer Barriers

Moderator
Rose Colangelo, MSN, RN, CEN
Patient Care Manager, Emergency Department
Scripps Memorial Hospital
Panelists

Cheryl A. Heaney-Ordez, DNP, RN
Director of Emergency Services, Dignity Health, St. Joseph’s Medical Center Stockton, CA

Elissa Berthiaume, MSN, RN
Patient Care Manager, Emergency Services Scripps Mercy Hospital San Diego, CA

Paul Rains, MSN, RN
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Marlene Nadler-Moodie, MSN, APRN, BC, CNS
Clinical Nurse Specialist Psychiatric Consultation Liaison Scripps Mercy Hospital San Diego, CA

Dignity Health, St. Joseph’s Medical Center Emergency Department

Cheryl Heaney-Ordez, DNP, RN
Director, Emergency Services December 2019
St. Joseph’s Medical Center

- 355 bed not for profit hospital
- In partnership with Kaiser Permanente
- Member of Common Spirit Health
- Largest hospital in San Joaquin County
- Graduate Medical Education Teaching Facility

St. Joseph’s Emergency Department

- 62 bed ED
- STEMI, ROSC, Stroke Receiving Center
- 23,000 ambulances/year with 94,000 patient visits/year
- Emergency Medicine Residency Program
- Utilize Psychiatric Technicians in the ED
St. Joseph’s Emergency Department

Geographic Location:
- Flanked on both sides by mental health services
- 1 block South of the hospital is San Joaquin County Mental Health Services
- 3 blocks North of the hospital is St. Joseph’s Behavioral Health Center
- Located in town, high crime area, lower socioeconomic area
- Easily accessible by our homeless population

SJMC ED Patient Volume:
FY‘10 – FY‘20
# Patients Transferred to Mental Health Facilities from St. Joseph's Medical Center Emergency Department, Stockton, CA FY 2010-2020

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Patients</th>
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<tr>
<td>2010</td>
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<td>2018</td>
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SJMC ED Average LOS Behavioral Health Patients: Transferred to Behavioral Health Facility vs. Discharged Home

<table>
<thead>
<tr>
<th>Time in Hours</th>
<th>January, 2018 - July, 2018</th>
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<tbody>
<tr>
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<td>July</td>
<td>27</td>
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</tbody>
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Our Struggles

- ED overcrowding
- Prolonged length of stay
- Ongoing medical management while awaiting behavioral health placement
- ED environment does not provide therapeutic setting
- Placement of children, adolescents, or elderly
What Does this Mean for ED Throughput, Capacity, and Overcrowding?

Example:

• ED Discharge LOS average of 200 minutes
• 24-hour average LOS for a behavioral health patient = 1,440 minutes
• 1,440 minutes divided by 200 minutes = 7.2 additional ED patients could be seen in the 24-hour period in that room
• 7.2 additional patients x 73 patients/month = 525 more patients/month could be potentially seen through those ED beds
• Could free up potentially 105,000 minutes or 1,750 hours of bed availability/capacity in the ED

Admission Criteria:
Free Standing Psychiatric Facility

Paul Rains, MSN, RN
SVP, Behavioral Health, Common Spirit Health
President St. Joseph’s Behavioral Health Center,
Stockton CA
Dignity Health, St. Joseph’s Behavioral Health Center

- 35 bed Acute Free-Standing Psychiatric Facility
- LPS Facility
- Member CommonSpirit Health
- Provides evaluation services to 6 local ED’s
- 300 + face to face evaluations per month
- 200 + additional out of county referrals and walk-ins per month

Excluded conditions

Persons:
- On chronic dialysis that is provided outside of service area
- With such known behaviors as prior injury to staff member, threats toward medical staff or employees, serious destruction of hospital property, or commission of criminal acts during course of their treatment
- Diagnosed with severe developmental disability
- With dementia or delirium
Conditional Criteria

The following require medical clearance and possible diagnostic studies as well as consultation with medical staff prior to acceptance for admission:

Persons:

• With suspected ingestion of toxic substances within 24-72 hours of referral
• Demonstrating signs of acute intoxication
• With polydipsia
• Requiring continuous oxygen support
• Experiencing acute cardiac symptoms
• Exhibiting toxicity symptoms or delirium (severe ataxia, confusion, disorientation, abnormal vital signs, etc.)

Conditional Criteria (cont.)

Persons:

• Who have not ingested food or fluids for three or more days
• Having a serious injury (self-inflicted, suspected fractures, back injury, etc.)
• Aged 65 or older with unknown medical history (In County)
• With a confused or psychotic state that developed suddenly, especially in older persons (i.e., developed over a course of hours to several days)
• Having any actual or suspected medical condition that will deteriorate if not treated in the Emergency Room
Non-exclusionary with notification to Administration

Persons:
- On chronic dialysis within St Joseph’s service area only
- Requiring ongoing chemotherapy - within St. Joseph’s service area only
- Pregnancy – case by case
- With burns – dependent upon degree and severity

Non-exclusionary with notification to Administration (cont.)

Persons:
- Requiring specialized adaptive equipment or treatment interventions (out of facility) for chronic conditions
- Conserved by VMRC and diagnosed with mild to moderate developmental disability
- That have been evaluated and cleared as defined in section II
- On BiPap/CPAP
Considerations

• Training—we cannot maintain competencies on a wide array of medical conditions, therefore will not place a patient’s care at risk
• Capability to transport to outside appointments—we do not have the resources to provide transportation for OP medical services to patients outside of our immediate service area
• Safety—we will not compromise the safety of patients and staff by admitting persons with conditions or circumstances for which we are unable to provide a safe environment of care

Capacity

• We accommodate circumstances that other free-standing psychiatric facilities may not
• The ability to provide a safe and therapeutic environment is at the core of our ethical responsibility
• We provide assistance when possible to assist referral sources with information on resources and alternate placement
Scripps Mercy Hospital San Diego

Elissa Berthiaume, MSN, RN
Patient Care Manager, Emergency Services
San Diego, CA

About Scripps Health

Not-for-Profit, Integrated Health Care System in San Diego, California
Operating Two of San Diego’s Six Trauma Centers

$2.9 BILLION IN REVENUE
15,300 EMPLOYEES
2,475 PHYSICIANS
757 IN FOUNDATION MODEL
About Scripps Health

Scripps Mercy San Diego Emergency Department

- 60 bed Emergency Department including an 8-bed trauma bay, 6-bed Fast Track and 4-bed psychiatric suite
- Over 70,000 ED visits/year
- Level 1 Trauma Center
- Designated Psychiatric Facility (LPS)
- Stroke; STEMI
Statistics

• 7503 Psychiatric Visits to the Emergency Department in 2019
• Average length of stay for psychiatric patients was 9.6 hrs. in 2019

History of Problem

• Poor Communication between ED and Behavioral Health Unit
• No collaboration
• ED staff did not have understanding of inclusion and exclusion criteria leading to frustration
• Standard work not created so lack of initiation of orders to care for the psychiatric patient in the ED
Role of Psychiatric Liaison Team

- Systemwide psychiatric liaison team (PLT) rounding in all the emergency departments (ED)
- Systemwide PLT assessments, dispositions and rounding on all patients referred to PLT in the ED’s: assessments include Biopsychosocial and CCSRS SAFE-T screening. Including coordination with support systems and outpatient referrals
- Systemwide PLT available by phone 24/7

Partnerships

- Partnership with Family Health Centers of San Diego
- Partnership with Betty Ford
- Partnership with McAlister Institute for detox
Collaboration

- Mercy SD has the F-Suite; a cohort of patient that is part of the ED but houses psychiatric patients that are med cleared waiting for disposition
- Mercy San Diego has NAMI (National Alliance for the Mentally Ill, San Diego) Peer Links in the ED lobby 2 days per week
- Mercy San Diego and Chula Vista: Bridge Grant Counselors for Medication Assisted Treatment or Opiate Addiction

Standard Work for Care of the Suicidal Patient in the ED

- RN initiates the CONSTANT OBSERVATION SBAR HANDOFF TOOL, gives to Constant Observer (CO) and provides verbal, face to face hand off
I. PURPOSE

Provide guidance for the management and care of mental health patients who are a danger to themselves, a danger to others, or severely disabled. Such patients may require 0-24 hour detention for the purpose of arranging mental health evaluation and treatment (California Health and Safety Code §1539.11) and a 72-hour hold for involuntary mental health evaluation and treatment (California Welfare and Institutions Code §5150 to 5152).

II. DEFINITIONS

A. Landmark’s Data Protection Act (LPD): An Act to provide for the evaluation and treatment of persons with serious mental disorders or impaired by chronic alcoholism or drug addiction designated by the County and approved by the State Department of Mental Health.

B. Scripps LPD designated facility: Scripps Mercy Hospital San Diego has been designated as an LPD facility by the County and approved by the State Department of Mental Health to provide for the involuntary treatment and evaluation of a mental health disorder under certain circumstances.

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Resource Page

**Care Lines**

- Behavioral Health & Drug and Alcohol Services
- Assessing Patient Needs
- Patient Rights
- Programs & Resources
  - Scripps Clinic Medical Group (SCMG)
  - Psychiatric Liaison Team (PLT)
  - Inpatient Care
  - Outpatient Services
  - A-Vision Vocational Training Program (AVTTP)
  - Specialized Adult Focused Environment (SAFE) Unit
  - Community Resources

**Programs & Resources**

**Scripps programs**

Scripps offers the following services to meet the behavioral health needs of our patients:

- A-Vision Vocational Training Program
- Behavioral Health Inpatient Care
- Psychiatric Liaison Team (PLT)
- Scripps Clinic Medical Group (SCMG)
- Scripps Drug and Alcohol Treatment Center
- Scripps Substance Abuse Disorder Nurturing
- Specialized Adult-Focused Environment Unit (SAFE) Unit

**Mental health laws & regulations**

- Involuntary Psychiatric Detainment: Training Packet & Information
- 5150 form

**Resources**

- Alcohol Withdrawal Algorithm
- Behavioral Health Care Path – Mood & Psychiatric Disorders
- Brocht Screening Tool for Violence
- Care of the Suicidal Patient – Caring For You Safety Plan (English)

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Scripps Mercy Hospital San Diego

Marlene Nadler-Moodie, MSN, APRN, BC, CNS
Clinical Nurse Specialist-
Psychiatric Consultation Liaison
Scripps Mercy Hospital San Diego, CA

Behavioral Health Unit
• 36 Beds Total Beds
  • 9 ICU Beds
  • 27 Open Unit Beds
INPATIENT CHALLENGES

Unable to discharge to next level of care

• Unavailability of lower level of care in the community e.g. Board and Care, Crisis Houses
• Inability to send to higher level of care, long wait lists e.g. state hospitals, IMDs

Waiting for Long Term Locked on an Acute Care Inpatient Unit

Example: Week of November 7, 2019

• Seven (7) patients waiting (of 36)
• Most waiting for several months
• One patient now waiting 159 days
Exclusion Criteria

Absence of a primary psychiatric diagnosis:

- The patient who primarily is in obvious need of long term placement rather than short-term, acute care
- The patient with no acute needs who suffers from chronic dementia which prohibits her/him from actively participating in the therapeutic milieu and/or benefiting from the program

Exclusion Criteria

- The patient with a developmental delay to the extent that s/he will not benefit from participation in the therapeutic milieu
- The patient’s medical problems require continuous/intensive medical/surgical nursing skills and care which cannot be provided on the unit
Questions?

Raise your hand or submit a question at www.menti.com and enter code 95 34 60

Thank You

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