Partnering with Your Community to Treat Patients with Behavioral Health Issues — Panel Discussion

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Mental Health Collaborative in the Emergency Department

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Derek Orchard, DO, Medical Director
Susan Redford, MA, LMFT, LPC, LISAC
Gino Patrizio, CEO, Rideout Health
Rideout Regional Medical Center’s Emergency Department

- 44 Licensed emergency department beds.
- Level III trauma center, primary stroke center, and STEMI receiving center.
- Base hospital.
- 71,000 patients a year.
- Serving two counties.
Our Partners

Sutter Yuba Behavioral Health
- 16 bed psychiatric hospital facility serving Sutter and Yuba counties.
- 24 hour psychiatric emergency services.

California Emergency Physician’s (Vituity) telepsychiatry service. 24/7 Psychiatrist coverage.
Why the Need for a Collaboration?

- What has happened to the availability of mental health care?
- Why has it impacted our emergency departments?
- Whose problem is it to fix?
5150 Fast Facts

Hospital Beds
California has approximately 440 hospitals, 130 provide inpatient psychiatric care.

ED Visits a Year
California has approximately 12 million, 1 million have behavioral health diagnosis.

Psychiatric Beds in California

- The number of beds for psychiatric patients in California:
  - 29 Acute psychiatric hospitals.
  - 27 County-run psychiatric health facilities.
  - 440 General Acute Care Hospitals (GACHs) \( \frac{1}{5} \) have a dedicated psychiatric unit.
    - **Total 6587** beds available around the state for short term, acute level psychiatric treatment.

California Hospital Association January 22, 2015. Hospitals with Emergency Departments. Patients with a Behavioral Health Diagnosis in Emergency Departments.
California Psychiatric Beds

The health care system’s capacity to deliver mental health services has been shrinking.

Chart 5: Total Number of Psychiatric Units\(^{(1)}\) in U.S. Hospitals and Total Number of Freestanding Psychiatric Hospitals\(^{(2)}\) in U.S., 1995–2010
Psychiatric Bed Availability Stats

- How many beds did California lose?
  - California has lost nearly 30% of its beds since 1995.
  - A total loss of 2800 beds.
  - California fell short of the bed target of 50 public psychiatric beds per 100,000 individuals by 1400 beds with only 29.5 beds per 100,000 residents.
Pediatric Psychiatric Beds

- **205** Pediatric psychiatric beds in Northern California.
- **423** Pediatric psychiatric beds in Southern California.
- Only **13 counties** with child/adolescent psychiatric beds.
Number of Pediatric Psychiatric Beds in California
5150 Fast Facts

Number of 5150’s Written?

- 300,000 annually, 25,000 monthly, 850 daily.
- More than 75% of patients on a 5150 hold could be discharged within 23 hours.
- Less than 25% result in a 72 hour hold in an inpatient setting.

California Hospital Association May 6, 2016. LPS 5150 Involuntary Hold Fast Facts.
Impact on Emergency Departments

- Significant increase in the volume of mental health patients.
- Increase in length of stay.
- Poor or no treatment of the psychiatric patient waiting for an inpatient psychiatric bed.
- Higher workplace violence.
- Increase cost to the organization.
- Decrease availability of emergency department beds to treat medical patients.
Impact on the County Behavioral Health System

- Sutter Yuba Behavioral Health attempted to continue to care for the involuntary psychiatric patient long after many other counties had stopped.
- Lack of funding in general and funds for staffing.
- No space for the volume of patients waiting for treatment especially those placed on a 5150 by law enforcement.
- Higher volume with no increase in space in the county facility.
- Multiple safety risk issues.
- High potential for AWAL and law enforcement response.
Innovative Project
Moving Forward

- County Crisis workers were placed in the ED 24/7.
- Rideout accepts all involuntary psychiatric holds for immediate medical and psychiatric “triage” by the collaborative team.
Innovative Project

- Three leg stool approach
  - ED staff.
  - County behavioral health crisis counselors 24/7.
  - Emergency telepsychiatry services 24/7.
First Steps to Creating the Collaborative

- Meetings (administration, physicians, nursing and mental health leadership).
- Crisis counselors in to the emergency department.
- Creating a common goal.
- Teaching the behavioral health team about emergency medicine.
- Incorporating telepsychiatry/ building trust.
How do we Break the Barriers of Past Legacies?

- Change culture.
- Welcome and introduce crisis staff.
- Explain to the ED staff the importance of making the crisis counselors feel welcome and part of the team.
- Teach the crisis team about ED medicine.
- Include the crisis team at ED functions.
- Patients with the ability to be rescinded by the county with the telepsychiatrist as the additional safety net.
Innovative Project– Treatment Algorithm

Three options:

1. The mental health patient’s psychiatric hold can be timely rescinded if the patient does not appear in crisis and both the county mental health worker and telepsychiatry services agree.

2. Evaluation warrants further psychiatric treatment and medication.

3. The patient will need more intensive psychiatric evaluation and possible hospitalization.
Innovative Project–Ongoing Collaboration

- Daily phone calls.
- Quick responses.
- Monthly meetings.
- Speaking together at community events.
- Ongoing meetings with telepsychiatry and behavioral health teams.
Innovative Project – Telepsychiatry

- Full behavioral assessment by a board certified psychiatrist.
- Immediate medications and treatment impacting length of stay.
- A team approach with the crisis counselor to create a safety plan with collateral for a safe discharge.
- Pay for use with 24 hour a day coverage.
- Decrease need for onsite coverage.
Old School Approach

- Sequential Process.
- Band-aid.
- Time.
Real Challenges

- Time.
- Resources: People and Bed.
Rideout’s Approach

- Team.
- Parallel Process.
- Initiate Treatment.
- Save Time and Resources.
- Patient gets care started in the ED.
Challenges

A long held adversarial relationship:

The inherent tension between the two agencies (Rideout and SYMH), neither of whom are able to individually assess the entire spectrum (medical and psychiatric) of the patient’s needs, and therefore had historically pushed and pulled against one another to complete the patients’ assessments.
Challenges (cont.)

- The biggest challenge is asking two different entities to try something new out of their comfort zone.
- Crisis counselors to treat patients with an ED approach like a trauma or STEMI patient.
- Using parallel processes for assessment.
- ED staff to understand the crisis counselor constraints and rules.
Challenges (cont.)

- Telepsychiatry equipment/use.
- Keeping 24 hour telepsychiatry coverage.
- The competing medical necessity requirement including medical clearance.
- Telepsychiatry understanding we had true crisis counselors in the ED.
Outcomes

- Approximately 50% of the behavioral health patients on a psychiatric hold were discharged from the Emergency Department, impacting the available psychiatric beds in the community.
- Only those patients truly needing the coveted psychiatric bed were admitted.
- Overall decrease of 3-5 hours for each patient's length of stay.
Our Team
Why Does it Matter?

- Psychiatric medications started or resumed.
- Full behavioral health interview completed by a behavioral health provider or psychiatrist.
- Safety plan created by the behavioral health team as well as scheduled follow up in the community.
- Ability to discharge thus decreasing the need for the coveted psychiatric bed.
- Cost avoidance.
### Hospital Cost Without the County

<table>
<thead>
<tr>
<th>Hospital without the county</th>
<th>Cost for 1880 patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social workers 2 a shift 24 hours including benefits rate for SW</td>
<td>8.4 FTE’s = Approx: $1,155,000.00</td>
</tr>
<tr>
<td>$137,500.00</td>
<td></td>
</tr>
<tr>
<td>100 % transportation</td>
<td>Avg $500.00 x 1880 = $940,000.00</td>
</tr>
<tr>
<td>LOS Nursing care 4:1 Base of 60 an hour plus 20% benefits = $72.00</td>
<td>Avg $72 per hour or $18 at a 4:1 ratio x 12 hours = $216 per patient</td>
</tr>
<tr>
<td>Cost per hour is $18.00 4:1 ratio</td>
<td>1880 pts x $216 = $406,080.00</td>
</tr>
<tr>
<td>Every day is $432.00 just nursing</td>
<td></td>
</tr>
<tr>
<td>LOS sitters</td>
<td>Avg $30.00 per hour or $15.0 at a 2:1 ratio x 12 hours = $180.0 per patient</td>
</tr>
<tr>
<td>Cost per hour is $25.00 plus 20% for benefits = $30.00 Every</td>
<td>1880 pts x $180.0 = $338,400.00</td>
</tr>
<tr>
<td>day is</td>
<td></td>
</tr>
<tr>
<td>Total not counting lost revenue from ED patients and inpatients</td>
<td>$4,839,480.00 approximate cost</td>
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</tbody>
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Adoption and Sustainability

- Incorporate the mental health workers as part of the ED staff.
- Include them in all ED events make them part of the team.
- Incorporate telepsychiatry to give a thorough behavioral assessment.
- Form a strong relationship between hospital and county mental health leadership teams.
- Focus on expediting the correct treatment plan and placement.
- Make it about the patient.
Recognition

- CALNOCS quality care improvement 2016.
- Innovation Award Yuba Sutter Chamber of Commerce 2017.
- Rising Star Award Yuba Sutter chamber of Commerce-Overall winner from the five Business of the year award winners 2017.
- Statewide Counties CSAC Challenge Award 2017.
- California Hospital Association Innovation Summit 2017.
- Sutter County Board of Supervisors 2017.
- Intralere Best Practice 2017.
- ENA Conference Presentation 2018.
Citations/References


- https://sullydish.files.wordpress.com/2013/11/mental-health-services.png

- https://www.projectsmart.co.uk/img/teamwork.png

Questions?
Thank You

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