It is Time to Address the Problems – Rideout Model

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Mental Health Collaborative in the Emergency Department

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Objectives

- Upon completion, participant will be able to examine how the county paid crisis worker can impact the care of the mental health patient in their emergency department.
- Upon completion, participant will be able to create their own practice guidelines for the workflow of the psychiatric patient utilizing the emergency department team, county crisis workers, and tele-psychiatry services.
- Upon completion, participants will be able to describe how the emergency tele-psychiatry services could impact the treatment and throughput of the mental health patient in their emergency department.
Adventist Health + Rideout Emergency Department

- 44 Licensed Emergency Department beds
- Level III Trauma Center, Primary Stroke Center, and STEMI Receiving Center
- Base Hospital
- 72,000 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

Tele-psychiatry 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.

California Psychiatric Inpatient Data

**Psych Facility Change**
- 1995: 181
- 2016: 144
- Total Change: -37
- % Change: -20.4%

**Psych Bed Change**
- 1995: 9353
- 2016: 6702
- Total Change: -2651
- % Change: -28.3%

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**Total Psych Facilities 1995 - 2016**
- Yearly counts from 1995 to 2016 are shown, declining from 181 in 1995 to 144 in 2016.

**Total Psych Beds 1995 - 2016**
- Yearly counts from 1995 to 2016 are shown, declining from 9353 in 1995 to 6702 in 2016.
Psychiatric Inpatient Data

**BED GAP PROGRESS**

<table>
<thead>
<tr>
<th>Year</th>
<th>Beds (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>29.50</td>
</tr>
<tr>
<td>2016</td>
<td>17.05</td>
</tr>
</tbody>
</table>

*Total Change: -12.45*  
*% Change: -42.2%*

*Extrapolated from Treatment Advocacy Center figure of 1 bed per 2000.

**POPULATION GROWTH**

<table>
<thead>
<tr>
<th>Year</th>
<th>Population (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>31.7</td>
</tr>
<tr>
<td>2016</td>
<td>39.3</td>
</tr>
</tbody>
</table>

*Total Change: 7.6*  
*% Growth: 24.0%*

*Estimated in millions

**Beds to Population 1995 - 2016**

Goal is 50 beds per 100,000 people.*

**California Population 1995 - 2016**

Yearly population in millions.
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
- Less than 60 inpatient beds in the entire state for children aged 11 & under
Number of Pediatric Psychiatric Beds in California

Note: Child beds and adolescent beds are not interchangeable. A hospital may have a dozen adolescent beds, but zero child beds. There is no state definition regarding age ranges for child vs. adolescent beds. The definitions are hospital-specific, i.e., one facility may consider “adolescent” to mean ages 11 to 17, while another may consider it to be 12 to 17. However, because child and adolescent together are a single license category, OASIPD data does not reflect the difference between them.

47 counties have no child/adolescent psychiatric beds.
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
National Crisis

- In the 50’s and 60’s closure of inpatient psychiatric facilities nationally
- Continued decline over the next 50 to 60 years
- By 2010 there were only 14 beds for every 100,000 people (should have 50 per 100,000 people)
- 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

5150 Fast Facts

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.
Where Have The Behavioral Health Patients Gone?
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
Behavioral Health Practice

- Sequential Process
- Band-Aid
- Time (throughput)
Innovative Project
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

- Place the crisis counselors in the emergency department 24 hours a day
- Creating a common goal around the care of the patient
- Teaching the behavioral health team about Emergency Medicine
- Incorporating telepsychiatry/building trust
- Learning the language between our two teams
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
- Teach the ED team about care of the behavioral health patient
- Teach the ED team about the laws and rules regarding the county behavioral health process
Creating a Flow Chart to Guide Care
Collaborative Approach

- Team
- Parallel Process
- Initiate Treatment
- Save Time and Resources
- Patient gets care started in the ED
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
Why it Works for the County!

• Site was certified by Department of Health as a mental health site in regards to billing for MH services

• Funding for staff: PES is primarily funded through Realignment money. There is some other smaller funding sources like billing Medi-Cal if possible, but for the most part the funding is Realignment dollars.
Tele-Psychiatry Service

- True emergency tele-psychiatrist
- Secured server
- Computer on wheels
- Speaker and headphones
Process for Getting the Tele-Psychiatrist

1. Fax
   - Complete medical packet
   - 5150 paperwork
   - County crisis assessment
2. Call and arrange to get in the tele-psych queue
3. Call received from tele-psychiatrist to get the update from the Crisis Counselor
4. Log on and connect with tele-psychiatrist
5. Interview completed while crisis counselor standby
6. Conversation with crisis counselor about plan
7. Faxed recommendations and report
8. Report given to nurse and ED physician
What Tele-Psychiatry can do?

- 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
How do We Keep our Collaborative Going?

- Daily communication between admin (phone/email/text)
- Quick responses
- Shift reports are shared
- Sharing acknowledgments of other teams in staff meetings
- Monthly meetings
- Speaking together at community events
- Ongoing meetings with telepsychiatry and behavioral health teams
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 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
- 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
- Transportation concerns
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.
2017 Psychiatric Pt Data

% of Rescinded Patients: 48%

# of Psychiatric pts
# Rescinded
Total Rescinds 2016-2018

2016-2018

# of Psychiatric pts  # Rescinded

4273

2182
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
- Great care for the behavioral health patient!
**Hospital Cost Without the County**

<table>
<thead>
<tr>
<th>Hospital without the county x</th>
<th>Cost for 1898 patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social workers 2 a shift 24 hours including benefits rate for SW $137,500.00</td>
<td>8.4 FTE’s = Approx: $1,155,000.00</td>
</tr>
<tr>
<td>100 % transportation</td>
<td>Avg $500.00 x 1980 = $949,000.00</td>
</tr>
<tr>
<td>LOS Nursing care 4:1 Base of 60 an hour plus 30% benefits = $78.00 Cost per hour is $19.50 4:1 ratio</td>
<td>Avg $78 per hour or $19.50 at a 4:1 ratio x 12 hours=$234 per patient 1980 pts x $216 = $444,132.00</td>
</tr>
<tr>
<td>LOS sitters Cost per hour is $25.00 plus 30% for benefits = $32.00 Every day is</td>
<td>Avg $32.00 per hour or $16.0 at a 2:1 ratio x 12hours = $192.00 per patient 1980 pts x $192.0 = $364,416.00</td>
</tr>
<tr>
<td>Total not counting lost revenue from ED patients and inpatients.</td>
<td>$2,912,548.00 approximate cost</td>
</tr>
</tbody>
</table>
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 Tele psychiatry 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
- Emergency Nurses Association 2017
- California Hospital Association Innovation Summit 2017
- Sutter County Board of Supervisors 2017
- ENA Conference Presentation 2018
- Hospital Quality Institute C. Duane Dauner Award finalist 2018
- ACEP Honorable Mention Urgent Matters Innovation award 2018
Tool Kit

- Step by step roll out plan from initial integration
- MOU between the hospital and county
- Papers and description of certifying the site for the county payment from Medi-Cal
- Patient flow guidelines
- Credentialing of crisis staff in the ED
- Tele-psychiatry information
California Hospital Association Centers of Behavioral Health March 28, 2018. California's Acute Psychiatric Bed Loss
Questions

Go to www.menti.com and use the code 28 26 94

Questions?

Waiting for questions

Once questions are accepted by the moderator, they will show up here so that you can answer them one by one.

Results are hidden  Show results  Slide is not active  Activate

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Thank You

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