

Behavior Health Overcrowding in the Emergency Room

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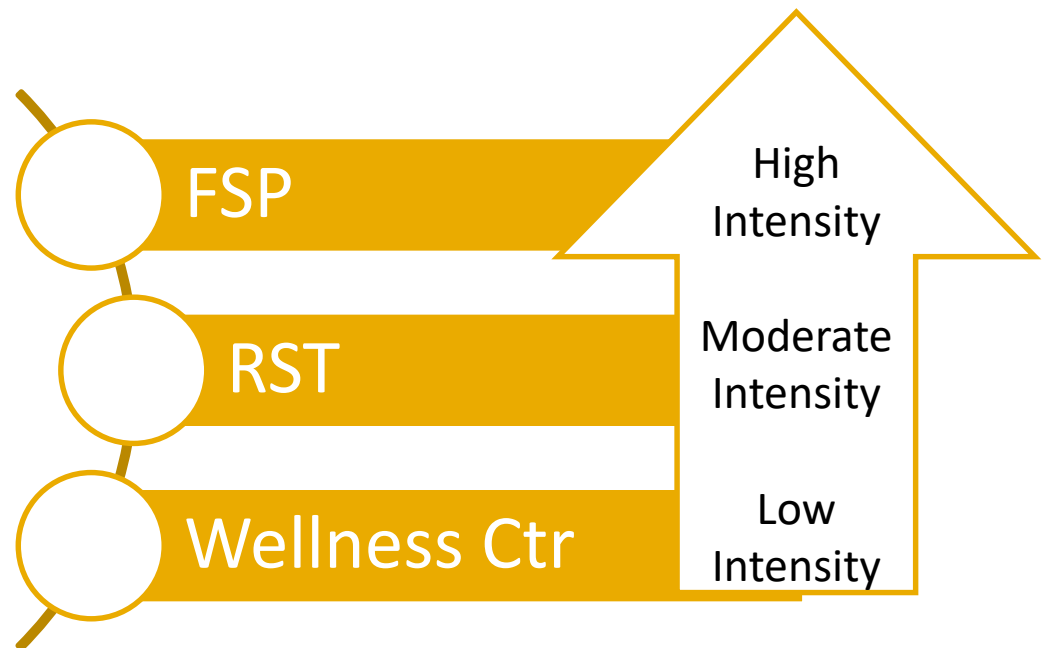
Overcrowding Crisis

LOS & Re-admission concerns

Why did this happen & What is causing the increase....

Cuts

- FSPs
- RSTs
- PCP
- Substances
- *Lack of Psych Beds*



Vulnerable Behavioral Health Patients

- Lack of psychiatric beds vs Do they all need psych beds
- Regional Centers
- Minors-CPS
- Dementias
- TBI

Complex patients

- 1) Complex *psychiatric* patients (HD, DD, Medical issues, wounds)
- 2) Non-psychiatric patients (Developmental delay only, Dementias, NCD, Substances)



Skilled Clinicians

Case Example: Patient intoxicated with methamphetamines

- Psych history
- Gravely disabled
- Vague SI
- Half life of meth
- Should this patient be on a 5150 hold?



Trial and Error

What has been tried....Individually

- Mobile Crisis Teams
- Behavioral Health Nurses
- Tele-Psychiatry



Data

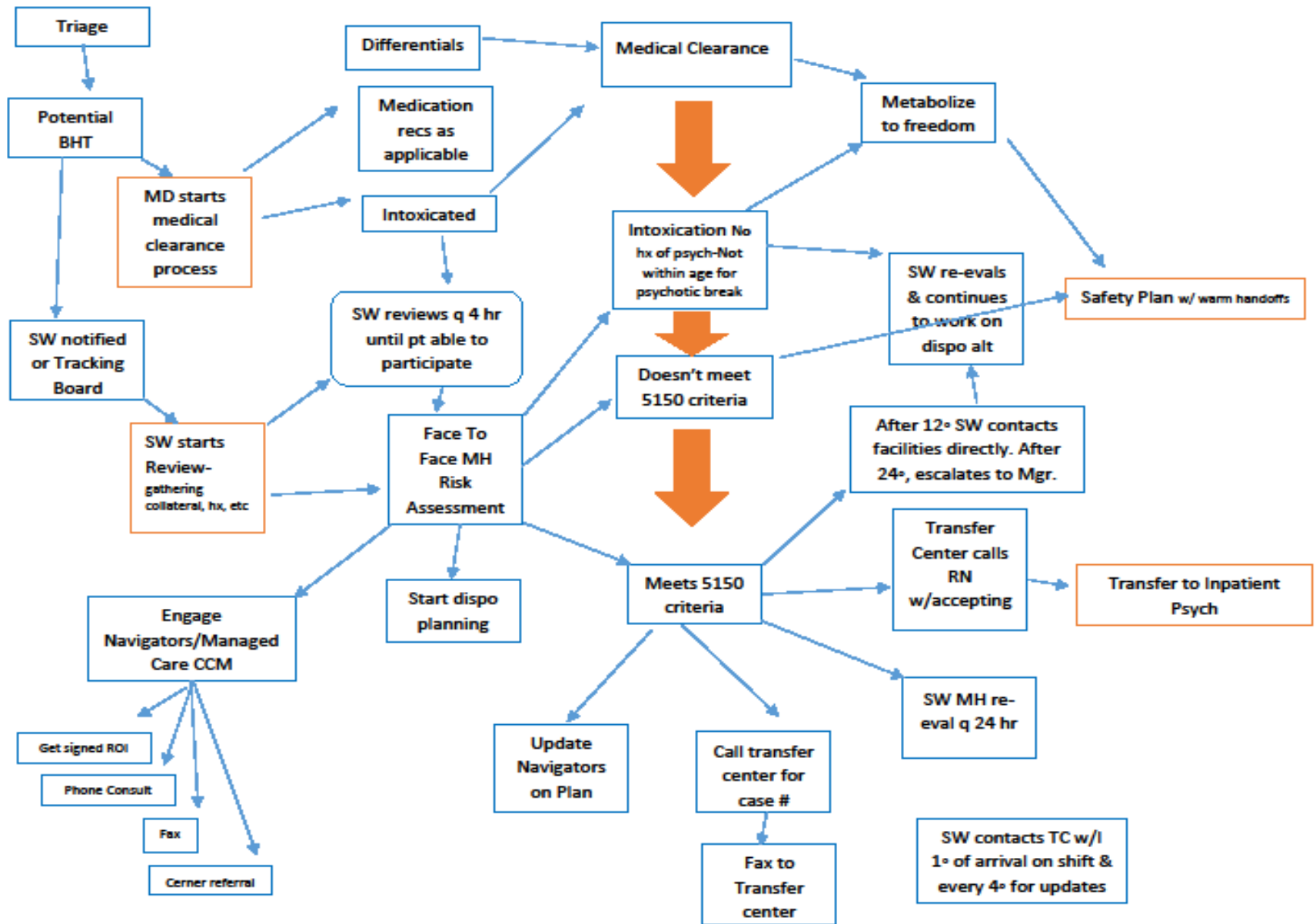
- Reports for GSD, for Methodist Hospital specific, and for Social Work specific
 - Report tagged to each SW for trends
- Time from arrival to Mental Health evaluation
- LOS/Fallouts/Outliers
 - HTN/DM, Self Pay, Minors, Geriatrics, DD
 - Homeless, Out of County, Substance Abuse



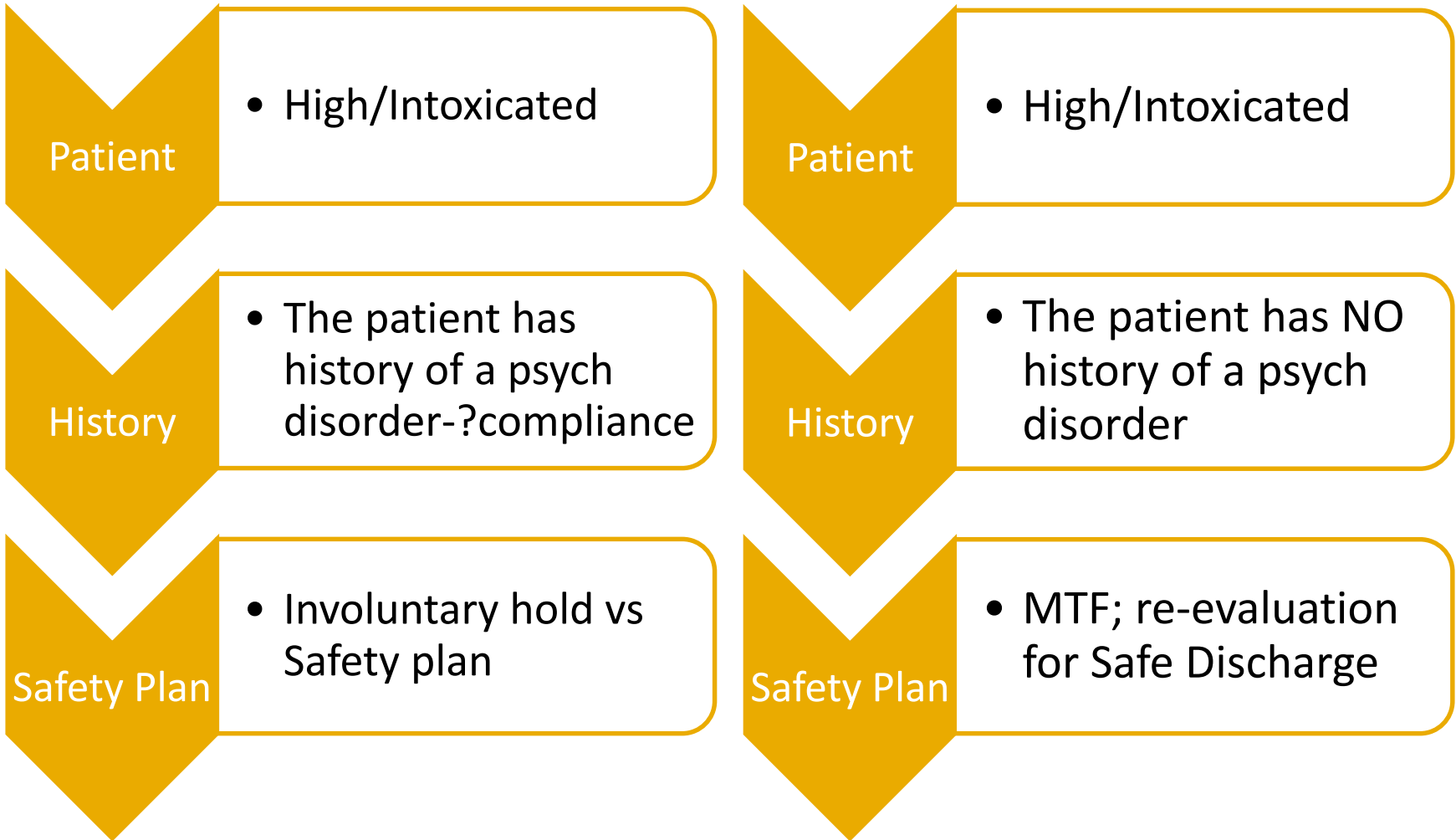
Parallel process with MD & SW

- To alleviate risk, we have the SW start as close to the triage process along with the MD to work on the Psychosocial process
- “Medical clearance flow”
- “Psychosocial process flow”-behavior not necessarily psych, but psychosocial or behavioral issues arise (BHT).
 - Side note: our SW in Sacramento County are certified by the County to write/place 5150 applications/holds.

BHT Algorithm



Intoxicated Patients



Navigators/Community Health

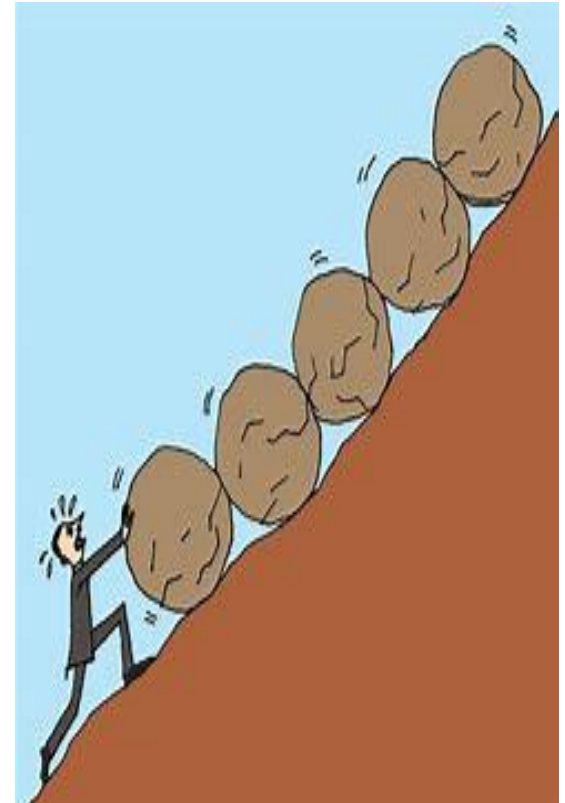


Navigators & Care Plans

- Sacramento Covered
- TLCS (in ER)-Avatar
- TLCS- Co-Occuring Substance abuse
- Whole Person Care-Pathways to Health/Home
- El Hogar ReferNet
- Alzheimers Association Navigator
- Salud Con Dignidad—Health with Dignity
- Housing with Dignity-Lutheran Social Services
- WEAVE
- Turning Point-Crisis Residential
- Complex Case Management Programs
- Nexus Care Plans

Continuous Process...

- Complex makeup of our area
 - 74% Medi-cal and uninsured
 - Dual Diagnosis with exclusionary criteria
 - Kicked out of previous housing
 - Too little income, plus high level of care needed
 - Team work is a must!
- Limited beds in community
- Staffing
- Cost Savings



Continuous learning

- SW re-evaluates intoxicated patients every 4-6 hours
- 6 hours: there must be a plan in place with the Team
- Barriers re-evaluated at rounds daily
- On-going education and connection with Community Health
- All BH patients are wrapped in OP services
- All high risk patients will have a safety plan & a warm handoff!

11am Daily Behavioral Health Rounds---Rounding Tool

- 5150: DTS / DTO / GD / Conserved Developmentally Delayed
- Conservatorship / WIC 300 / JV 220 paperwork on chart
- Placement Issue: Elderly / TBI / other N/A
- Belongings logged with locker # in Ad Hoc
- ETOH Result: Drug Screen Result:
- Repeat ETOH after 6 hours, if >5 N/A
- Initiated ETOH protocol, if hx of DTs or Signs/sx N/A

- Pregnancy Result: + / - Gestational Age:
- Fetal HR: US Done N/A
- Home meds ordered: methadone, antivirals, medical, psychiatric
- Diet ordered (suicide risk)
- Independent ADLs
- Request PT evaluation if not independent
- If complex & applicable, Records request from previous hospitalization

- SW Mental Health Assessment
- Psychiatric Diagnosis:
- Psych consulted, if meds unknown/unavailable N/A
- Medical Barriers: (Abnl labs, DTs, uncontrolled Blood Glucose, uncontrolled HTN, sleep apnea, wounds, dialysis, total care, etc)
- Interventions documented in chart Over 24 hr Hospitalist consulted
- Behavioral Barriers (Restraints, volitional incontinence, property destruction, weapons/violence to staff, etc)
- Interventions documented in chart
- Other Concerns/Barriers: Examples:
- Insurance Out of County/Self-Pay
- SSN

Future Endeavors



Currently working on....

- LOS--Fallouts/Outliers Data
- Community Benefit Reporting
- Integrating culturally relevant care
- Generating Revenue—LCSW can charge for Assessments in ER
- CSU

Thank you!
QUESTIONS??

