

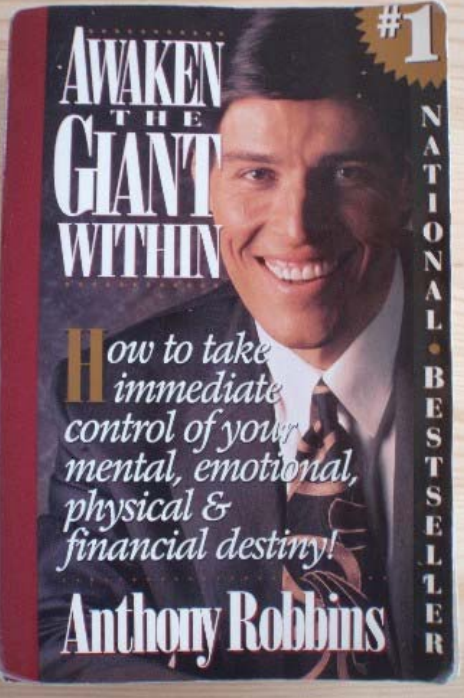
**HASC's Annual Meeting**  
**Bacara Resort - Santa Barbara, CA**  
**April 5-7, 2017**  
**Innovative Ideas for Managing Mental Health Patients in the ED**



Joe Avelino RN, BSN, MHSA, CPHQ  
Chief Executive Officer  
College Medical Center

The image shows a photograph of the College Medical Center building, a large, modern structure with a prominent entrance and an American flag flying in front. The text is overlaid on a blue background with a white wave-like pattern at the top.

We, the unwilling, led by the unknowing, are doing the impossible for the ungrateful. We have done so much, for so long, with so little, we are now qualified to do anything with nothing.  
(Mother Teresa)



**#1 NATIONAL BESTSELLER**  
**AWAKEN THE GIANT WITHIN**  
*How to take immediate control of your mental, emotional, physical & financial destiny!*  
**Anthony Robbins**

The image shows the cover of the book 'Awaken the Giant Within' by Anthony Robbins. The cover features a photograph of Anthony Robbins smiling and wearing a suit and tie. The text is in various fonts and colors, including white, yellow, and red. The book is set against a blue background with a white wave-like pattern at the top.

# Objectives

## Strategies

- 1) Structure & Design
- 2) Initiating ED Psychiatry Overflow Unit
- 3) Building a Discharge Waiting Area
- 4) Reviewing Your Staffing & Recruitment
- 5) ED Physician Collaboration with the Hospital
- 6) Collaborating an Alliance with Your Local Police Department
- 7) Managing the Care of the Med.- Psych Patient Population

## Strategy #1 Structure and Design









## Strategy #2 ED Psychiatry Overflow Unit

"We generally change ourselves  
for one of two reasons:  
inspiration or desperation."  
— Jim Rohn

SUCCESS.com

## ED Psychiatry Overflow Unit Policy

MANUAL:	Behavioral Health	POLICY #:	BHU-00-191
SUBJECT:	Behavioral Health Over-Flow Unit	EFFECTIVE:	
APPROVALS:	Chief of Psychiatry	REVISED:	
		REVIEWED:	

**Purpose:**

To describe College Medical Center's Behavioral Health Department procedures for transferring patients to the medical center's over-flow unit for continued acute treatment that have been evaluated by their attending psychiatrist as stabilized, non-emergent, in an acute phase of treatment, and not considered safe for discharge. The over-flow unit is intended to accommodate increased patient capacity for admission, in the event that the medical center's emergency department is backed up with psychiatric patients awaiting admission.

**§ 70809. Patient Accommodations.**

(a) No hospital shall have more patients or beds set up for overnight use by patients than the approved licensed bed capacity except in the case of justified emergency when temporary permission may be granted by the Director or his designee. Beds not used for overnight stay such as labor room beds, recovery beds, beds used for admission screening or beds used for diagnostic purposes in X-ray or laboratory departments are not included in the approved licensed bed capacity.

(b) Five percent of a facility's total licensed bed capacity may be used for a classification other than that designated on the license. Upon application to the Director and a showing that seasonal fluctuations justify, the Director may grant the use of an additional five percent of the beds for other than the classified use.

(c) Patients shall not be housed in areas which have not been approved by the Department for patient housing and which have not been granted a fire clearance by the State Fire Marshal, except as provided in paragraph (a) above.



## Discharge Waiting Area



## Discharge Waiting Area P&P



### COLLEGE MEDICAL CENTER

MANUAL: Behavioral Health	POLICY#: BHU-00-177
SUBJECT: Discharge Waiting Area	EFFECTIVE: Draft
APPROVALS: Chief of Psychiatry	REVISED:
	REVIEWED:

#### I. Purpose:

To define guidelines for use of the Discharge Waiting Area (DWA). The Discharge Waiting Area (DWA) is intended to provide a safe, private, relaxing environment for patients leaving the hospital that are waiting for transportation to go to their community setting, discharge designation. The DWA was designed to accommodate prompt patient discharge from the acute behavioral health unit once they have been cleared for discharge and to open up bed availability for patients requiring an acute behavioral admission. The DWA is only for patients that will be discharged to the community.

#### II. Policy

Discharged behavioral health adult patients who have been cleared and processed for discharge and are awaiting rides, will wait in the designated Discharge Waiting Area until their transportation arrives.

#### Description of the Discharge Waiting Area

##### Physical Set-up

- Located adjacent to the behavioral health unit
- Staffed with a licensed nurse(s) and experienced behavioral health worker(s)
  - Staffing ratio 6 patients to 1 nurse and 1 BH worker
- Security will perform rounds every 30 minutes
- The location is manned with phone access and security cameras

##### Comfort

- Recliners
- Bathroom
- Televisions
- Meals
- Beverages
- Reading materials






**Strategy #5**  
**ED Physician Collaboration with the Hospital**

From the Physician Leadership Institute

We need physicians to lead the healthcare transformation and not just be spectators. Physician leadership is not limited to a specific role, title or position...it is about physicians embodying the attitudes, behaviors, perspectives, professional identity and competencies of a leader.


By Mo Kasti



**PHYSICIAN LEADERSHIP**

"A game-changer for the healthcare industry..."

THE Rx for HEALTHCARE TRANSFORMATION



MoKasti

The Physician Leadership Institute



**EMERGENT**  
MEDICAL ASSOCIATES



**College Medical Center**

PACIFIC COAST EMERGENCY MEDICAL ASSOCIATES

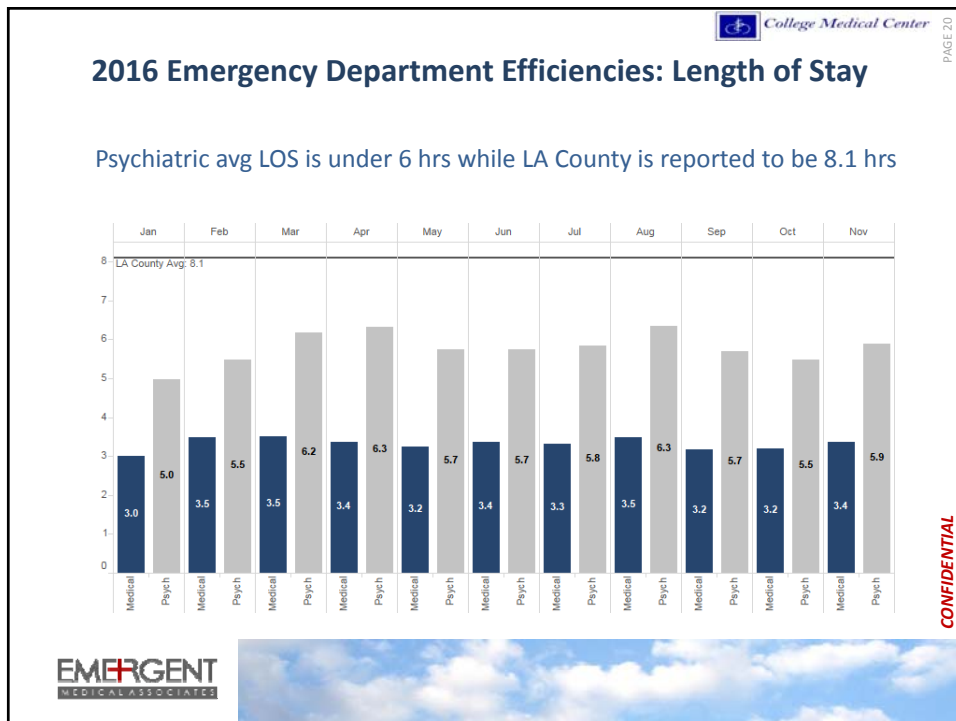
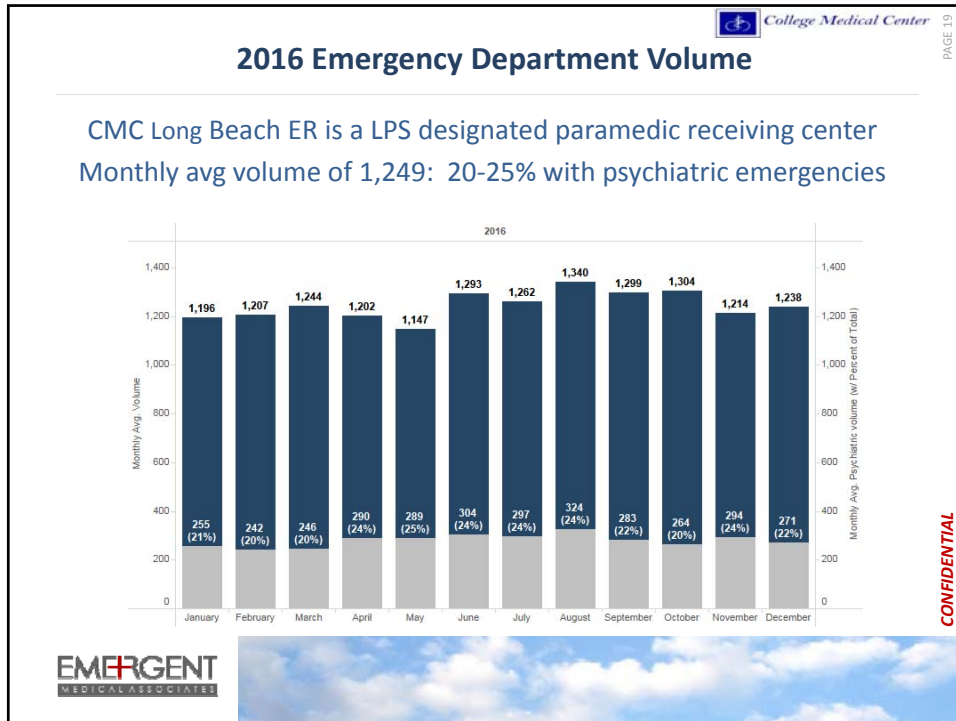
KELLY UNGER, M.D.  
MEDICAL DIRECTOR

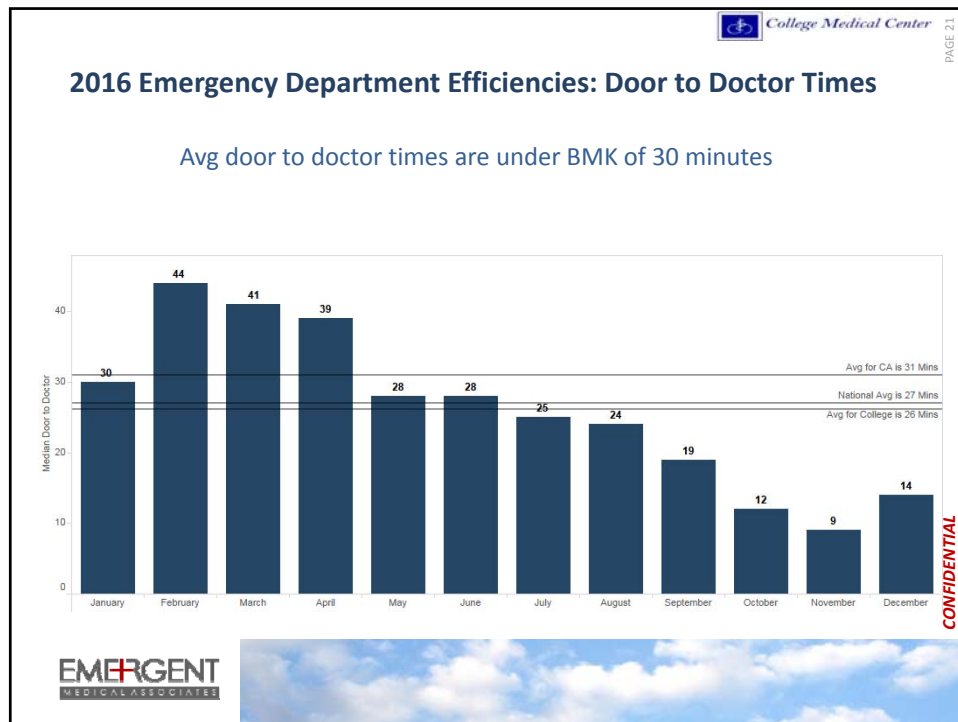


HOSPITAL

CONFIDENTIAL

TAKING CARE TO THE NEXT LEVEL





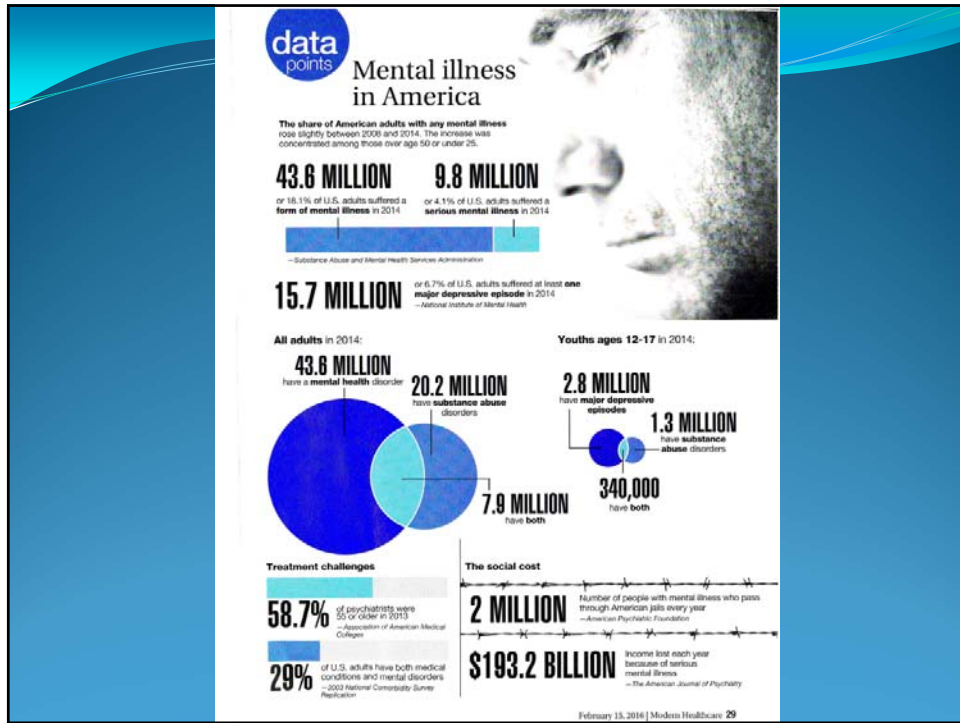
College Medical Center  
PAGE 22

## Best Practices for Psychiatric Emergencies

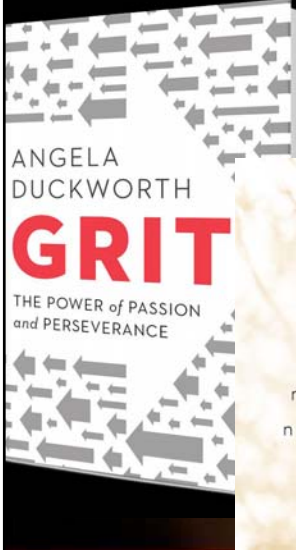
- Triage and rapid medical evaluation
- De-escalation using oral medication in a psychiatric designated care area
- High psychiatric acuity with a low rate of restraints utilized at <5%
- EMA templates for restraint documentation with chart audits
- Psychiatric evaluation and medical clearance is done in parallel
- Other best practices include Tele-psych in the ED to evaluate, deescalate, and disposition patients
- ED specific performance improvement committee

**CONFIDENTIAL**

**EMERGENT**  
MEDICAL ASSOCIATES







ANGELA DUCKWORTH  
**GRIT**  
THE POWER of PASSION and PERSEVERANCE

**GRIT**

is sticking with your future day in, day out & not just for the week, not just for the month, but for years.

*Angela Lee Duckworth*

feaonline.co.uk

**Strategy #6**  
**Build an Alliance with Your Local Police Department**



- Angela Lee Duckworth, Professor, Psychology, Univ. of Pennsylvania


**Mental Evaluation Team (MET) and Mobile Response Team (MRT)**

**Contact Us:**  
**Emergency Outreach Bureau**  
**Administrative Office**  
 550 S. Vermont Ave., 12th floor  
 Los Angeles, CA 90020  
 (213) 738-4924

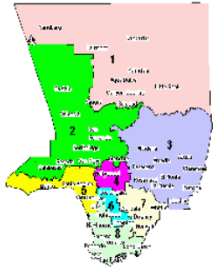
- Psychiatric Mobile Response Team (PMRT) (800) 854-7771
- School Threat Assessment Response Team (START) (213) 739-5565
- Los Angeles Police Department Systemwide Mental Assessment Response Team (SMART) (213) 996-1343
- Los Angeles Police Department Case Assessment & Management Program (CAMP) (213) 996-1343
- Los Angeles County Sheriff's Department Mental Evaluation Team (MET) (800) 854-7771
- Long Beach Police Department Mental Evaluation Team (LB MET) (562) 435-6711
- Pasadena Police Department Homeless Outreach Psychiatric Evaluation (HOPE) (626) 744-4501
- Los Angeles County Sheriff's Department Metropolitan Transit Authority Crisis Response Unit (MTA-CRU) (800) 854-7771
- Emergency Response Team (ERT) (800) 854-7771

**Emergency Outreach Bureau**

**Field Response Operations**



**ACCESS**  
**24/7 Hotline**  
**(800) 854-7771**



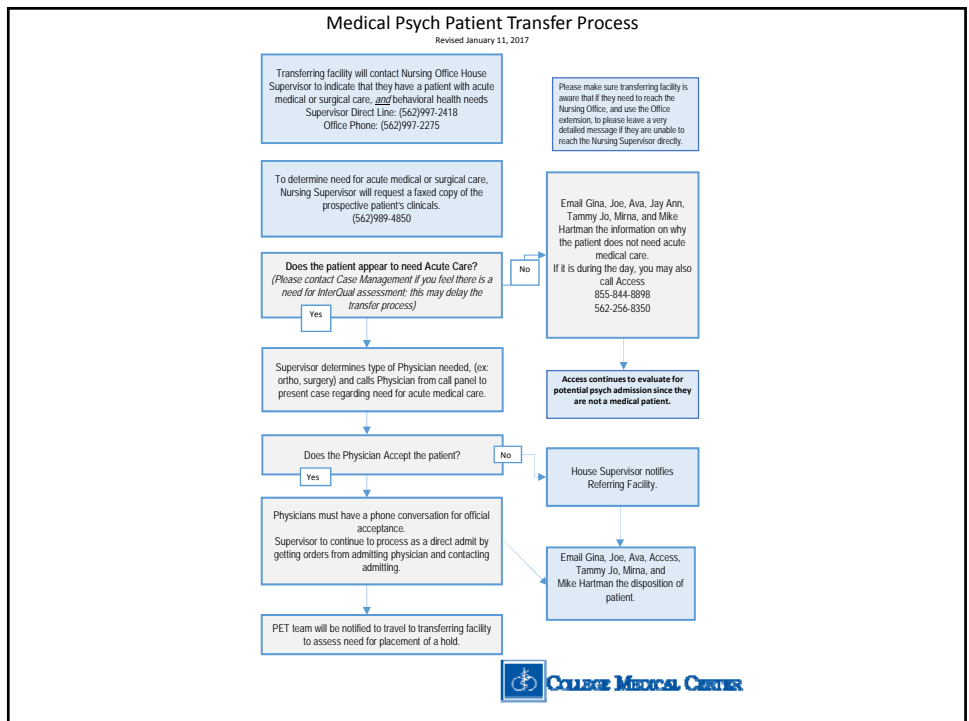
**Life Threatening Emergencies**  
911


**Strategy #7**  
**Care of the Med - Psych  
 Patient Population**

**The Three  
 Seasons of Timing**

When they heard enough  
 that they have to;  
 When they learn enough  
 that they want to; and  
 When they receive enough  
 that they are able to.

By John C. Maxwell





**COLLEGE MEDICAL CENTER**

**Transferring Medical/Psych Patients to  
College Medical Center**

Please contact our House Supervisor at (562)997-2418 or (562)997-2275

If you do not reach them directly, and instead reach the voicemail, please leave a detailed message which includes:

- ✓ Your Name
- ✓ Your Number (where they can reach you directly at your facility)
- ✓ The patient's medical diagnosis

After speaking with our House Supervisor, please fax the following to (562)989-4850:

- Face Sheet
- History and Physical
- Last 24 Hour Vital Signs
- Last 24 Hour Medication Sheet
- Last 24 Hour Nurses' Notes
- Any Legal Hold Paperwork (5150, 5250, etc.)
- Emergency Department Records
- EKGs
- X-Rays
- Physician Consultations
- Physician Progress Notes
- All Lab Work, Including UA/UDS

Upon receipt and review of these records, and if there is a bed available, our House Supervisor will contact you with the name and number of the on-call physician.

In order to complete this transfer, the College Medical Center (CMC) physician must accept the patient from your physician.

If the patient is not on a hold, and once they are accepted by CMC, the PET team will be sent to your facility prior to transfer. Results of PET will not change acceptance.

Date: \_\_\_/\_\_\_/2017

College Medical Center (CMC) Med/Psych Transfer Process Checklist

Transferring Facility: \_\_\_\_\_ Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Was Patient in any facility prior to becoming acutely ill?  Yes, Facility: \_\_\_\_\_  No

**Request critically to be faxed to (562)989-4850**

Upon receipt of critically, check all that you receive:

- Face Sheet
- History and Physical
- Last 24 Hour Vital Signs
- Last 24 Hour Medication Sheet
- Last 24 Hour Nurses' Notes
- All Lab Work, Including UA/UDS
- EKGs
- X-Rays
- Consultations and Medical Clearances from Physicians
- Physician Progress Notes
- Emergency Department Records (if patient has been inpatient 24 hours or less)

Does the patient's acuity require medical/surgical care?  Yes  No (if no, notify requesting facility that we cannot accept the patient)

Time/Contact Notified: \_\_\_\_\_ am/pm

Does this transfer require Case Management Review?  Yes (if yes, notify transferring facility that this may delay the transfer)  No

Time/Contact Notified: \_\_\_\_\_ am/pm

If this transfer requires case review, forward a copy of all paperwork to Case Management

Time/Case Manager Notified: \_\_\_\_\_ am/pm

After Case Management runs InterQual Assessment:

Does this patient meet all requirements for admission?  Yes  No (if no, notify requesting facility that we cannot accept the patient)

Time/Contact Notified: \_\_\_\_\_ am/pm

Which specialty does the patient require? \_\_\_\_\_

Who is the on-call physician in that specialty? \_\_\_\_\_

Contact physician and present case for admission Time/Date: \_\_\_\_\_ am/pm

Does Physician accept the patient?  Yes  No (if no, notify requesting facility that we cannot accept the patient)

Time/Contact Notified: \_\_\_\_\_ am/pm

If yes, the CMC physician must accept the patient from transferring physician; provide referring facility physician with CMC Attending Physician name/number.

Attending Physician who notified you of accepted transfer: Date/Time: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ am/pm

Fax face sheet to Admitting (or ED Registration after 8:00pm) for hospital verification:

Admitting Fax Number: (562)997-2119 ED Registration Fax: (562)997-2528 Time faxed: \_\_\_\_\_ am/pm

Is insurance approved per Admitting?  Yes  No (if no, notify requesting facility that we cannot accept the patient)

Time/Contact Notified: \_\_\_\_\_ am/pm


Insurance Authorization Number from Admitting: \_\_\_\_\_ Date/Time/Contact: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Facility Access (562)997-2276 that the PET team will need to travel to transferring facility for assessment.

Date/Time/Person Contacted: \_\_\_\_\_ / \_\_\_\_\_ am/pm

House Supervisor Name (print): \_\_\_\_\_

Signature/Date: \_\_\_\_\_ / \_\_\_\_\_



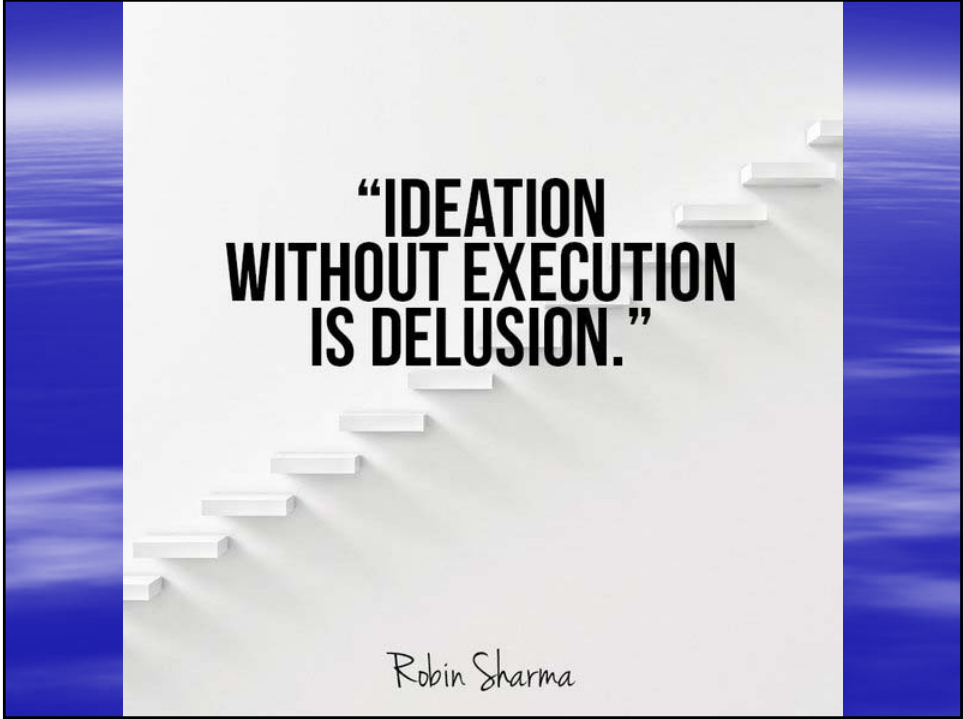
Revision: 4/23/16

## Summary

### Action Items

#### Innovative Ideas for Managing Mental Health Patients in the ED

- 1) Review of ED Patient Flow from an Acute Care vs. Behavioral Health from a Patient Perspective.
- 2) Review Design Structure to avoid a BH patient from harming self and elopement avoidance.
- 3) Create a ED Psychiatry Overflow Unit (Title XXII: 70809).
- 4) Create a Discharge Waiting Area
- 5) Reducing Registry and Travel Contracted Staff
- 6) Creating a Reporting Structure to create a culture of ED Physician Collaboration
- 7) Collaborate with Your Local Police Department
- 8) Evaluate Your Process of Admitting Med.-Psych. Patients



**“IDEATION  
WITHOUT EXECUTION  
IS DELUSION.”**

*Robin Sharma*



# Questions?

