Changing minds about mental health

One conversation at a time

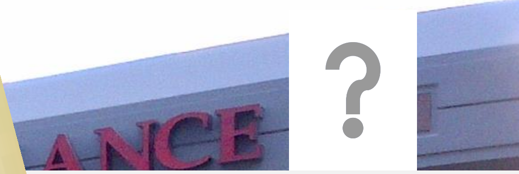
St. Joseph Hospital of Orange Psychiatric Emergency Hospitalist Team Model

2018 HASC Annual Meeting
04/12/18

EMERGENCY

BASIC EMERGENCY MEDICAL SERVICE
PHYSICIAN ON DUTY 24 HOURS

Should anything be different in this picture?



- 3.1% of the populati… …cal distress" within past 30 days
  - 2018 U.S. … **3x OC population**)
- National Allian… …n a "D" for mental healthcare, thei…
  - Health Care …
  - Innovation/be…
  - Data tracking w…
  - Is there ***adequa…*** …ble?
  - Are there adequa… …yment, transportation, clinics and other '… …available in the community?
- **Yet, only 6%** of all US … …care dollars are spent on mental health treatment

50 HOSPITALS

829 CLINICS

23K PHYSICIANS

14 SUPPORTIVE HOUSING FACILITIES

106K CAREGIVERS

1.9m COVERED LIVES

90 NON-ACUTE SERVICES

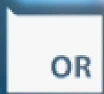
HIGH SCHOOL, NURSING SCHOOLS AND UNIVERSITY

2 HEALTH PLANS

21b REVENUE

23m ADMITS/VISITS

$1.3b COMMUNITY BENEFIT



DESTINATION '22

CHARTING THE COURSE FOR OUR NEW MINISTRY

St. Joseph Hospital of Orange (SJO)

GENERAL OVERVIEW

- There's a severe shortage of general and specialized psychiatric beds in OC
- There are very few housing/long-term residential aftercare treatment options
- OC does not operate a County Hospital, 10 bed ETS center
- Only 31 adolescent beds (17/College & 14/UCI) and no child beds in OC
- 2 Grand Jury Reports-"Crisis in behavioral health service in Orange County"

SPECIFIC BACKGROUND

- SJO Psychiatric/Behavioral Health Programs:
  - highest volume ED in OC for behavioral health visits
    - Behavioral Health Payors: 80% MediCal, M/C, 10% self-pay, 10% private ins
  - longest running psychiatric program in Orange County (OC)
  - strong foundation outpatient treatment (bipolar, PPD)
- Commitment to care of poor and vulnerable as part of underlying mission
- Integrated solution for highly reliable/safe care for medical and BHS patients

Psychiatric Emergency Hospitalist Team Model

- Timeline

Jan 2014	Opened ECDU, plan to have it serve as hub for reverse engineering programs to address the lack of behavioral health services for patients experiencing mental health crisis
Nov 2014	Obtained first grant to help fund a pilot program using psychiatric nurse practitioners and psychologists to help reduce length of stay for behavioral health/psychiatric patients
Nov 2015	Obtained additional grant support, fully implemented psych NP, psychologist and added social work to the team. Began searching for emergency psychiatrists to lead the team
Mar 2016	Implemented telepsychiatry support program while recruiting psychiatrists due to lack of psychiatrists in local community. Recruited and began using psychiatrists mid-2016, implemented rapid screening and medication protocols
April 2017	Fully implemented the emergency clinical decision unit psychiatric emergency hospitalist team model

Psychiatric Emergency Hospitalist Team Model, cont'd

Actions for the journey (2013 to 2018)

- Create physical space to improve safety, function and capacity
  - Remodel/renovate, start small, OSHPD flex variances,
  - **END POINT**: Quiet space, well monitored <not dedicated, just preferred>
- Recruit new and align current staff to provide specialized care
  - Train ED nurses, create STPs, add Psych NP/Psychologist or LCSW
  - **END POINT**: Some comprehensive level coverage (F-2-F or Telepsych)
- Develop "out-of-the-box" funding and key stakeholder activities
  - Private donations, state/county funds, pilot projects to show outcomes
  - **END POINT**: Show some impact in a short time for direct or indirect ROI
- Align an operational strategy with a core mission
  - Start with end in mind, reverse engineer, define failure and create system
  - **END POINT**: Reduce hopelessness and helplessness.. one sacred encounter at a time…

Hub-Emergency Clinical Decision Unit…

	2014	2015	2016	2017
Total ED Volume	80,914	78,991	80,256	80,686
LWBS Volume	3.6%	3.9%	3.3%	3.3%
EMS Diversion	5.0%	4.3%	5.6%	5.1%
Total BHS/Psych volume (low acuity ED only + crisis ECDU)	4,004	4,644	4,856	5,111 (avg 14/day)
Total ECDU BHS/Psych volume (crisis ECDU only)	2,973	2,708	2,901	2,306 (avg 6.3/day)
90th percentile (10% of the patients in ECDU stayed at least this amount of time or greater) for their length of stay	297 patients stayed 25hrs (1 day) or longer in ECDU. Longest single patient max stay was **9** days	270 patients stayed 25hrs 8min (1 day) or longer in ECDU. Longest single patient max stay was **5** days	290 patients stayed 23hrs 54min (1 day) or longer in ECDU. Longest single patient max stay was **5** days	230 patients stayed 20hrs 9min (little under 1 day) or longer in ECDU. Longest single patient max stay was **2** days
Number of staff assaulted by patient in crisis (ED & ECDU combined)	5	1	2	1
Percentage of restraint usage (ED & ECDU combined) after protocol started	N/A	N/A	baseline	19% combined (ED & ECDU) reduction in restraint usage

Healthiest Communities

<u>How does this help us move toward healthier communities</u>?

- **Psychiatric Emergency Hospitalist Team** (right process)
  Reverse engineer - failure to success, crises to whole person health
- **Enhance limited behavioral inpatient capacity** (right patient / right place)
  Improved psychiatric/behavioral health care continuum
- **Improve crisis stabilization time** (right provider / right time)
  Rapid emergency behavioral assessment, timely protocol initiation
- **Maintain staff & patient safety** (right care / right outcomes=process)
  Improved care for behavioral <u>and</u> non-behavioral [medical] patients
- **Build sustainable, supportive, wrap-around infrastructure** (right service)
  Hub (Emergency) and Spoke (Inpt, Outpt, C/L, Sub Abuse, Soc skills)
- **Other**
  NAMI grading system to assess effectiveness, indirect/direct ROI KPI's

Thank You!

- **Contact Information:**

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Q&A