Solving the Boarding Crisis

Innovative Emergency Telepsychiatry Uses:

Better, more timely care that is cost-effective

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Psychiatric Patients Adding to ED Overcrowding

- Patients waiting for a psychiatric bed wait three times longer than patients waiting for a medical bed in hospital EDs.

- ED staff spend twice as long locating inpatient beds for psychiatric patients than other patients

- Psych patients boarding in an ED can cost that hospital more than $100 per hour in **lost income alone**[1]

1. Treatment Advocacy Center, 2012

Boarding

- Definition: Patients in hospital medical Emergency Departments who are medically stable and just waiting for a psychiatric evaluation or disposition.
- Often these patients are kept with a sitter, or in “holding rooms” or hallways on a gurney – some languishing for hours in physical restraints, often with no concurrent active treatment
- Some psychiatric boarders even kept in the very expensive option of the Intensive Care Unit because of need for close supervision

Boarding Across the USA

- Studies showing average psychiatric patient in medical emergency departments boards for an average of between 8 and 34 (!) hours
  - 2012 Harvard study: Psych patients spend an average of 11.5 hours per visit in ED; those waiting for inpatient beds average 15-hour stay
  - 2012 CHA Study: After decision made for psychiatric admission, average adult waits over ten hours in California EDs until transferred

Impact of Boarding

- Boarding is a costly practice, both financially and medically
- Average cost to an ED to board a psychiatric patient estimated at **$2,264**
- Psychiatric symptoms of these patients often escalate during boarding in the ED

Nicks B, Manthey D. *Emerg Med Int*. 2012.

Boarding Solutions Suggested

- Most suggestions – even ideas that include community-based drop-in care and mobile crisis units – still follow concept that virtually all ***emergency*** psychiatric patients need hospitalization as the only possible disposition

- Results in far too many patients being unnecessarily hospitalized at a very restrictive and expensive level of care

- Roughly equivalent to hospitalizing every patient in an ED with Chest Pain (typically only 10% of such patients get hospitalized)

Wrong Solution: Treating at the Destination instead of the Source!

- All these solutions call for more availability for hospitalizations, nothing innovative at the actual ED level
- Change in approach needed – beginning with recognition that **the great majority of psychiatric emergencies can be stabilized in less than 24 hours**
- ***To reduce boarding in the ED, shouldn't the approach be at the ED level of care?***

Psychiatric Emergencies are Medical Emergencies!!

- Federal EMTALA Laws already designate psychiatric emergencies as equivalent to heart attacks and car accidents – time to start intervening with the same urgency and importance as medical emergencies
- Psychiatric Emergencies are not going to “go away” – better to start preparing for these, and designing emergency programs with the recognition that ability to treat crises are as necessary to ERs as EKG machines, oxygen and IV equipment

Improving Throughput

Restraint use leads to a length of stay of psychiatric patients in EDs

averaging 4.2 hours longer

than that of patients not requiring restraints[1]

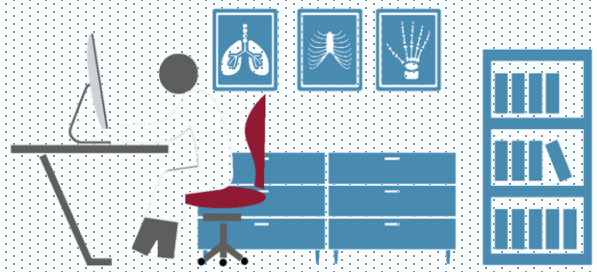
1. Weiss AP et al, Annals of Emergency Medicine 2012

On-Demand ER Telepsychiatry

24/7 access to a board-certified psychiatrist via high definition, two-way video conferencing.

Patient Benefits

- 24/7 access to board certified psychiatrists
- Improved Patient Satisfaction
- Focused on high quality, timely assessments
- Full evaluation, risk assessment, diagnosis, treatment and disposition recommendations
- Care plan collaboration with in-person providers



Hospital Benefits

- Address current physician shortage challenges
- Diverse care settings ED, ICU, inpatient, SNFs, and more
- Pay-per-consult model, cost-effective
- Improve ED capacity and throughput with more timely care
- Integration with providers across care settings
- Improve appropriate transfers and admissions with psychiatric eval. documentation

Improving Care with Telepsych

DECREASE Up to 80% in mental health patients' ED boarding time

DECREASED admissions to Inpatient Units and LOS

IMPROVED Coordination between psychiatrists and consulting providers

Doing emergency psychiatric/telepsychiatric care in a more appropriate location

A 2003 survey of psychiatric consumers reported that a majority had unpleasant experiences in medical emergency facilities and would prefer treatment in a specialized Psychiatric Emergency Service location.

Allen MH et al. Journal of Psychiatric Practice, 2003

EmPath units

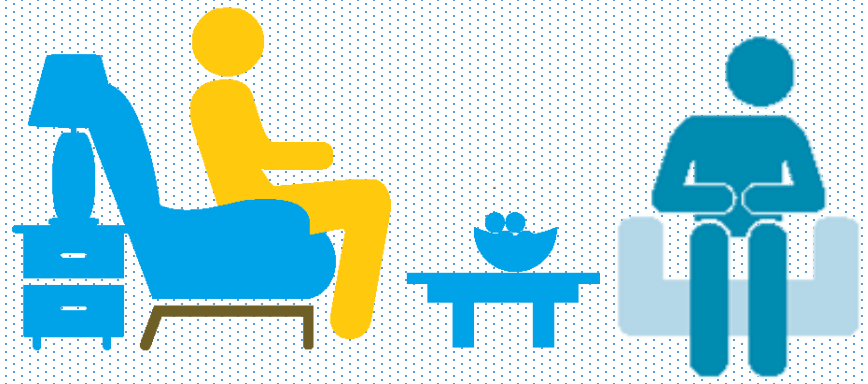
- **Emergency Psychiatric Assessment, Treatment and Healing units**
- Hospital-campus-based, near/adjacent/within ED, combines best of community-based mental health care with ER approach of treating all comers promptly
- Open design with room for patients to move about freely, choose activities, obtain food or drink or linens without having to ask staff
- Focus on calming atmosphere conducive to reducing stress, therapeutic effects, but always in safe, supervised environment
- No walls or glass 'fishbowl' separating patients from staff – staff are always interspersed with patients, solves ligature issues of Joint Commission
- Use of Peer Support Specialists

EmPath Units

EmPath Units provide a **calming, healing, comfortable setting** where **prompt access to a telepsychiatrist for assessment and commencement of treatment** can help lead to timely, dramatic improvement for psychiatric emergency patients. **Constant reevaluation leads to better dispositions**, avoids unnecessary hospitalizations/re-hospitalizations.

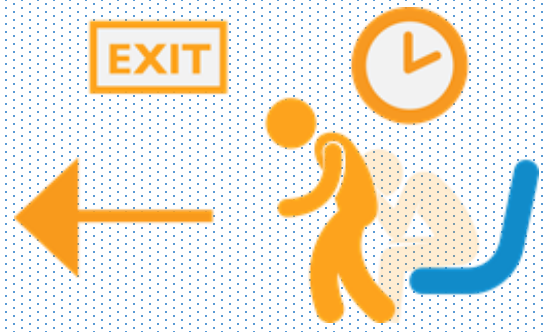
Patient Benefits

- Immediate care setting change from chaotic ED to a “trauma-informed” healing space
- Calming environment that best meets patient needs
- Restraints/Locked Seclusion practically eliminated
- Multi-disciplinary team treatment and resources available
- Rapid evaluation by Psychiatrist soon after arrival with comprehensive care plan development



Hospital Benefits

- 24/7 Psychiatrist Coverage, in person and telepsych
- Alleviate volume pressure in the ED and holds
- ALOS less than 24 hours, while improving care
- EMTALA-compliant for mental health crises, both voluntary and involuntary
- Reimbursement options (typically a bundled hourly rate)
- Significant reduction in admission rates, up to 80% or more



Alameda Model Study:
Dramatic Benefits of a Psych ER

- Psych patient boarding times in area EDs were only One Hour, 48 minutes – compared to California average of Ten Hours, 03 minutes:

  an **improvement of over 80%**

- Approximately **76% of these patients were able to be discharged** from the Psych ER, avoiding unnecessary hospitalization and sparing inpatient beds for those with no alternative

Applicability

- “**But can this work in our system?**”
- A model of On-Demand Telepsychiatry program or EmPath can be developed for just about any size hospital or community mental health program
- Multiple examples throughout California (Rideout model gaining renown)
- **Burke Center, Texas**
  - Remote EmPath Unit served by 100% telepsychiatry 50 miles from nearest delivery point for FedEx
  - Winner of American Psychiatric Association

    “**Gold Award** for Innovation”