Challenges versus Solutions to Psychiatric Patients in the ED
Melodie Nutter MSN, RN and Rochelle Binnell BSN, RN
Renown Regional Emergency Department and Renown South Meadows Emergency Department

**Background**

Patients with psychiatric complaints are 7.10% (12 million) of annual ED visits nationally. Reduced availability of inpatient beds for treatment and an increase in under insured patients has rose over the last decade. Of the reported psychiatric ED visits 41% required inpatient hospital stays. This has led to many ED’s holding psychiatric patients in the ED for hours and days, until a final disposition is established. Likelihood of holding a psychiatric vs. non psychiatric patients in the ED was almost 5 times greater. Leading to poor patient outcomes, decreased patient satisfaction, increased morbidity and mortality, delays in care, increased elopement, and overcrowding in the ED. The Supreme Court in the State of Washington ruled in 2014 that boarding psychiatric patients in hospital EDs is unlawful.

**Purpose/Design**

The purpose of the project was to evaluate alternative methods to care for behavioral health patients who present to the emergency department. As a quality improvement project, the focus was length of stay and management of high utilizers in the ED. Community partnerships were formed to better provide wrap around services and discharge planning for overall care of behavioral health patient in the emergency department setting. Specific bench mark metrics were: average length of stay (LOS), time from physician complete to discharge, LOS improvements < 11hrs, LOS improvements < 24hrs, and high utilizers better managed.

**Participants/Subjects:**

Of the annual 96,000 ED visits 10 to 12 percent focus on behavioral health complaints. Greater than 90% of the behavioral health population are on legal holds, requiring care with a multidisciplinary collaborative approach. This project included stakeholders from ED leadership, ED physicians, Behavioral Health leadership, psychiatrists, social services, alert team members, ED clinical ladder nurses, ED technicians, hospital security and community partners.

**Lessons Learned**

- Involve community partners early in process
- Cannot base process on one partner/person
- Problem bigger than we can solve internally
- Needs community wide solution

**Additional Impacts**

- Changed conversation in community
- Built and strengthened community partnerships
- Replaced SAD score with evidence-based practice
- Columbia Scale
- Opened 4 observation beds on medical floor for patients awaiting transfer
- Collaboration with law enforcement to implement safe handoffs – community wide process

**Regional and South Meadows Combined**

**Key Elements of Solution Process**

- Crisis Response Team
- Community Partners
- Outcomes Improvement Meetings
- Formal Reports

**Participants/Subjects:**

Of the annual 96,000 ED visits 10 to 12 percent focus on behavioral health complaints. Greater than 90% of the behavioral health population are on legal holds, requiring care with a multidisciplinary collaborative approach. This project included stakeholders from ED leadership, ED physicians, Behavioral Health leadership, psychiatrists, social services, alert team members, ED clinical ladder nurses, ED technicians, hospital security and community partners.