Emergency Crisis Services for Psychiatric Boarder Patients at Central Vermont Hospital ED

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Purpose and AIM

- Reduce the length of ED stays of the psychiatric boarder at Central Vermont Hospital ED, TCA.
- Reduce unnecessary psychiatric inpatient admissions.
- Provide access to crisis stabilization interventions to the patients in the CVH ED, TCA.
- Focus treatment beyond a safety and security approach.

Introduction

There is a increased national trend of psychiatric patients who are under boarding status, in emergency departments (ED’s). Nationally, there is widespread opinion that the quality of emergency room psychiatric services is inadequate and can potentially impact the quality of care for all emergency patients. There are limited national standards in the treatment of the psychiatric boarder. Average length of stay (LOS) while awaiting for inpatient level of care has been rising since 2008, with average LOS in 2012 was 10 hours.

Central Vermont Hospital (CVH) ED opened a sub unit in June 2016 called the Transitional Care Area (TCA). The TCA has 3 crisis beds that can be used to treat both community and within the ED. The Vermont Department of Mental Health, under Act 133 also have addressed the psychiatric care and crisis stabilization treatment in the community and the ED’s.

Available LOS data for the TCA shows a decrease from 26 (year 2015-2016) to 16 injuries (year 2016-2017). Under the Emergency Medical Treatment and Labor Act (EMTALA), all patients are entitled to be treated in the emergency department, regardless of their insurance status, in emergency departments (ED’s). Nationally, there is widespread opinion that the quality of emergency room psychiatric services is inadequate and can potentially impact the quality of care for all emergency patients. There are limited national standards in the treatment of the psychiatric boarder. Average length of stay (LOS) while awaiting for inpatient level of care has been rising since 2008, with average LOS in 2012 was 10 hours.

Alameda Program (Oakland California) has been recognized nationally for providing psychiatric emergency services, and having a huge reduction of psychiatric inpatient admissions for psychiatric boarder. Washington State established an innovative statewide task force to address psychiatric services (PSS) both in community and within the ED. The TCA makes people feel closed in, like a jail.

Methods

Psychiatric boarding was defined; implementation of a fast tract process also was identified. Developed and implemented Training Modules (mental health technicians MHT’s, medical ED tech’s) in the TCA. Advocated to Vermont Department of Mental Health (DMH) for resources; Green Mountain Care Board (GMCB) for billing codes in the ED for crisis stabilization treatment. Participate in DMH sub-regional committee (developed from Act 133) Developed the TCA Committee Developed Lime Survey to obtain present and future recommendations for the TCA

Period 8/1/2016-9/30/2018 was compared to 8/1/2017-9/30/2017 Length of stay of TCA admissions of psychiatric boarders and the frequency of inpatient psychiatric hospitalizations. Quantitative Data: CVH electronic medical records.

Qualitative Data: Questionnaires from MHT’s and patients input from participants from TCA committee and Lime Survey.

This project was presented to The University of Vermont Institutional Review Board as a “Non-Research Review” programmatic improvement project. Confidentiality was adhered to for all participants in the ED.

Measures

June 1, 2016-July 31, 2017 time frame, the TCA saw a total of 865 patients

233 were admitted to Inpatient Program (IPP) at Central Vermont Hospital LOS 14.5 hours (27% admit rate)

128 transfer to RRMC, VA, DHMC, or another facility, LOS 75.8 hour

<table>
<thead>
<tr>
<th>Total Patients</th>
<th>Admit Rate</th>
<th>LOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/1/2016-9/30/16</td>
<td>147</td>
<td>26</td>
</tr>
<tr>
<td>8/1/2017-9/30/17</td>
<td>26</td>
<td>16</td>
</tr>
</tbody>
</table>

Quantitative Data

Lime Survey:

- "TCA makes people feel closed in, like a jail-like environment; the TCA is a non-therapeutic environment, more psychiatric services are needed in the TCA, need nurses for treatment planning and social worker to help reinforce crisis intervention treatment with patients"
- Recommended staffing (2 mental health technicians, security only for emergencies, more presence of peers), need for Q expansion of TCA, over more beds, access to air, sun light, enclosed court room, crisis intervention and nursing services

Discussion

The TCA Committee was successful in promoting change. As of 9/12/2017 the TCA received additional MHT positions and the new staffing ratios changed to 2 MHT’s for each shift. No longer will security used for direct staffing. Fulltime Psychiatric APRN position was also provided to the TCA, for assessment, medication management, and treatment planning. Senior MHT staff member will continue to role model and train new MHT’s at the TCA.

Conclusions

- Addressing assumptions of ED psychiatric care while promoting new treatment modalities can be challenging. While potential changes are occurring at the state level in Vermont (DMH), there are also changes occurring at the national level when addressing ED treatment for the psychiatric boarder (i.e., Alameda Project Oakland California, King County Task Force Washington State). This project provided the foundation of promoting change and crisis stabilization care at CVH ED and displays the potential for it to be replicated in or ED’s in Vermont.

Summary

Planning, timeline, and implementation of the TCA of 8 crisis beds at CVH ED, resulted in a decrease of LOS from 26 hours to 16 hours. This project provided the foundation of promoting change and crisis stabilization care at CVH ED and displays the potential for it to be replicated in or ED’s in Vermont.

Constraints

- Lack of funding from CVH, Washington County Mental Health or from Act 133 restricted additional resources (i.e., mental health workers, peers, social workers, nurses, APRN). The CVH ED’s administrative ability for MHT’s, to receive emails for trainings and consultation. Having a central person on the psychiatric unit, was beneficial to disseminate emails.

Stafﬁng ratio (MHT’s and security staff was a barrier for the MHT’s to provide crisis stabilization interventions on a consistent pattern. Nurses were not available for treatment planning. Timeline of when trainings were provided and when CVH ED’s administrative able to approve additional staffing for the TCA was not consistent.

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