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

Ann E. Burzynski
University of Vermont

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Student: Ann Burzynski MSN, PMHCNS-BC
DNP Project Advisor: Brenda Hamel-Bissell E d. D. RN
Clinical Mentor: Paul Capcara MPH, RN

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.

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 state-wide task force to address psychiatric emergency services (PES) both in 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.

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 children and adults. The aim at the time the TCA opened was to provide a safe environment, to monitor and treat the psychiatric boarder, while proving safety for ED patients and staff. Frequency of ED staff injuries one year after the opening of the TCA, has shown a decrease from 26 (year 2015-2016) to 16 injuries (year 2016-2017).

Under the Emergency Medical Treatment and Labor Act (EMTALAL), all patients are entitled to be treated in the emergency department, regardless of their insurance status. On average hospitals are reimbursed $2,200 per patient, per ED admission episode, along with medication management sessions and nursing medication administration treatment.

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.

Methods

Procedures

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

Measures

Period 8/1/2016-9/30/2016 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.

Results

Quantitative Data

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 other facility , LOS 75.8 hour

	8/1/2016 -9/30/2016	8/1/2017-9/30/2017
Total Patients	147	82
Total Patients Referred for IPP	44	39
Av LOS for TCA	52.9	69.9
VCPH	32	25
BBR	1	2
VCHC	10	12
RRMC	1	1

Qualitative Data

Patient and Staff Questionnaires:

"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"

Lime Survey:

Recommended staffing (2 mental health technicians, security only for emergencies, more presence of peers), need for expansion of TCA, over more beds, access to air, sun light, enclosed court room, crisis intervention and nursing services

TCA Committee:

Improve therapeutic environment- expand to 6 beds, increase staffing, need access for fresh air, windows , innovative electronic programs (Reconnect Media Wall) .

Discussion

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 firewall limited ability for MHW'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 approved additional staffing for the TCA was not consistent.

Conclusions

The TCA Committee was successful in promoting change. As of 9/12/2017 the TCA received additional MHT positions and the new staffing ratio 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.

Summary

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.