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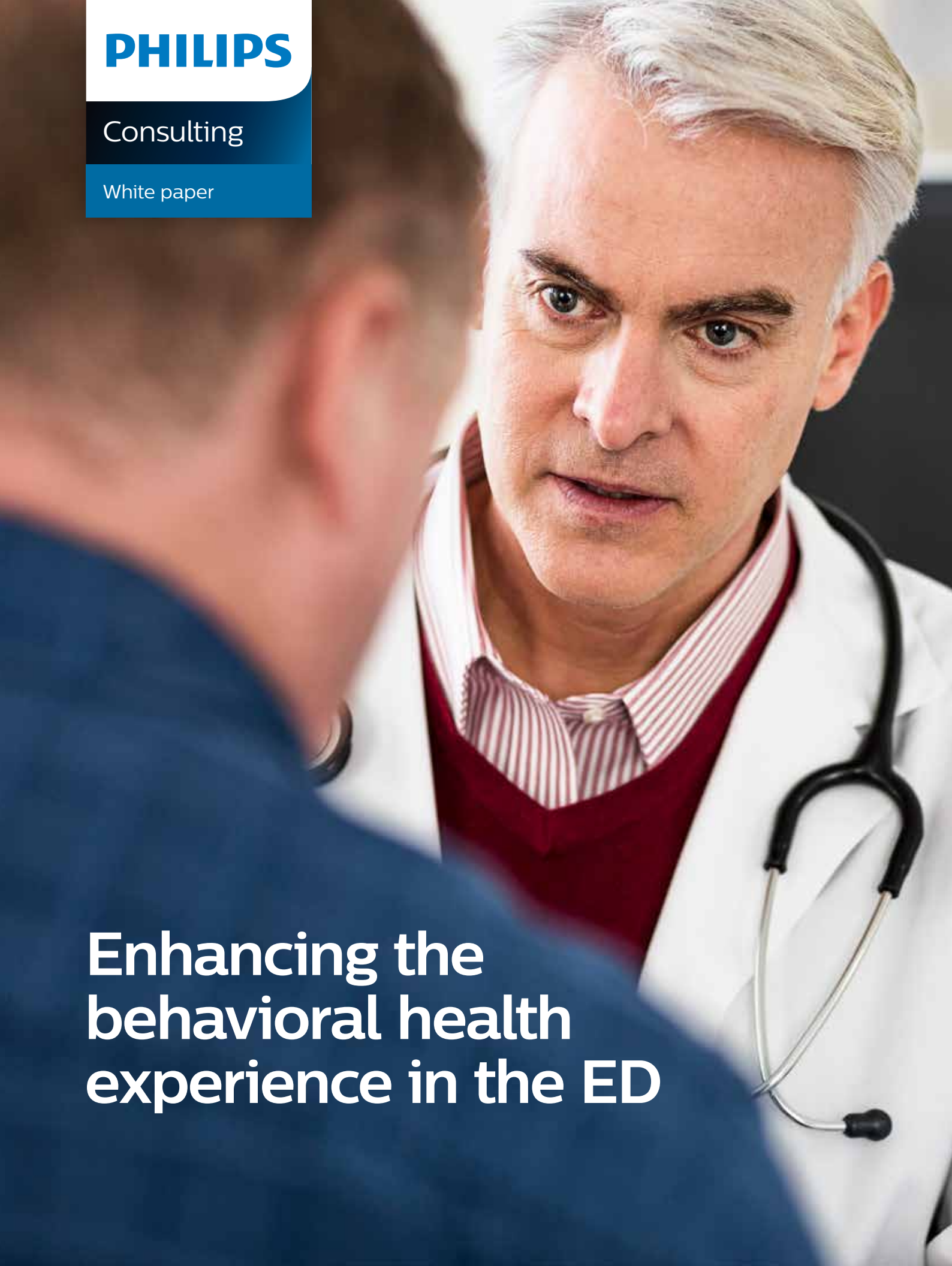

Enhancing the behavioral health experience in the ED

Challenges in delivery of behavioral health care have been evident for decades. Millions of patients with mental health issues are underserved due to the lack of outpatient resources and inpatient treatment options available to them.[1] For these patients, a visit to the emergency department may be the only option when crisis strikes.

Unfortunately, many EDs are not well equipped to handle them. Overtaxed facilities and a shortage of specialists means managing and securing an inpatient bed for patients with behavioral health issues who require admission can take hours or days.[1] To exacerbate the situation, new societal stressors are at play as a result of the COVID-19 pandemic and healthcare systems are already experiencing an influx of new patients with behavioral health issues.

The U.S. National Pandemic Emotional Impact Report authored by medical professionals from Harvard Medical School and University of North Carolina at Chapel Hill states that, "The results of the survey presented here show that COVID-19 and the extensive related changes in everyday life in America have negatively affected both the lives and emotional wellbeing of the vast majority of adults in the United States to a substantial degree. It can be stated with certainty based on the survey findings that at least a quarter of all U.S. adults is presently in a condition of high emotional distress directly attributable to the pandemic."[2]

In a related JAMA article, the authors note, "It is time to bolster our mental health system in preparation for the inevitable challenges precipitated by the COVID-19 pandemic. This will require that systems are both well designed and well prepared to deliver this care to patients, from screening to the overflow of mental illness that will inevitably emerge from this pandemic."[3]

What does the data show us?

In many of emergency department performance improvement and enhanced interim leadership engagements over the years, Philips consultants found that behavioral health issues were often of significant concern. Frequently, patients present with comorbidities such as alcohol and drugs/opioid misuse, and exhibit symptoms such as depression, anxiety and suicidality. In fact, the CDC suggests that from 1999 to 2017, the age-adjusted suicide rate has increased by 33% and is the second leading cause of death for ages 10–34.[4]

The increase in patients with behavioral health issues who visit an ED is due, in part, to the lack of other care options for them in their community.

Specialty hospitals, state hospitals and other outpatient services have closed because of funding issues, and the number of practicing mental health care providers (psychiatrists, counselors, social workers) has declined. In addition, there is a definite lack of parity in insurance coverage. Without parity, mental health treatment is often covered at far lower levels in health insurance policies than physical illness[5], which means people do not get the care they need to experience recovery. Consequently, they turn to the emergency department for help, are delivered there by law enforcement, or are brought by EMS. Once in the ED, hospitals struggle to find effective treatment options that will move these patients out of the ED bed and on to the proper care paths.

From 1999 to 2017:

33% increase in the age-adjusted suicide rate.[4]

2nd leading cause of death for ages 10–34 is suicide.[4]

How do patients with behavioral health issues impact the ED workflow?

Emergency departments were not designed for long-term patient stays, but rather for rapid triage, stabilization and turnover. Additionally, there are safety concerns for patients with behavioral health issues in the ED environment, which pose a significant health risk.

All those who seek help in the ED for behavioral health issues create a substantially negative impact on workflow. Long visits keep other patients from moving through and require a unique set of care resources. Patients with behavioral health issues are often held in the ED for several reasons including:

- The time it takes for counselors and crisis workers and/or psychiatrists (if the hospital has such) to come to the ED and conduct an evaluation in order to render a diagnosis and search for proper placement, or discharge if able
  - Most of these resources are not available at night, necessitating an overnight stay in the ED before an evaluation can occur
- Patients must be 'medically cleared,' as in sober or deemed competent enough to consent to the suggested psychiatric treatment
- Crisis workers must reach out to the psychiatrist to communicate a recommended treatment plan (admission, out-patient care, discharge, etc.) – wait times for the psychiatrist to respond by phone or in person to the ED may be extensive
- Health insurance coverage or other form of payment must be confirmed

When all the proper steps are completed, hospitals often find that the few behavioral health beds within the institution (or local specialty facility) are full, requiring that the patient remain in the ED longer than medically necessary. This practice, called psychiatric boarding, occurs when an individual with a mental health condition is kept in an emergency department because appropriate mental health care is not available.[1]

Psychiatric boarding strains ED resources. Under-trained staff do not understand how best to care for patients with behavioral health issues and both patients and staff suffer as a result. They may recognize the problem but feel helpless to solve it. Nursing personnel often find themselves assigned as 'sitters' to monitor patients 24/7 in order to assure no self-inflicted harm is done. This removes the nursing staff from their routine duties and weakens staff productivity.

Without the proper tools or education, emergency nurses and providers do not know how best to talk to patients with behavioral health issues or de-escalate potentially dangerous situations. Staff concerns for personal and patient safety, unfounded resentment and 'burnout' are unavoidable results.

The Philips approach

For hospitals looking to better meet the needs of an expanding and complex behavioral health patient population, Philips provides consulting services specific to enhancing the behavioral health experience in the ED. Our consultants partner with hospital stakeholders to evaluate processes, practices, technology, and culture. The goal of this assessment is to identify opportunities for increased efficiency, improved workflow and throughput, and an enhanced ED staff and patient experience.

Each consulting engagement is conducted in a phased approach:

1 Data review	2 Interviews and observations	3 Gap analysis and recommendations	4 Implementation
Data is collected and analyzed to examine current-state processes and identify both value and non-value added tasks.	Interviews are conducted with leadership, care providers, and ED clinical staff and combined with observations of day-to-day workflows to assess standard work processes.	Current state processes are compared with industry standards and leading best practices to develop improved processes.	In collaboration with key stakeholders, solutions are prioritized to best support the environment and culture; our consultants then work to 'hard-wire' changes for sustainable results.

Key to this type of engagement is to make certain available hospital/ED resources are used correctly and efficiently. A review of behavioral health policies and procedures is done to identify relevance and alignment with best practices and regulatory guidance. Is the hospital ED ready to 'start the clock' and follow through when a patient in crisis arrives? Call to a crisis worker/counselor must happen immediately, not hours later after all test results are back. A clearly articulated step-by-step process helps reduce length of stay in the ED and shortens time to placement.

A secondary emphasis should be placed on establishing and reinforcing communication with local community behavioral health resources. Interfacing with these resources can help define a better process for pre- and post-hospital patient management. While a trip to the ED may be necessary, external support resources are often required.

Philips consultants have also identified the need for targeted behavioral health education for ED nursing staff and providers. Being properly prepared on how best to handle this vulnerable patient population is critical. Onsite training includes topics such as trauma informed care, empathy and compassion, and care of a suicidal patient.

2020 Core Set of Behavioral Health Measures for Medicaid and CHIP

To support CMS's efforts to improve behavioral health in Medicaid and CHIP, CMS has identified a core set of 18 behavioral health measures for voluntary reporting by state Medicaid and CHIP agencies. This Core Set, which consists of 5 measures from the Child Core Set and 13 measures from the Adult Core Set, will be used by CMS to measure and evaluate progress toward improvement.[6] This will allow hospitals to benchmark against other organizations and in turn identify progress toward their own performance improvement over time.

Preparing for the inevitable

Federal agencies and experts warn that a historic wave of mental health problems is approaching: depression, substance misuse, post-traumatic stress disorder and suicide.[7] The influx of patents with behavioral health issues is coming and emergency departments nationwide must be ready.

Traditionally underserved by an overtaxed healthcare system, these patients will face an uncertain future if hospitals are not prepared to receive them. While government solutions may eventually address deep-rooted inequities, short-term solutions are required now.

Hospital leaders must assure that their staff are trained and compassionate, and their processes are optimized to expedite the flow and mitigate the risk/cost of boarding patients with behavioral health issues in the emergency department.

Learn more

Through collaborative and people-focused consulting engagements, Philips can help develop innovative solutions to solve your most complex challenges of care delivery. We can help you achieve meaningful and sustainable improvements in clinical excellence, operational efficiency, care delivery, and financial performance to improve value to your patients. For more information, please visit **www.philips.com/healthcareconsulting**.

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Results are specific to the institution where they were obtained and may not reflect the results achievable at other institutions.