

Executive Summary: Embedding Behavioral Health Crisis Staff In Emergency Rooms

Embedding Behavioral Health Crisis staff in the Rideout Regional Medical Center Emergency Department has saved time, money, and stress on the mentally ill.

According to a 2014 report by the commission which accredits the nation's hospitals, there is a dramatic rise in the number of patients with chronic psychiatric conditions at already overcrowded emergency rooms. Embedding County Behavioral Health Crisis staff at the Rideout Regional Medical Center has reduced by several hours the average time patients in apparent mental health crisis are boarded in the Emergency Department awaiting a diagnosis, appropriate treatment, or release from a psychiatric hold.

Almost every emergency room admits psychiatric patients on a daily basis, according to a 2008 survey of the American College of Emergency Physicians. The practice of boarding psychiatric patients in emergency rooms increases psychological stress on patients, delays mental health treatment, consumes scarce Emergency Room resources, worsens Emergency Room overcrowding, delays treatment for other Emergency Room patients, and has significant financial impacts on hospitals and public and private health insurance sources.

In Yuba and Sutter counties, the only Emergency Department is located at Rideout Regional Medical Center. In 2015 and 2016, Rideout's ER was experiencing a 75 percent increase in the admission of patients placed on Welfare and Institutions Code 5150 "psychiatric holds", a shortage of psychiatric hospitals equipped to treat the patients, concerns over workplace violence, and rising costs.

Discussions between the hospital and Bi-County Behavioral Health Services resulted in the development of a whole new approach. Instead of dispatching County Behavioral Health Crisis staff each time someone was admitted with a psychiatric hold, County Behavioral Health Crisis staff are now embedded in the Emergency Room on a 24-hour, seven-day-a-week basis. They are part of the Behavioral Health Emergency Stabilization team that also includes emergency tele-psychiatry and

Emergency Department staff. Working together, the team members quickly complete a psychiatric assessment, evaluate any physiological health issues, provide a comprehensive treatment plan, including medications, and set up a comprehensive safety plan to assist the patient's safe and successful return to the community.

The program has resulted in far shorter stays in the Emergency Room and fewer overall hospitalizations. For patients who are discharged, the average wait went from 14 hours to nine hours. For patients admitted to a psychiatric hospital, the average wait time went from 24 hours to 19 hours. Almost 55 percent of the mental health patients on a psychiatric hold were discharged from the Emergency Department, impacting the available psychiatric beds in the community.

At many California hospitals, patients have to wait up to a week or more in the ED for admission. Such delays, often coupled with minimal care, can further worsen the mental illness of the patient. The team approach has resulted in true evaluation and treatment for mental health patients while the patient is in the emergency department, including an ability speed resumption of needed medications, a behavioral health review, a safety plan, scheduling of follow up appointments, and an increased chance of being discharged.

Additionally, the assessment/treatment offered by the new program has reduced the number of workplace violence incidents seen in the ED. Positive financial improvements are also anticipated from the decreases in turn-around-times, nursing/sitter hours, worker's compensation costs, and number of inpatient beds needed.