

REDUCING LENGTH OF STAY IN THE EMERGENCY DEPARTMENT FOR PSYCHIATRIC PATIENTS

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Background

- ⌘ It is well recognized that **timeliness** and **efficiency** are hallmarks of high quality care for patients requiring Emergency Department care. In addition to interrupting patient flow, prolonged delays in care and disposition result in considerable **inconvenience** and **distress** for ED patients and their families.
- ⌘ During FY 2001, it became evident that the ED Average Length of Stay (ALOS) for patients requiring psychiatric admission was increasing dramatically, peaking at **780 minutes** in May of 2001 (Figure 1).

The Workteam

- ⌘ A multidisciplinary team comprised of **clinicians** and **administrators** in **Emergency Medicine** and **Psychiatry** was convened to address this issue. Care was taken to include staff from both **Maine Medical Center** and **Spring Harbor Hospital (SHH)**.

The Initial Steps

- ⌘ The workteam established and agreed upon a **PI Goal**, namely that of **reducing** the **ALOS** for ED patients requiring psychiatric admission to **360 minutes**.
- ⌘ A **systems approach** was adopted, with careful flowcharting of the clinical and administrative processes inherent in the evaluation and admission process.

The Sources of Delay

- ⌘ **Inconsistencies** and **misunderstandings** in the medical clearance process (communication issues)
- ⌘ Psychiatric evaluations **delayed** by medical clearance (work steps in series rather than in parallel)
- ⌘ **Lack of standardized** psychiatric **assessment** and documentation on ED, P6, and SHH (redundancy)
- ⌘ A **prolonged** PreCertification Process (administrative delay)
- ⌘ **Rigid admission policies** on P6 and SHH (processes based on staff rather than patient convenience)

The PI Measures

- ⌘ # of patients admitted each month to P6 and SHH
- ⌘ ALOS in the ED for psychiatric as well as non-psychiatric admissions
- ⌘ # psychiatric admissions/month with ED LOS of 12 hours or more
- ⌘ # of elopements and patient/staff injuries each month

The PI Process Changes

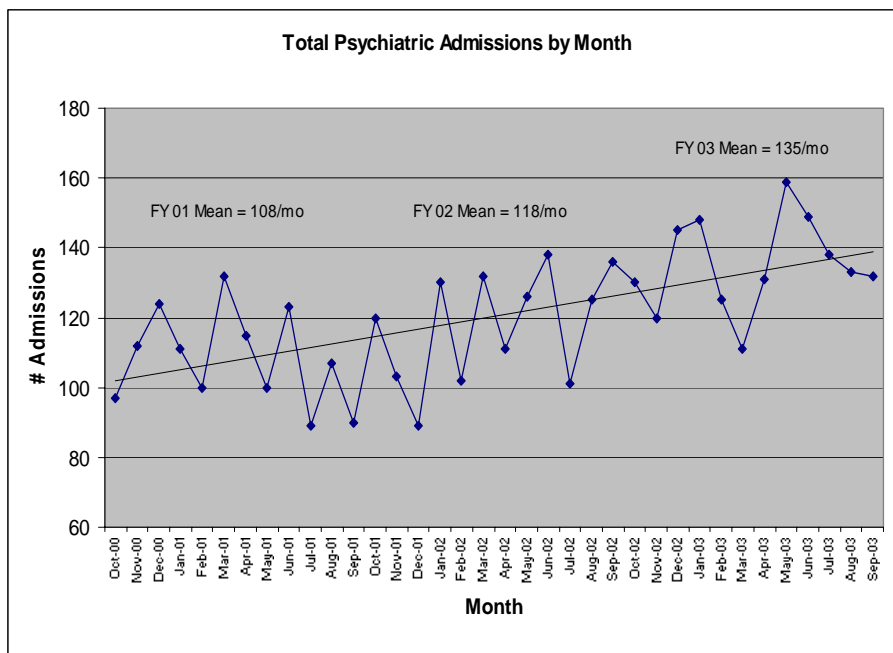
- ⌘ **Clarification** of roles of ED and Psychiatric staff in the evaluation & admission process
- ⌘ **Re-education** of ED physician staff in medical clearance of the psychiatric patient
- ⌘ **Restructuring** of work flow processes from an “in-series” to an “in-parallel” model
- ⌘ **Standardization** of documentation tools used by P6 and SHH

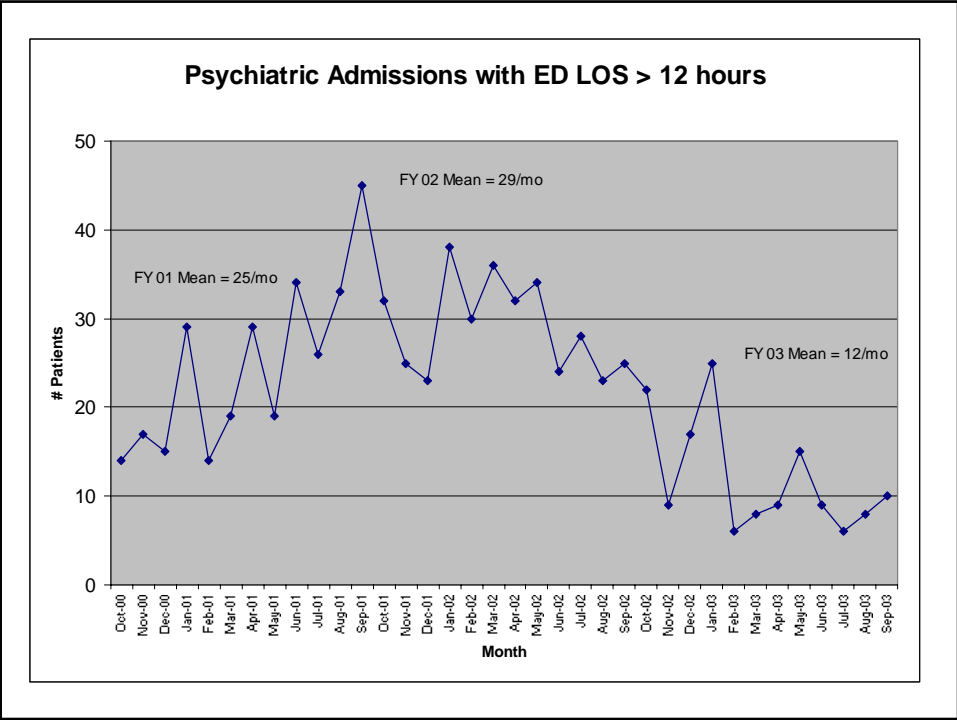
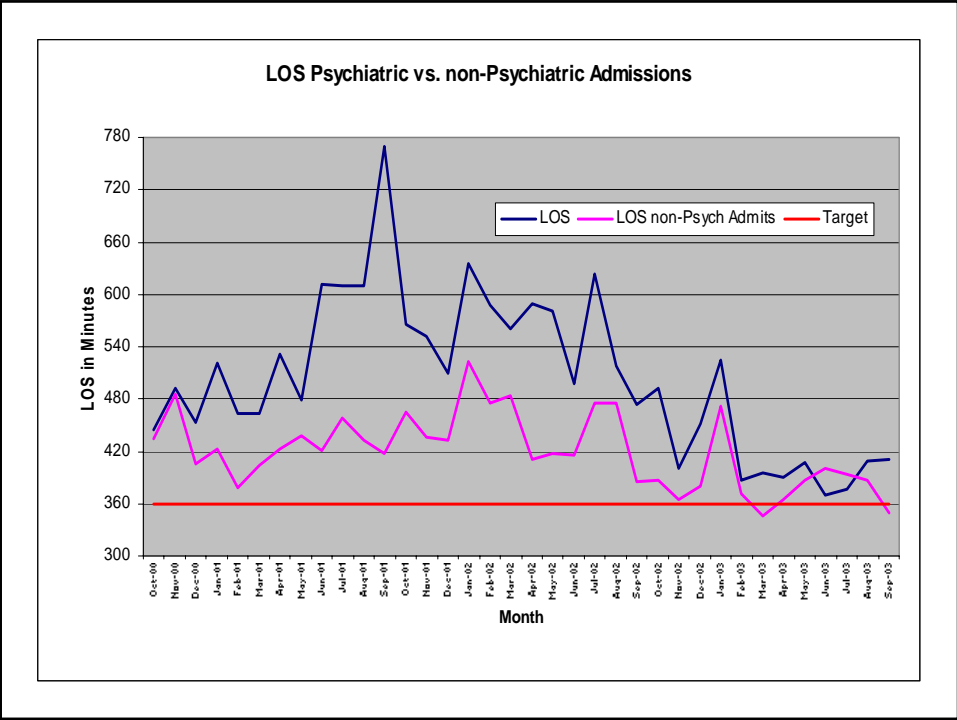
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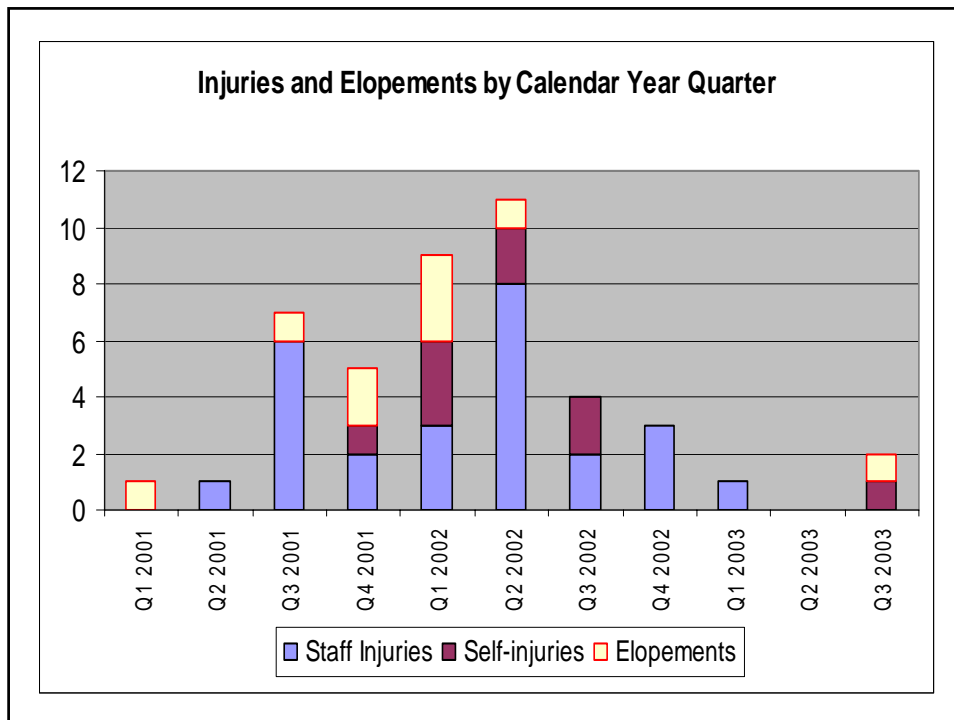
- ⌘ **Reassignment** of the PreCertification Process from the ED to the Inpatient staff
- ⌘ **Revision** of P6 and SHH admission policies with **focus on patient** rather than staff needs
- ⌘ **Training** of ED staff in management of aggressive behavior
- ⌘ **ED physical plant redesign** so as to provide a safer, more caring environment

The Results

- ⌘ Total psychiatric **admissions**/month from the ED **increased by 25%** from FY 01 to FY 03.
- ⌘ Despite this increase in volume, the **ALOS** for psychiatric patients has **decreased by 25%** and at times is less than for non-psychiatric admissions.
- ⌘ More dramatically, the # of patients/month with an **LOS \geq 12 hours decreased by 59%**.
- ⌘ After peaking at 11/quarter in FY 02, **Injuries and Elopements fell to only 1/quarter in FY 03.**







Discussion

- ⌘ In recent years, the Institute of Medicine (IOM) has emphasized six aims for improvement, stressing the need for healthcare to be *Safe, Effective, Timely, Efficient, Patient-Centered, and Equitable*.
- ⌘ In addition, the IOM has highlighted the importance of *effective teams, reengineering, and care coordination across multiple services*.

Discussion

- ⌘ By using an interdisciplinary team focused on patient-centered goals, we were able to dramatically reduce the ALOS for ED patients requiring psychiatric admission.
- ⌘ In so doing, patient safety, as measured by the number of elopements and injuries, was significantly enhanced.
- ⌘ In this instance, we achieved many of the aims outlined by the IOM.

Conclusion

*Dramatic improvements in patient care
can be achieved by
Continuously Decreasing Waste,
Leveraging Cooperation Among Clinicians,
& Coordinating Care Across Patient
Services and Settings.*



Maine Medical Center



SPRING HARBOR *Hospital*

Maine's Mental Health Network