

### Overview

Billings Clinic is Montana's largest health care organization and serves a wide region covering not only much of Montana, but also northern Wyoming and the western Dakotas.

Because of the size of the organization's service area, patients suffering a psychiatric crisis might travel a very long distance to the Billings Clinic emergency department (ED). Then, they often would have to wait many hours before being seen.

"We found that a psychiatric patient coming to our ER would have to wait an average of eight hours, and that's pretty good compared with the rest of the country, but we weren't happy with that number," says Eric Arzubi, M.D., chair of the Billings Clinic Psychiatry Department. "We knew we could do better. We can't have people just sitting and waiting in the ER for hours at the worst time in their lives."

As Arzubi researched strategies for moving behavioral health patients through the ED more quickly, he came across the work of Scott Zeller, M.D., who developed a model called the emPATH unit: emergency Psychiatric Assessment, Treatment and Healing.

In short, "it's a new level of care sandwiched between the ER and the psych inpatient unit," says Arzubi.

When a person arrives at the ED with a mental health issue, the first step is to clear the patient medically – that is, ensure that there isn't co-morbid substance intoxication or a medical problem, such as a brain injury or a systemic infection, that is exacerbating the crisis. Once cleared, the patient needs to be seen by a psychiatric caregiver. Historically, that patient would wait in the ED for the psych consult. That wait could be long, depending on what other responsibilities the psychiatrists, social workers, and others on the behavioral health team have that day. During that time, the patient is occupying an ED bed



Billings Clinic leadership involved in the opening of the Psychiatric Stabilization Unit stand in front of the tranquil wall art selected for the unit.

while other patients fill the waiting room.

With an emPATH unit, psychiatric patients who have been medically cleared are moved to another area with comfortable seating, snacks, and activities, staffed by social workers and psychiatric nurses who can assess them more quickly and determine the next steps.

"People had a hard time believing that this model would work," says Arzubi. "But when our team visited Dr. Zeller's unit at Alameda Health System, there were around 50 patients in that one room and the environment was calm. Patients were chatting with social workers, playing cards with the plainclothes security guard, getting something to eat. They weren't sitting by themselves in a tiny ED room for hours – they were more at ease, making it easier on the patients and easier for caregivers to assess what they need."

Armed with that information, and with significant funding from the Leona M. and Harry B. Helmsley Charitable Trust, Billings Clinic opened the Psychiatric Stabilization Unit in March 2018. The adult unit has 12 recliners and two calming rooms for those patients who would rather be away from the larger group; the children's area has five recliners and one calming

room. The kids can also visit a small gym that the clinic has available for pediatric patients.

Patients usually spend less than 24 hours in the Psychiatric Stabilization Unit; Zeller says that the ideal amount of time for calming and observation is about 16 hours. During that time, the social workers and/or psychiatrists are able to assess them, and the decision can be made to either admit them to the inpatient unit or to discharge them with a referral to community-based services.

## Impact

“We’ve been open 30 days but I’m enthusiastic,” says Arzubi. “We’ve already captured a lot of low-hanging fruit in terms of efficiencies. But we’re also changing culture and expectations so it’s going to take time.”

In the 30 days before the unit opened, the wait time for psych patients in the waiting room was 12 hours; a longer sample from 2016 showed the average wait time was eight hours. In the 30 days following the opening of the unit, that time has decreased to less than five hours.

Meanwhile, the percentage of psychiatric patients admitted from the ED once stood at 55 to 60 percent. In the first 30 days of the unit, that percentage went down to 40 percent. In addition, early data shows that the use of 1-to-1 observation in the ED has dropped considerably, along with the use of restraints on agitated patients.

These changes have improved access to psychiatric beds: So far, the percentage of time that the psychiatric inpatient secure unit must be on diversion has gone from 54 percent to 36 percent.

“We’re still reviewing other numbers, but anecdotally, the therapists and nursing staff on the inpatient units tell me that they are happier, because we’re not admitting patients who don’t really need that highest level of care,” says Arzubi. “They feel more satisfied because the patients coming to them are the ones who actually need that level of care and can be helped. The ED caregivers are happier too, because they were feeling helpless about some of the psych patients they couldn’t help with ED care.”

## Lessons Learned

The unit’s planning team included representatives from the emergency and psychiatric departments. Arzubi says that it was valuable to have both groups involved every step of the way to ensure that the unit truly benefits patients and staff from both areas.

Additionally, he says it was critical to obtain leadership buy-in. “There was some anxiety among the staff,” he says, “which is understandable when you’re making a big change to the way we’ve always done things. Having champions and other stakeholders helped guide the staff along and get past some of the resistance.”

One thing they could have done better, he adds, was communicate more effectively about how and why the unit was being developed. “When you’re making such a significant change in workflow and culture, you’re going to have a small group who will like it right away and a small group who are never going to buy in, but the rest might be curious, not anxious about the change,” says Arzubi. “We could have done better at communicating with that last group about why we hoped this would work.”

Because of that, Arzubi and his team are being very deliberate in capturing data and communicating it to staff so everyone can learn from the results.


## Future Goals

Over the next 12 months, Arzubi would like to begin building relationships with leaders in the region’s other hospital EDs so that the Billings unit can accept some of their patients directly when appropriate.

“Now, if you come from another ED, you still have to go through our ED processes first,” says Arzubi. “I’d like to develop agreements with other hospitals so we can talk, and if patients are medically cleared, they can send them to us and the patients can go straight to the stabilization unit.”

### CONTACT

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