American Hospital Association Governing Council

May 13, 2008

Emergency Psychiatric Assessment

Carroll Cradock, Ph.D., Director
Behavioral Health Services
Advocate Illinois Masonic
Medical Center

Building on IHA's

Best Practices for the Treatment of Patients with Mental and Substance Use Illnesses in the Emergency Department

Key Recommendations from the IHA Report that are well aligned with Recovery goals

- Timely and appropriate evaluation, disposition
- Evaluating the causes of differences in the length of stay (LOS) for psychiatric patients and medical patients; achieve appropriate consistency
- Use of special areas in the ED or in an alternative location for 24-48 hours of crisis stabilization and linkage

Key Recommendations from the IHA Report that are well aligned with Recovery goals

- Improved environment of care:
  - dedicated areas in the ED
  - soothing, supportive, promote healing
  - resources to de-escalate agitated and psychotic patients
- Training of emergency department staff on an ongoing basis

Illinois Department of Mental Health Service Alternatives Advisory Workgroup Key Informants

- Consumers of Psychiatric Emergency Services throughout Illinois
- Advocates for Psychiatric Consumers from throughout Illinois
- Peer Support Facilitators
- Hospital Providers
- Community Mental Health Facilities
- Illinois Hospital Association

Recommendations for Training from Consumers

- Training for Recovery Oriented and Collaborative
  - Comprehensive
  - Recovery-Oriented
  - Include ED clinical and security personnel
  - Delivered by trained consumers, advocates and professionals

Recommendations for Training from Consumers

- Training Topics
  - Wellness Recovery Action Plans (WRAP)
  - Advance Directives for Persons with Mental Illness
  - National Recovery Goals
  - Impact of Stigma on Emergency Department care and services
  - Mental Health Consumer Advocates

Recommendations for Training from Consumers

- Value added by integrating the "accompanier" of the consumer
- Respectful, effective communication with persons in psychiatric crisis and their significant others
- Privacy
  - increasing choice, respect and privacy
  - balancing safety with Recovery and a non-coercive environment
- Recovery-oriented environment of care

Practices Recommended for Services to Persons Seen for Psychiatric Issues in EDs

Practices recommended for services to persons seen for psychiatric crisis in EDs

- Triage: ask about Wellness Recovery Action Plan and/or advance directives
- Inform patients and accompaniers: rights, grievance and complaint options.
- Identify patient preference about notification to significant others
- Proactively and respectfully attend to the person's needs for access to toilet, hygiene, drink, food.

Practices recommended for services to persons seen for psychiatric crisis in EDs

- Use consumer advocates and peer support facilitators in assessment, intervention and disposition planning.
- Identify oral and manual language needs of consumers, family members and accompaniers.
- Inform consumers and family members about expected length of encounter.

Practices recommended for services to persons seen for psychiatric crisis in EDs

- Use assessment protocols to initiate and discontinue safety precautions; explain decisions to patient and accompaniers.
- Respect consumer preferences regarding accompaniers' participation in the ED service.
- Respect the privacy and dignity of the consumer.
- Provide patients same opportunity to evaluate services as medical patients receive.

Summary and Recommendations for Psychiatric Emergency Services

- **Deliver patient/consumer-centered care by involving the patient/consumer in decisions about his or her care**
- **Develop collaborations among key parties, to promote education, Recovery Oriented continuity of care, inpatient and outpatient linkages, quality assurance.**
  - Emergency Departments
  - Community mental health agencies
  - Ambulance companies
  - State hospitals
  - Law enforcement

- Provide specialized staff trained in psychiatric evaluation and care
- Best practices in use of psychotropic medication for prompt symptom relief
- **Telepsychiatry** to bring specialized resources
- Conduct an assessment of the adequacy of the current financing of psychiatric emergency services
- Provide an environment that is conducive to healing and Recovery

Prompt Access to Inpatient Care Reduction in Emergency Department Evaluations:

Advocate Illinois Masonic Medical Center

Step 1. Establish collaborative process: engage community mental health agencies, ED, medical and nursing leadership, psychiatric leadership, inpatient psychiatry nursing leadership, crisis team.

Step 2. Develop tools to identify patients in need of psychiatric admission who may not need Emergency Department medical screening.

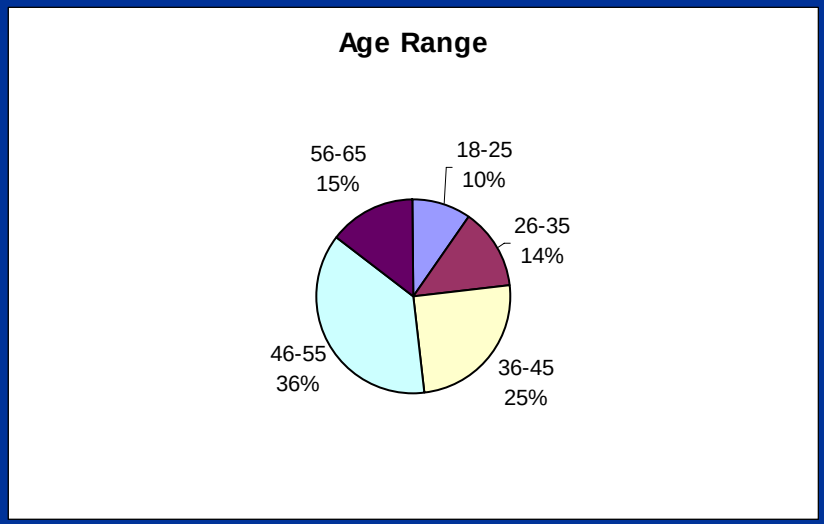
- Tool to provide telephonic psychiatric and medical screening by crisis worker and ED nurse.

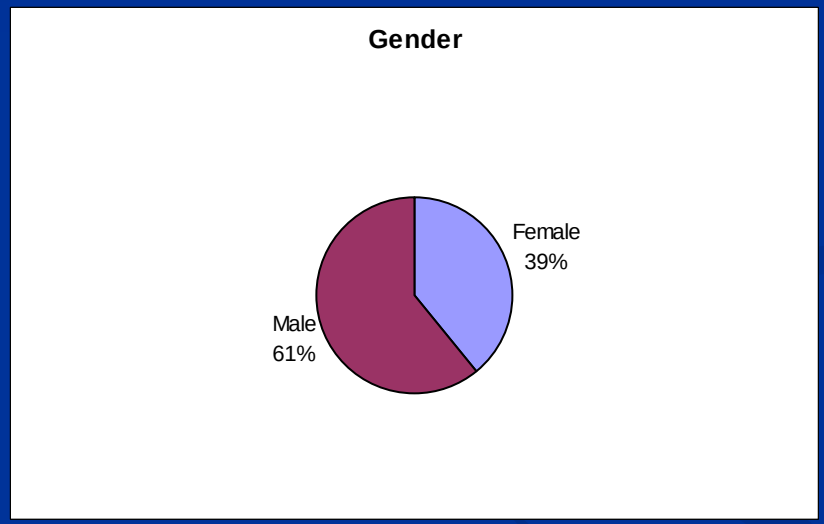
Step 3. Training and Implementation

Results

63 patients effectively screened over 36 months with no adverse outcomes

Characteristics of Patients Admitted to Inpatient Psychiatry on Telephone Screening Protocol





Characteristics of Patients Admitted to Inpatient Psychiatry on Telephone Screening Protocol