

**IHA Collaboration**  
**Behavioral Health Steering Committee**  
**Treatment of Psychiatric Patients in Emergency Departments**

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# Project Description

- 2004 Steering Committee identified increasing concerns with flow of psychiatric patients in Emergency Departments throughout the State of Illinois.
- Survey of member Emergency Departments initiated to gather information and identify issues for psychiatric and/or substance use disorders patients.
- 2006, Best Practices Task force established with goals to examine from a clinical perspective care delivered in Illinois hospitals and to research literature and evidence based practices for emergency services as applicable to this patient group.

# Multi-Disciplinary Representation

- Psychiatrists, Emergency Medicine Physicians, Nurses, Social Workers, Psychologists and program Administrators.
- Later collaboration with representatives from State Operated Hospitals, Department of Mental Health, Metropolitan Chicago Healthcare Council and Ambulance Companies.

# Guiding Principals

- **The 6 Aims of Quality Healthcare\*\*\*** – The Institute of Medicine has identified six aims for improvement in quality of healthcare delivery. It is the goal of this task force to integrate the aims into all recommendations for best practice. The aims of quality healthcare are:
  - **Safe** - avoiding injuries to patients from the care that is intended to help them
  - **Effective** - providing services based on scientific knowledge
  - **Patient-centered** - providing care that is responsive to individual patient preferences, needs and values, assuring that patient values guide all clinical decisions.
  - **Timely** - reducing wait and sometimes harmful delays for both those who receive care and those who give care
  - **Efficient** - avoiding waste, including waste of equipment, supplies, ideas and energy
  - **Equitable** - providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socio-economic status

# National Statistics

- Survey by American College of Emergency Room Physicians in 2004 researched trends in access to care for psychiatric patients in EDs
- 61.38% had seen increase in numbers presenting with psychiatric emergencies during the previous 6-12 months
- 70% had reported an increase in “boarding” until inpatient beds became available.
- Boarding of these patients was twice as long as for others.
- ACEP respondents attributed this to state budget cuts for mental health services and decreases in the number of public and private psychiatric beds.

# Emergency Department Concerns

- Volumes are increasing overall in Emergency Departments and especially by people with mental and substance use disorders.
- Design of many EDs may not support need for safety, privacy, boarding etc. of psychiatric patients.
- Decreased ability to move psychiatric patient to next level of care affects overall treatment of patients in the ED.

# Collaborative Results and Plans

- Final Report released October, 2007,  
“Best Practices for the Treatment of Patients with Mental and Substance Use Illnesses in the Emergency Department”.
- Communication with representatives of Department of Mental Health and establishment of IHA/DMH Transfer Committee to SOH.
- Goals included standards for medical screening, reduction in ambulance wait times, reduction of delays in transfer, training for EMS professions regarding psychiatric patients and a final report with consensus statements and agreements in 2008.
- Agreement on assistance with training and education for all stakeholders regarding implementation of new processes.

# IHA Best Practices Task Force

- Maureen Slade, MS, APRN, BC - Co-Chair
- Deborah Taber, RN, MS - Co-Chair
- Chuck Johnson, LCPC, NCC, ACS
- Deepak Kapoor, MD
- Jerrold B. Leikin, MD
- Michael Naylor, MD
- Dan A. Neal, ACSW, LCSW
- Joseph Novak, PsyD
- Dean Steiner, LCPC
- Ted Temkin, PhD
- Paul Teodo, MA
- Arlene Tippy, LCSW, ACSW
- Victoria Tronc, RN, MSW
- Daniel Yohanna, MD
- Eric Zehr, MS, CSADC, PCGC, MISA II
- Leslie Zun, MD, MBA
- MaryLynn McGuire Clarke, MS, JD - Staff