

Fixing the Bottleneck:

Safe and Efficient Practices for Psychiatric Patients in the ED

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Learning Outcomes

- Create a secure and efficient environment for the behavioral health service (BHS) population
- Identify strategies to improve communication and teamwork
- Utilize technology effectively to improve the throughput of BHS patients
- Encourage ongoing training and education
- Assess and review performance



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MacNeal History

1892

- Dr. MacNeal established a medical practice in Berwyn, IL. He used a horse and buggy to visit patients in their homes and in his clinic.

1919

- On October 3, the document to organize the hospital was signed by three individuals

2018

- MacNeal was acquired by Trinity Health

2024

- MacNeal becomes the first hospital in Illinois to be designated Magnet with Distinction



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Trinity Health: Loyola Illinois Region

Loyola University Medical Center Maywood, Illinois



Gottlieb Memorial Hospital Melrose Park, Illinois

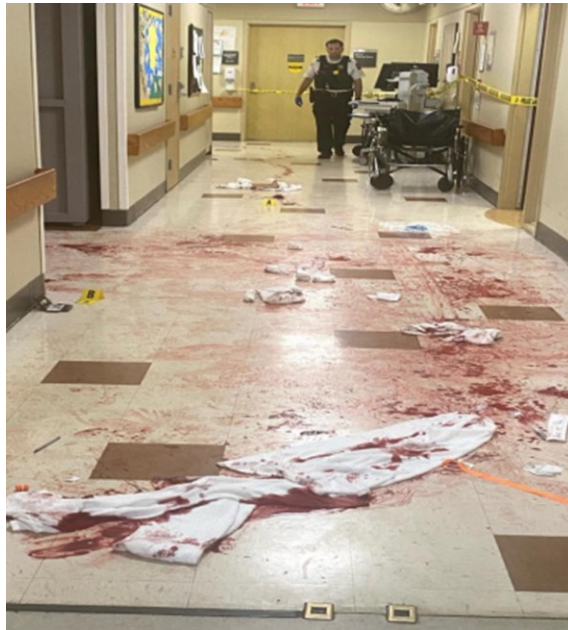


MacNeal Hospital Berwyn, Illinois



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The Day Our Bottle Broke



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Just Imagine...

Imagine walking into an emergency department where psychiatric patients are treated with the same urgency and care as those with physical ailments. Emergency departments, often bustling with activity, face unique challenges when it comes to psychiatric patients. These individuals frequently encounter fragmented care, extended wait times, and a lack of specialized interventions, which can worsen outcomes and strain healthcare resources. Our innovative model addresses these challenges head-on, focusing on creating a streamlined, effective approach to psychiatric patient management.



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Background and Rationale

Regional Expansion
of Services

Underutilization of
Space and Staff

Inefficient Practices
in BH Care

Violence Against
Healthcare Workers



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Steps to Develop and Implement

- **Identify the Problem**
 - Clearly define the issues
- **Focused Attention**
 - Concentrate on key areas
- **Colleague Collaboration**
 - Leverage diverse perspectives and expertise
- **Fail Forward**
 - Embrace failure as a learning opportunity and a step to success



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Space and Staff

Lack of Ownership

- BH patients were considered "extra" and not assigned to a specific RN
 - Inconsistent RN care

Underutilization of Sitters

- Sitters were not being used effectively
 - Limited training

Placement of BH Patients

- Positioned "under the clock"
- Lack of privacy for thorough evaluation
- Lack of dignity for patients

Location Concerns

- High traffic area meant little calm, quiet
- Near the EMS entrance, elopement risk

Security Dependence

- Staff relied on security to watch the BH patients



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Timeline for Change: Late 2022-Early 2023

Eliminate "under the clock" placement

Expand criteria for BH room

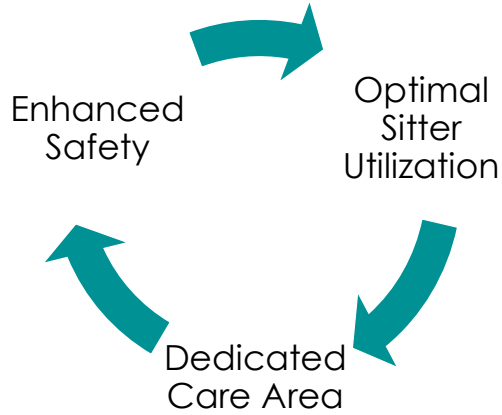
Grouped similar patients when clinically appropriate

Allowed sitters to monitor multiple patients, provided they were not high SI/HI Risk



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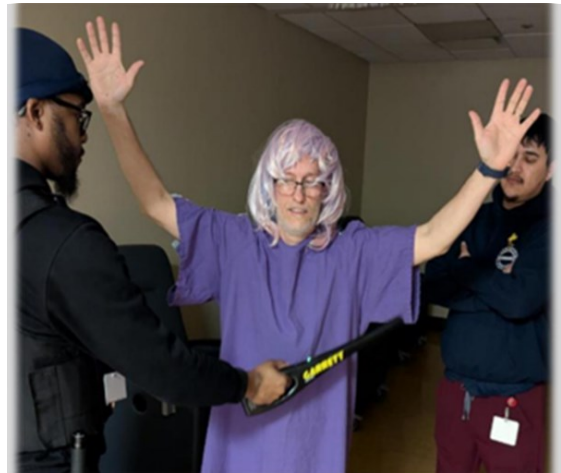
Redesigning the BH Room



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Integrated Security Solutions

- Belongings Search
- Metal Detection
- Visitor Lockers



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Visual Cues and Buddy System

Updated Patient Change Protocol

- Promotes the safety of both our staff and patients.

Visual Indicators

- Purple (Yellow) gowns are designated for high-risk patients to indicate the necessity for increased caution.
- Signs indicating the "Buddy System".

Buddy System

- Security personnel present during engagements with high-risk patients.
- Applicable for patients with elevated scores on the Broset Violence Checklist.



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Dedicated BH Staff in the ED

- Expertise in mental health
- Crisis management
- Holistic care
- Improved patient outcomes
- Support for ED staff
- Resource management



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Twice Daily BH & ED Throughput Huddle



ER BHS HUDDLE

WORK Sequence BHS/ED	Who is reporting
BHS / ER Throughput and staffing <ol style="list-style-type: none"> 1. Current inpt BHS census is X 2. Total DCs and Times – Any transport issues. 3. Staffing – RN, Sitter Needs (ER and BHS) 4. X many block beds in BHS – off? 5. Acute units – any BHS to report off 6. Total BHS in the ER 7. Children, 8. Madden Holds (how long) 9. Covid news (any pts and dates) 10. Intake issues we are waiting on from ER 11. Any petition and cert needs 12. Loyola GMH Needs 	<ol style="list-style-type: none"> 1. BHS Team LEAD 2. BHS inpatient SW/TL 3. TL/RN manager 4. Teal Lead/RN Manager 5. Nursing Supervisor 6. ER charge /intake 7. ER Charge/Intake 8. ER Charge/Intake 9. ER Charge/Intake 10. ER Charge/Intake 11. ER Charge/Intake 12. Maria T or TL



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Improving Efficiency

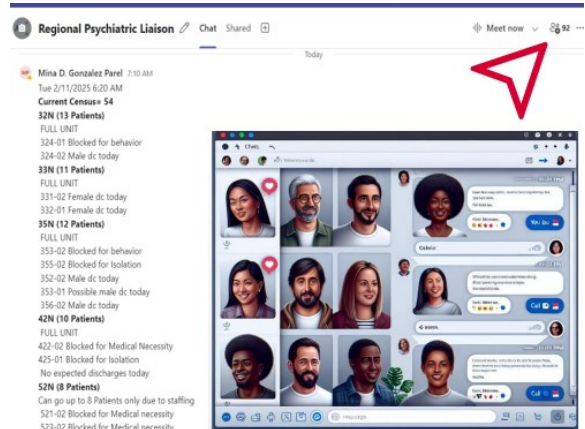


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Technology Utilization Regional Chat

Benefits

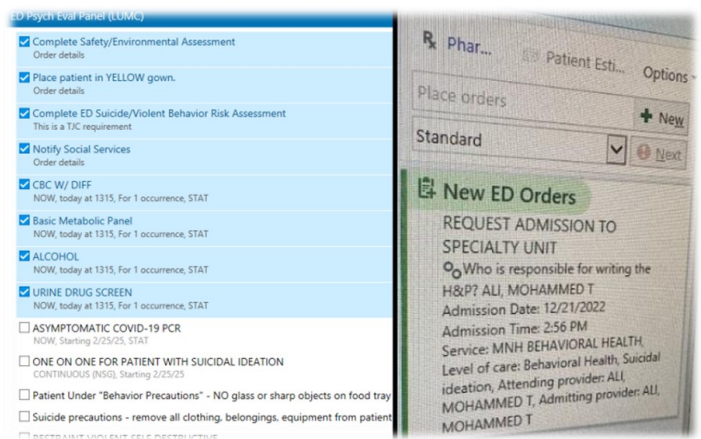
- Increased visibility
 - Discharges/Possible admits
 - Open beds
- Reduced need for calls
- Increased use of EMR



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Technology Utilization Epic Admission Process

- Designated order sets
- Structured approach
- Standardized assessment & documentation



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Enhanced Staff Support

- WPV training for managing psychiatric crises for 100% of staff regionally.
- Regular refresher courses and scenario-based drills

! Non-Violent Crisis Intervention (Level 2) INITIAL CLASS

ACTIVITIES: Live Class

ional information ▼

! Verbal Intervention Training (Level 3) INITIAL Class

ACTIVITIES: Live Class

ional information ▼

! Non-Violent Crisis Intervention with Advanced Physical Skills (Level 1) CLASS

ACTIVITIES: Live Class

ional information ▼




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Specialized Psych Triage

- **Team:** Psych Liaison, RN, Psychiatrist, Security and ED team
- **Responsibilities:** initial assessments, crisis intervention and immediate care planning
- **Benefits:** reduced wait time, increased safety and improved care efficiency

Welcome
Maria Tsakalis, MA, LCPC



• **Maria is our New Psych Liaison for LUMC**

Maria will be working closely with Dr. Meresh and the Psych Residents on care coordination of the BHS population. Maria will also be the point of contact for nurses across Loyola University Medical Center on care planning and supportive care.

**On VOCERA
Psych Liaison**



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Specialized Psych Triage

- Triage team developed handoff checklist



MacNeal
Hospital

What to know before your BHS Patient Goes!

CHECK LIST

- 1 NEED FROM ED DOC
Make sure the ER MD is placing the specialty order for IP BHS admission -- see graphic below
H&P is signed and filed before accepting
- 2 ORIGINAL PETITION & CERT OR VOLUNTARY
(No blue pen) with correct date and time. No copies, no scratch outs, no whiteout on originals.
- 3 PATIENT'S PROPERTY
Not in the custody of the patient!
- 4 LOYOLA RELEASE OF INFO
PD Holds, or PD info to contact
- 5 ALL IV LINES REMOVED
- 6 Please do not transfer PT out of ED until Patient appears on BHS bed board
- 7 NO family or friends to unit

LABS AND TESTS

- 1 Alcohol BAL
(CJWA depending on patient)
BAL for DETOX: 100 or less for admission, if higher consult with psychiatrist
- 2 Urine Drug Screen.
*Can be pending results at time of admission, if patient is already going to high acuity unit.
- 3 Pregnancy Test
(Bio Female, 55 and under)
- 4 Other Tests required: CT head for 1st time psychosis, EKG, COVID during CDC periods of high viral respiratory disease, CBC.
- 5 Poison control clearance, as needed
- 6 Further review required for pts with: isolation precautions/infections, patients with hx of blocked beds/1:1 staff,
- 7 *levels should be drawn on the below medications if currently taking meds:
lithium, Depakote, Dilantin, tegretol



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Timely Risk Assessment

- **Broset Violence Checklist**
 - Scoring system is easy
 - Score 0: Risk is small
 - Score 1-2: Risk is **Moderate**, take preventative measures
 - Score >2: Risk is **High**, use preventative measures and implement care plan

TRIADE

BestPractice
Expected Pt/Arrival
Triage Start
Language Needs
Chief Complaint
Travel Screening
COVID-19 Scree...
Allergies
PMH
Review PTA Meds
Vital Signs
Immun/Tetanus
Law Enforcement
Visual Acuity
Work Related Inj...
Columbia Suicide
Behavior Risk Sc...
Broset Checklist
Substance Abus...
Fall Screening
Abuse Screen
Isolation
iPad Dist
Triage Complete
LDA Removal
ED Triage Notes
Disposition

Broset Checklist

Time taken: 4/13/2023 0830 Responsible

Broset Violence Checklist

Confusion

Yes No

Irritability

Yes No

Boisterous

Yes No

Verbal Threats

Yes No

Physical Threats

Yes No

Attacking Objects

Yes No

Broset Total Score



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Storyboard Alerts

Storyboard

The Storyboard displays the Brøset score in a banner within the patient information section. The banner will be white and display "NONE" if the assessment has not been completed, white with a score of 0-1, and purple for scores 2-6.

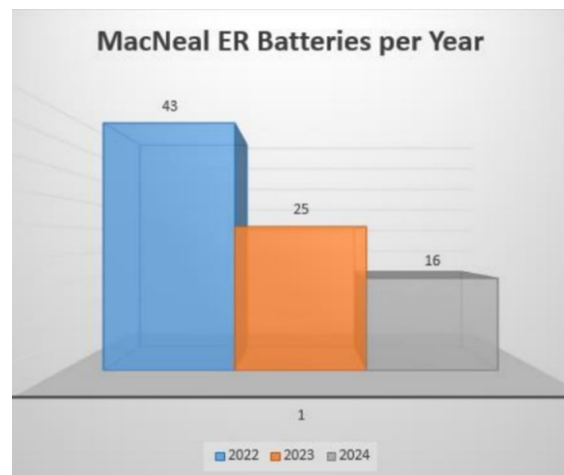
Three mobile app screenshots showing the Brøset Violence Checklist score for Timothy Test. The first screenshot shows a white banner with "Brøset Violence Checklist: NONE". The second screenshot shows a white banner with "Brøset Violence Checklist: 0". The third screenshot shows a purple banner with "Brøset Violence Checklist: 6".



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Evaluating and Improving the Model

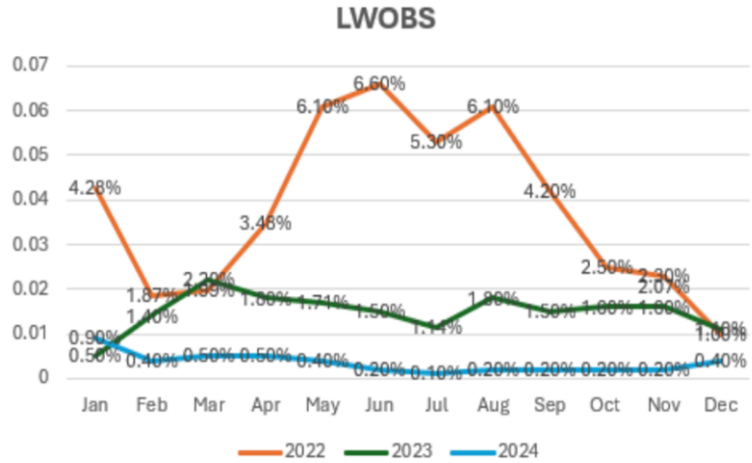
- Reduced violence against ER staff
- Changed the burden of injury from care providers to security staff



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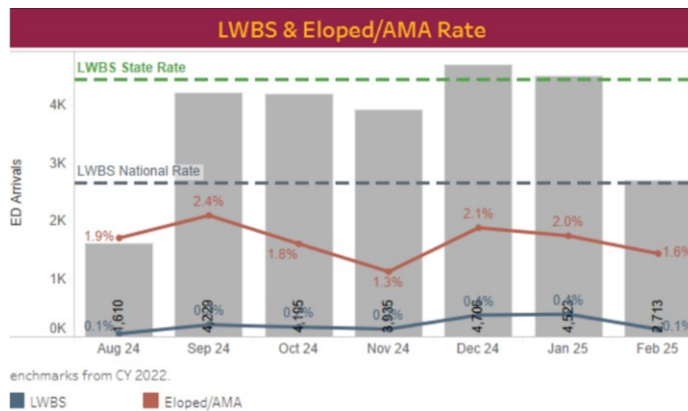
Evaluating and Improving the Model

- Reduced all patients' left without being seen (LWBS) to less than 1%



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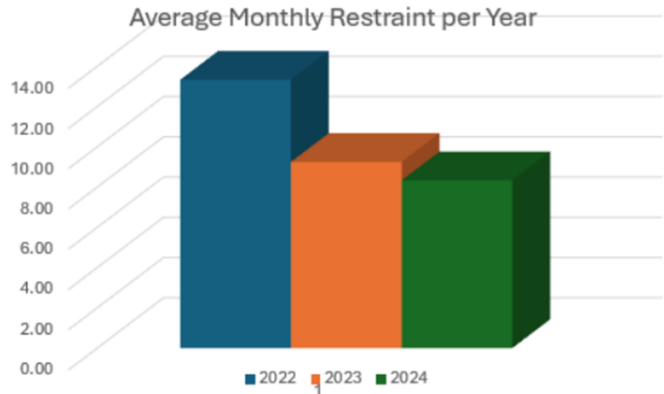
Evaluating and Improving the Model



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Evaluating and Improving the Model

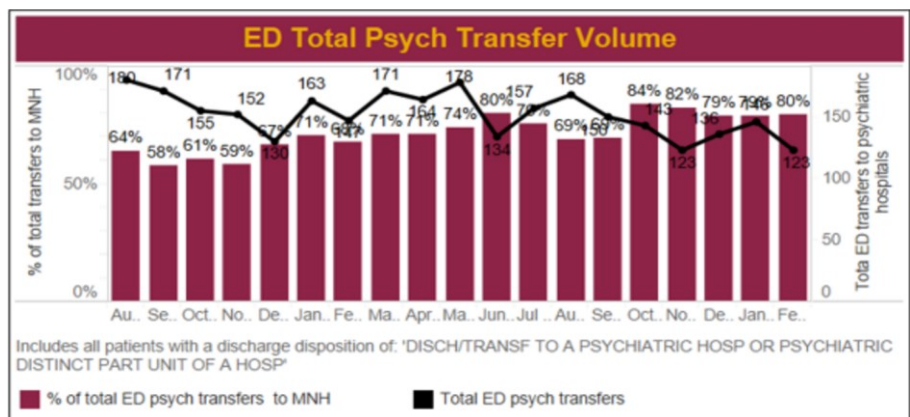
- Reduced restraint usage



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Evaluating and Improving the Model

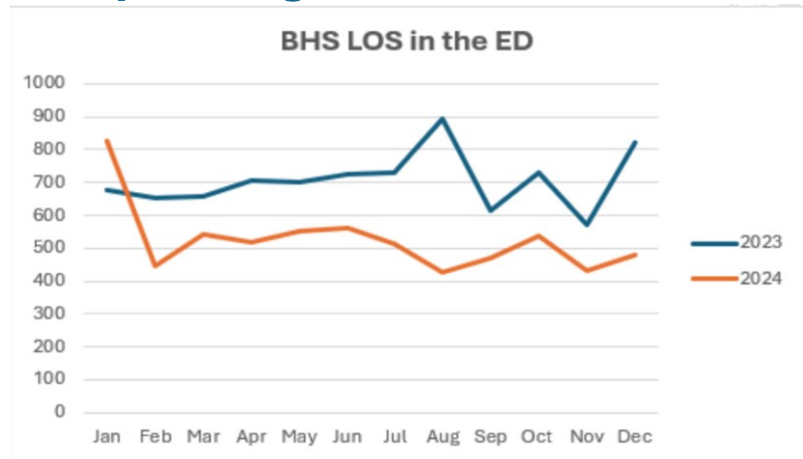
- Increased psych throughput in the region



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Evaluating and Improving the Model

- Decreased time that BHS patients are spending in the ED



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Key Takeaways

- Integration of psychiatric care in EDs enhances patient care and safety.
- Specialized teams, real-time tools, secure environments, and technology are key components.
- Continuous training and support for staff are essential for effective implementation.



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