Learning Objectives

- To understand admission criteria for psych patients
- To review the psychiatric observation/crisis stabilization units
- To exam the Sinai CSU

What is a Mental Health Crisis?

- Personal distress
  - Anxiety, depression, anger, panic, hopelessness
- Obvious change in function
  - Neglect of personal hygiene, unusual behavior
- Catastrophic life events
  - Disruption of personal relationships, support systems or living arrangements
  - Loss of autonomy or parental rights
  - Victimization or natural disasters

Admit or Discharge

Inappropriate Admissions from the ED

- Legal and liability of sending patients home
- Secondary utilizes such as police, group homes, nursing homes and families
  - Send to ED to resolve issues
- Lack of appropriate assessment
  - Difficulty in contacting provider
  - Need for collateral information
  - Problem with obtaining old medical records
- Lack of outpatient resources
  - Housing
  - Medication
  - Care givers

Admission Criteria

Does the Patient Need to Be Admitted?

- Not always an easy decision
- Use of admission criteria or guidelines for many conditions
  - Risk to self
  - Risk to others
  - Unable to care for self
- Alternatives to inpatient stay

Observation Models

- Emergency department
- Observation unit
- Psychiatric emergency service
- Comprehensive Psychiatric Emergency Program
- Psych ED
Observational Care

- Psychosis
- Suicidal
- Depressed
- Anxiety
- Alcohol and drug intoxication/withdrawal
- Social situation

Requirements

- Provides adequate stability and containment
- Availability of consultation liaison service

Overnight Observation in VA Medical Center

- Designed to avoid unnecessary admissions
- 92 pts in 1996, came through ED
- Characteristics
  - 80% unemployed, 41% homeless
  - 55% suicidal or homicidal ideation
  - 49% intoxication, 77% substance use
  - 88% referred to outpatient
  - 9.8 inpatient days before and 2.7 days after
  - No variables to determine inpatient care

Comprehensive Psychiatric Emergency Program

- By law emergency psych eval, tx and dis, extended OBS to 72 hours
- 20% brought by police, self/family 63%
- Dx
  - Schizophrenia 27%
  - Drug and alcohol 14%
  - Bipolar 13%
  - Depression 11%
- Inpatient 43%

Comprehensive Psychiatric Emergency Program

- 16% Kids
- Presenting complaint
  - Violent behavior 25%
  - Agitation 24%
  - Suicidal 26%
- Dx
  - Conduct disorder
  - Adjustment disorder
  - Depression
- Admission rate 22%

Acute Stabilization

- Functions
  - Allows time for diagnostic clarity
  - Develop alternatives to admission
  - Respite function
  - Denies dependency needs
- Patient types
  - Schizophrenics
  - Personality disorder
  - Suicidality
  - Substance use disorders
  - 41% of total patients seen

Regionalization of Acute Psychiatric Care

- Prior 30 day period efforts have focused on increasing inpatient beds
- Alternative is prompt access to treatment
- Evaluate and treatment patients in a given area and take patients from EDs
- 30 day period examined all patients from 5 EDs on voluntary holds
- 144 patients had average boarding time of 1 hour and 48 minutes
- 24.8% were admitted
### Benefit of Psych OBS
- Reduction in admissions
- Gain in earlier functional independence
- More immediate use of community resources
- Higher level of patient satisfaction
- Promoted better coordinated care

### Patient Types
- Who Benefits from Psych OBS
  - Situational depression
  - Willing to continue therapy after discharge
- Who does not benefit?
  - Suicidal
  - Danger to others
  - Severity of psychiatric symptoms
  - Diagnosis of psychotic disorder

### Benefits
- Appropriate level of care
- Reduced elopement
- Reduced restraint use
  - From 3.7 patients per month to 0.7
- Psychiatric inpatient stay
  - 43% decline

### Patient Outcome in Psych OBS
- Patient outcome in CSU BPRS changed from moderately ill to mildly ill
- Beck's depression scale improved greatly

### Clinical Profile
- Young males
- Stress related, anxiety, affective spectrum psychotic disorders
- CGI-S improved
- Inpatient admission from OBS associated with self-referral, older, lower GAF scores and < improvement

### Requirements of Psych OBS
- Security and safety measures
- Restraint and/or seclusion
- Therapeutic setting
- Available mental health resources
Physical Plant

- Location
- Furniture
  - Lounge chairs
- Physical plant safety
  - Wiring
  
- Safety search
  - In the ED
  - Outside the ED
- Design
  - Living room style
  - Interview rooms
  - Medical evaluation rooms

Staffing

- Psych RNs
- Mental Health worker
- Advanced practice providers
- Psychiatrist

- Annual in-service on verbal desecration and hands on management of the violent patient

Model Cost Estimate

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<tr>
<th></th>
<th>Hourly rate</th>
<th>FTE</th>
<th>Dollars</th>
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<tr>
<td>Psychiatrist</td>
<td>$82</td>
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<tr>
<td>Nurse Practitioner</td>
<td>$41</td>
<td>2.5</td>
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<td>Psych RNs</td>
<td>$32</td>
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<tr>
<td>Mental Health Tech</td>
<td>$16</td>
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<tr>
<td>Public safety officer</td>
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<tr>
<td>Total</td>
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Model Revenue Estimate

<table>
<thead>
<tr>
<th></th>
<th>Rate</th>
<th>Patients/Day</th>
<th>Total</th>
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<tbody>
<tr>
<td>Professional Fee</td>
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<tr>
<td>MD</td>
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<tr>
<td>Hospital Fee</td>
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<td>OBS for &lt; 8 hr.</td>
<td>$942</td>
<td>6</td>
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<td>OBS for 8-23 hrs.</td>
<td>$87/hr.</td>
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<tr>
<td>Total</td>
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<td>$2,772,540</td>
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Appropriate for Psych OBS

Severity of Illness

<table>
<thead>
<tr>
<th>Severity</th>
<th>Description</th>
<th>Suicidal</th>
<th>Disposition</th>
<th>Need for OBS</th>
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<tbody>
<tr>
<td>Stable</td>
<td>Functional, works</td>
<td>None</td>
<td>Outpatient</td>
<td>No</td>
</tr>
<tr>
<td>Low level</td>
<td>Had medical or psych stressor</td>
<td>Mild</td>
<td>Outpatient</td>
<td>Yes</td>
</tr>
<tr>
<td>Moderate</td>
<td>Decompensated, agitated</td>
<td>Moderate</td>
<td>Psych consultation</td>
<td>Yes</td>
</tr>
<tr>
<td>Severe</td>
<td>Severe decompression</td>
<td>High</td>
<td>Inpatient care</td>
<td>No</td>
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</table>

Static and Dynamic Factors for Suicide to Determine Risk Levels

- Static
  - Age, gender, medical problems, psych illness, substance use

- Dynamic
  - High risk suicide attempt
    - Use of highly lethal means (guns-hanging)
    - Planned and or rehearsed ahead of time
    - Efforts to not be discovered-going to remote site
    - Suicide note-putting affairs in order
  - Moderate risk
    - Use of limited # of medications or substances of abuse
    - High likelihood of being discovered or calling for help
    - Suicide note-putty manipulative or designed to gain attention
    - Ambivalence about lack of success
  - Low risk attempt (gesture)
    - Taking a small number of pills
    - Attempt in front of another person
    - Happy that the attempt was not successful or feels “stupid”
Treatment Protocols

- Depression
  - Need for safety and eval of self-destruction
- Agitated
  - Intensive treatment
- Psychotic patient
  - Antipsychotic +/- benzo
- Manic
  - Antipsychotic +/- benzo

Alcohol and Substance Use

- Psych patients have high rate of substance use disorder
- Differentiate substance use from psychiatric illness
- Observation of intoxication
- Treat minor withdrawal
- Start Suboxone
- Need for SBIRT

OBS Treatment

- Most primarily focused on medications
- Need to involve social work, case management and discharge planer
- Few provide any non-meds treatment
- Family involvement
- Provide peer support services
- Safety planning
- Connection to other services

Interventions

- Brief intervention
  - International study of 8 EDS
  - Brief intervention and enhanced follow up
  - Reduced number of deaths
- Enhanced Intervention
  - 18 month study of female Hispanic patients
  - Soap opera video, family therapy, and staff training
  - Reduced suicide re-attempts and ideation

Reimbursement

- Medicaid
  - All inclusive bundled billing around $100 per patient per hour, up to a max of 20 hours.
  - No pro fees or other charges
  - Crisis stabilization code 5 9484
- Medicare
  - Unscheduled psych eval-very poor reimbursement
- Private insurers
  - Negotiated per-diem rate
  - ACOs

Sinai CSU

- Establish pilot to determine the best practice
- Treatment safe/low stimulation milieu to rapidly assess, stabilize and discharge patient
- Population adults 18-64 self-preservation & ADLs
- Capable of decrease pt boarding time in ED
- Increase utilization of ED resources/beds
- Increase pt access to psych services/tx
- Earlier psych consult & meds
- Increase pt connection with outpatient services
- Initiate psych assessment earlier in process
Sinai CSU Process Objectives

- Decrease pt boarding time in ED
- Increase utilization of ED resources/beds
- Increase pt access to psych services/tx
- Provide safe/low stimulation environment
- Complete psych consult/begin meds when appropriate
- Increase pt connection/participation with outpatient services
- Initiate psych assessment earlier in process

CSU Process Flow (ED)

Current Process Flow


- Medical Clearance Checklist
  - Yes
  - No
  1. Does the patient have new psychiatric condition?
  2. Any history of active medical illness needing evaluation?
  3. Any abnormal vital signs prior to transfer?
  4. Any abnormal physical exam (unclothed)?
  5. Any abnormal mental status indicating medical illness?

If no to all of the above questions, no further evaluation is necessary.

If yes to any of the above questions, tests may be indicated.

CSU Process Flow

MSH Treatment Protocol
Sinai CSU

- **Size**
  - 1800 sq. feet
  - 12 beds/treatment spaces

- **Staffing**
  - RN 2 per shift
  - Techs 3 per shift
  - Security 1 per shift

- **Type of patients**
  - Suicidal
  - Depression
  - Psychotic
  - Substance use disorder co-occurring

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- **Therapy**
  - Talk therapy
  - Disease process education
  - Coping skills

- **Adverse events**
  - 1 patient had SZ transferred to ED

- **Restraint use**
  - 2 of 239 pts

**CSU Deflections by Reason - November 2015 - Month To Date**

- **Psych assessments**
  - ED
  - Q 4 hours

- **Current Volume**
  - 5-7 pts per day
  - Percent admitted – 47% target 25%

- **Current Throughput time**
  - ED 7 hours
  - CSU 15.2 hrs.

**Challenges**

- Timeliness of evaluations
- Treatment protocols
- Collaborate with county sheriff, Chicago police
- Increase volume
- Peer program
- Psychiatrists used to different model of care
- Patient satisfaction assessment
- What department is it under
Take Home Point

- If done right, a psych OBS unit can reduce or eliminate psychiatric boarders
- Psych OBS can improve patient care environment, patient safety and reduce admission rate
- Important to establish patient flow process, evaluation and treatment protocols
- Financial benefit is somewhat tenuous

Contact Information

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