

5-1-2019

Reducing Length of Stay for Mental Health Patients

Faye Collins
Maine Medical Center

Nancijean Goudey
Maine Medical Center

Follow this and additional works at: <https://knowledgeconnection.mainehealth.org/mmc>

 Part of the [Clinical and Medical Social Work Commons](#), [Emergency Medicine Commons](#), and the [Psychiatry Commons](#)

Recommended Citation

Collins, Faye and Goudey, Nancijean, "Reducing Length of Stay for Mental Health Patients" (2019). *Maine Medical Center*. 707.
<https://knowledgeconnection.mainehealth.org/mmc/707>

This Poster is brought to you for free and open access by the All MaineHealth at MaineHealth Knowledge Connection. It has been accepted for inclusion in Maine Medical Center by an authorized administrator of MaineHealth Knowledge Connection. For more information, please contact mckeld1@mmc.org.

Background: Our facility sees an average of over 200 mental health patients every month, with limited community resources. The length of stay (LOS) for these patients had slowly risen to unacceptable levels; the number of patients whose LOS was greater than 24 hours increased in fiscal year (FY) 2017, from 633 patients to 1145. Patients in crisis require expedited transfer to appropriate care locations. Our goal was to decrease the overall length of stay for mental health patients in the Emergency Department.

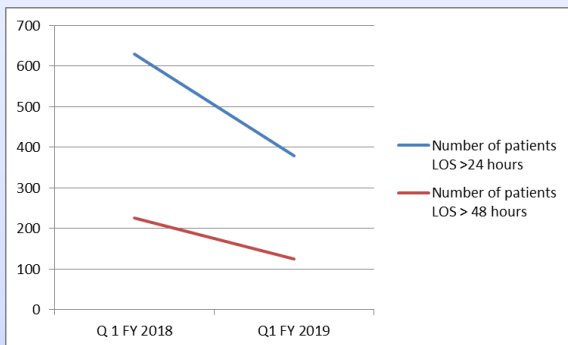
Methods: Length of stay is measured as time of arrival to the Emergency Department until time of final departure; discharge, admission or transfer.

Interventions include:

- 1) The development of daily interdisciplinary rounds on mental health patients,
- 2) A standardized intake process for mental health patients in crisis,
- 3) Diagnosis based protocol development,
- 4) Staff communication tools for long stay mental health patients,
- 5) Daily bed management calls with emergency departments, local hospitals, mental health facilities, and community mental health resources to discuss placement planning and priorities,
- 6) Participation in the IHI Initiative, "Integrating Behavioral Health in the Emergency Department and Upstream" (ED & Up) Learning community,
- 7) Development of relationships with community resources to support discharged patients.

Results/Outcomes: While the volume of mental health patients has shown a steady increase since FY 2017, we were able to substantially decrease the number of patients whose LOS was greater than 24 hours. The first fiscal quarters of 2019 saw a 46% decrease. In patients whose length of stay was greater than 48 hours, the decrease was even more impressive at 57%. The interventions enabled us to increase the quality and timeliness of care delivered and transition these patients to the most appropriate care environment.

Implications: Across the country Emergency Departments are seeing an increase in the number of mental health patients and longer boarding times, with some patients waiting days for an inpatient bed. Boarding of these patients has shown to increase morbidity and mortality and contribute to the stress of staff. It is in the best interest of the patient to prevent further mental or emotional deterioration and to transition them to the most appropriate environment to address their care needs.



References

- Lippert, S.C., Jain, N., Nesper, A., Fahimi, J., Pirrotta, E., & Wang, N.E. (2016). Waiting for care: differences in emergency department length of stay and disposition between medical and psychiatric patients. *Annals of Emergency Medicine*, 68(4), S97.
- Misek, R.K., Magda, A.D., Margaritis, S., Long, R., & Frost, E. (2017). Psychiatric patient length of stay in the emergency department following closure of a public psychiatric hospital. *Journal of Emergency Medicine*, 53(1), 85-90. <http://dx.doi.org/10.1016/j.jemermed.2017.03.032>
- Nolan, J.M., Fee, C., Cooper, B.A., Rankin, S.H., & Blegen, M.A. (2015). Psychiatric boarding incidence, duration, and associated factors in United States emergency departments. *Journal of Emergency Nursing*, 41(1), 57- 64.
- Warren, M.B., Campbell, R.L., Nestler, D.M., Pasupathy, K.S., Lohse, C.M., Koch, ... & Melin, G. J. (2016). Prolonged length of stay in ED psychiatric patients: a multivariable predictive model. *American Journal of Emergency Medicine*, 34, 133-139.