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Multidisciplinary Approach to Improve the Care of Psychiatric Patients in the Emergency Department

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Abstract

Introduction:

Patients with psychiatric complaints often board in the Emergency Department (ED) for many days while awaiting a psychiatric evaluation or inpatient bed.

Hypothesis:

Aggressive early intervention for behavioral health (BH) patients in the ED will result in decreased ED length of stay (LOS), decreased time to provider, increase in BH patients discharged from the ED, reduction in patients leaving without treatment (LWOT), and reduction in ED restraint use.

Methods:

This was a single institution quality improvement initiative. In October 2021, a multidisciplinary team of ED Physicians, Psychiatrists, Social Workers, Nurses, and administrators met with national leaders in emergency psychiatric care (Vituity, Inc.) to discuss current status and opportunities for improvement. The local team met bi-weekly to continue to clarify interventions.

We implemented several interventions that we thought could reduce ED boarding, including restructuring the physical unit to decrease times to complete medical screening examinations; appropriate use

of available psychiatric resources; reducing unnecessary laboratory testing on psychiatric patients using evidence based guidelines; early medication intervention for patients with agitation; updated order set for PRN intervention of agitation; and ownership of re-evaluation and medication management by ED physicians for patients who were awaiting a psychiatric bed.

Results:

Primary BH complaints accounted for 18% of ED visits (599/3311) in November and 15% of ED visits (533/3597) in December. Average time to provider decreased from 30 to 22 min (27%). BH admissions increased from 59% to 70% of patients, but the average ED LOS for these patients decreased 47% from 1156 to 614 minutes.

The percentage of BH patients discharged from the ED decreased from 35% to 25% and ED LOS for these patients increased slightly (7%) from 403 to 434 minutes. The number of BH patients who LWOT decreased from 6.5% to 4.1%.

Use of 4-point restraints decreased from 16 to 11 events in the ED. Total time in restraints for ED patients decreased from 37 hours to 19 hours.

Conclusions:

Our multidisciplinary team-based intervention has been well received by all members of the team and resulted in a decreased ED LOS, ED LWOT, and restraint use.