Resources on Behavioral Health Crowding and Boarding in the Emergency Department (ED)

GENERAL CROWDING AND BOARDING RESOURCES

- Emergency Department Crowding: High Impact Solutions

- Hospital Flow: Real Changes Can Save Lives and Reduce Costs, Webinar of a one-day conference held in May 2017, which offered battle-tested solutions.

PSYCHIATRIC BOARDING / PREVALENCE

  This article describes the number and length of time patients with behavioral health issues board in the ED before transfer for a practice group that covers four EDs that see 200,000 patients per year.

  The focus of this article is on a 2014 Washington State civil commitment statute resulting in extended boarding of mental health patients in general hospital EDs.

  This article tells the story of a teenage girl with Asperger’s syndrome with an anxiety disorder who was seen in the ED due to a severe panic attack, and the extended boarding time required to locate an inpatient psychiatric bed.

  Mental health patients that were unfunded boarded longer than patients with Medicare/Medicaid, and patients with private insurance boarded longer than those with Medicare/Medicaid. Patients admitted to publicly funded facilities were boarded in the ED longer than patients transferred to private facilities.

  This article focuses on the resource utilization, throughput, and financial impact of boarding of behavioral health patients in the ED.

This paper looked at boarding times in 2008 and found that protracted boarding times disproportionally affected behavioral health-related visits.

- Russakoff, LM. Private in-patient psychiatry in the US. Psychiatr Bull. 2014 Oct;38(5):230-5. This article provides a historical perspective on the changes in the fiscal pressures, lack of psychiatric beds, staffing, and healthcare reform as they impact care for patients with behavioral health care needs.

INTERVENTIONS TO ADDRESS PSYCH BOARDING

- American College of Emergency Physicians. Practical solutions to boarding of psychiatric patients in the ED. Does your ED have a psychiatric boarding problem? Oct. 2015. Information paper. This paper outlines hospital and community solutions to address ED boarding of psychiatric patients including telepsychiatry, psychiatric observation units, patient navigation with EMS involvement, mobile crisis units, protocols for safe discharge, and regional/state hospital registries.

- Benjenk I, Chen J. Effective mental health interventions to reduce hospital readmission rates: a systematic review. J Hosp Manag Health Policy. 2018 Sep;2:45. Patients admitted with medical conditions such as heart failure, acute myocardial infarction, COPD, and pneumonia, among other diagnosis, with comorbid mental health diagnosis are at higher risk for readmission. When local mental health services are utilized, readmission within 30 days is reduced.

- BETA Healthcare Group Emergency Medicine Council. Management of Mental Health Patients in the ED Toolkit. November 2018. BETA Healthcare Group (BETA) is a professional liability insurer of hospitals on the west coast. They developed this resource to address staff and patient safety, triage, suicide risk assessment, placement considerations, staff training, telepsychiatry, and disposition.

- IHI and the Wellbeing Trust Initiative. Integrating Behavioral Health in the ED and Upstream Learning Community. This site provides information about a small group of United States hospitals convened with community partners to improve outcomes and experience of care for patients with behavioral health and substance abuse issues. They are focused on testing and implementing change ideas, including standardized processes of care and partnerships with community resources for continuing care.

- IHI and the Wellbeing Trust Initiative. Improving Behavioral Health Care in the Emergency Department and Upstream. This paper provides a framework for a system of care for patients seen in the ED with mental health conditions. This framework is comprised of four key components: processes, provider culture, patients, and partnerships. Specific change ideas, suggested measures, and practical tips and examples are provided.


- Levin-Epstein M. Psych Units in the ED: Trends, Solution, or Neither. Emerg Phy Monthly. November 18, 2015. This article focuses on a survey of EDs that have established behavioral health units. It also provides an overview of the Alameda Model.
This paper describes the implementation of a process to quickly move patients with a behavioral health crisis out of the ED.

• National Alliance on Mental Illness (NAMI). *A Long Road Ahead: Achieving True Parity in Mental Health and Substance Abuse*. April 2015.
This report covers a survey conducted by NAMI to assess the experiences of people with behavioral health issues and their families with private health insurance for mental health and substance use care.

This paper addresses the scope of the problem and potential solutions including rapid treatment of agitation, minimization of restraints and seclusion use, evaluation of comorbidities, active treatment of psychiatric illness, observation units, treatment of substance intoxication or withdrawal and coordination and communication around disposition in addition to community efforts.

• Pinals DA, Fuller DA. *Beyond beds: the vital role of a full continuum of psychiatric care*.
This National Association of State Mental Health Program Directors report is jointly released by the Treatment Advocacy Center supported by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMSHA).

This article highlights the steps taken by EDs to alleviate psych boarding, including psychiatric observation and EmPATH units.

This article reported that an EMS-directed screening protocol for involuntary psychiatric holds resulted in 41% of these patients being transported directly to psychiatric emergency services and bypassing the ED for medical clearance.

Provides eight recommendations concerning the medical evaluation of psychiatric patients.

This study highlights the Alameda Model of transferring mental health patients to a regional psychiatric emergency service from general hospital EDs, resulting in reduced boarding times for those awaiting psychiatric care.

**EMTALA**

This article focuses on the alleged failing of a hospital to appropriately screen and stabilize a behavioral health patient seen in the ED.

  This article addresses concerns about the Office of Inspector General (OIG) definition of a ‘responsible physician’ for purposes of imposing Emergency Medical Treatment and Labor Act (EMTALA) penalties.

  This article highlights a discussion with the Centers for Medicare & Medicaid Services (CMS) about EMTALA regulations related to a patient with suicidal ideation.

- Court Listener. Free Law Project. Psychiatric emergency qualifies for EMTALA - Moses v. Providence Hospital and Medical Centers, Inc. 561 F.3d 573 (6th Cir. 2009).
  The court opinion appears to extend EMTALA beyond the medical screening examination and apply it to patients admitted to the hospital if an emergency condition exists.

  This article provides answers to common inquiries from EDs and psychiatric hospitals regarding compliance with EMTALA.

  This paper provides an overview of EMTALA cases involving patients with psychiatric emergencies.

  This article discusses the challenges that are faced at the intersection of EMTALA compliance and care of patients with behavioral health crisis. Specific scenarios are provided.

  Outlines EMTALA violations related to psychiatric emergencies.

**STATE REPORTS / INITIATIVES**

  Developed for medical clearance for psychiatric patients in the state of Illinois.

  Developed for standardized medical clearance for admission to state or county psychiatric hospitals for short-term care facilities.
• Schmalz A, Sawyer NT. The EMTALA loophole in psychiatric care. *West JEM*. Feb 2020;21(2):244-6.
Editorial on California initiative to expand EMTALA to apply to acute psychiatric hospitals.

The ED is noted to be the most common point of entry into the healthcare delivery system for patients with psychiatric crises. The work group recommended the use of ED protocols for treatment and communication. Developed protocols are provided, but their use or adoption is voluntary.

This report provides an update on work initiated in 2013 to move the system of behavioral health care forward within Vermont and highlights key measures, emerging trends, and areas in development.

**TELEMENTAL HEALTH**

This study looked at the impact of telepsychiatry provided in non-psychiatry EDs. It concluded that centralized coordinated programs utilizing telepsychiatry can reduce inpatient utilization and costs.


The focus for this study was the use of telepsychiatry for critical access hospital EDs and the provision of more timely evaluation services in rural EDs.

This study demonstrated the total monthly length of stay for non-hospitalized pediatric patients by reducing the travel time for face-to-face evaluations and decreasing on-call burden.

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