

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

- Bednar J. [Psych holding is crippling our ED](#). *Emerg Phy Monthly*, February 25, 2014.
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.
- Bloom JD. [Psychiatric boarding in Washington state and the inadequacy of mental health resources](#). *J Am Acad Psychiatry Law*. 2015;43:218–22.
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.
- Khazan O. [More psychiatric patients forced to wait in EDs due to cutbacks in inpatient beds](#). *Washington Post*. January 22, 2013.
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.
- Nicks BA, Manthey DM. [The impact of psychiatric boarding in emergency departments](#). *Emerg Med Int*. 2012;2012:360308. doi:10.1155/2012/360308.
This article focuses on the resource utilization, throughput, and financial impact of boarding of behavioral health patients in the ED.
- Nolan J, Fee C, Blegen M, et al. [Emergency department boarding practices for psychiatric and non-psychiatric visits](#). *Ann Emerg Med*. 2012 Oct;60:4S:S73.
This paper looked at boarding times in 2008 and found that protracted boarding times disproportionately 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.

- 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.
- Laderman M, Dasgupta A, Henderson R, et al. [Tackling the Mental Health Crisis In Emergency Departments: Look Upstream For Solutions](#). *Health Affairs Blog*. January 2018.
- 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.
- Little-Upah P, Carson C, Williamson R, et. al. [The Banner Psychiatric Center: A model for providing psychiatric crisis care to the community while easing behavioral health holds in the ED](#). *Perm J*. 2013 Winter;17(1):45-9. <https://www.ncbi.nlm.nih.gov/pubmed/23596368>
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 is a report on a survey conducted by NAMI to assess the experiences of individuals with behavioral health issues and their families with private insurance coverage parity for mental health and substance use care.
- 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).

- Shaw G. [No ED is immune from psychiatric boarding.](#) *Emerg Med News*. 2019 Apr;41(4):24-5.
This article highlights the steps taken by EDs to alleviate psych boarding, including psychiatric observation and EmPATH units.
- Trivedi TK, Glenn M, Hern G, et. al. [Emergency medical services use among patients receiving involuntary psychiatric holds and the safety of out-of-hospital screening protocols to “medically clear” psychiatric emergencies in the field, 2011 to 2016.](#) *Ann Emerg Med*. 2019 Jan;73(1):42-51.
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.
- Zeller S, Calma N, Stone A. [Effects of a dedicated regional psychiatric emergency service on boarding of psychiatric patients in area emergency departments.](#) *West J Emerg Med*. 2014 Feb;15(1):1-6.
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

- Bitterman R. [Federal Government Declares Emergency Physicians Incapable of Performing Medical Screening Exam for Psychiatric Patient in AnMed Lawsuit.](#) *ACEP Now*. Oct. 17, 2017.
This article focuses on the alleged failing of a hospital to appropriately screen and stabilize a behavioral health patient seen in the ED.
- Bitterman, R. [Feds Increase EMTALA Penalties against Physicians and Hospitals,](#) *Emerg Phy Monthly*, Oct 17, 2017.
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.
- Bitterman, R. [When is a Psychiatric Patient Stable under Federal Law, EMTALA?](#) Bloomberg Law. Posted May 8, 2018.
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.
- Department of Health and Human Services, Centers for Medicare and Medicaid Services. [Frequently Asked Questions on the Emergency Medical Treatment and Labor Act \(EMTALA\) and Psychiatric Hospitals.](#) July 2019.
This article provides answers to common inquiries from EDs and psychiatric hospitals regarding compliance with EMTALA.
- Lindor RA, Campbell RL, Pines JM, et.al. [EMTALA and patients with psychiatric emergencies: a review of relevant case law.](#) *Ann Emerg Med*. 2014 Nov;64(5):439-44.
This paper provides an overview of EMTALA cases involving patients with psychiatric emergencies.

- Report on Medicare Compliance. [Psych Cases Test EMTALA Mettle; Hospital Settles Case over Patients Sent to Jail](#). Volume 25, Number 12, March 28, 2016.
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.

STATE REPORTS / INITIATIVES

- Tennessee Department of Mental Health & Substance Abuse Services and the Tennessee Hospital Association Work Group. [Tennessee's Public-Private Psychiatric Delivery System: A Joint Plan of Action](#). February 2017.
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.
- Vermont Department of Mental Health. [Vermont 2019: Reforming Vermont's Mental Health System. Report to the Legislature on the Implementation of Act 79](#). January 15, 2019.
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

- Narasimhan M, Druss BG, Hockenberry JM, et al. [Impact of a telepsychiatry program at emergency departments statewide on the quality, utilization, and costs of mental health services](#). *Psychiatr Serv*. 2015;66(11):1167–72.
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.
- Southard E, Neufeld J, Laws S. [Telemental health evaluations enhance access and efficiency in a critical access hospital emergency department](#). *Telemed J E Health*. 2014;20(7):664–8.
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.
- Reliford A, Adebajo B. [Use of telepsychiatry in pediatric emergency room to decrease length of stay for psychiatric patients, improve resident on-call burden, and reduce factors related to physician burnout](#). *Telemed J E Health*. 2019 Sep;25(9):828-32.
- Thomas JF, Novins DK, Hosokawa PW, et al. [The use of telepsychiatry to provide cost-efficient care during pediatric mental health emergencies](#). *Psychiatr Serv*. 2018 Feb 1;69(2):161–8.
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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