



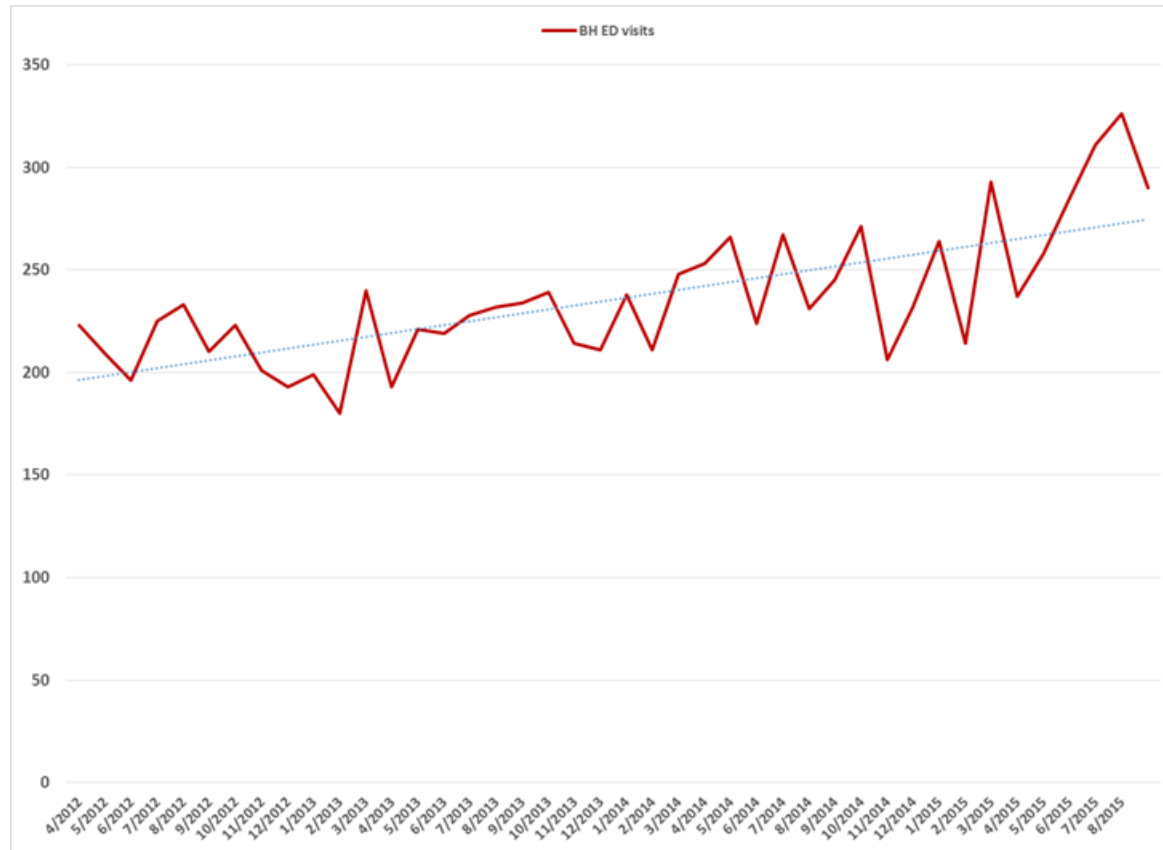
unity

center for  
behavioral  
health

# Learning objectives

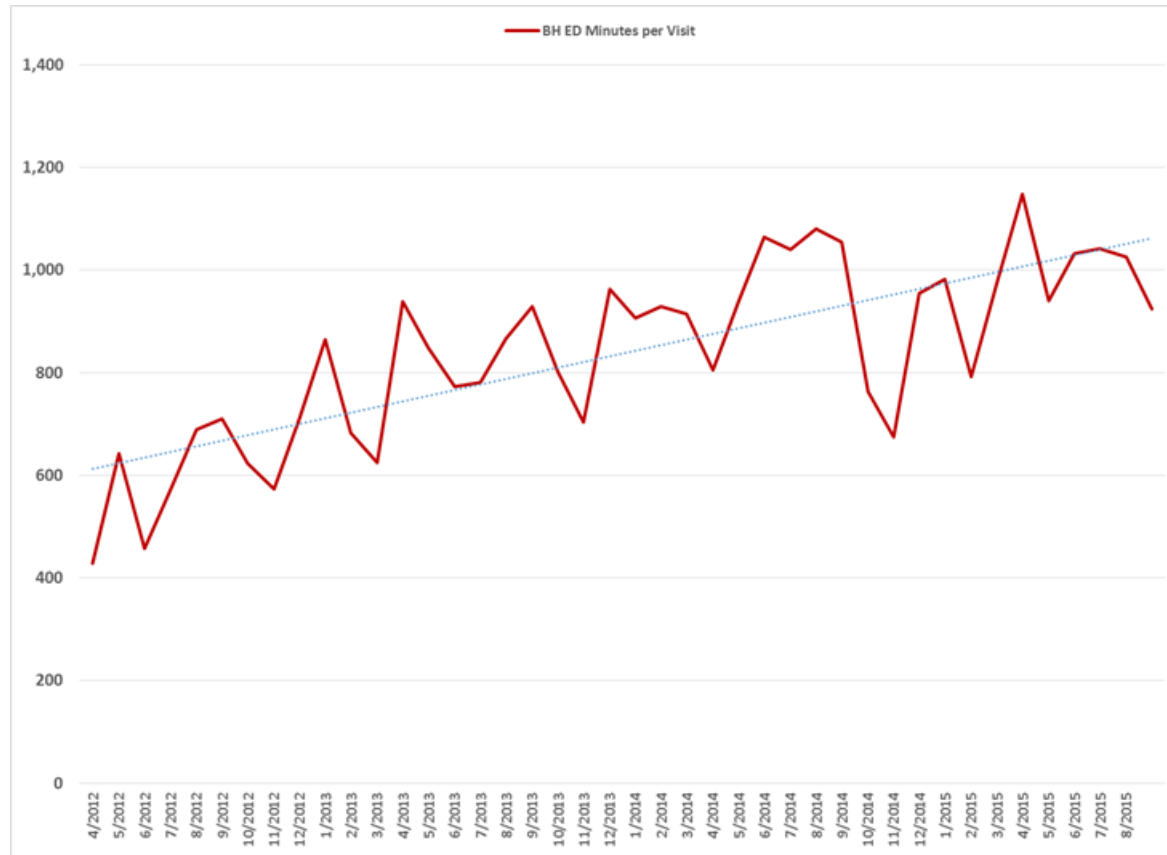
- Learn about Psychiatric Emergency Service Models and Need
- Learn about the “Alameda Model” study – A Regional Approach to Addressing ED Psychiatric Boarding
- Learn about Unity Center for Behavioral Health planning and implementation (collaborative effort between Legacy Health, OHSU, Kaiser and Adventist)

## Emanuel Medical Center adult behavioral health ED visits



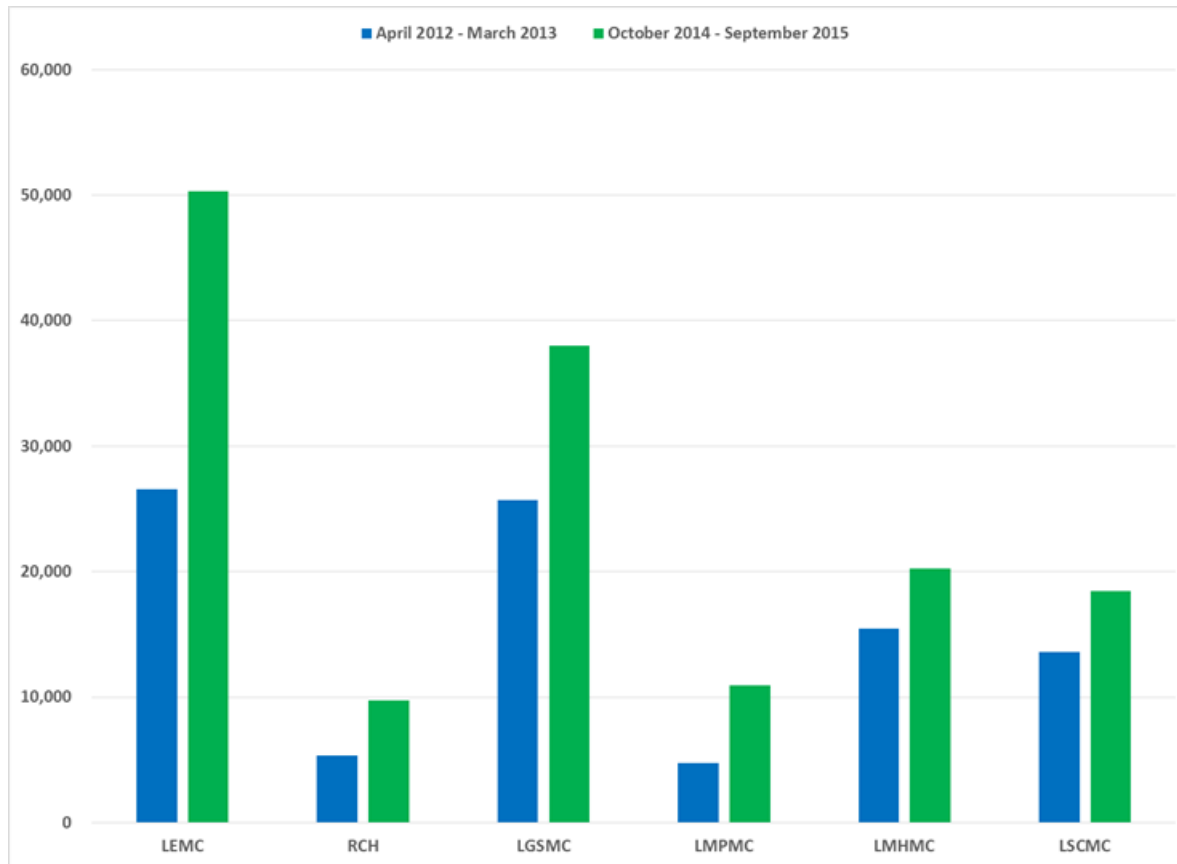
Volume during the last 12 months on the chart (October 2014 through September 2015) is up 26% from volume in the first 12 months (April 2012 through March 2013).

## Emanuel adult behavioral health ED visits



The average minutes per behavioral health ED visit have increased significantly over time, from 629 minutes (10 hours) in first 12 months on the chart to 947 minutes (15.7 hours) on the last 12 months – an increase of 50.4%.

On a combined basis, total behavioral health hours are up by 61%. Total hours by facility:



# An Introduction to the Challenge

- 2 million people seek treatment annually in the US for Behavioral Health Care problems in hospital emergency departments at a cost of about \$4 billion.
- ED staff often feel burdened by behavioral health patients.
- There is much variation in ED expertise and training in mental health problems, which can lead to inadequate care and negative patient and staff experiences.
- 6 to 12% of all US ED visits are related to psychiatric complaints

# Boarding in USA

- Studies showing average psychiatric patient in medical emergency departments boards for an average of between 8 and 34 (!) hours
- 2012 Harvard study: Psych patients spend an average of 11.5 hours per visit in ED; those waiting for inpatient beds average 15-hour stay
- 2012 CHA Study: After decision made for psychiatric admission, average adult waits over ten hours in California EDs until transferred

# Impact of Boarding

- Boarding is a costly practice, both financially and medically
- Average cost to an ED to board a psychiatric patient estimated at **\$2,264**
- Psychiatric symptoms of these patients often escalate during boarding in the ED

Nicks B, Manthey D. *Emerg Med Int.* 2012.



# Regional Dedicated Emergency Psychiatric Facilities

- Can accept walk ins and ambulance/police directly
- Medically unstable patients still have to go to medical ED
- Considered outpatient service, no need for a “bed” – most programs use recliner chairs
- Focus is on relieving acute crisis and referral, not comprehensive psychiatric evaluation

# Regional Dedicated Emergency Psychiatric Facilities

- Will assess and treat on-site for up to 23 hours and 59 min (or longer in some areas) avoiding inpatient stays
- Can be expensive to staff and maintain 24/7
- Typically only makes sense for systems >3000 psychiatric emergencies/ year
- Of great interest for insurance companies, which are often willing to pay more than daily rate for inpatient hospitalization

# Regional Dedicated Emergency Psychiatric Facilities

- Examples:
  - John George Psychiatric Emergency Service (PES)-  
Oakland, CA
  - Connections AZ
    - Urgent Psychiatric Center – Phoenix, AZ
    - Crisis Response Center – Tucson, AZ
  - Recovery Innovations – Peoria AZ
  - Unity Center for Behavioral Health PES - Portland,  
OR

# Alameda Model – John George PES

- Averages 1200-1500 very high acuity psychiatric patients/ month, approximately 90% in involuntary detention
- Focus is on collaborative, non-coercive care involving therapeutic alliance when possible
- Presently averaging 0.5% of patients placed in seclusions and restraints – comparable USA PES programs average 8-24% of patients in seclusions and restraints

# Alameda Model – John George PES

- EMT - protocol for medical clearance and safe transport
- EMT transports to PES or ED
- Any patient over 65 goes first to nearest ED for medical clearance
- 35% patients come from 11 other local EDs
- 35 recliners
- Were able to reduce the local EDs boarding time from 10.5 hours to 1 hour and 20 minutes
- John George PES discharges 75% of the patients

# 2014 Alameda Model PES Study

- Published in the Western Journal of Emergency Medicine
- <http://scholarship.org/uc/item/01s9h6wp>
- psych patient boarding times in area ED were only one hour and 48 min – compared to CA average of ten hours and 03 min
- Approximately 76% of the patients were discharged from the PES avoiding unnecessary hospitalization

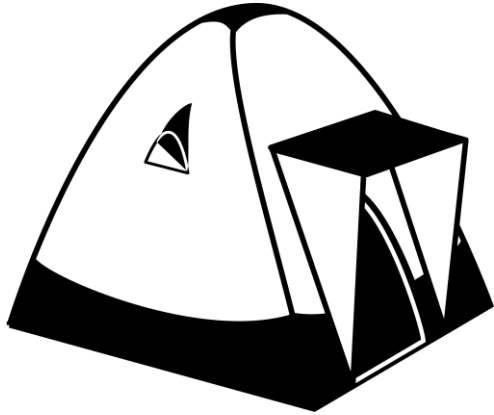
# **Oregon has a Behavioral Health Access Problem**



- Overcrowded
- Long waits
- No BH expertise
- Few social workers
- No adequate handoff



Without a place to go when patients are having a BH crisis...



Homelessness  
Suffering  
Suicide  
Arrest  
Incarceration



**We have created a solution . . .**

# A UNIQUE COLLABORATION





unity

center for  
behavioral  
health





## **UNITY PSYCHIATRIC EMERGENCY SERVICES (PES)**

- CRISIS STABILIZATION
- MEDICATION/CRISIS COUNSELING
- SOCIAL WORKERS
- FAMILY SUPPORT
- PEER SUPPORT
- TRANSITION OF CARE/TEAMS
- CASE MANAGEMENT



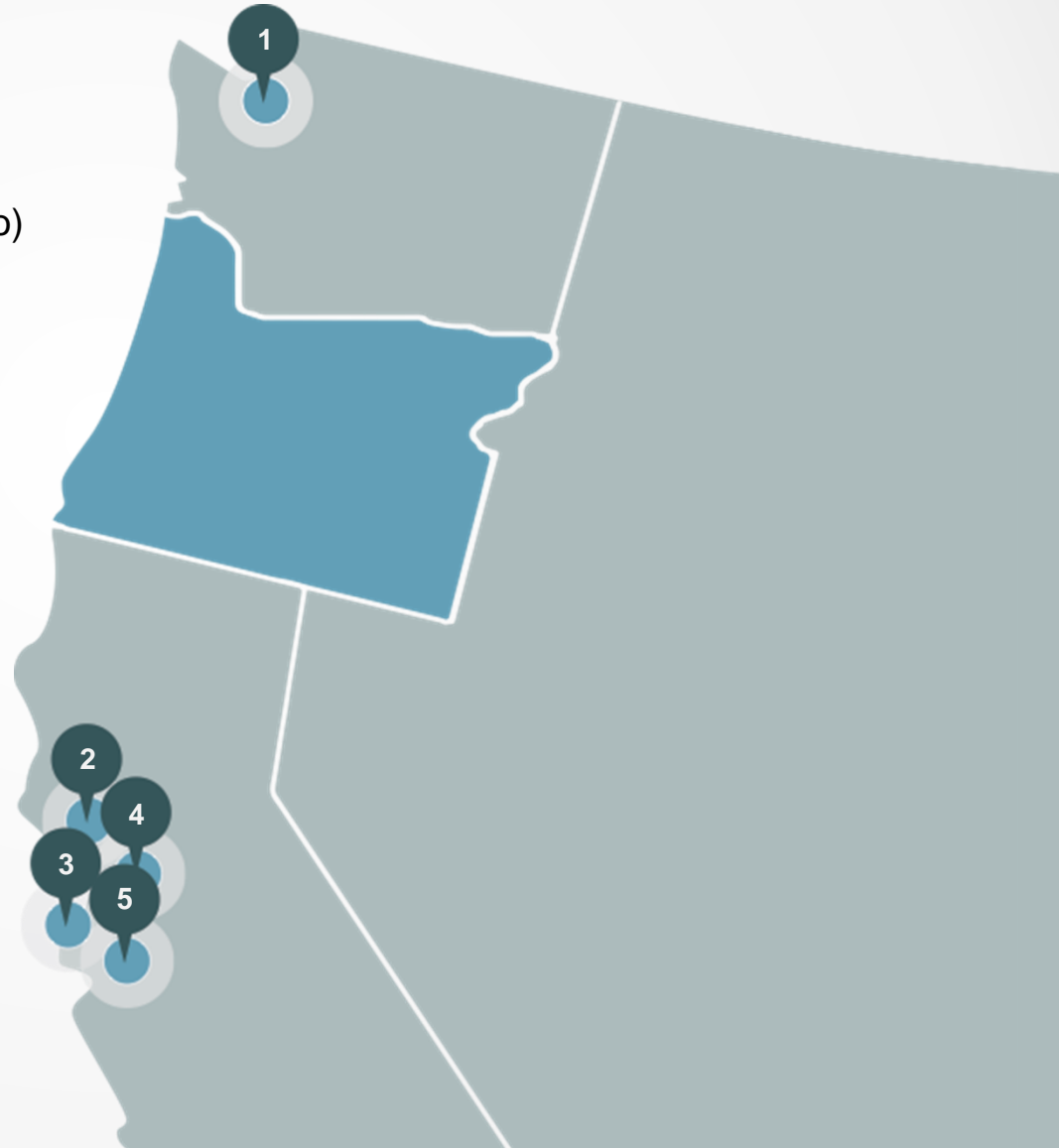
- Collaboration between Legacy, OHSU, Adventist and Kaiser providing regional services
- Legacy capital investment of \$50 million
- Facility licensed under LEMC
- 101 inpatient beds (79 adult beds, 22 adolescent beds)
- Adult Psychiatric Emergency service (45-55 pts./day)
- Space for Community Providers to navigate handoff of patients to community
- Strong Peer support built into structure of Unity



- Majority of providers at Unity will be employed by OHSU and will be part of the OHSU faculty
- OHSU will be moving their Adult Psychiatry Residency and their Child/Adolescent Fellowships to Unity
- Unity will serve as a training site for ED residents, medical students, nurse practitioners and nursing students

# SOME EXISITING PES MODELS

- 1 Harborview Medical Center (Seattle)
- 2 Marin General (Greenbrae)
- 3 San Francisco General (SF)
- 4 John George Psychiatric Hospital (San Leandro)
- 5 Santa Clara Valley Medical Center (Santa Clara)
- 6 Connections AZ (Arizona)
- 7 Recovery Innovations (Arizona)







## Existing Forecasts

INSTITUTION	ANNUAL VISITS	DAILY
OHSU	1,664	5
LEGACY	5,992	16
ADVENTIST	3,885	11
KAISER	1,825	5
<b>SUBTOTAL</b>	<b>13,366</b>	<b>37</b>
INPT ADMITS	4,622	13
<b>TOTAL</b>	<b>17,988</b>	<b>49</b>

Source: Holliday Park Proforma

Assume that 80% of existing ED psych volume will go to PES

Inpatient admission also go through PES



**unity** center for  
behavioral  
health

## **Psychiatric Emergency Service**

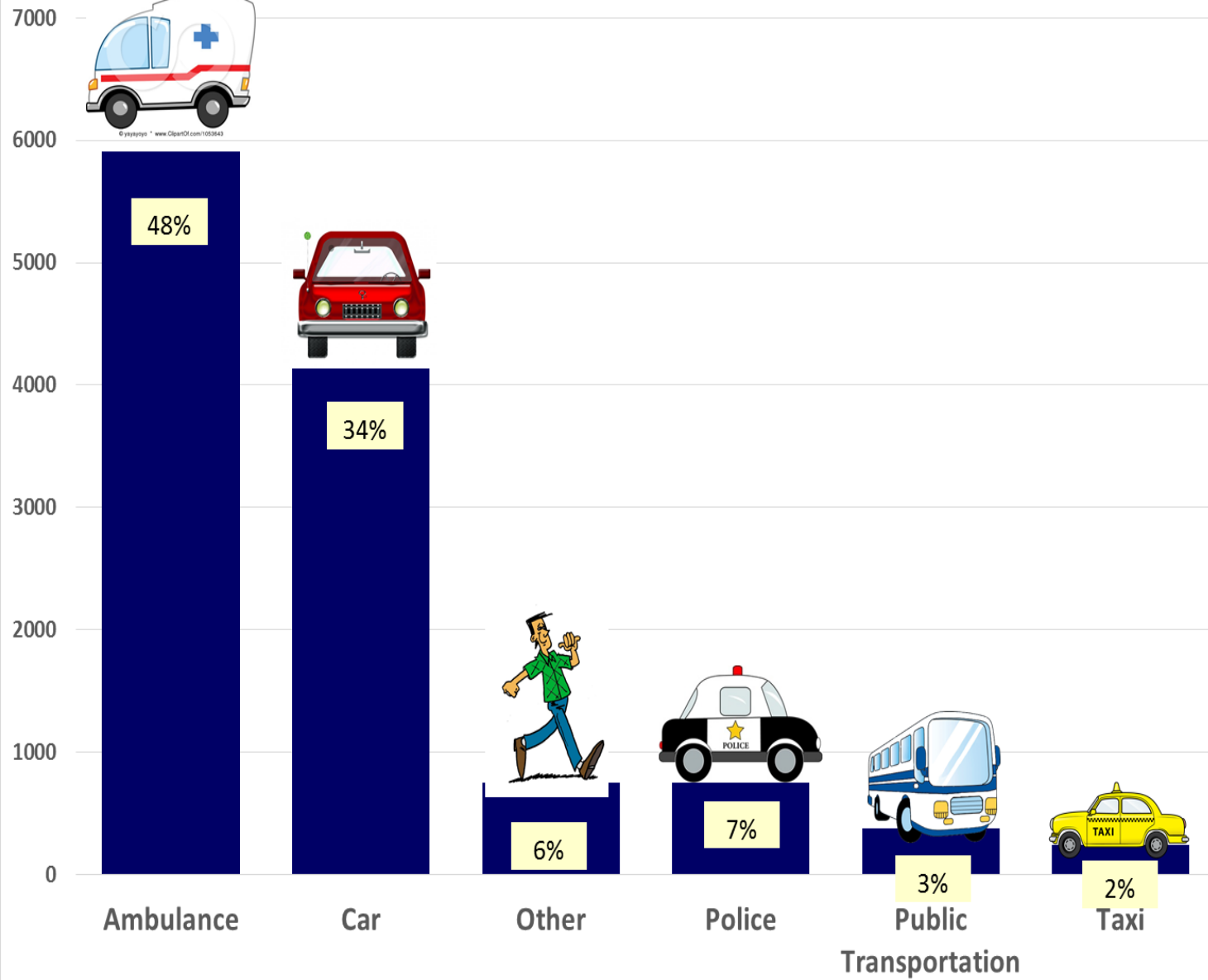
- PES will have 40 recliners and 8 rooms that can be assigned to calming patients or S&R
- PES will have the “living room” – low acuity and pre-discharge
- Environment designed to reduce agitation
- Calming architecture and colors to create environment of hope, recovery and hospitality
- Milieu is kept safe through relationships that are caring and respectful



## **What is different about our model?**

- Collaboration between four major health systems
- Community-wide effort (City, counties, payers, EMS, police, mental health and addictions providers)
- De-criminalization of mental illness
  - remove police from transporting behavioral health patients
- 24/7 access to psychiatric care
- Intentional design for transitions of care
- Model of hospitality, hope and recovery
- Peer support specialists part of the skill mix

## Patient Arrival Mode: All Legacy



# ***Medical Stability Criteria***

- Patients with chronic medical conditions on stable/maintenance medications such as asthma, skin conditions, seizures, diabetes, HTN, etc.
- Patients that use mobility aids to assist with ambulation
- Wheelchairs, if patients can transfer independently or with a 1-person assist
- Patients who use CPAP machines (need to inquire about RT support )
- Foley catheters and colostomy bags for which patient can provide self-care
- Alcohol intoxicated/alcohol withdrawal patients may be taken if they are medically stable and not in incipient delirium tremens or at high risk for seizures. Patients with blood alcohol levels over 0.25 should be “walk, talk, able to eat a sandwich” (alert, verbal, able to do basic self-care)
- Laboratory Testing, EKG's, O2 sats, Bladder Scanner

# Medical conditions / interventions that cannot be managed at Unity BHC

- Central or peripheral IV lines.
- Gastric or nasogastric tube feedings.
- Any patient with acute cardiopulmonary issues or instability
- Acute and/or significant wound care treatment
- High risk pregnancies (Need to clearly define in PES Protocol)
- Post-operative patients, unless they would otherwise be discharged to home
- Patients that require O<sub>2</sub>; tracheostomies, or that require any type of services administered by RT such a nebulization
- Patients requiring dialysis
- Patients requiring a negative flow air pressure room
- Patients with abnormal vital signs or findings, sustained
  - Systolic blood pressure over 190;
  - Diastolic blood pressure over 110;
  - Pulse rate sustained over 120;
  - Blood glucose under 60 or over 300

*NOTE: All conditional exceptions to the exclusion criteria will be approved by the medical director and nurse manager.*



# **UNITY CARE MODEL IS BASED ON THE TENETS OF TRAUMA INFORMED CARE (TIC)**

***OUR PHILOSOPHY AND OPERATIONAL APPROACH ARE AIMED  
AT PROMOTING SAFETY, HOPE, GROWTH AND RECOVERY***

***WE WILL INTEGRATE THE PRINCIPLES OF TIC  
INTO ALL OF OUR POLICIES, PROCEDURES AND PRACTICES***



## KEY PRINCIPLES OF TIC

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice, choice
- Cultural, historical and gender issues
- (SAMHSA)





***Unity care model will integrate mental health and substance use disorder treatment***



## **Telecare Recovery Centered Clinical Systems (RCCS)**

*Treatment that focuses on the  
environment, culture and conversations*

*The “environment” is the primary therapeutic  
intervention in a locked environment*

*Unity Center will focus on how we treat the patient  
and how the patient experiences the treatment*



## **Unity Care Model**

### **Collaborative Problem Solving (CPS)**

- Understanding and helping children with behavioral challenges
- Behavioral challenges in children are best understood as the byproduct of lagging cognitive skills
- Challenges are best addressed by resolving the problems and channeling behavior in a collaborative manner

# PES Performance Measures

- Measures will be:
  - Meaningful
  - Feasible
  - Actionable
- Align with Legacy's Mission as well as the Unity Center mission and objectives
- Critical to Quality (CTQ)

Balfour et al 2015; Lighter and Lighter  
2013

# PES Metrics

## Excellence in Crisis Services

### Timely

- Door to Diagnostic Evaluation
- Left Without Being Seen
- Median Time from ED Arrival to ED Departure for ED Patients: Discharged, Admitted, Transferred
- Admit Decision Time to ED Departure Time for ED Patients: Admitted, Transferred

### Safe

- Rate of Self-Directed Violence with Moderate or Severe Injury
- Rate of Other-directed Violence with Moderate or Severe Injury
- Incidence of Workplace Violence with Injury

### Accessible

- Denied Referrals Rate
- Provisional: Call Quality

### Least Restrictive

- Community Dispositions
- Conversion to Voluntary Status
- Hours of Physical Restraint Use
- Hours of Seclusion Use
- Rate of Restraint Use

### Effective

- Unscheduled Return Visits—Admitted, Not Admitted

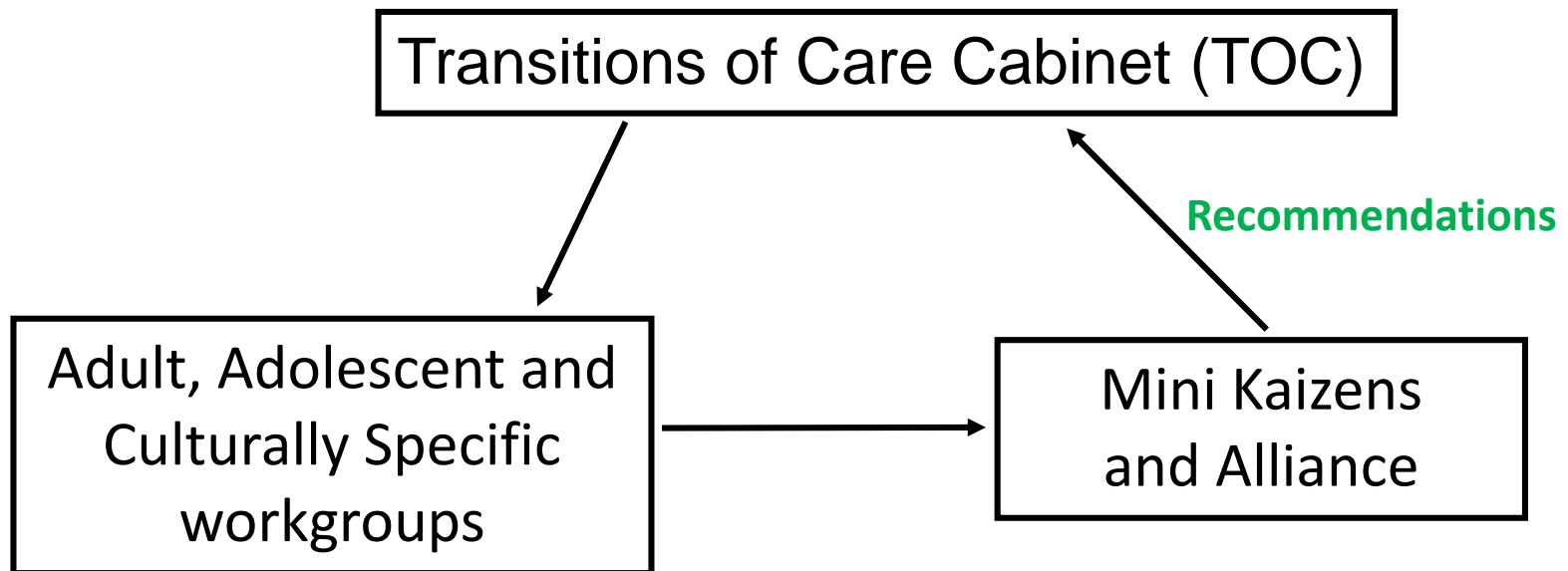
### Consumer and Family Centered

- Consumer Satisfaction
- Family Involvement

### Partnership

- Law Enforcement Drop-Off Interval
- Hours on Divert
- Provisional: Median Time from ED Referral to Acceptance for Transfer
- Post Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge
- Provisional: Post Discharge Continuing Care Plan Transmitted to Primary Care Provider Upon Discharge

## Transitions of Care Strategy





## **Transitions of Care Strategy**

- TOC Cabinet composed of funding sources (CCOs and Local Mental Health Authority) and other influential members of the treatment community
- TOC to review recommendations and create consensus on top priorities that involve community-based programs, counties and CCOs, and recommend next steps
- Unity leadership to review recommendations under Unity's responsibility and initiate work streams related to internal process improvement







## **Planned Opening – November 2016**

Legacy fundraising for capital investment:

- \$30 million raised to date from private donors and public entities below:
  - \$3 million from Multnomah County
  - \$250,000 from Clackamas County
  - \$200,000 from Washington County
  - \$ 500,000 from City of Portland



unity

center for  
behavioral  
health

*Thank you*