Wayne State University Physician Group initiatives

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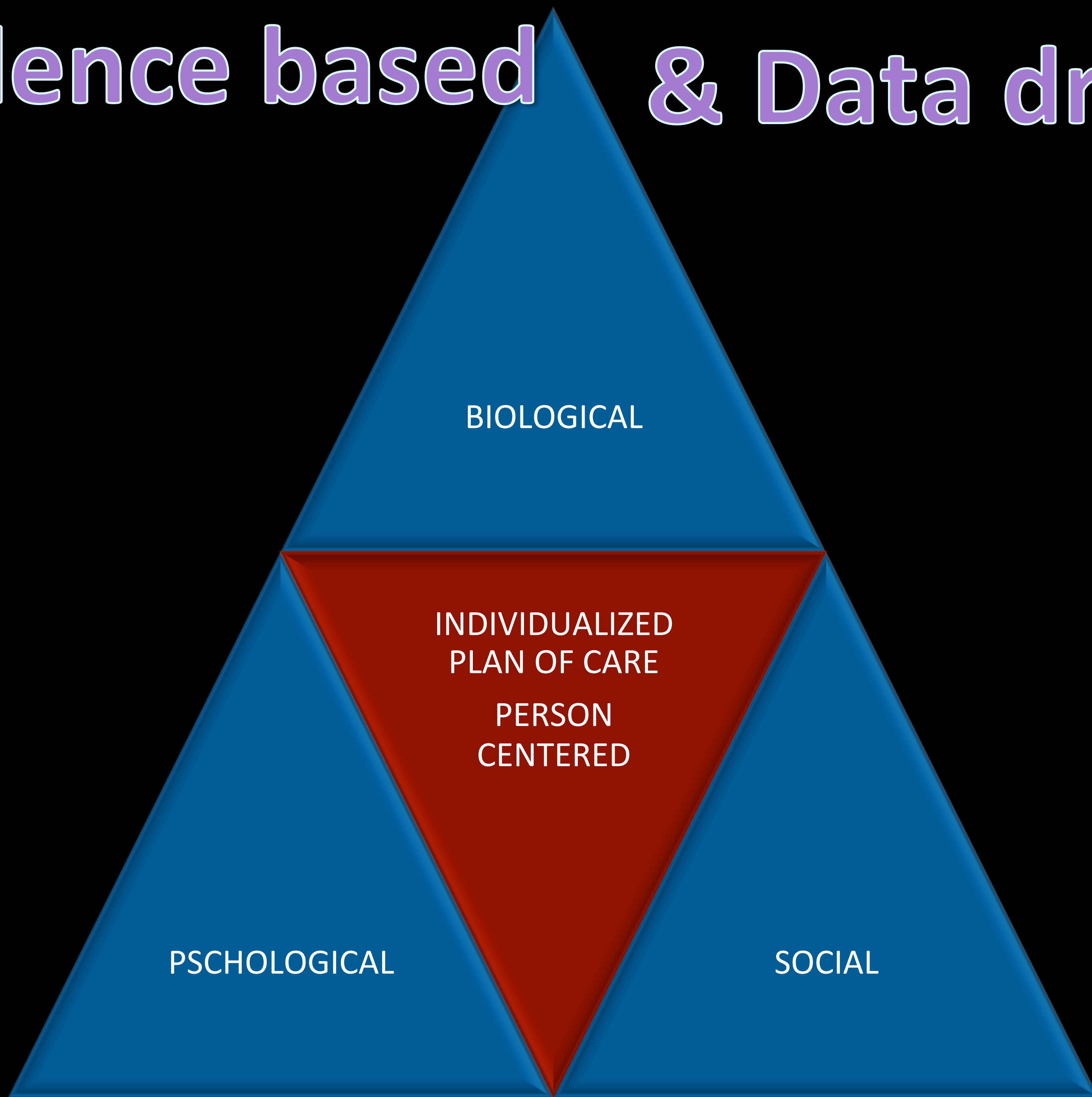
Evidence based & Data driven



Psychiatric Patients In The ED

- ***Identified as a trigger exacerbating medical personnel resources and causing ED overcrowding.***
- ***Board in EDs more than twice as long as other patients. When an inpatient bed becomes available, there is a high probability that it is located in far distance, resulting in ambulance diversion for potentially many hours in some areas***
- ***The extended boarding results in delayed and inadequate care for the mentally ill.***
- ***ED staff spend more than twice as long looking for beds for them than for non-psychiatric patients.***

The Synthesis Project , Robert Wood Johnson Foundation, Derek Delia, et al 2009

Causes and consequences of ED overcrowding

- *Scarcity of beds for patients admitted through the ED for ICU, telemetry, pediatric, **psychiatry.** (the most common cause [56%] of ambulance diversion)*
- *Lack of key clinical staff counts for 11.7% of diversions*
- *ED overcrowding is linked to delay or failure to receive needed antibiotics and analgesic medications in the ED.*
- *patient mortality and adverse events increases when hospitals experience ED overcrowding*

The Synthesis Project , Robert Wood Johnson Foundation, Derek Delia, et al 2009

Emergency Department Length of Stay Action Plan Nov 2011, NC

Program Initiative Motivating Factors

- **Length of stay (LOS)**
- **Diversion length and frequency**
- **Waste of limited resources (human, lab, imaging, med, economical)**
- **Psychological strain, burn out, stress**
- **Bed Shortage (ED, psych inpatient)**
- **Delay and prolongation in treatment**
- **Inappropriate care and setting**
- **Unnecessary hospitalization**
- **Wrong diagnosis**
- **Inappropriate disposition**
- **Patient/staff/system suffering**

Phases of the Program

- **Level I: Face To Face (90% reduction in hospitalization)**
- **Level II: Face to Face (60% reduction in hospitalization)**
- **Phase III: VIP and Priority Programs (high cost utilizers)**
- **Phase IV: Indigent pharmacy program**
- **Phase V: Telepsychiatry**

A- Group Homes with high risk individuals

B- ED initiative (limited at this time)

C- Outpatient initiative for urgent and walk in cases

Phase VI: Mobile Outreach Unit

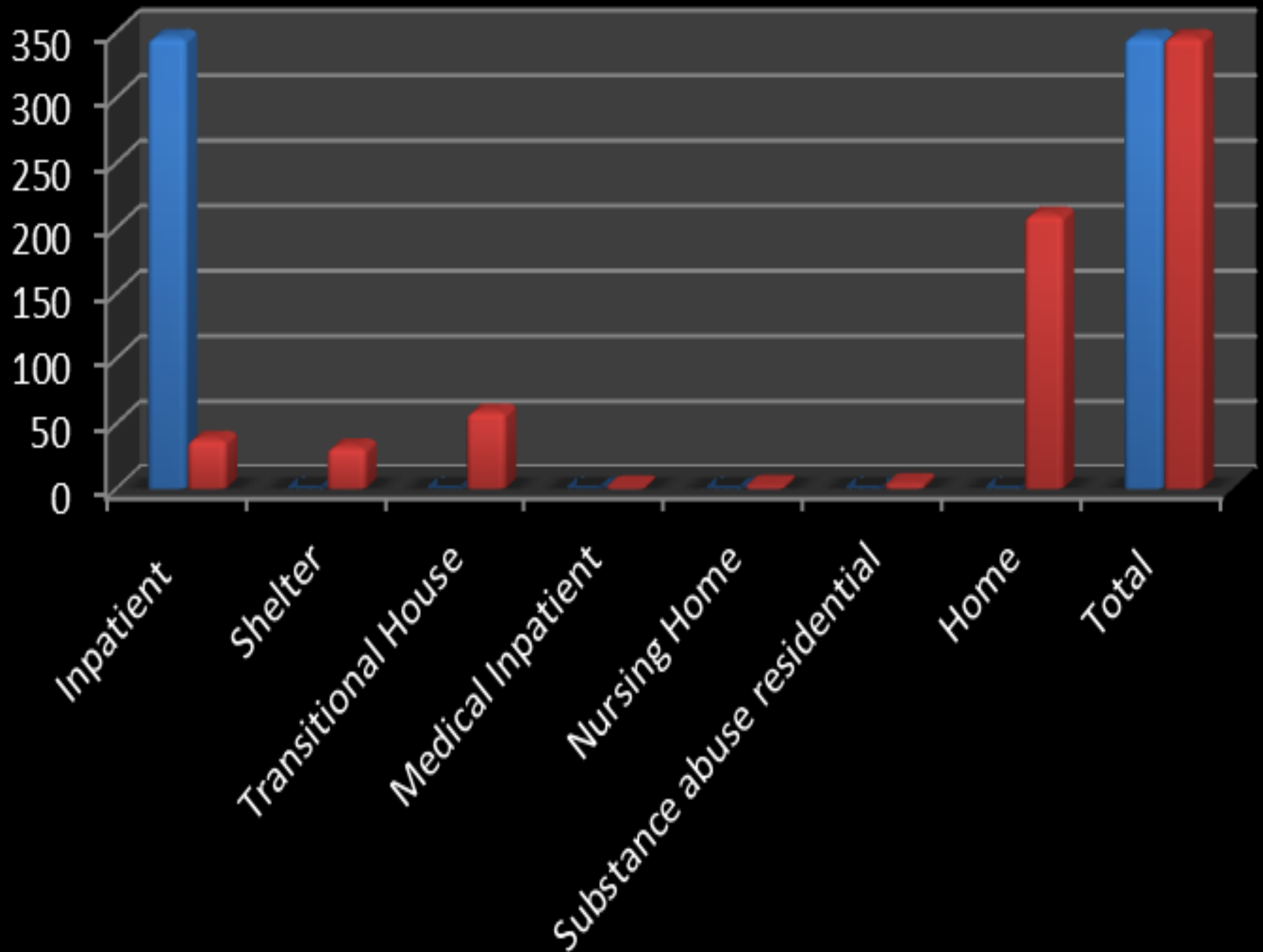
Phase VII: Integrated Health Initiative (traditional , Hybrid and psychiatrist as PCP and medical illness discoverer)

Phase

VIII: Children Services emergency assessments from EDs

Diagnosis	ED	PES
Depression	160	49
Bipolar	21	6
Schizophrenia	36	36
Psychosis or psychosis NOS	58	23
Borderline	8	1
Comorbid Substance use and	44	182
Psychiatric diagnosis		
Substance use disorder	0	27
Dementia	1	1
Other disorders	11	19
Total	***346***	***346***

Disposition	ED	PES
Inpatient	**346**	**38**
Shelter	0	32
Transitional House	0	59
Medical Inpatient	0	1
Nursing Home	0	2
Substance abuse residential	0	4
Home	0	210
Total	***346***	***346***
Hospitalization rate	***100%***	***11.00%***


350
300
250
200
150
100
50
0
Inpatient
Shelter
Transitional House
Medical Inpatient
Nursing Home
Substance abuse residential
Home
Total

Provider Name	Admissions 4/1/2012-7/31/2012	Bed Days 4/1/2012-7/31/2012	Admissions 4/1/2013-7/31/2013	Bed Days 4/1/2013-7/31/2013
Hospital A	82	896	217	2251
Hospital B	132	922	100	628
Hospital C	330	1981	159	1040
Hospital D	2	20	30	214
Hospital E	62	382	165	975
Hospital F	67	360	156	885
Hospital G			64	366
Hospital H	10	55	52	301
Hospital I	25	245	234	1756
Hospital J	49	241	64	337
Hospital K	10	84	40	207
Hospital L	4	33	16	87
Hospital M	17	78	39	250
Total	**796**	**5,326**	**1355**	**9,424**

Summary Statistics

Authorization Date Range:	4/1/2012 and 7/31/2012	4/1/2013 and 7/31/2013
Admissions Per 1,000 Per Month	**14.3**	**22.8**
Days Per 1,000 Per Month	**95.7**	**158.3**
Average Days Per Admit (LOS)	**6.7**	**7.0**

Face To Face Summary

Month	# of Admissions	# of Days	A.L.O.S.	# of F2F's	# of Admissions after F2F
Jun-11	227	1,345	5.93	118	1
Jul-11	208	1,567	7.53	108	3
Aug-11	219	1,423	6.5	93	4
Sep-11	203	1,209	5.96	50	4
Oct-11	240	1,465	6.1	94	1
Nov-11	281	1,749	6.22	95	4
Grand Total	**1378**	**7009**	**38.24**	**558**	**17**

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Priority Patient Outreach

- 55% male
- 65% African Ameican and 30% Caucasian
- 95% single
- Average age mostly between 30 and 40
- 50% legal history
- 5% military history
- 85% less than high school diploma
- 80% substance use disorders
- 40% cluster B personality disorders
- Psychotic and mood disorders other than substance use disorders

Six months prior to Priority Program:

# of DRH CC visits	273
# of admissions to community hospitals	147
# of days community hospitals	1064
# of admissions to state hospitals	0
# of days state hospital	0

Six months after enrollment in the program:

# of DRH CC visits	144
# of admissions to community hospitals	87
# of days community hospitals	680
# of admissions to state hospitals	5
# of days state hospital	641