

Executive Summary on the Development of a Framework for the Medical Appropriateness for Psychiatric Admission Guide (MAPAG)

- Securing inpatient psychiatric services for individuals who present at emergency departments has become increasingly complex and time consuming over the last decade.
 - This trend of “Emergency Department Boarding” has generated a national conversation which recognizes that psychiatric patients that are most in need of inpatient services are often made to wait the longest for a host of complicated reasons.
 - In Michigan, the Michigan Inpatient Psychiatric Admissions Discussion (MIPAD) workgroup identified medical clearance as one of the barriers to timely access to inpatient psychiatric services.
- To address this barrier, the Michigan Department of Health and Human Services (MDHHS) and the Michigan Health and Hospital Association (MHA) convened a workgroup of emergency medicine and psychiatric specialists across disciplines of medicine, pediatrics, psychology, and nursing along with administrative experts in hospital management and state policy.
 - This workgroup met several times over the last few months, examined the literature on this issue, heard from other state experts, and developed the attached guiding framework.
 - MDHHS, MHA, and the workgroup are seeking feedback to refine and maximize the impact of this framework. MDHHS and MHA are inviting stakeholders to submit input on the document until February 1, 2019.
 - Once the framework is finalized, MDHHS, MHA, and the workgroup will work to support the adoption of the final document and foster more standard practices related to medical clearance across emergency departments and hospitals with psychiatric units.
- Additional information about this project can be found on the department’s website at:
www.michigan.gov/mdhhs >> Keeping Michigan Healthy >> Behavioral Health & Developmental Disability >> MI Psychiatric Care Improvement Initiative

Table of Contents

Background on the Development of the Framework	2
Consensus Framework for Medical Appropriateness for Psychiatric Admission Guide	5
Medical Appropriateness for Psychiatric Admission Guide (MAPAG).....	7

Background on the Development of the Framework

Over the last decade, health care providers have increasingly struggled to secure inpatient services for individuals who are in psychiatric crisis. Providers must frequently contact multiple facilities with no guarantee that an appropriate bed may be available. The lack of psychiatric beds has escalated the pressure on hospital emergency departments, which are called to serve individuals on voluntary and involuntary psychiatric holds while awaiting transfers to psychiatric facilities.

In July 2017, Michigan Department of Health and Human Services (MDHHS) launched a new initiative, which is known as the Michigan Inpatient Psychiatric Admissions Discussion (MIPAD), to respond to this crisis. As part of this initiative, MDHHS convened a workgroup that was primarily composed of providers and payers to investigate ongoing barriers to inpatient psychiatric services and produce a set of recommendations to overcome these barriers. The MIPAD Workgroup submitted its final recommendations to the department on October 31st, 2017.

MDHHS has been collaborating with stakeholders over the last year to implement several of the workgroup recommendations. One of the recommendations called upon the department to “develop and pilot a single statewide medical clearance algorithm.” “Medical clearance” is the process where an emergency department clinician evaluates an individual who may require psychiatric admission for other medical or surgical conditions. The purpose of the medical clearance process is (1) determining whether a medical illness is causing or exacerbating the psychiatric condition and (2) identifying medical or surgical conditions incidental to the psychiatric problem that may need treatment.¹ The information from this evaluation is critical for the admitting provider at an inpatient psychiatric unit because the admitting provider must determine whether the inpatient psychiatric unit has sufficient staff, training, and resources to provide appropriate and safe care for individual.

The MIPAD Workgroup concluded that (1) the requirements for the medical clearance process vary significantly from hospital to hospital and (2) disagreements between emergency department clinicians and admitting providers over whether an inpatient psychiatric unit can provide appropriate and safe care to individuals with co-occurring medical or surgical conditions frequently leads to breakdowns in the admissions process. As a result, individuals in psychiatric crisis often experience delays in being admitted for psychiatric care and are boarded in emergency departments for extended periods of time, which can lead to behavioral decompensation within an environment where emergency department staff are ill-equipped to handle the situation compared to an inpatient psychiatric unit.

MDHHS partnered with the Michigan Health and Hospital Association (MHA) to establish a new workgroup that is charged with developing a standard framework for the medical assessment of psychiatric patients. Dr. Debra Pinals (Medical Director for Behavioral Health and Forensic Programs) and Dr. William Fales (State Medical Director for EMS, Trauma, and Preparedness) jointly co-chair the workgroup. The workgroup is composed of clinicians who represent emergency departments, acute care hospitals with psychiatric units, and freestanding psychiatric units. The workgroup also includes specific representation from the Michigan State Medical Society, Michigan College of Emergency Physicians, and Michigan Psychiatric Society. The workgroup roster is included on the next page.

¹ Zun, Leslie, M.D. (2018). *Medical Evaluation of Psychiatric Patient in the Emergency Setting* [PowerPoint Slides].

WORKGROUP MEMBER	ORGANIZATION
Laura Appel	Michigan Health and Hospital Association
Michael Brown, MD	Michigan State University
Pam Coffey, MD	Sparrow Hospital
William Fales, MD	Michigan Department of Health and Human Services
Lia Gaggino, MD	Bronson Healthcare
Charles F. Koopman, MD	UMHS/Michigan Medicine
Phil Kurdunowicz	Michigan Department of Health and Human Services
Matt Lori	Michigan Department of Health and Human Services
Zara Masood, MD	War Memorial
Carmen McIntyre, MD	Michigan Department of Corrections/Wayne State University
George Mellos, MD	Michigan Department of Health and Human Services
Nick Norcross	Michigan Department of Health and Human Services
Jason Patel, MD	Resident at UMHS/Michigan Medicine
Paras Patel, MD	Resident at UMHS/Michigan Medicine
Jennifer Peltzer-Jones, PSYD, RN	Henry Ford Health System, Michigan Psychological Association, and American Association of Emergency Psychiatry
Debra Pinals, MD	Michigan Department of Health and Human Services
Sabreen Rahman, MD	Henry Ford Health System
Harry Rai, MD	Resident at UMHS/Michigan Medicine
William Sanders, DO	Pine Rest Christian Mental Health
Jon Villasurda	Michigan Department of Health and Human Services
Julie Yaroch, DO	ProMedica

The workgroup met several times during 2018 to discuss the challenges and opportunities for improvement for the medical clearance process. During its first meeting, the workgroup adopted the following purpose statement:

Improve the medical evaluation of pediatric and adult patients presenting in the emergency department with psychiatric or other behavioral health needs by:

- *Improving collaboration and consistency in practice between emergency departments, inpatient psychiatric units, and the broader health care system*
- *Decreasing returns to acute medical service from inpatient psychiatric unit*
- *Decreasing cost by avoiding unnecessary testing*
- *Decreasing emergency department length of stay*

The workgroup collaborated with Dr. Leslie Zun of Mount Sinai Hospital to conduct a literature review and consider evidence on the use of different evaluation and diagnostic criteria. The workgroup also examined examples of medical clearance protocols and guidelines that had been developed by (1) the State of Illinois, (2) the Massachusetts College of Emergency Physicians and Massachusetts Psychiatric Society, (3) the American Association for Emergency Psychiatry, and (4) Wayne County to identify best practices for the medical clearance process. Based upon this research, the workgroup developed the draft version of the framework in December 2018.

The workgroup will continue to refine the framework throughout the rest of 2018 and 2019. As part of this process, MDHHS, MHA, and the workgroup will be conducting outreach to clinicians, hospitals, health systems, statewide associations, and other stakeholders to discuss the draft framework and solicit additional input. MDHHS and MHA will share the feedback from this process with the Medical Clearance Workgroup for review and consideration, and the workgroup will use the feedback to improve and finalize the framework. Once the framework is finalized, MDHHS and MHA will work with clinicians, hospitals, health systems, statewide associations, and other stakeholders to support the statewide implementation of the framework.

Questions about the framework and the workgroup can be directed to MDHHS-MIPAD@michigan.gov. For access to the final report for the MIPAD Initiative, visit the following page on the MDHHS website:

www.michigan.gov/mdhhs >> Keeping Michigan Healthy >> Behavioral Health & Developmental Disability >> MI Inpatient Psychiatric Admissions Discussion

Consensus Framework for Medical Appropriateness for Psychiatric Admission Guide (MAPAG)

The Michigan Department of Health and Human Services (MDHHS) has been collaborating with stakeholders over the last year to implement several recommendations related to improving access to inpatient psychiatric services. One of the recommendations called upon the department to “develop and pilot a single statewide medical clearance algorithm.” MDHHS partnered with the Michigan Health and Hospital Association (MHA) to establish a new workgroup that is charged with developing a standard framework for determining the medical appropriateness for admitting an individual to an inpatient psychiatric unit. The workgroup met several times during 2018 and developed the following framework and accompanying guidelines. The workgroup recommends implementing the guidelines in concert with the broader framework. The consensus framework includes the following principles:

- Individuals who present at the emergency department with psychiatric needs frequently have concurrent medical problems with the most common examples of hypertension, asthma, and diabetes. Many individuals presenting to emergency departments with psychiatric issues increasingly present with co-occurring substance use disorders.
- The challenges of finding appropriate inpatient psychiatric placements for individuals with concurrent medical issues is compounded by (1) the lack of medical staffing at inpatient psychiatric units and (2) the lack of cross-pollination in training between emergency department clinicians and admitting providers at inpatient psychiatric units. There is therefore a critical need to identify opportunities to improve training and staffing in inpatient psychiatric units to expand the ability of these units to provide appropriate and safe care to individuals with concurrent medical issues.
- To improve transitions of care, emergency department directors and directors at local inpatient psychiatric units are encouraged to collaborate on implementing appropriate protocols and resolving issues related to the admissions process.
- Medical clearance does not indicate the absence of ongoing medical issues which may require further diagnostic assessment, monitoring, or treatment. Additionally, medical clearance does not guarantee that there are no yet undiagnosed medical conditions. Finally, medical clearance only indicates stability in the short term and is not a guarantee of medical stability over the long term particularly given that inpatient psychiatric admissions can extend for significant periods of time.
- Admissions process for inpatient psychiatric units at community hospitals is different than the admissions process for state psychiatric hospitals due to the differences in the purpose of state psychiatric hospitals in the continuum of psychiatric care. However, improved coordination between emergency departments, inpatient psychiatric units at community hospitals, and state hospitals is crucial for reducing barriers to timely admission for appropriate inpatient psychiatric care.
- Medical clearance criteria for adults who present at the emergency department are different than the criteria for children and youth. This framework is designed to address medical clearance needs of individuals age 16 or older.
- One critical issue is the ability of emergency department clinicians and admitting providers to reach a consensus on which diagnostic studies should be conducted on a routine basis and which

diagnostic studies should only be conducted when clinically indicated. Recent research does not support routine diagnostic studies of all patients. The research also indicates that routine diagnostic studies rarely change the clinical management of individuals who present with psychiatric symptoms.² These findings are affirmed by national guidelines from the American Association for Emergency Psychiatry.³

- Receiving facilities may request that emergency departments initiate diagnostic studies once the individual is medically cleared, but additional testing should only be conducted if the testing will facilitate the individual's immediate care at the receiving facility. Waiting for test results should not delay the transfer process.
- Research does not support the routine use of urine drug screens. Urine drug screens do not indicate intoxication, addiction, or abuse and have significantly high rates of false positive and false negatives. The American College for Emergency Physicians issued a clinical policy that routine urine drug screens in alert, awake, cooperative patients do not affect the clinical management of individuals in emergency departments.⁴ Research also demonstrates that self-reported drug and alcohol use is a fairly accurate indicator of actual drug and alcohol use.⁵ The use of urine drug screens should therefore only be conducted based upon clinical judgment and when appropriate for the individual patient.
- Missed diagnoses of delirium in the emergency department are a source of significant concern. In one study from 2012, researchers found that delirium in older adults who present at the emergency department was only detected 24% of the time due to a lack of screening and that this trend contributed to a significant mortality rate for individuals with undiagnosed delirium.⁶ Therefore, increasing efforts across Michigan emergency departments to improve screening for delirium are needed, and the framework can help support that effort.
- The lack of data and research on the results of the admissions process inhibits the ability of providers within the Michigan health care system to understand the scope and nature of the problem and implement appropriate solutions. Next steps for addressing this issue should include improving the tracking of "send-backs" from the receiving facility to enhance the quality of transitions of care.

² Nazarian, D. J., Broder, J. S., Thiessen, M. E., Wilson, M. P., Zun, L. S., Brown, M. D. (2017). Clinical Policy: Critical Issues in the Diagnosis and Management of the Adult Psychiatric Patient in the Emergency Department. *Annals of Emergency Medicine*, 69(4), 480-498.

³ Wilson, M. P. et al. (2017) American Association for Emergency Psychiatry Task Force on Medical Clearance of Adult Psychiatric Patients. Part II: Controversies over Medical Assessment, and Consensus Recommendations. *Western Journal of Emergency Medicine*, 18(4), 640-646.

⁴ Nazarian, D. J., Broder, J. S., Thiessen, M. E., Wilson, M. P., Zun, L. S., Brown, M. D. (2017).

⁵ Olshaker, J. S., Browne, B., Jerrard, D. A., Prendergast, H., & Stair, T. O. (1997). Medical Clearance and Screening of Psychiatric Patients in the Emergency Department. *Academic Emergency Medicine*, 4(2), 124-128.

⁶ Barron, E. A., & Holmes, J. (2012). Delirium within the emergency care setting, occurrence and detection: A systematic review. *Emergency Medicine Journal*, 30(4), 263-268.

Medical Appropriateness for Psychiatric Admission Guide (MAPAG)

The workgroup developed the following guide for the assessment of patients presenting to the emergency department with psychiatric symptoms to determine the patient is medically stable and appropriate for transfer out of the emergency department to further psychiatric care. This guide is primarily intended for use in the medical assessment of patients who are age 16 or older.

Description of Medical Clearance Status	
Status	Description
Green	All responses to Part 1 of the guide are negative. The individual is considered medically stable for inpatient psychiatric admission <u>without need for additional diagnostic studies.</u>
Yellow	There are one or more positive findings to Part 1 and/or Part 2 of the guide, and the individual is determined to be medically stable for inpatient psychiatric admission based on the clinician’s medical assessment with or without further diagnostic studies as medically indicated by the transferring clinician. The clinician is responsible for explaining all Part 1 and 2 abnormalities in Part 3 of the guide. Individuals with this status may have acute, chronic, or acute on chronic medical conditions but would otherwise be <u>considered appropriate for discharge from the emergency department</u> except for the behavioral health condition.
Red	<p>This status is for patients <u>who meet criteria for medical admission.</u> The transfer of this individual to an inpatient psychiatric facility is inappropriate until the individual’s underlying medical condition has been adequately treated. These patients include, but are not limited to:</p> <ul style="list-style-type: none"> • Individuals with clinically unstable vital signs • Individuals who have experienced a drug overdose and are in need of medical monitoring and/or treatment (consistent with poison control consultation) • Individuals who acutely require supplemental oxygen • Individuals who require intravenous fluids and/or medications, • Individuals with other similar acute or acute exacerbations of chronic conditions

Instructions for the Form
<p>The clinician should enter the patient’s demographic information and complete the Part 1 screen. Patients with negative findings (“No” selected for each item in Part 1) are considered medically stable and do not require further medical workup prior to inpatient psychiatric admission: the clinician should proceed to Part 4 and complete the attestation. Any positive finding (“Yes” selected in Part 1) <u>may</u> warrant further diagnostic studies (Part 2), and the clinician should proceed to Part 2. Any positive findings from Part 1 or Part 2 <u>require</u> a clinician explanation (Part 3) regarding the abnormal finding, the clinical significance, and the disposition plan before completing the attestation in Part 4.</p>

Individual Demographic Information			
First Name	Middle Initial	Last Name	Date of Birth
Enter Text Here	Enter Text Here	Enter Text Here	Enter Text Here

Part 1: Medical Stability Screen				
If "No" is selected for all of the conditions below, proceed to Part 4.				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Older than 55?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	New psychiatric condition?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Concurrent medical concerns/condition?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pregnant?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Impairment potentially related to substance use (including intoxication and/or withdrawal including complicated withdrawal)?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Acute exacerbation of chronic medical condition?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes with BG < 60, > 300, DKA or treatable hypoglycemia within 2 weeks
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Coronary artery disease with active chest pain (including exertional angina, angina equivalent)
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Asthma/COPD with complaint of dyspnea beyond baseline
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Thyroid disease with clinical features of hyper or hypothyroidism
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stroke with new neurologic symptoms or deficits
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chronic pain with acute exacerbation
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specialty nursing needs (e.g., fall risk, walk assist, ostomy care, feeding tube, wound care, catheter care, regular glucose checks, home oxygen, home nebulizers, CPAP, etc. any of which may flag further assessment)?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Abnormal vital signs or other indicators at any time during ED care?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Temperature > 100.5 F (38.1 C) or < 96 F (35.5 C)
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart rate < 50 BPM or > 100 BPM
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	BP systolic < 90 or > 200 and diastolic > 120
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	RR > 24
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	SpO2 < 94% (room air)
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Blood glucose < 60 or > 300
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Abnormal physical examination findings?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Altered mental status (including GCS < 15)
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Acute trauma (visible injury, including minor trauma)
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Evidence of alcohol intoxication (breath odor, dysarthria, etc.)
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Abnormal breath sounds
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cardiac dysrhythmias (including brady/tachycardia, atrial fibrillation/flutter)
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Skin/vascular (including acute rash, diaphoresis, pallor, cyanosis, edema, ulcers)
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Abdominal pain/tenderness
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Abnormal neurological exam (ataxia, pupil symmetry/size, nystagmus, paralysis, gait instability, fluency of speech, meningeal signs, ataxia)
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other clinically significant abnormal finding (explain in Part 3)

Part 2: Additional Diagnostic Studies (When Clinically Indicated)						
Ordered	Abnormal	Laboratory Study	Ordered	Abnormal	Diagnostic	Detail
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	CBC	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	X-Ray	[Body Part]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	CMP	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	CT/CTA	[Body Part]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Urinalysis	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	MRI/MRA	[Body Part]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Urine Culture	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Ultrasound	[Body Part]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Urine Drug Screen	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	EKG	[QTC Value]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Urine Pregnancy	Ordered	Abnormal	Other Study	Detail
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Beta hCG	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	BAL	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Liver Function Test	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Ammonia	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	TSH	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Acetaminophen	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Salicylate	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Valproic Acid	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Lithium	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Phenytoin	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Troponin	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	ABG	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]

Part 3: Medical Clearance Explanation/Plan (Required for Positive Part 1 and Part 2 Findings)	
Click or tap here to enter text.	
<input type="checkbox"/>	See additional documentation in emergency department medical record

Part 4: Medical Clearance Attestation			
This individual has undergone an emergency department medical screening evaluation and has been determined to be appropriate for inpatient psychiatric hospitalization. There is no indication for non-psychiatric hospitalization at this time. If there is a change in the individual's condition, further medical evaluation may be indicated.			
Name	Click or tap here to enter text.	Organization	Click or tap here to enter text.
Signature	Click or tap here to enter text.	Date	Click or tap here to enter text.

DIAGRAM OF THE WORKFLOW FOR THE MEDICAL ASSESSMENT FOR PSYCHIATRIC ADMISSION

