Hospital Landscape and Emergency Departments in California

Overview of Challenges and Best Practices

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Hospital Landscape in California

- California has around 440 hospitals
- These hospital includes general acute care hospitals, specialty (children/heart/rehabilitation) hospitals, and acute psychiatric hospitals
- CHA represents most hospitals, excluding the 5 State Hospitals: Atascadero, Coalinga, Metropolitan, Napa, and Patton State Hospital

Hospital Emergency Departments

- While hospitals are not required to have an emergency department, approximately 360 of California hospitals do
- Types of emergency departments:
  - Basic Emergency Departments
  - Comprehensive Emergency Departments
  - Trauma Centers (4 levels):
    - Level I: Highest level of trauma care with comprehensive resources
    - Level II: High level of care, may lack some specialized services
    - Level III: Emergency care and stabilization; may transfer patients
    - Level IV: Initial evaluation and stabilization, usually in rural areas
- Pediatric emergency departments
- Geriatric emergency departments

Emergency Department Volume Continues to Increase

- Over 13 million visits annually in California
- Approximately 150 million ED visits annual in U.S.
- Factors contributing to the rise:
  - Population growth and aging
  - Access to primary care
  - Behavioral health needs
  - Socioeconomic factors
  - Insurance coverage changes
- Challenges include overcrowding, longer wait times, and strain on resources

Emergency Medical Treatment and Active Labor Act (EMTALA)

- EMTALA is a U.S. federal law requiring hospitals to provide emergency medical treatment to individuals regardless of their ability to pay
- Key Provisions:
  - Medical Screening Examination (MSE)
  - Stabilization and Treatment
  - Definition of an Emergency Medical Condition
  - Transfer of Patients in accordance with EMTALA Regulations

Homeless in California Emergency Departments

AB 1322 (2021) – The Homeless Prevention and Support Act mandates:

- Medical Screening Exam
- Provision of a meal and weather-appropriate clothing
- Medications and transportation (30 miles/minutes)
- Infectious disease screening an vaccines
- Insurance coverage enrollment and follow-up physical and behavioral health care coordination

Important Information

- Most hospitals are prohibited from employing their physicians due to California's ban on the Corporate Practices of Medicine
- Four (4) hours is the gold standard of care in an ED – from registration to discharge
- EDs are considered OUTPATIENT departments of hospitals
- 85% of patients arrive at an ED on their own; 15% by ambulance
- Most hospital EDs are not designated for 5150 holds (involuntary psychiatric holds)
- Most hospitals are not licensed to provide inpatient psychiatric care
- Most hospital's EDs are not designed to accommodate visitors
- Typically ED rooms and bays are windowless

ED Challenges – E is for EMERGENCY

- Rising patient volumes, with many needing primary or urgent care
- High acuity levels in those with emergency conditions
- Eds are not designed for overnight stays, 24/7 meal services, clothing, showers, comfort, or privacy
- Significant increase in violence against ED staff; numerous legislative bills to address including mandating metal detectors

ED Behavioral Health Best Practices

- Hospital-based psychiatric EDs (CSU/EMPATH)
- Behavioral Health Navigators employed by hospitals
- County Behavioral Health staff embedded in the ED
- Dedicated Behavioral health section in EDs
- Dedicated security or sitter staff
- Adding psychiatrist/psychologists to ED call panels
- Use of tele/psych services

California Health Care Foundation

[California Emergency Departments – 2023 Edition – California Health Care Foundation (chcf.org)]

Key Findings Include:

- The number of ED treatment stations increased in all regions throughout the state between 2011 and 2021, even those regions that experienced a decrease in emergency departments
- In 2021, emergency department visits per 1,000 residents ranged from a low of 267 in Orange County to a high of 420 in the Northern and Sierra region
- Medi-Cal was the expected payer for 41% of all ED visits in 2021, compared to 27% for private payers and 23% for Medicare
- Of the 85% of ED visits that did not result in a hospital admission, one in five were for conditions severe enough to be life-threatening
- In 2021, the median length of state for California ED patients was nearly three hours. For those with psychiatric or mental health needs, the median stay was more than four hours.

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Sutter Health: Emergency Departments

Words to Deeds: Care of the Psychiatric Patient

September 6th, 2024

Sutter Health
Sutter Shared Services

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About Sutter Health

People

- Physicians: 12,000
- Advanced Practice Clinician: 2000
- Nurses: 16,000+
- Employees: 53,000+

Locations

- Hospitals: 23 (21 with Emergency Departments)
- Ambulatory Surgery Centers: 33
- Cardiac Centers: 8
- Cancer Centers: 11
- Acute Rehabilitation Centers: 4
- Mental Health and Addiction Centers: 5
- Trauma Centers: 5
- Licensed General Acute Beds: 4,174
- Neonatal ICUs: 7

Sutter Emergency Departments: Who we are

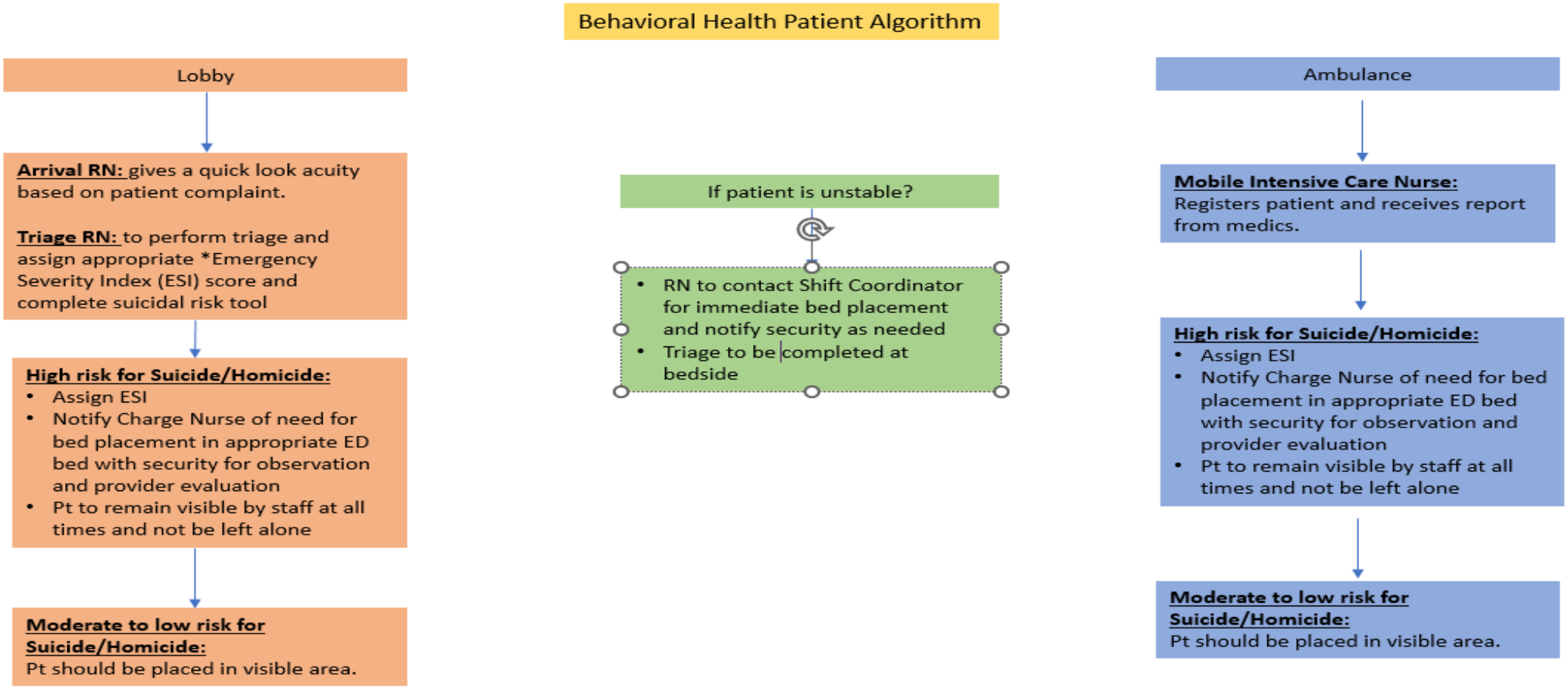
2023 Emergency Department Data

- Annual visits: 914,316 (21 Emergency Departments)
- Patients requiring psychiatric care: 52,816 (System)
- Sutter Roseville Medical Center: 107,791 visits
- Patients requiring psychiatric care: 5,694
- Patients boarding with psychiatric diagnosis: 46,713 hours
- Average Transfer time: 23.9 hours
- Approximately 40% of bed capacity limited by patients on psychiatric hold and boarding

Sutter Roseville Countermeasures to Improve Care

- Hired an internal Psychiatric Response Team (PRT) in collaboration with the county to improve timeliness assessment of psychiatric patients.
- Partnership with emergency department physicians, RNs, PRT, and pharmacists initiating early treatment.
- Partnership with the county for transfers to Lotus for patients requiring additional resources.
- Implementation of the Substance Use Navigator (SUN) as a permanent position to support patients with a substance use disorder.

Psychiatric Patient Workflow



*Emergency Severity Index: triage algorithm used in emergency departments to categorize patients by their acuity level and prioritize resources.

Registered Nurse Standard Work for Behavioral Health Patients

High risk, 5150, or 1799 pts changed into a gown

- **Patient's may be able to keep phone on a case-by-case basis, based on primary RN safety assessment**
- **Environmental risk assessment: remove unnecessary safety risk items when possible**

Documentation:

•Documentation on arrival, and every 2 hours

•A full assessment including mental health assessment

•Verify suicidal risk tool was completed in triage on all patients 10 years and older, and complete one if necessary

Mental Health Rounds:

•Attend Mental Health rounds at 1030am and 845pm each day to discuss patients' status and barriers to placement

•Multidisciplinary team: Pharmacy, Psychiatric Response team, Primary Nurse, ED Leadership, Security Leadership, Provider, Social Work

Hygiene:

• Offer opportunities for hygiene including toothbrush, body wipes or shower

Patient with Behavioral Health Condition ED Throughput Dashboard

- **What is it?**

- The Behavioral Health Patient ED Throughput Dashboard is a Tableau-based tool created by the Mental Health & Addiction Care Team Office in May 2024
  - Slicer and dice functionality for several key indicators:
    - Volume/% of BH encounters by ED, by payor mix
    - LOS (average or median)
    - 5150 holds
    - Psych transfers and other disposition trends

- **Why did we create it?**

- Focused attention and intervention is needed on the behavioral health population in the ED
  - The average LOS for a non-BH patient in 2024 is 276 minutes, vs. 641 minutes for BH patients[1]
  - ED leaders can use the dashboard to drive strategies aimed at reducing boarding times (and measure performance over time)

[1] January 1-June 30, 2024

- **Sourcing**

- The Behavioral Health Patient ED Throughput Dashboard uses the same SQL dataset as the EDAA Dashboard
  - Behavioral health patients filtered for IS Psych flag
  - Data is updated daily (with 60-day lookback to accommodate documentation delays)
  - Payor mix data based on Financial Class status in Epic

Questions/Comments

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