# Sutter Health: Emergency Departments

Words to Deeds: Care of the Psychiatric Patient September 6<sup>th</sup>, 2024





Rose Colangelo, MSN, RN, CEN, MICN Director Emergency Services California Hospital Association: EMS/Trauma Committee Co-Chair Chair Sutter Health Clinical Improvement Committee

## **About Sutter Health**

### <u>People</u>

- 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

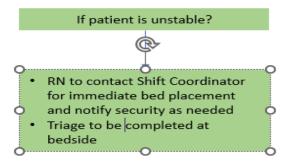
# Sutter Roseville Countermeasures to Improve Care

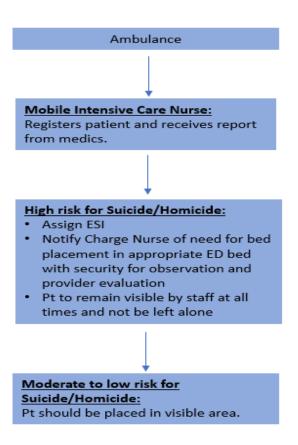
- Hired an internal Psychiatric Response Team (PRT) in collaboration with the county to improve timeliness assessment of psychiatric patients.
- Partnership with emergency department physicians, RNs, PRT, and pharmacists initiating early treatment.
- Partnership with the county for transfers to Lotus 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

#### Lobby Arrival RN: gives a quick look acuity based on patient complaint. Triage RN: to perform triage and assign appropriate \*Emergency Severity Index (ESI) score and complete suicidal risk tool High risk for Suicide/Homicide: Assign ESI Notify Charge Nurse of need for bed placement in appropriate ED bed with security for observation and provider evaluation · Pt to remain visible by staff at all times and not be left alone Moderate to low risk for Suicide/Homicide: Pt should be placed in visible area.

#### Behavioral Health Patient Algorithm





<sup>\*</sup>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-bycase 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

#### <u>Hygiene:</u>

 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<sup>1</sup>
  - ED leaders can use the dashboard to drive strategies aimed at reducing boarding times (and measure performance over time)

- 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 60day lookback to accommodate documentation delays)
  - Payor mix data based on Financial Class status in Epic



<sup>&</sup>lt;sup>1</sup> January 1-June 30, 2024

# **Questions/Comments**

Rose.Colangelo@sutterhealth.org 916-532-2261

This document and related materials, including emails, letters, and other correspondence, contain proprietary and confidential information of Sutter Health and Sutter Shared Services; and shall not be used, disclosed, reproduced or otherwise made available, in whole or in part, for any purpose other than for the purpose provided under confidentiality agreement between the parties, without the prior express written consent of Sutter Health and Sutter Shared Services. This document, related materials, and all information contained herein remains at all times the sole property of Sutter Health and Sutter Shared Services.

