

Consult liaison psychiatry in the emergency department

Abstract

Boarding of psychiatric patients, (defined as a length of stay greater than four hours after medical clearance), is ubiquitous throughout emergency departments nationwide (USA). The limited number of inpatient psychiatric beds combined with the increase in mental health related visits to emergency department has amplified the number of patients boarding in the accidents and emergency. Thus, the primary goal of most emergency departments is to keep the patients safe until they can be moved into a mental health unit or further stabilized and discharged home with an appropriate outpatient care plan; in this retrospective data review we set to examine the impact of adding a full time consult liaison psychiatric service to the general emergency department. For that purpose, we compared the data of the same trimester of two different years of all psychiatric presentations to the emergency department and calculating the boarding time and the admission rate to the psychiatric hospital in the before and after the inception of the service. We discussed the results and analyze contributing factors to quality improvement.

Keywords: consult liaison psychiatry, emergency department, boarding time, emergency psychiatry

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Introduction

Patients experiencing psychiatric emergencies often require resources not available at the hospital to which they present and frequently require transfer to an appropriate psychiatric facility as it is the case at the Emergency department of HGH. This typically involves being held in the Emergency Department (ED) until a psychiatric bed is available. While the number of visits to the emergency room had been steadily increasing, in the same time, the number of available mental health beds had seen a substantial shrinkage for many reasons but mainly because of budget cuts. Another factor has been decisive in the increase number of visits and that was the community based psycho-social facilities (group homes, shelters, soup kitchen, outreach programs and legal system based mental health services); those also were the forefront victims of several budget cuttings. It has been formulated that the number of emergency room visits by the mentally ill is inversely proportional to the number of services available in the community. Boarding of psychiatric patients, (defined as a length of stay greater than four hours after medical clearance), is ubiquitous throughout emergency departments nationwide (USA).¹ The limited number of inpatient psychiatric beds combined with the increase in mental health related ED visits have amplified the number of patients boarding in the ED.¹ Sixty percent of emergency room physicians believe the increase in ER visits by individuals with mental illnesses is having a negative impact upon access to emergency medical care for all patients-causing longer wait times, increasing patient frustration and diminishing the capacity of hospital staff.²

Objective

Thus, the primary goal in most emergency departments is to keep the patients safe until they can be moved in to a mental health unit or further stabilized and discharged home with an appropriate outpatient care plan.³

Method

The Emergency department at HMC established in May 2014 an

innovative and pioneering psychiatric liaison service based in ED, it is the first in the Gulf Area. In this study we are set to look at the difference in response time, boarding time, and disposition during the last six month compared to a similar period of a previous year.

Results

When initiated treatment in the emergency room and start a crisis intervention while mobilizing social services and other community based services, the preliminary results indicate a substantial decrease of total admissions (Figure 1), a similar decrease in overnight boarding and a shorter turnaround time to disposition. An 18 % decrease of total admissions, and a 300% decrease in overnight boarding (Figure 2).

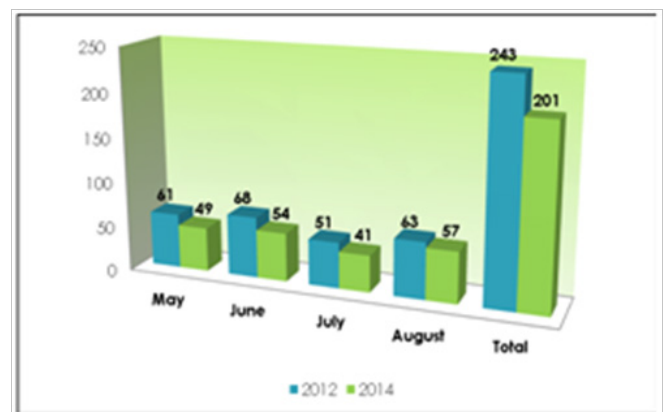


Figure 1 Admissions compared.

Conclusion

Having a dedicated psychiatric team embedded in a busy emergency department is conducive to providing a higher quality of mental health care, decrease the adverse occurrences associated with boarding the severely mentally ill. We have stream lined the in and out process and provided Primary Psychiatric care. We provided

Crisis Intervention on the spot and thus decreased the total number of admissions and avoided the usual bed crisis. We strive to eliminate all adverse events. We set a system in place to sustain the high quality of care by establishing a training program (C&L Fellowship with one-year emergency psychiatry, modules for the Emergency Department Staff).

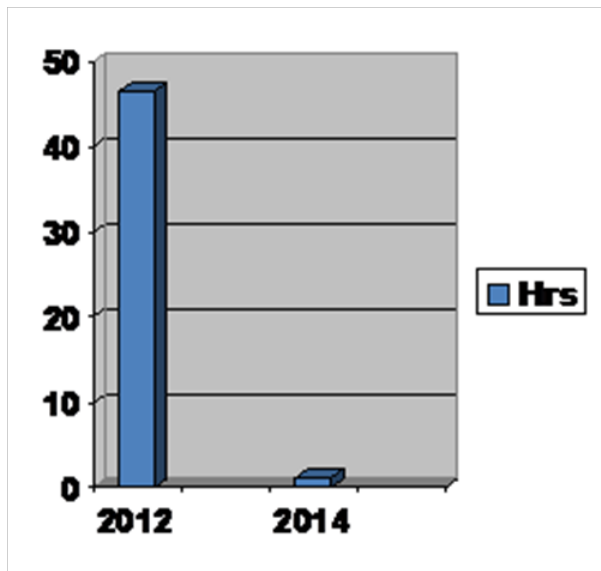


Figure 2 ER Boarding Time.

In 2012, the median LOS per psychiatric patient was 46.5 hours. After establishing the service.

In the same period of 2014, LOS per patient was 1.25 hours. A Decrease of 37 folds!!!!

Acknowledgments

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Conflicts of interest

Author declares there are no conflicts of interest.

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