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CARING FOR BEHAVIORAL HEALTH PATIENTS *in the Emergency Department*

Caring for a behavioral health (BH) patient in the emergency department (ED) presents multiple challenges. **The deinstitutionalization of BH patients began in the 1950s and continued throughout the twentieth century. A hallmark of this movement was the closure of large state hospitals for chronic mental illness in favor of community care. However, community care could not keep up with the needs of this vulnerable population, leaving many homeless and/or struggling with substance abuse.**

A lack of resources for urgent mental health and substance abuse patients includes a shortage of crisis centers and acute BH inpatient care. This is especially true for patients with dual or multiple diagnoses, such as those with BH conditions compounded by substance abuse, medical illness, or developmental disabilities. Inpatient care for children and adolescents is also particularly difficult to obtain.

Another issue is the lack of parity in reimbursement for mental illness care. Mental health benefits were often either not covered or covered at a lower level compared to medical conditions. BH benefits are frequently limited to a set number of visits or hospital days, and BH facilities often have the ability to screen out certain patients for unclear reasons. Additionally, BH patients are more likely to be uninsured.

With the reduction in public facilities for BH patients, hospital EDs have become the safety net. Patients at risk may have to stay in the ED for extended periods, sometimes for days or even weeks, which places a burden on both the staff and the facility.

The primary function of the ED is to rapidly assess, stabilize, and provide an appropriate disposition for patients. However, crowding is a common issue in most EDs, meaning more patients than the facility or staff can safely care for. Professional staff must triage patients based on acuity, and the culture of the ED may not always place the same priority on BH patients as it does on medical patients.

The purpose of this white paper is to outline what is necessary to safely care for BH patients in a general hospital ED.

GENERAL APPROACH

First and foremost, the institution must be committed to providing care for BH patients.

The culture of the ED must evolve to recognize the significance of mental illness. Traditionally, training has focused on physical diseases. While ED personnel are well-prepared for cardiac arrest or multiple traumas, they may not be as equipped to handle acute anxiety attacks or self-mutilation cases.

Mental illness may not always be visible, and patients with BH issues are often frequent ED users, sometimes exhibiting behaviors that others may find unpleasant.

Leadership must drive this cultural shift, helping staff understand that BH care is a crucial component of the department's mission and their role. Although this is a challenging task, it must be addressed regularly to effect meaningful change.

EDUCATION

Staff and provider education is a key element in delivering safe and competent care to BH patients. This education should include:

- Regular education of various mental health and substance use conditions
- Non-violent crisis intervention training that includes de-escalation and physical techniques
- Restraint training and drills
- Psychiatric medications
- Anti-bias training
- Communication strategies
- BH history taking including suicide screening and risk assessment
- Review of policies, procedures, guidelines, and protocols

Some of these topics may be covered briefly in shift huddles or through computer-based training, while others will require dedicated time and interactive practice.

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SAFETY: ***The safety of staff, patients, and visitors is of the utmost importance.***

STAFF SAFETY

Ensuring the safety of staff and providers is crucial for hiring and retaining the personnel needed to care for BH patients. Safety measures should include:

- Access control for the ED to allow only authorized staff, patients, and visitor entrance
- Visible security presence
- Camera surveillance
- Procedures for immediate lockdown of the department
- Access control doors
- Screening procedures for patients and visitors entering the ED, which may include metal detectors
- Panic alarms and/or personal alarms for staff
- Immediate triage and intervention for all patients, including BH patients

SAFE ENVIRONMENT FOR PATIENTS AND VISITORS

Ideally, a dedicated BH area should be located in or near the ED. If this is not possible, designated rooms should be made as safe as possible, with procedures in place for preparing for BH patients. This setup is less than ideal and must always be augmented with direct patient observation.

An ideal ED BH space should include:

- Secure access
  - A double door "air lock" for entering and exiting the department
  - A least one alternate exit for staff
  - Lockers for visitor belongings
  - Gun lockers for police and armed security to secure their weapons before entering
- A staff station
  - A position with visibility over the entire area, including entrances and exits
  - Camera observation station
  - Medication dispensing system
  - Emergency equipment, including a crash cart
  - Communication equipment
  - Lockers for patient belongings
  - Safe recreational equipment
  - Food pantry
  - A cordless phone for patient use, secured when not in use
- Patient rooms
  - Windows or cameras for direct observation
  - Doors that may not be barricaded and are free of ligature points, consider using doors-within-a-doors
  - No drop ceilings
  - Prison-grade electrical outlets, HVAC grates, sinks, and toilets
  - Psych or prison-safe beds; if stretchers are used, they should be locked to the floor with removable parts like IV poles removed
  - Furniture that is secured or non-throwable, such as sand-filled furniture
  - Encased televisions
  - No ligature points within the room or area
- Bathrooms
  - Prison-grade toilets, sinks, etc.
  - Easy access for staff
  - No ligature points
  - No plastic bags in waste baskets
  - Safe shower

A convertible ED bay for BH patients might include a metal roll-down security door that covers monitors, wall-mounted equipment, medical supplies, and cabinets. This door should be closed and locked when a BH patient is in the room. Anything outside the door should meet the afore-mentioned qualifications.

VISITORS

Visitors can bring prohibited items into the facility, such as cigarettes, matches, drugs, and weapons or potential weapons. Therefore, visitors must leave coats, handbags, packages, and other personal items behind. They may be searched according to established guidelines.

All visitors should be monitored while visiting a patient. If a visitor is causing increased stress or agitation to the patient, they should be asked to leave. Appropriate signage should be posted to inform visitors of these requirements.

OBSERVATION

Ideally, there should always be direct visualization of the patient, which can be achieved through camera observation in some cases. Regular rounding is also necessary to check restraints, verify anything suspicious seen on camera, and assess the patient's condition.

Security guards may be employed for this role, especially if the patient is known for violent behavior.

All observers must receive orientation on the procedure, including what to watch for, how to report observations, complete checklists and/or observation records, request help, and manage breaks. A written record of their training must be maintained, which can be as simple as signing off on an information sheet. Observers who are not properly trained should not be involved in hands-on interventions, including restraints.

Restraint checks, vital signs, and behavioral observations should be part of the monitoring process, whether conducted by observers or ED staff.

ASSESSMENT

Assessment for mental health concerns should be conducted for both patients with known mental health issues and all other patients. BH patients require a more detailed assessment by both nursing staff and medical care providers.

BH patients are a vulnerable population susceptible to various forms of abuse. They should be screened for domestic violence, child abuse, and elder abuse.

The attestation of a patient's physical health for transfer to a mental health facility is commonly referred to as a "medical screening." Expediting this screening can reduce the time spent in the ED by allowing for an earlier inpatient bed search. The content of a mental health screening should be based on the patient's condition, medical history, and the requirements of the accepting hospital. This typically includes a medical history and physical exam, and usually involves laboratory tests (e.g., CBC, BMP), EKG, and drug screening. Drug levels may be necessary for patients on therapeutic regimens, and testing for Covid-19 or other infectious diseases may also be required.

A protocol should outline the procedures ED team members must follow to expedite the screening process.

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PROFESSIONAL SUPPORT

Diagnosing and treating complex mental health conditions can be challenging for emergency providers. Access to mental health professionals can enhance patient safety and reduce the length of stay. The presence of an in-house BH unit can provide staff to evaluate and treat patients holding in the ED.

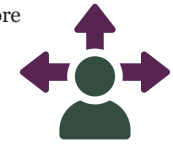
Additional sources of mental health care for BH in the ED include:

- On-call psychiatrists
- Mental health professionals in the ED, such as social workers, psychologists, psychiatric APPs, or nurses
- Telepsychiatry services
- Case managers trained in conducting bed searches for BH unit placements
- Contract services for mental health evaluations (sometimes contracted through Medicare, Medicaid, or commercial insurance)

ACCESS TO FOLLOW-UP CARE

Accessing follow-up care is often one of the most challenging aspects of BH patient care. Many BH patients could be safely discharged if next-day outpatient care is available. Collaborating with community agencies and establishing protocols for urgent referrals can be beneficial.

Access to inpatient mental health units can be even more challenging. Two strategies that may help include:



- Having an ED-based social worker or mental health professional who can conduct bed searches and effectively communicate the patient's condition.
- Building a network of BH facilities to expand your options for inpatient care.

POLICIES AND PROCEDURES

The care of BH patients is highly regulated by government and accreditation agencies, and there is a significant risk to patients and staff that could lead to civil litigation. Therefore, having well-defined policies, guidelines, procedures, and protocols is imperative. These documents should be thoroughly researched and compliant with federal, state, and local laws and regulations, as well as the standards of accrediting bodies and professional organizations. Key references include the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission. The American Association for Emergency Psychiatry is an excellent source for current practices in the field. It is important to note that a general hospital with a psychiatric inpatient unit may be held to a higher standard than one without such a unit.

At a minimum, the policies, guidelines, procedures, and protocols should include:

- Safe environment for BH patients
- Restraints and seclusion
- Assessment of BH patients
- Screening for self-harm in all patients
- Medical screening for safe placement in BH facilities
- Screening for abuse in all patients
- Procedures for detainment and civil commitment
- Care of adolescent and pediatric BH patients
- Protocols for other departments, including food service, security, and environmental services
- Rapid assessment and treatment of agitation without over-sedation

ACTIVITIES OF DAILY LIFE (ADLS) AND OTHER CONDITIONS

BH patients may have long stays in the ED, so best practice is to limit their length of stay and admit them to an inpatient unit when appropriate. Often, these patients arrive in crisis due to non-adherence to prescribed medications. Getting them back on their medications can shorten their ED stay and prevent unnecessary hospitalization.

Many BH patients have comorbid conditions such as diabetes, hypertension, and COPD. The ED must maintain a standard of care for these conditions, including hygiene, nutrition, and the administration of both psychiatric and medical medications. For cigarette smokers, considerations should include providing a safe space for smoking or offering alternatives such as nicotine patches.

PERFORMANCE IMPROVEMENT (PI)

The care of BH patients should be subject to the same level of scrutiny as any other ED patients. A PI program for BH should include:

- Monitoring compliance with policies, guidelines, procedures, and protocols
- Auditing restraints, seclusion, and observation records of BH patients
- Conducting multidisciplinary reviews of complex cases and sentinel events
- Establishing a methodology for obtaining and utilizing staff and patient feedback to improve patient care and enhance staff satisfaction

SUMMARY

Care of the behavioral health patient presents several challenges to the emergency department staff and leadership. To provide safe and effective mental health care requires the commitment of the facility, a culture that sees this care as part of their mission, and the resources to safely and effectively manage this vulnerable population.

An essential part is a detailed plan made by an interdisciplinary team including ED staff, mental health professionals, security staff, community mental health services, and hospital ancillary services.

The intent of this white paper is to provide you with a starting point for your facilities plan for BH care in a general emergency department.

AUTHORED BY: BILL BRIGGS, MSN, RN, CEN, TCRN, NEA-BC, FAEN, *Vice President and Managing Partner, Optimal Healthcare Advisors, LLC*

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