ED SHARED STANDARDS AND CRISIS TRANSITIONS

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Who is ICSI today?

- ICSI is a network of healthcare systems and multiple cross-sector stakeholders
- Together we take action on tough health issues
MN Health Collaborative Members

- Allina Health
- CentraCare Health
- Children’s Minnesota
- Essentia Health
- Fairview Health Services
- Gillette Children’s Specialty Healthcare
- HealthPartners
- Hennepin Healthcare
- Hutchinson Health
- Mayo Clinic
- Medica

- North Memorial Health
- Ridgeview Medical Center
- Sanford Health
- UCare
- UnitedHealthcare of MN, ND, SD
- University of Minnesota Health /University of Minnesota Physicians
The Situation

In Minnesota, the number of ED visits for mental health (including substance abuse) have increased 75% from 2010-2017, while total ED visits increased 16.2%

Source: Minnesota Hospital Association
Mental Health in EDs - Collaborative Action To Date

- Standardizing Medical Clearance Evaluation within and across systems
- Standardizing Suicide Screening and Identification
- Suicide Intervention Assessment and Follow-up
Collaborative Action in 2020 – 2 Streams

1. Within EDs implementing SHARED STANDARDS continues:
   - Intervention for agitation
   - Active interventions while boarding
   - Discharge planning

2. With Community –
   Improve access to right care in right setting and decrease boarding
Alignment = Impact

Aim

Reduce by X% the length of time that people spend waiting in the ED for definitive treatment ("psychiatric boarding") by X (time).

Changes to Policy & Other Macro Systems
State, county and federal policies, structures of agencies and interrelations, Medicaid and other payment

B

Decrease Demand

Improve ED Care & Workflows

Increase Post-ED Capacity

C

Provide or optimize other settings

Improve Coordination of Crisis Transitions pre-ED

Implement Best Practice in the ED

Improve Coordination of Crisis Transitions post-ED

Reduce Administrative Complexity

Optimize Bed Use

Increase beds

D

Implementation of Observation Units

Transitions w/ Law Enforcement, Group Homes, Jails...

Evaluation of medical Co-morbidities

Active Intervention for Suicide Risk

Active Treatment of Psychiatric Illness, incl. during prolonged stay

Rapid Treatment of Agitation

Active Treatment for Substance Intoxication or Withdrawal

Transitions w/ Community Mental Health, Residential Svs, SUD Treatment Centers...

KEY:
Orange = Efforts underway in MN Health Collaborative EDs
Lt. Orange = Efforts planned for MN Health Collaborative EDs
Yellow = Efforts in discovery for MN Health Collaborative EDs along with community

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Cross-Sector Support for People in Crisis: Spread and Align Actions

- Spread practical solutions
- Build shared understanding across sectors and regions
- Identify statewide/systems levers needing action

Crisis Transitions Systems Advisory Group

AIM: Increase speed of access to right care and setting for people in crisis

METRIC: Decrease ‘boarding’ in ED

Crisis Transitions Regional Actions

Crisis Transitions Learning Hub
Cross-Sector Systems Advisory Group

- Minnesota Association of Mental Health Community Programs (MACMHP)
- Mental Health Providers Association of Minnesota (MHPAM)
- Minnesota Medical Association (MMA)
- Minnesota Psychiatric Society (MPS)
- Minnesota Association of Resources for Recovery and Chemical Health (MARRCH)
- National Alliance on Mental Illness (NAMI)
- Minnesota Hospital Association
- MN Health Collaborative Members (EDs)

- DHS, Law enforcement, EMS, corrections, public health, ASPIRE (children’s mental health), schools, others.
REGIONAL BRIGHT SPOTS

ESSENTIA, CENTRACARE
Three States
➢ Minnesota
➢ Wisconsin
➢ Michigan
Emergency Department

- Level I Adult Trauma Center
- Level II Pediatric Trauma Center
  - 19 Medical Rooms
  - 5 Hall Beds
- 8 Behavioral Health Rooms
  - Two locked units/4 rooms each
  - Behavioral Health RNs
  - Behavioral Health Tech’s
  - Security Guards
  - One shared bathroom/shower on each unit
  - Beds designed to meet ligature requirements.
Building Community Relationships

Mental Health Innovation Grant

➢ The Human Development Center in partnership with Emergency Departments at St. Mary’s Medical Center, Duluth and St. Luke’s Hospital, Duluth.

➢ Discharge and follow up plan with adult patients in which community discharge is possible with supportive services.

Goals:
➢ Reduce hospital admissions and ED length of stay.
➢ Reduce diversions to outlying hospitals.
➢ Improve coordination of care.
➢ Improve access to community based support and services.
Demographic and referral process:

- Patient presenting to Emergency Department with mental or behavioral health crisis.
- Medical screening exam complete.
- Deemed safe for community based discharge with support.
- Patient voluntary and consents to engage with HDC.
- HDC representative comes to ED, meets patient and arrange for next steps prior to patient leaving ED.
Outcomes to date:
- ED utilization decreased i.e. 15 patients contacted HDC coordinator instead of returning to hospital.
- Average duration of Case Management is 2-4 weeks or until ‘close the loop’.

Common referrals:
- Addiction services
- Case Management
- ARMHS
- Outpatient Therapy
- Homeless and Transportation
Building Community Relationships

Person Centered Incident Matrix

Person Centered Incident Matrix

Prevention: Be proactive, recognize early warning signs, de-escalate, active listening, work to understand the underlying need to help support the individual’s well-being.

Incident Occurs
ASSESS SITUATION

Physical Health
Universal precautions

Mental Health
Recognize & respond to WARNING SIGNS
Contact internal supports

Non-Emergency
Contact internal supports

Apply
First Aid

De-escalation
Psychological
First Aid
Referral to external mental
support

Not
in Immediate Danger

In IMMEDIATE DANGER

Emergency
Intervention Protocol

Emergency Call 9-1-1

Monitor
& Follow-up according to Plan

Document, debrief, internal review & contact necessary parties

*Emergency: a time of a critical and dangerous circumstance requiring immediate assistance/action/relief due to imminent threat to life or health of a person or group of people.

- Health - relates to physical and psychological
- All emergencies are a crisis, but not all crises are an emergency.
Community Intervention Group

- 23 Community Agencies
  - Hospitals
  - Detox Centers
  - Shelters
- Duluth Police Department
- Human Development Center
- Saint Louis County (Various Depts)
  - Crisis Centers
  - Reservations
- Community Housing Organizations

Release of Information

- Patient signs CIG ROI
- CIG Group Member signs as a witness
- ROI is valid for one year or until revoked by patient
- FYI tab added to ED chart
- Monthly CIG meetings with community
Psychiatry Consult Service
  ▪ Psychiatrist
  ▪ RN’s/LICSW’s/Psychologist’s
    ▪ 7am-11PM 7 days per week
      ▪ Transitional care appointments for immediate ED follow up

➢ AM BH Care rounds

➢ Social Worker/RN Case Management team
  ▪ Patient flow
  ▪ Identifying barriers early
Clear Communication

➢ Bed queue

➢ Order set for bed queue
  ▪ Pharmacy
  ▪ Need for 1:1
  ▪ ED Providers have standard orders for patients who are boarding. i.e. diet order, vitals, behavior plans, no cell phones.
2019 FACTS

- 4 quickCLINICS
- 3 PHARMACIES
- 8 HOSPITALS
- 30 CLINICS
- 8 LONG-TERM CARE FACILITIES
- 1 URGENCY CENTER
- 11 SENIOR HOUSING FACILITIES

*Numbers reflect CentraCare Health & Carris Health*
Bringing the Community Together

- Mental Health Steering Committee
  - Stearns County Human Services Administrator
  - Community Corrections Division Director, Jail Administrator (Stearns and Benton)
  - Public Health Division Director
  - Stearns County Commissioner, 7th District Branch Judge, County Attorney, Chief Public Defender, St. Cloud City Attorney, St. Cloud and Waite Park Commander/Police Chief
  - CentraCare VP Population Health, Executive Director of Behavioral Health, and Director of Coordinator Care Services
  - Central MN Mental Health Executive Director
  - VA Outpatient Mental Health Clinic Director
Bringing the Community Together

- Mental Health Steering Committee
- Community Multidisciplinary Team
Bringing the Community Together

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- Community Multidisciplinary Team
- Community Action Team
Bringing the Community Together

- Community Action Team
  - Stearns County Human Services Corrections Career Agents, Outreach Social Workers
  - CentraCare In Reach Team, Coordinator Care RN’s, Hospital/ER Social Workers, and Community Paramedics
  - St. Cloud Police Department Officers
  - Central MN Mental Health Crisis Social Worker
  - *Ad hoc:* Waite Park Police Officer, Mayo Clinic Ambulance, VA Homeless Outreach, Stearns County Jail Sergeant
COMMUNITY ACTION TEAM (CAT)
Reduction of encounters with law enforcement and ED visits UPDATED April 22, 2019
In Reach

- Goal: reduce instances of ED and other non-medically necessary health care use. Available to any age with three or more emergency department (ED) visits in the previous four consecutive months.
- Available for up to 60 days (80 total hours) after hospital discharge.
- Includes helping recipients find services to address dental, mental and chemical health, housing, transportation, employment, peer support services, and other health, social and economic needs.

In Reach Data

- 19 individuals over 8 months
  - Pre-In Reach: 90 visits
  - Post-In Reach: 49 visits
  - Pre-InReach ER charges: $725,669
  - Post-InReach ER charges: $335,519

- 46% reduction in ER visits with a cost savings of $390,150
Thank you.

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