EmPATH: A new model of care in the acute medical setting

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Objectives

1. Identify what needs exist for the consideration of change in emergency psychiatric care
2. Discuss the concept of EmPATH units, including central tenets of the model
3. Discuss CentraCare's incorporation of EmPATH into its emergency psychiatry paradigm

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Is a change needed?

- The number of inpatient psychiatric beds across the nation and Minnesota and bordering states continues to decrease
- Emergency rooms are, by their nature, chaotic environments which can prove to be frightening for patients in mental health crisis
- Unlike medical emergencies presenting to the ER, the presumption exists, the default becomes, that patients presenting with psychiatric emergency require inpatient level of care[1]
- Boarding times in the emergency room continue to increase
- Most psychiatric emergencies resolve within 24 hours with prompt attention and appropriate interventions[2]

1. Zeller, SL. EmPATH Units as a Solution for ED Psychiatric Patient Boarding. *Psychiatry Advisor.* September, 2017.
2. Zeller SL. Treatment of psychiatric patients in emergency settings. *Primary Psychiatry*. 2010;17(6):41-47.

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EmPATH

Emergency

Psychiatric

Assessment

Treatment

Healing

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- Developed out of the Alameda Model which was designed by Dr. Zeller when
- Estimates at this time at 25+ units open across the United States with several more in planning stages; 2 currently in Minnesota
- A unit will be opening in Toronto, Canada soon and Dr. Zeller's team just began project work on a unit which will be opening in the future in Melbourne, Australia

Dr. Scott Zeller

Photo credit: https://healthcaredesignmagazine.com/trends/the-hcd-10-scott-zeller-md-clinican/

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In the words of Dr. Zeller

These units have been shown to provide ***timelier***, more ***patient-centric***, ***calming*** and ***compassionate care*** for patients in a psychiatric emergency than traditional models, successfully ***stabilizing*** high-acuity individuals within 23 hours, and ***avoiding*** the need for inpatient hospitalizations in 70%-80% of these cases. This dramatically improves patient care while saving limited inpatient beds for those individuals who truly have no alternative.

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4 Tenets of EmPATH

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- Patients stay for brief periods and generally up to 24 hours

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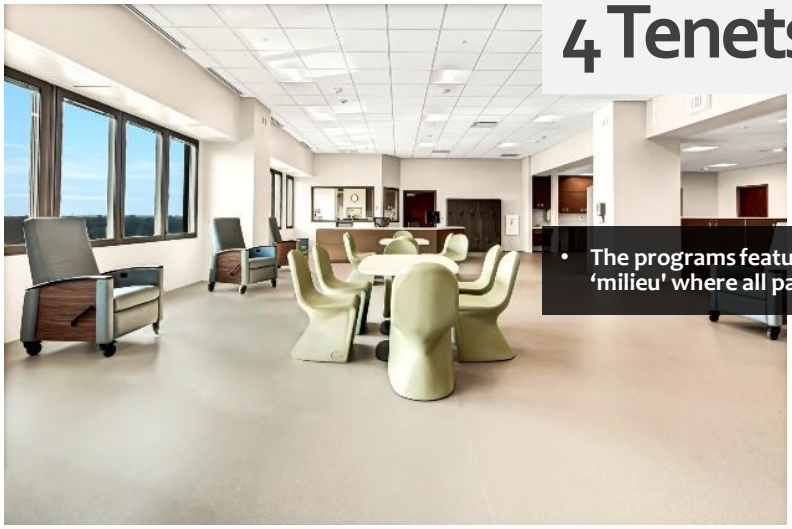
4 Tenets of EmPATH



- The programs feature a large, comfortable central room or 'milieu' where all patients are situated

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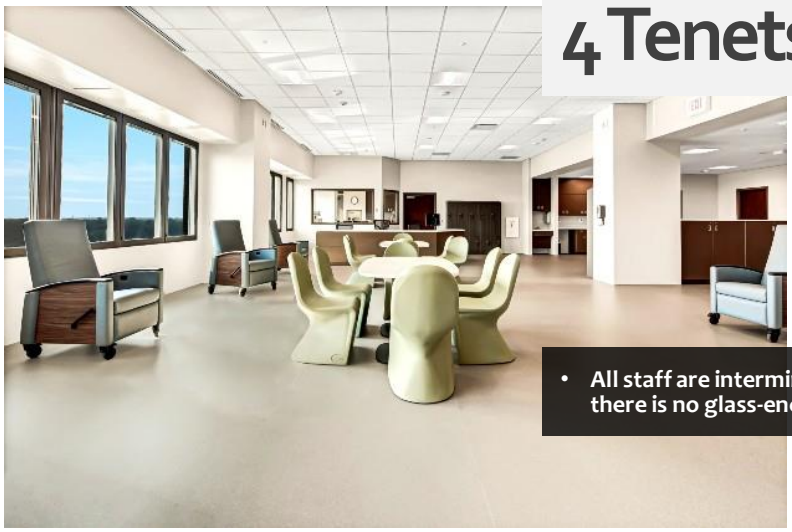
4 Tenets of EmPATH



- All staff are intermingled with the patients on the milieu — there is no glass-enclosed 'fishbowl' nursing station

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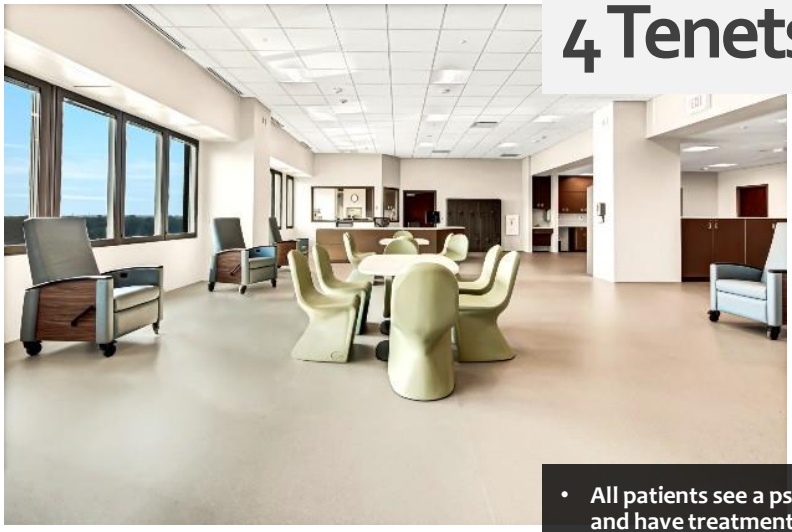
4 Tenets of EmPATH



- All patients see a psychiatric provider as quickly as possible and have treatment implemented promptly

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4 Tenets of EmPATH

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- All staff are intermingled with the patients on the milieu — there is no glass-enclosed 'fishbowl' nursing station
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2 foci

- Therapeutic Environment
- Treatment before Triage

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Utility of the Model

One size doesn't fit all

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Where are we trying to effect change?

- The emergency room serving as a space of triage rather than treatment
- Delayed treatment of mental health symptoms, whether through triage to inpatient settings or to ambulatory providers and services with improved transitions in care
- Decreased boarding times
- Improved throughput in the emergency room including reduced numbers of patients leaving without being seen
- The number of patients returning to the emergency room for psychiatric care
- Improved patient experience
- Improved provider and team experiences

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Transition of Mental Health Support in the ER

Triage

Mental Health Nurse level support with limited Provider involvement

Discharge

- With services
- Without services

Admit Inpatient

- In house
- Transfer

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Transition of Mental Health Support in the ER

New Paradigm

Provider Level Support

- Direct Evaluation
- Reassessment
- Medication Support
- Improved Discharge Planning

Discharge

- With services
- Without services

EmPATH

- Observation

Admit Inpatient

- In house
- Transfer

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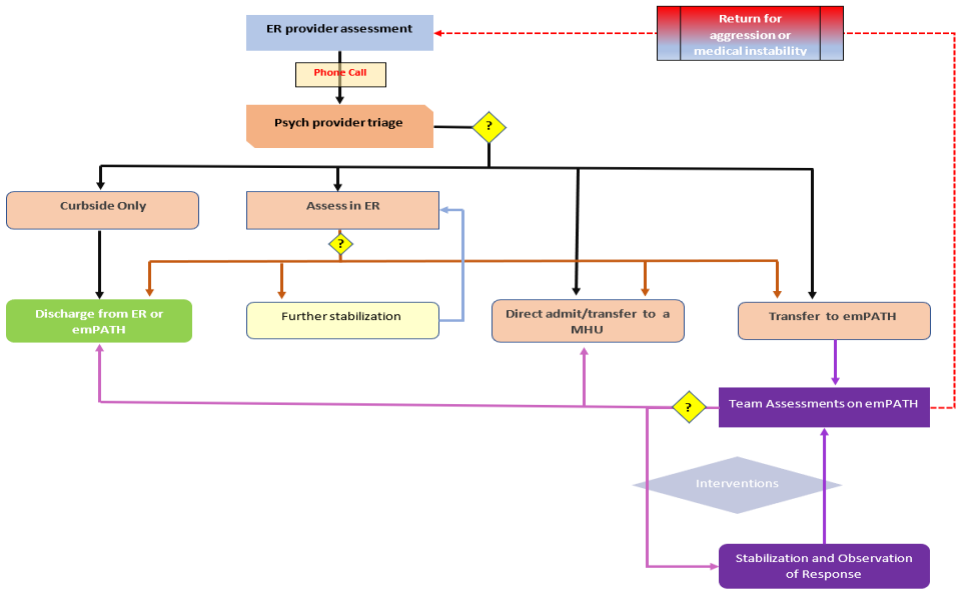
Transition of Mental Health Support in the ER



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Staffing the Unit

Current State:

- Nursing
- Behavioral Health Technicians
- Crisis Stabilization Officer (CSO) newly designed positioned
- Psychotherapy
- Psychiatry
- HUC

Future State:

- Chemical Dependency
- Peer Support Specialists
- Community Outreach Specialist

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Outcomes

- First data run will occur in 3 weeks
- Time from initial consultation call between the ER and emergency psychiatry providers to decision point is 84 minutes, inclusive of interview.
- Preliminary data shows a small decrease in number of inpatient admissions, likely not statistically significant (17.4%)
- Anecdotally has been a positive patient experience

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"EmPATH Rights"

To provide the *right* treatment
by the *right* people
in the *right* setting
at the *right* time
for the *right* amount of time

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Questions

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