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1 Providing Comprehensive Services to Treat Patients and the Inpatient Psychiatric Bed Crisis

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Objectives: A growing mental health crisis and a shortage of inpatient psychiatric beds have resulted in a surge of patients, boarded, in emergency departments awaiting acute inpatient psychiatric placement. This delays care and causes a further burden on already stressed emergency services. In June 2020, the Centers for Disease Control and Prevention (CDC) reported an increased incidence of anxiety and depressive disorders since March of 2020, in comparison to pre-pandemic data. This has further exacerbated the shortage of psychiatric beds nationwide. In addition, staff shortages at state psychiatric hospitals in the Commonwealth of Virginia led to temporary closures to admissions. State facilities in VA provide care for our most vulnerable population, including (involuntary) patients on a temporary detention order (TDO). Carilion Clinic implemented the Comprehensive Psychiatric Emergency Program (CPEP) in August 2020 with the goal of early identification and robust treatment of psychiatric patients while in the ED. Since implementation of the CPEP, providers have been able to redirect patients away from burdened state psychiatric facilities by rapid stabilization of patients in the ED. Patients were able to step down to a less restrictive environment, often no longer meeting criteria for TDO. This study aims to assess the rate of TDO releases pre- and post-implementation of the CPEP at Carilion Clinic.

Methods: A pilot program was launched in August 2020 at Carilion Roanoke Memorial Hospital through a collaboration of the Departments of Emergency Medicine and Psychiatry. The staff was comprised of a psychiatrist, a psychiatric nurse practitioner, and a social worker. Data was collected from May 2020 to June 2021 from the Epic electronic medical record and included all patients in the ED on a TDO, ages six and above. Patients who no longer met criteria for a TDO were released from involuntary status and either redirected as a voluntary patient to an inpatient psychiatric unit or discharged to the community. The rate of TDO releases three months prior to CPEP implementation was assessed and compared to the TDO release rate post-CPEP implementation.

Results: Prior to CPEP implementation, the TDO release rate was 7%, amounting to four patients released from a TDO per month. After implementation of CPEP, the TDO release rate increased to 19%, equating to thirteen patients released from a TDO per month during the pilot period. This led to a decrease in the number of patients that would have previously been admitted to a state psychiatric facility. Patients who benefitted from implementation of the CPEP were those with conditions in the following categories: chronic mental illness (32%),

individual/family crisis (24%), neurocognitive disorders (20%), substance use disorder (18%), autism spectrum disorders and intellectual/developmental disabilities (6%).

Conclusion/Implications: Implementation of the Comprehensive Psychiatric Emergency Program (CPEP) in Carilion Clinic, Emergency Department was successful in reducing the number of state psychiatric admissions by redirecting 11% more involuntary patients to voluntary status. The results of this study highlight the benefits of having in-house psychiatry teams dedicated to early triage, rapid treatment, and comprehensive case management for psychiatric patients in the emergency department. References- CDC, National Center for Health Statistics. Indicators of anxiety or depression based on reported frequency of symptoms during the last 7 days. Household Pulse Survey. Atlanta, GA: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2020. <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>.

2 Impact of COVID-19 Pandemic on Pediatric Substance Abuse Related Presentations to Emergency Services Between July 2019 and March 2022

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Introduction: The impact of the COVID-19 pandemic on substance use in children and adolescents is not well understood. Although lockdowns have largely ended, there is concern regarding longer time effects on development. Presentations to emergency department (ED) settings may provide an indicator of substance use associated with a relatively high level of acuity. The aim of the current study is to describe trends in pediatric (0-17yo) presentations associated with substance use diagnoses to emergency services at an academic center in a Southwestern state since onset of the COVID-19 pandemic and how these compare to rates prior to onset of COVID pandemic.

Methods: Retrospective chart review of electronic medical record data from July 2019-March 2022. Data included all visits by pediatric subjects (0-17yo) associated with a substance-use related diagnosis to acute care settings within the University of New Mexico Health Sciences Center system. Data is summarized within 3-month quarters (Jan-Mar, April-June, July-Sept, Oct-Dec) to allow comparison of numbers presenting during similar periods of year. March 2020 was when broad lockdowns were started in New Mexico. Variables included total number of visits, sex (M,F), race, ethnicity (Hispanic/Non-Hispanic), age range (0-9, 10-14, 15-17yo), insurance (private, Medicaid, other government, self-pay/other), whether seen by mental health provider, ED length