The Right Place at the Right Time: *Behavioral Healthcare Solutions to ED Boarding*

Five years ago, the COVID-19 pandemic exacerbated "boarding," the practice of holding patients with behavioral health conditions in a hospital's Emergency Department (ED) after admission because no inpatient beds are available.

Learn how NABH members in different regions of the country – Avera Behavioral Health Services in South Dakota; Mass General Brigham, an integrated health system that includes NABH member McLean Hospital in Massachusetts; Rutgers University Behavioral Health Care in New Jersey; and Sharp Mesa Vista in California – have developed and implemented successful solutions to this persistent problem.

AVERA BEHAVIORAL HEALTH SERVICES

At Avera Behavioral Health Services, both the COVID-19 pandemic and philanthropic efforts helped drive the addition of the system's Behavioral Health Urgent Care in its Helmsley Wing, which houses urgent care, around-the-clock nursing, a behavioral health technician, an advanced practice provider (APP), and services 24 hours a day. The facility functions as a behavioral health ED except it doesn't meet trauma status.

Thomas Otten, vice president of Avera Behavioral Health Services, and David Ermer, M.D., who specializes in pediatric psychiatry and child & adolescent psychiatry at Avera, said the city of Sioux Falls, the region's police department, and the Avera system worked together and raised more than $30 million for a $28 million endeavor that has helped reduced wait times for patients to 29 minutes from five to six hours before the project was completed.

The Helmsley Wing has 146 beds and is broken into seven units that specialize in certain areas, such children, teenagers, geriatrics, and addiction services. When a patient enters the unit, a nurse triages the patient and takes vital signs. Then the patient meets with an assessment counselor for a biopsychosocial evaluation. The APP enters after the counselor, and either a nurse practitioner or a physician assistant—and among those three disciplines, the nurse, counselor, and APP – will set up a plan.

Questions asked during this process include: Does the patient need to be seen by a counselor (and, if so, the team will make a recommendation); Does the patient need to be seen by a psychiatrist, or need to be in Avera's partial hospitalization program? Does the patient need to be admitted to the hospital?

Otten says Avera admits roughly 67% of patients who show up in the ED are admitted to the hospital, which translates to about 550 patients a month.

Visit Avera for more information and to view a short video.

MASS GENERAL BRIGHAM

In June 2020, Massachusetts had a daily average of 559 behavioral health patients in EDs awaiting care across the commonwealth, and Mass General Brigham had a daily average of 91 behavioral health patients in its EDs awaiting care.

Meanwhile, the system reports that its 544 psychiatric inpatient beds represent 18% of all psychiatric beds and 36% of not-for-profit psychiatric beds in Massachusetts.

"Before COVID, there was a mental health crisis in the ED with patient boarding," Joy Rosen, vice president at Massachusetts General Hospital and Mass General Brigham, told NABH. "Patients would come in, sometimes days on end; hospitals would have to go begging because not all our hospitals have inpatient psych beds. There was 'cherry picking' so that patients who were more difficult to place stayed a lot longer," she continued. "By creating this one service, we were able to get rid of that duplication, do a better job of level-loading the system, prioritize long-stay patients—all of those pieces."

Susan Szulewski, M.D., M.B.A., chief medical officer at McLean Hospital and vice president of medical affairs, behavioral and mental health at Mass General Brigham, said “the birthing point” came when Mass General Brigham committed to moving toward a more integrated system. During the pandemic, the system established “huddles” and met with stakeholders across its system. “A lot of patients and data were coming to us and we embraced ownership,” Szulewski said. “We saw those as one cohort of patients among 12 hospitals within one system.”

Szulewksi described the team’s “disposition process,” which assesses the patient’s full needs from Day 1. “What does the patient need and what is the best setting? That’s often where things fail: the transfer and hand-off,” Szulewski said, adding that the team makes certain everyone is thinking through the process thoughtfully. “We don’t just focus on discharge.”

Since its launch in October 2022, this program has decreased the number of patients waiting in the ED by 3%; decreased patients waiting more than 100 hours in the ED by 16%; and increased placement to an inpatient behavioral health unit by 8%.

At the same time, virtual partial hospitalization programs created some diversion from hospitalizations for pediatric patients. Patients can start these programs while still in the ED, accelerating treatment plans. These programs include wraparound services that can be provided at home, including intensive therapy, 24/7 crisis team stabilization and navigators.

Visit Mass General Brigham to learn more.

RUTGERS UNIVERSITY BEHAVIORAL HEALTH CARE

At Rutgers University Behavioral Health Care, a partnership with RWJBarnabas Health and a commitment to gathering and analyzing data rapidly have helped move patients with behavioral health conditions out of the system’s EDs to receive the care they need in the appropriate setting.

Michele Miller, M.S.N., RN, vice president of acute services in the Nursing Service and the Child Division at Rutgers University Behavioral Health Care, said the system provides emergency services to about 48,000 patients annually in its 14 facilities. At those facilities, 13 have psychiatric EDs and one has an ED.

As a starting point, Rutgers and RWJBarnabas Health developed a dashboard, which uses EPIC software, to assess what the ED teams were seeing.

“In addition to suicide and restraints, we’re looking at assaults – patient-to-patient or patient to staff,” Miller said. “We have lots of data but we need to prioritize,” adding that patients who don’t need a psychiatric bed can access services across the community. Miller also explained that EPIC allows the Rutgers team to access the health insurance exchanges and receive alerts when someone enters an ED in the Rutgers system.

NABH Immediate Past Board Chair Frank Ghinassi, Ph.D., ABPP, president and CEO of Rutgers University Behavioral Health Care and vice president of the behavioral health and addictions service line at RWJBarnabas Health, said the data help his team learn if a patient is being held back for any reason.

“It’s being called a ‘through-put’ initiative, and it starts at ANY point: ED, a doctor’s office... and how fast are we getting that patient to where they need to be,” Ghinassi said. “And are we holding them back for any reason?”

The data-gathering and sharing is one important piece of Rutgers’ through-put initiative, and a robust system of care in the community is the other, according to Mary Catherine Bohan, M.S.W., vice president of outpatient and ambulatory services at Rutgers University Behavioral Health Care.

“UBHC worked on a demo project that provides wraparound services: people have access to peer support, support for employment—we were involved in the demonstration of that,” Bohan said.

Bohan added that Rutgers’ involvement in New Jersey’s Alternative Responses to Reduce Instances of Violence and Escalation, known as the ARRIVE Together program, has also had a strong impact on reducing ED boarding. Launched as a pilot program in 2021 in Cumberland County, the ARRIVE program pairs New Jersey law enforcement with a certified mental health screener to respond together to 9-1-1 calls for behavioral health crises.

“This started in three locations,” Bohan said, “and now it’s in every county.”

Visit RWJBarnabas Health to learn about its behavioral health services partnership with Rutgers and here to learn more about New Jersey’s ARRIVE Together program.

SHARP MESA VISTA

For years at Sharp Grossmont Hospital in La Mesa, Calif., one of Sharp Healthcare’s seven hospitals, both the number of patients in the hospital’s ED and ED boarding times for those patients had been high and growing, averaging between 270-330 patients daily with wait times that last anywhere between 7 and 18 hours. Meanwhile, patient satisfaction numbers were often in the single digits and employees faced burnout, and, at times, violence from patients.

Then in 2019, the hospital’s CEO and Chief Nursing Officer showed up in the office of Roseann Giordano, R.N, director of Sharp Grossmont Hospital’s Behavioral Health Unit.

“We had decided before 2019 that we needed to move these patients out of this area,” Giordano said. “They’ll be secluded and safer; however, they were still not receiving psychiatric treatment,” she added.

That’s when Giordano’s team began a collaborative relationship with both the hospital’s ED team and La Mesa’s law enforcement officers – who brought patients with behavioral health conditions to the hospital – to develop Grossmont Psychiatric Assessment, Treatment and Healing, or G-PATH, Unit.

Jason Broad, region vice president of performance at Sharp Healthcare, provided a range of between $200,000 – $400,000 when asked how much it cost to establish the G-PATH Unit. Giordano said the team learned it was best to staff the unit with two psychiatric nurses.

“EDs can do some behavioral healthcare, but it’s not who they are,” Giordano said, adding it has not been difficult staffing the G-PATH Unit because the nurses there want to work there.

All patients first need to be medically cleared in the ED and move to the G-PATH Unit when they’re stable. Before the unit was created, the hospital had an average of 10 restraints per month. Now the average is three per month because patients are receiving care in a place that has psychiatric nurses, therapeutic interventions, and proper medications.

Giordano is also careful to clarify that Sharp’s G-PATH Unit is not a Crisis Stabilization Unit, nor is it an EMPATH Unit because in this model, patients receive the same type of behavioral healthcare they would receive in an inpatient unit and the same type of medical care they would in another unit within the hospital.

The model has proven so successful that Broad said the health system is creating another G-PATH Unit Sharp Chula Vista Medical Center.

Sharp Grossmont Hospital’s Behavioral Health Unit is being remodeled after providing behavioral healthcare services to its community for more than four decades. Learn more here.

The NABH Quality Committee helped develop this resource.