



Is This a Crazy Idea? Triaging Patients Directly to a Psych Facility

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Prepare • ***Respond*** • ***Impact***



Our Service

- Fire Based with 325 sworn firefighters
- 150 paramedics, 175 EMTs
- 14 Stations
- Tiered Response using MPDS
- Protects 500,000 citizen daytime population spread over 111 square mile radius
- Includes SLC International Airport
- 35,000 calls
- Gold Cross Ambulance Transport



Prepare • Respond • Impact





Background

- SLC transports 1,300 psychiatric patients/year
 - Increase of 11% between 2004-2011
 - Distributed among 8 receiving hospitals
 - Majority (49%) to University Medical Center
- Is the ED the best place for these patients?



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ED Care of Psych Patients

- In some cases, ED is best place to start:
 - Severe agitation
 - Injuries/overdose
 - Complex medical history
 - Pseudo-psych



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Typical ED Course

- Medical Screening Exam
 - H&P, Lab Tests, ECG to certify medical clearance for psych care, document intoxication
 - Crisis worker consult
 - Average per patient ED charges **\$1,802.56**



Prepare • Respond • Impact



Sorry, NO
VACANCY



Prepare • Respond • Impact



Prepare • Respond • Impact



History of Effort in SLC

- 7/2011: OPTUMHealth wins \$50M contract for SL County psych services
 - Plans to open psych receiving center at the University of Utah's Neuropsychiatric Institute



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UNI Psychiatric Receiving Center



- “Living Room” model
- Therapeutic crisis management
- Assessment by licensed mental health professional
- Health screenings to determine healthcare needs
- Medical intervention



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Psychiatric Receiving Center



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Where would you want to go?



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Potential UNI Receiving Center Patients

- ① Primary Psychiatric complaints:
 - Suicidal
 - Homicidal
 - Depression
 - Anxiety
 - Auditory/visual hallucinations
 - Paranoia
- ② Behavioral problems:
 - Marital/interpersonal disputes
 - Request for detoxification services



Exclusion Criteria Present?

- ① Age < 18
- ② Blood glucose <60 or >150 mg/dL
- ③ Abnormal VS:
 - Temperature > 38°C
 - HR > 130/min
 - Systolic BP < 100 or >180 mm Hg
 - RR < 10/min
- ④ Physically combative
- ⑤ Medication or drug overdose
- ⑥ Clinically apparent acute alcohol or drug intoxication
- ⑦ Actively withdrawing from drugs or alcohol
- ⑧ Traumatic injuries requiring medical attention
- ⑨ Uncontrolled or acute medical conditions
- ⑩ Paramedic judgment that patient needs care not available at UNI or inappropriate for setting

Yes



Transport to
nearest
emergency
department

No



Call OMC to
authorize
transport to UNI



Prepare Response

Impact



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Results

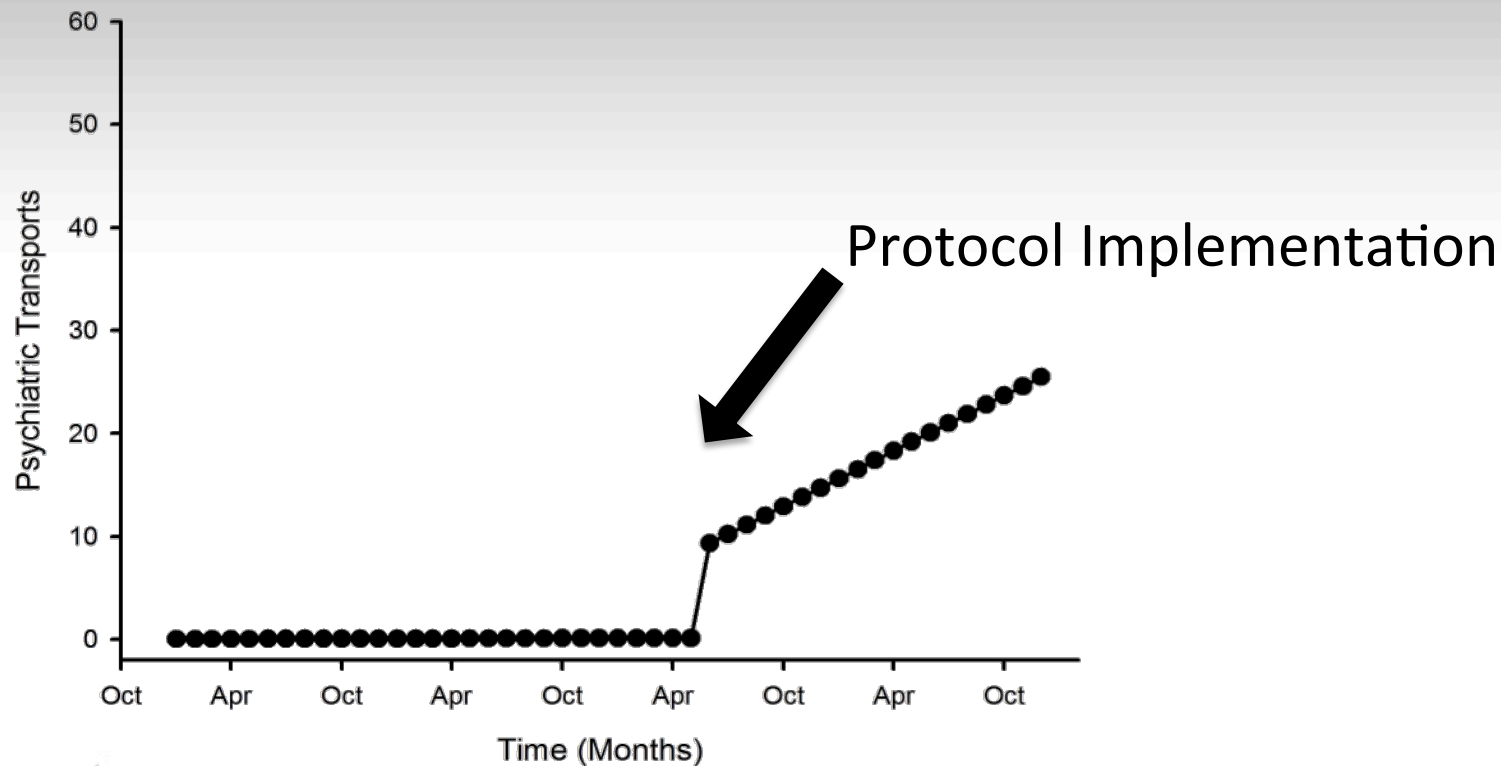
- N=305 Patients transported directly to psych facility June 2012 through November 2013
- 11 (0.04%) Return to Senders
 - Majority due to admission of recent substance abuse
- No clinical decompensation or deaths observed



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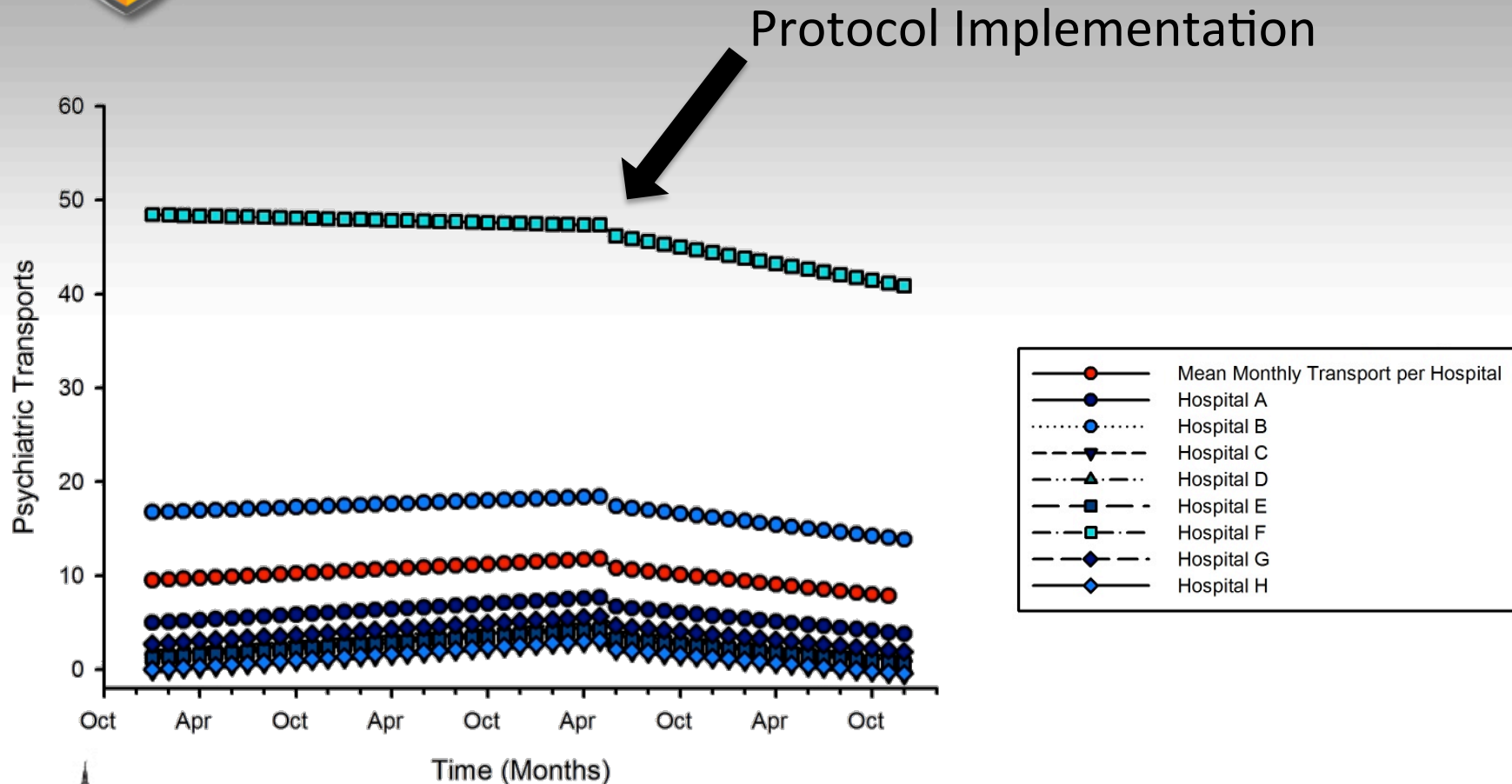
Average Monthly Transports to the Psych Receiving Center



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Average Monthly Psych Transports by Hospital

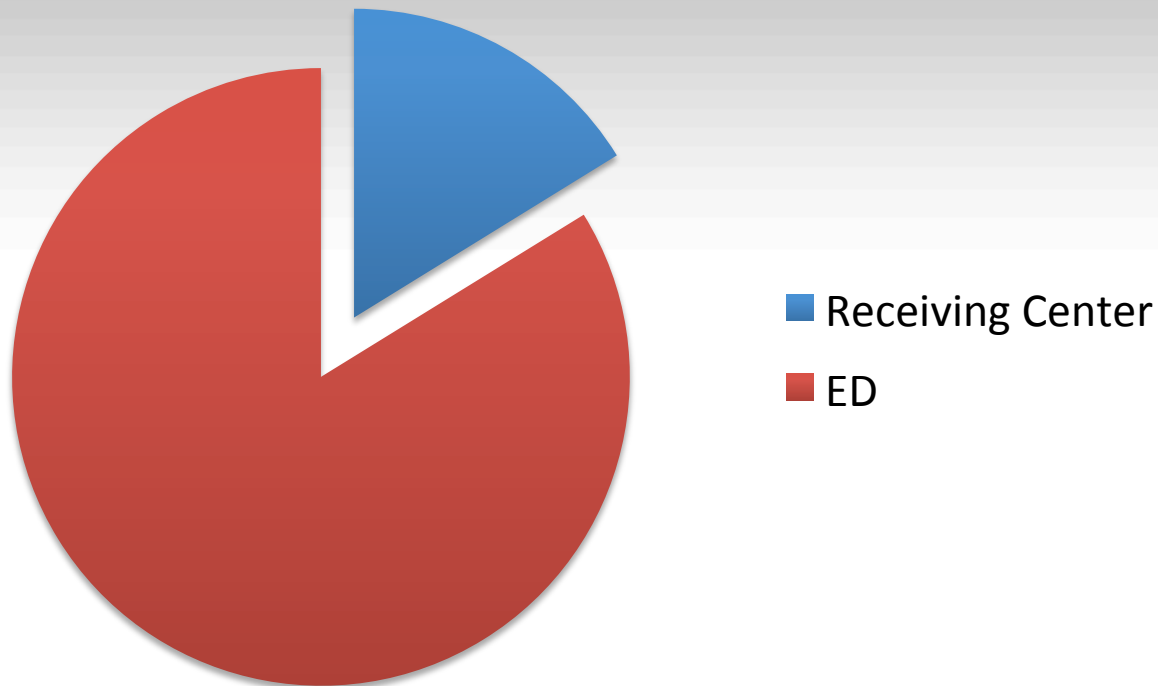


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Impact on Psych Transports to the ED

Transports



16.2% Reduction in psych transports to ED
(95% CI 7.9-25.5%)



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Cost Avoidance/System Savings

- \$529,952.64 in ED charges over 18 months avoided
 - \$844.65 for 11 interfacility transports
- = \$529,107.99



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Summary

- Primary triage of psych patients from the field is possible
- Seems safe
- Helps reduce healthcare \$
- Leads to more appropriate utilization
- Contributes to improved ED capacity



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