

Reducing ED LOS for Psychiatry Consult Cases

The Problem

There has been a rise in the number of psychiatric patients in the ED and increasing concern that these patients often spend long periods of time, sometimes days, in the emergency department (ED) awaiting disposition.

Aim/Goal

Reduce ED LOS for psychiatric patients

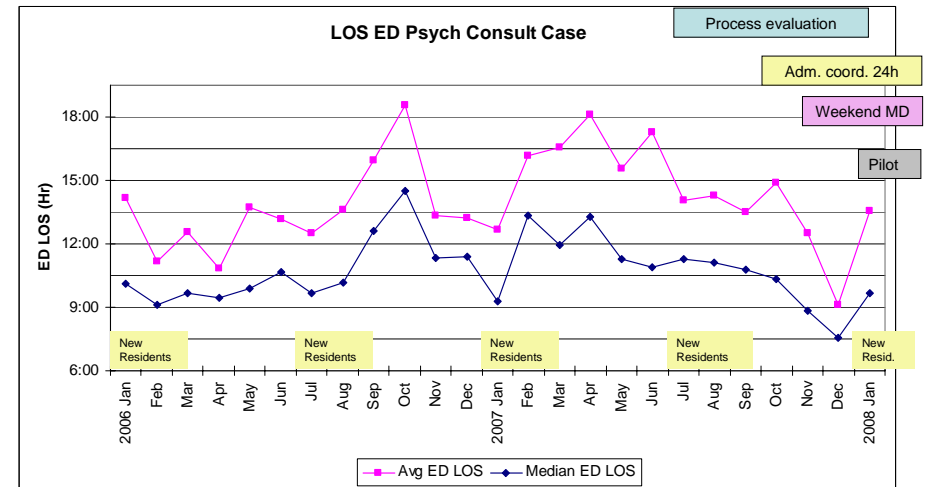
The Team

- Andrew Popper, MD, Resident in Psychiatry
- Rohn Friedman, MD, Vice-Chair, Psychiatry
- Justine Carr, MD, Sr. Director, Clinical Resource Mgmt
- Jennifer Schreiber, MD, Director, Psychiatric Consultation Service
- Dyanna Domilici, MD, Medical Director, Deaconess 4
- Tina Gosselin, RN, Nurse Manager, Deaconess 4
- Tom Page, Admissions Coordinator, Psychiatry
- Larry Nathanson, MD, Emergency Department

The Interventions

- Map the current process by which ED patients receive psychiatric consultation and disposition to identify and eliminate extraneous process steps
- Enhance communication and transparency through:
 1. Standardized ED/inpatient unit communication sheet
 2. Centralized register of status of patients in need of psychiatric admission
 3. Centralized register of status of inpatient unit (including available beds, expected discharges, staffing, and unit acuity)
- Track ED LOS and correlate with clinical and nonclinical variables to identify further opportunities for improvement

The Results/Progress to Date



Lessons Learned

(1) Work flow processes for psychiatric patients in the ED are highly complex (2) Focusing attention on these issues, simplifying processes, improving transparency and communication, and collecting data already appear to show some trends toward decreased LOS

Next Steps/What Should Happen Next:

1. Identify drivers of prolonged LOS, including
 - A. patient variables (psychiatric status, medical status)
 - B. nonpatient variables (day of week, staffing levels, inpatient acuity)
2. Initiate interventions to address key variables

