

Zero Suicide Healthcare Leadership Forum
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Overview:

The ED receives patients in mental health crisis who were not effectively treated in the current outpatient system. Unfortunately, the ED is a rather non-therapeutic (or even anti-therapeutic) environment in which patients who require inpatient psychiatric admission are often kept for days to weeks until resources become available. During this time, psychiatric boarding patients occupy resources that are no longer available to patients presenting to the ED with medical emergencies.

Psychiatric boarding leads an average of \$2200 financial loss for the hospital per patient after reimbursement, and prevents 2.2 medical patients from being evaluated. This estimation is based on a study where the average length-of-stay (LOS) was 18 hours. The LOS at UVM for patients who are admitted to the psychiatric floor is 49 hours on average and 72 hours if transfer is required, therefore these numbers likely an underestimate of the financial burden for UVM.

In addition, psychiatric boarding is a major driver in ED overcrowding, which is directly associated with increased patient mortality (30-day mortality shows an additional 2.3 deaths per 1000 admissions for patients admitted through a crowded ED).

In summary:

- Psychiatric patients are not effectively treated in the outpatient setting
- Those who present have to wait significantly longer for appropriate resources
- Psychiatric patients cannot be admitted to medical beds in the ED due to room regulations, despite them being kept in an ED room that also does not meet specifications because the ED is technically considered outpatient