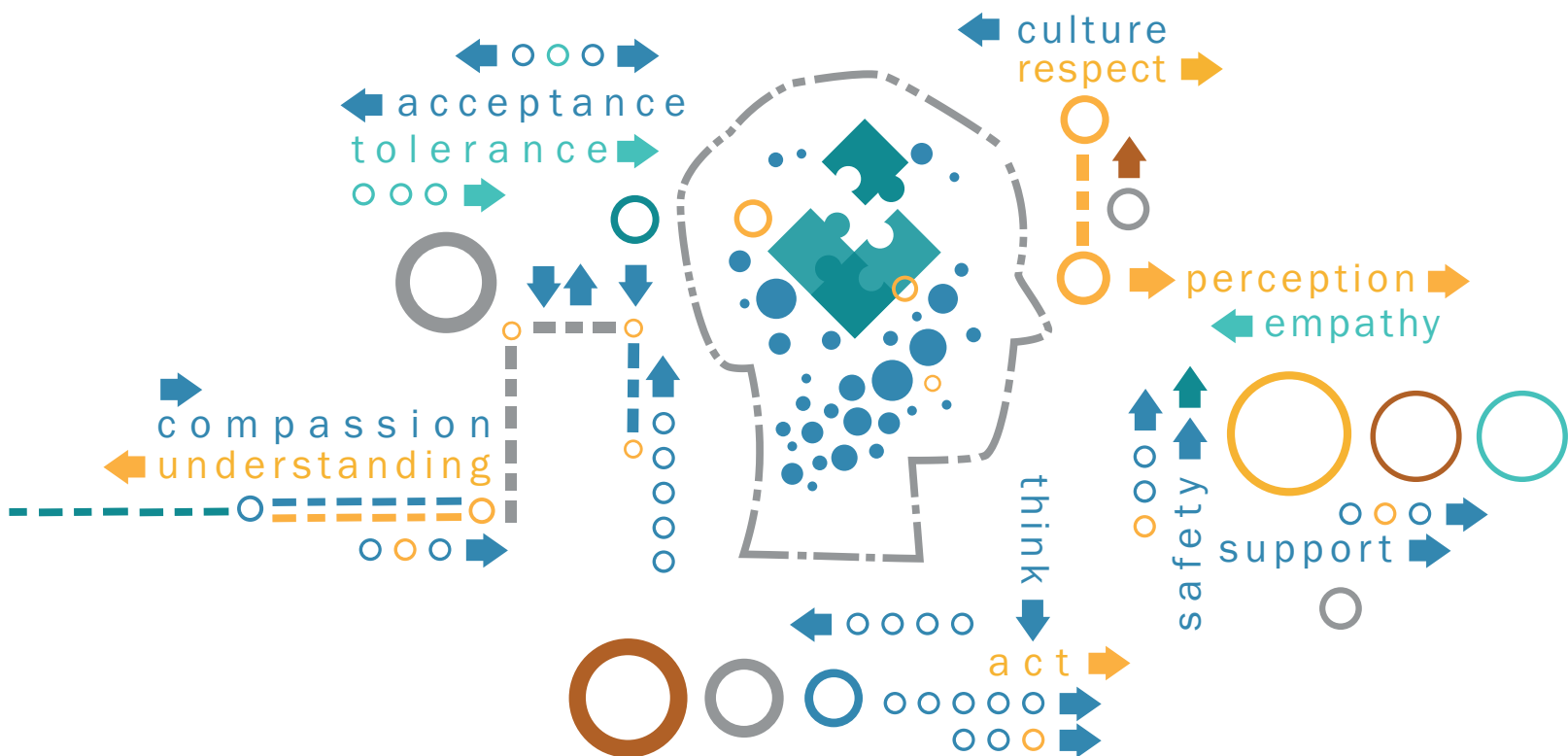


2018 Deep Dive Meeting Patients' Behavioral Health Needs in Acute Care Executive Brief



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ECRI Institute PSO is a federally listed patient safety organization that is a component of ECRI Institute.

ECRI Institute is an independent nonprofit organization whose mission is to benefit patient care by promoting the highest standards of safety, quality, and cost-effectiveness in healthcare. We accomplish our mission through our research, publications, education, and consultation.

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Partnering for Safety



About ECRI Institute PSO

ECRI Institute PSO is one of the first patient safety organizations (PSOs) to be federally certified under the provisions of the Patient Safety and Quality Improvement Act (PSQIA).

PSQIA gives healthcare organizations a unique opportunity to voluntarily share their safety surveillance data in a protected environment so PSOs can aggregate and analyze the data. The law also charges PSOs with the responsibility to share the findings and lessons learned. The release of ECRI Institute PSO *Deep Dive™: Meeting Patients' Behavioral Health Needs in Acute Care* is in keeping with that responsibility.

Acknowledgments

ECRI Institute PSO thanks its collaborating member organizations and partner patient safety organizations (PSOs) for sharing their events involving patients' behavioral health needs for this Deep Dive report. Over the course of seven Deep Dive projects, participating healthcare organizations have explored multiple safety topics through the aggregated analysis of shared events. ECRI Institute PSO encourages its members to review *ECRI Institute PSO Deep Dive™: Meeting Patients' Behavioral Health Needs in Acute Care* and convene a multidisciplinary team to discuss the applicability of the findings to their organizations.

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Leadership and Vision

In the past, many approaches to better meeting patients' behavioral healthcare needs in acute care settings have focused on particular needs, specific settings, or some other single component of the issue. Those approaches are important and may be necessary at times.

However, acute care leaders and champions for patients with behavioral health needs in acute care settings should consider analyzing the big picture and developing an overarching vision and plan for meeting patients' behavioral health needs throughout the acute care setting (and possibly throughout the health system, if applicable). Such efforts can help set a course for the organization and inform the selection of more specific goals.

Gain Leadership Support

Action Recommendation: Seek the support of leaders and frontline staff, as well as any committees that need to approve or monitor the progress of the initiative.

To be effective, an initiative to better meet the behavioral health needs of acute care patients requires the support of leaders and frontline staff, as well as any committees that need to approve or monitor the progress of the initiative.

Framing the initiative in a strategic, mission-focused manner may help earn leadership support. The leadership package **Acute Care Patients with Behavioral Health Needs** (located at the end of this brief) illustrates concerns and findings from this Deep Dive; it also lists questions for leaders to consider. These questions, which may be presented to the executive team and board of directors or researched for presentation to leaders, frame behavioral health as a mission-centric strategic objective. The potential for improvement may be a key element of messaging to leaders and frontline staff. The case studies in this Deep Dive describe how some acute care settings have improved their approaches to meeting patients' behavioral health needs.

The American Hospital Association's report on behavioral health challenges in general hospitals (see [Resources](#)) is also aimed at leaders and offers recommendations, case studies, and an issue brief.

Data on topics such as those listed in the discussion "Evaluate Strengths and Gaps" should be used to garner initial support. Being transparent about patient or health-care worker injuries related to this issue in the organization will help motivate change efforts. Findings from the literature, this Deep Dive*, and our *PSO Navigator* issue on managing behavioral health needs of adult medical inpatients (see [Resources](#)) may be incorporated as well. Formal or informal discussions or surveys can yield initial attitudes, concerns, and ideas about how to improve.

* A free download of this Executive Brief and more information about the full report, ECRI Institute PSO Deep Dive™: Meeting Patients' Behavioral Health Needs in Acute Care, is available at <http://www.ecri.org/behavioralhealth>.



Form a Strategic Team

Action Recommendation: Form a strategic team that includes both leaders and direct care staff to evaluate the issue and guide strategy.

Improving the care of patients with behavioral health needs is often approached with “tunnel vision,” focusing on one particular issue in one particular setting. This focus may be helpful and necessary at times, but given the frequency with which acute care patients have behavioral health needs, and given their mobility within a hospital campus, leadership in acute care settings should consider examining the issue from a broader perspective.

To that end, forming a strategic team may be helpful in evaluating current strengths and gaps in meeting patients' behavioral health needs throughout the hospital and in developing a vision and goals for the future. The strategic team should include both organizational leaders and direct care staff (e.g., physicians, nurses, behavioral health technicians). To better identify gaps in processes and service, the organization should also consider involving

a patient and family member. Departments and disciplines that may be represented include the following:

- Administrative and clinical leaders
- Patient safety, quality improvement, and risk management
- Behavioral health and social services
- Specific patient care units (e.g., ED, inpatient medicine, surgery, critical care, oncology)
- Security

Once the strategic team has identified goals and projects, the team may complete the work itself or assign it to other groups or individuals, depending on the resources and structure of the organization and the attendant work. Some projects may be largely focused within one department; others may cross multiple disciplines. Depending on the project, individuals or departments that may carry out the work include those that could serve on the strategic team, as well as any of the following that are applicable:

- Legal affairs, the ethics committee, and accreditation
- Finance and billing, insurance, utilization management, and public relations
- Health information management, information privacy and security officers, and informatics
- Human resources, medical staff coordinator, occupational health, staff education, and teaching programs
- Obstetrics, pediatrics, and geriatrics
- Diagnostic imaging and phlebotomy
- Pharmacy
- Facilities and building management



Evaluate Strengths and Gaps

Action Recommendation: Evaluate the organization's current strengths and gaps in meeting the behavioral health needs of acute care patients.

To evaluate strengths and gaps, the strategic team may need to collect and analyze data, review current policies and other documents, identify existing resources and tools, and talk with stakeholders. Much of the information collected at baseline may form the basis for monitoring of continued improvement efforts as the initiative progresses.

A variety of means may be used to collect information. The American Hospital Association's report on behavioral health challenges in general hospitals recommends ensuring that community health needs assessments specifically consider needs and existing resources related to behavioral health. Other potential sources include analysis

INsight® into Behavioral Health: Cross-Disciplinary Perspectives Reveal Strengths and Gaps

When evaluating strengths and gaps in the care of hospital patients with behavioral health needs, it is important to capture the perspectives of administrators, managers, and frontline staff from both medical and behavioral health disciplines. To help hospitals achieve this goal, ECRI Institute recently updated our INsight® Assessment for Behavioral Health. By seeking input from the front lines as well as leaders, "the assessment shows you the staff's feelings and preconceived ideas about behavioral health," says Nancy Napolitano, PCHA, patient safety analyst and consultant, ECRI Institute. This approach also illuminates how organizational policies and practices are actually carried out. "Direct responses show you the key areas to focus on to maintain safety of patients and staff," Napolitano adds.

Meeting Behavioral Health Needs throughout the Hospital

The INsight assessment reflects a broad spectrum of concerns highlighted in adverse events from ECRI Institute PSO, articles in the clinical and industry literature, and questions from member organizations. A key issue is the presence of patients with behavioral health needs throughout the hospital. Many patients with behavioral health conditions have medical comorbidities that need to be treated in an acute care hospital, and the stress of being in a hospital can trigger behavioral health issues in those without a previously diagnosed behavioral health condition. "Patients with behavioral health needs

are everywhere in the hospital, and we need to be able to meet their needs no matter where they are," says Napolitano. "We can't just look to behavioral health units to treat them." Therefore, the INsight assessment has questions specific to behavioral health units, others aimed at EDs, and others aimed at inpatient nonpsychiatric areas, where many events occur, as this Deep Dive found.

When patients with behavioral health needs do seek hospital care for medical conditions, "often, their behavioral health needs get pushed aside," says Napolitano. For example, patients' psychiatric medications might be missed during medication reconciliation and accidentally discontinued during the admission. Broadly, "there's a lack of knowledge throughout the hospital about how to handle patients' behavioral health needs," Napolitano adds. "It creates a crisis for both patients and staff." Several questions on the INsight assessment address staff training on relevant topics, and responses to questions about organizational or unit practices can highlight uncertainties or inconsistencies in performance.

A Well-Rounded Look

Because meeting patients' behavioral health needs involves a constellation of issues, the INsight assessment examines the matter from multiple angles. **Table. Key Areas and Sample Questions from the INsight Assessment for Behavioral Health** illustrates this approach.

of departmental logs or reports (e.g., incident reports, administrative data, risk management data), manual or electronic chart review, observation, and surveys of providers or patients. Some events may call for more in-depth review instead of or in addition to quantitative tracking. Periodic group discussions, walkrounds, and informal discussions with stakeholders, including patients and families,

may provide qualitative information that would not otherwise be captured. ECRI Institute's INsight Assessment for Behavioral Health assesses gaps in treatment or knowledge of behavioral health in acute care hospitals; see [INsight into Behavioral Health: Cross-Disciplinary Perspectives Reveal Strengths and Gaps](#) for more information.

The key areas and questions reflect matters addressed in regulations, accreditation standards, research, and the knowledge and professional experience of ECRI Institute's risk management and patient safety professionals. In addition to improving a health system's preparedness to provide good care for patients with behavioral health needs, use of the INsight assessment also helps from a compliance perspective to meet the Joint Commission requirement for proactive risk assessment. Results are summarized by key

area, individual question, and job class. Interactive dashboards let a health system's leaders and managers explore and drill down into the data to generate actionable insights. Free-text comments from respondents provide additional context behind their answers. "The results will show where the gaps are in the treatment of patients with behavioral health needs," says Napolitano. "It's meant to give a well-rounded look at the components of successfully treating these patients anywhere in the hospital and will identify specific risks to address in an action plan."

Table. Key Areas and Sample Questions from the INsight® Assessment for Behavioral Health

Key Area	Sample Question
Leadership	The leadership acknowledges the threat of violence the staff encounters from patients.
Environment of care	There is a system in place for prompt notification to employees if a patient-specific security hazard or threat arises.
Safety, security, and facilities	Does the hospital conduct Behavioral Emergency Response mock codes during the year?
Staff education and training	Is education provided to staff on how to de-escalate volatile patients to reduce restraint use?
Initial treatment	Patients are evaluated clinically to ensure that behavioral issues do not have a medical basis.
Patient rights and responsibilities	Informed consent is obtained before a psychotropic medication regimen is initiated.
Care, treatment, and services	Does the staff assess the risks for suicide for all patients?
Discharge	Does the patient's discharge plan contain a follow-up appointment with a behavioral health provider?
Workplace violence	There is "violence in the workplace" training for staff.
Behavioral health unit	Is individual competency assessed prior to staff assuming responsibility on the behavioral health unit?
Age-specific	The initial behavioral health assessment is based on defined criteria that are age specific.

Results of proactive or reactive analyses may provide valuable insights. One method, failure mode and effects analysis, is a proactive, systematic method of identifying and addressing ways in which processes can go wrong. Lean and Six Sigma methodologies may also facilitate a proactive approach. Reactive analyses, which are performed after an event, may yield important insights into opportunities for improvement. For example, root-cause analyses (RCAs) may be conducted for adverse events related to behavioral health issues. The Systems Engineering Initiative for Patient Safety (SEIPS) model (see [Resources](#)) can be used both proactively and reactively. The model includes the work system, processes, and outcomes. It conceptualizes the work system as encompassing the person (e.g., provider, patient, nonclinical staff member), the physical environment, organizational conditions, tasks, and technology and tools, all of which interact with one another. (Carayon et al.)

When evaluating strengths and gaps, the team may seek quantitative and qualitative information in several domains. In assessing quality of care for this population, the team may consider aspects such as how timely and effectively patients' behavioral health symptoms are managed and what impact the acute care encounter has on the patient after discharge (e.g., initiation of outpatient treatment, readmissions, repeat ED visits). The National Quality Forum has endorsed many measures related to behavioral health (see [Resources](#)). To assess patient safety, the team may examine self-harm, medication-related issues (e.g., medication interactions, unintended discontinuation of psychiatric

medications), restraint usage, elopement, and common medical patient safety events, perhaps even postdischarge events (e.g., suicide attempts).

Measures of patient participation in or resistance to care, involvement of family members (if the patient desires), and leaving against medical advice or leaving without being seen may be other areas for investigation, along with patient satisfaction and complaints. Staff-related measures may address issues such as workplace violence (including verbally aggressive behaviors and near misses), injuries and workers' compensation claims, recruiting and retention, attitudes and stigma, and employee satisfaction. The team should also consider how the care of patients with behavioral health needs affects other patients who do not have such needs; for instance, other patients may wait longer for medical care because of problems with throughput. Risk management, security, and legal concerns may include lawsuits, informed consent and healthcare decision making, EMTALA compliance, health information privacy, interactions with law enforcement, frequency and types of security response, and presence or use of prohibited materials (e.g., alcohol or other substances, weapons) on campus. Efficiency of care processes, ED boarding and throughput, inpatient length of stay, observation, and capacity are examples of operational factors to consider.

These are only examples. The strategic team should identify metrics important to the facility's patient population and to the organization. Finally, a comprehensive examination of the business case may consider how this

The Business Case for Behavioral Health

To analyze the business case for behavioral health, the strategic team may consider costs and revenues associated with the following:

- | | | |
|--|---|--------------------------------|
| — Reimbursement | — Patients leaving without being seen or leaving against medical advice | — Patient satisfaction |
| — Existing and proposed behavioral health services | — Increase in medical or psychiatric bed capacity | — Financial penalties |
| — Expenses for consultants | — Length of stay | — Lawsuits |
| — Sitter use | — ED throughput | — Workers' compensation claims |
| — Insurance coverage denials | — Inefficiency in care processes | — Employee satisfaction |
| — Boarding and inappropriate dispositions | | — Recruiting and hiring |
| | | — Reputation risk |

issue affects costs and revenue. The American Hospital Association's report on behavioral health challenges in general hospitals recommends that hospital leaders consider the economic benefits of behavioral health services by undertaking a "comprehensive financial and operational assessment," rather than looking solely at revenue and expenses for behavioral health conditions as a primary diagnosis. See [The Business Case for Behavioral Health](#) for examples of potential factors to examine.

To promote financing for behavioral health services,

the American Hospital Association's report on behavioral health challenges in general hospitals recommends that hospital leaders clearly outline costs for public and private payers. Costs include those related to caring for patients with behavioral health needs, as well as costs to society of failing to meet those needs. The report also recommends seeking funding from government appropriations, grants, philanthropies, foundations, and employers. Advocating for adequate funding of the public behavioral health system is another recommended strategy.

Formulate a Vision

Action Recommendation: Formulate a vision for meeting the behavioral health needs of acute care patients.

Informed by the analysis of strengths and gaps, the strategic team should formulate a vision for meeting the behavioral health needs of acute care patients. This vision can in turn support the development of other strategic statements, such as specific goals.

For many acute care organizations, a major hurdle is the dearth of behavioral health providers in their region. However, organizations can embed behavioral health resources into their acute care settings, and they can collaborate with other healthcare providers, government agencies, payers, advocacy groups, and other stakeholders to improve access to behavioral health resources in their region. The process of formulating a vision may inform both actions that can be taken within the organization as well as opportunities to collaborate with other stakeholders.

Support is growing for the integration of behavioral health and medical care. Although the movement for behavioral health integration often focuses on integration of behavioral health into primary care, acute care organizations should consider whether such integration is in line with their broader mission, vision, and goals. The American Hospital Association offers a variety of resources on integrating behavioral and physical health, and the National Academy for State Health Policy offers an issue brief for policymakers that leaders and champions in acute care settings may also find informative (see [Resources](#)).

Some of the strategies discussed in this report reflect a move toward integration. Others focus on diverting patients with behavioral health needs but without acute medical needs from general acute care settings. Some experts have expressed concerns that programs that seek to divert patients with behavioral health needs from general acute care settings perpetuate the silos between medical and behavioral health and healthcare (Laderman et al.). This Deep Dive takes no position on the issue, recognizing that at this point, some organizations will seek to pursue integration of behavioral health and medical care, some will prefer to meet patients' behavioral health needs in dedicated behavioral health settings as much as possible, and others will pursue multiple strategies. We present a variety of approaches and programs that reflect variations on these themes.

Developing an overarching plan can help turn the vision and other strategic statements into reality. The American Hospital Association's report on behavioral health challenges in general hospitals recommends that hospital leaders maintain a behavioral health plan based on identified needs and resources. Because community needs and resources change, the organization should periodically reevaluate strengths and gaps and update the plan as needed.

Advocate for Broader Change

Action Recommendation: Advocate for change at the regional, state, or federal level.

Many of the challenges that acute care organizations face in meeting patients' behavioral health needs have roots in the ways society views and provides treatment for behavioral health. Along with their parent health systems and partners, leadership or healthcare professionals working in acute care settings may advocate for change at the regional, state, or federal level. See **Figure. Issues Ripe for Broader Change in Behavioral Health** for domains in which health systems and their partners may engage.

Following are examples of potential focus areas under each category:

- **Equality of behavioral health and medical health.** As discussed in “Formulate a Vision,” health systems may consider integrating medical and behavioral health. Organizations may help spread positive messages about behavioral health and seek to reduce stigma. Parity in insurance coverage is still sometimes an issue, as not all health plans are subject to parity laws.
- **Availability and utilization of behavioral health services.** A community is likely to need access to a range of behavioral health services and supports, beyond simply outpatient counseling and inpatient beds. Organizations may wish to identify mismatches between availability—in terms of services, capacity, and hours of availability—and need. Analysis of utilization patterns may help identify other barriers to appropriate utilization. Such efforts can help communities identify strategies.
- **Quality of care.** Gaps in the quality and timeliness of behavioral health interventions can affect both patients with and patients without behavioral health needs. In addition to measuring quality within their own settings, acute care organizations may seek evidence-based guidelines on specific topics and help identify gaps in the evidence.
- **Workforce, education, and competencies.** Health systems may, for example, help spur interest in behavioral health professions by collaborating with media outlets, K-12 schools, community colleges, and four-year institutions. They may also work with health professions

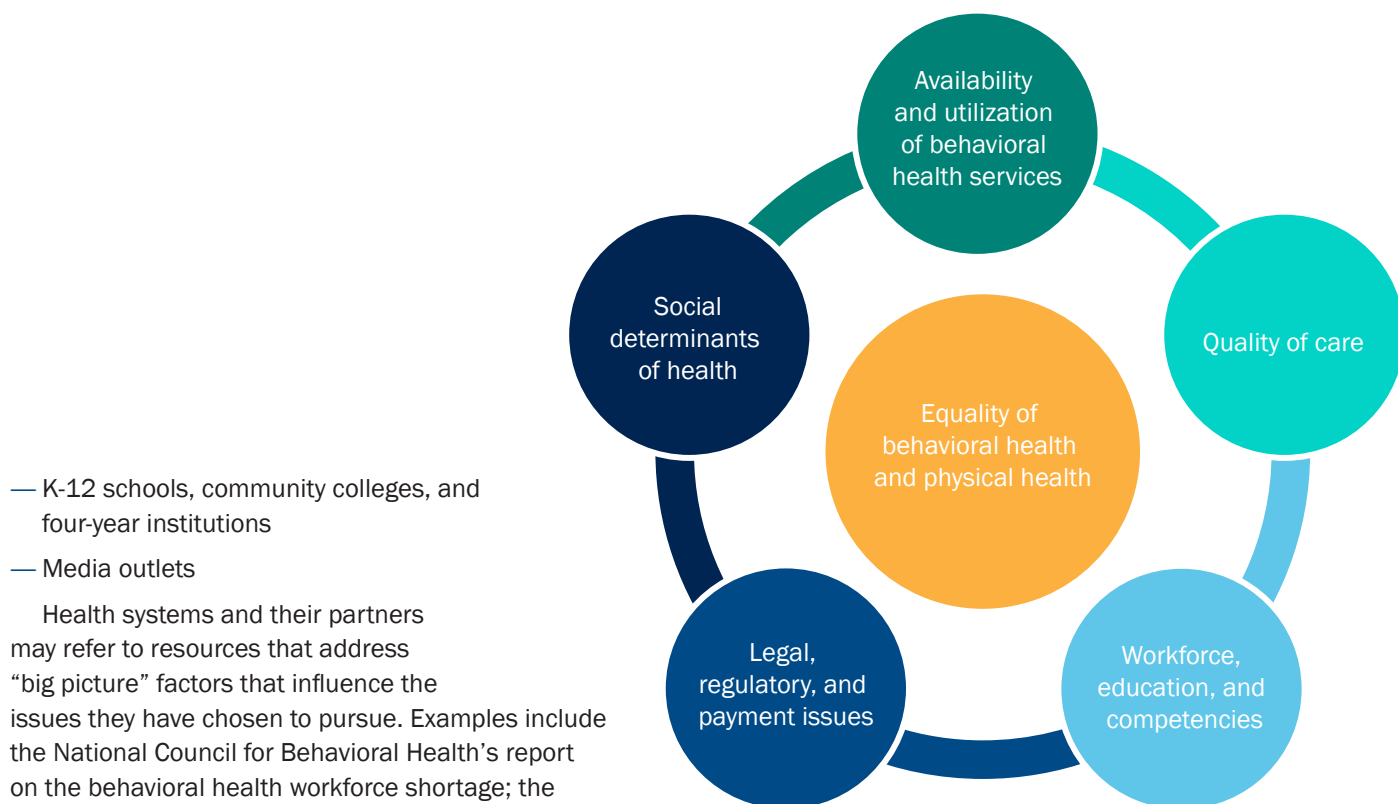
schools to identify behavioral health competencies for both medical and behavioral healthcare workers. Loan repayment programs may help attract providers.

- **Legal, regulatory, and payment issues.** Organizations may consider lobbying for changes to laws and regulations or working with payers to address concerns. Topics may include reimbursement levels and restrictions, insurance authorization, licensing and credentialing, emergency psychiatric holds and involuntary commitments, and telehealth requirements. Leadership in acute care settings may also consider developing collaborative relationships and protocols with law enforcement, emergency medical services (EMS), and other first responders.
- **Social determinants of health.** Health literacy and access to healthcare, particularly primary care, are among the social determinants of health. Other determinants include housing, public safety, social context (e.g., discrimination, incarceration), healthy foods, education, literacy and language, culture, employment, transportation, and even recreational activities (ODPHP).

Along with their parent health systems and behavioral health partners, leadership in acute care settings may consider engaging or partnering with groups such as the following:

- People with behavioral health needs, their families, and advocacy groups (see [Resources](#))
- Government agencies, legislators, and payers
- Law enforcement and the justice system
- Behavioral health, public health, and social services
- Organizations that address social determinants of health (e.g., housing, transportation, employment)
- Other providers across the care continuum (e.g., primary care, EMS, nursing homes)
- Healthcare and policy researchers
- Health professions schools and professional societies

Figure 1. Issues Ripe for Broader Change in Behavioral Health



Health recommends in “An Employer’s Guide to Behavioral Health Services” (see [Resources](#)). Because hospitals tend to be major employers in their area, the report states that hospitals can help “set the standard for other employers.” Recommendations address issues such as health plan benefits, disability management services and vendors, and employee assistance programs (National Business Group on Health). The American Hospital Association report also recommends that hospital leaders advocate for behavioral health with their national, regional, and state associations. For example, hospital leaders may form joint initiatives and partnerships at national and state levels, similar to those that the association recommends developing locally.

Resources

American College of Emergency Physicians

- Care of the psychiatric patient in the emergency department: a review of the literature. <https://www.acep.org/globalassets/uploads/uploaded-files/acep/clinical-and-practice-management/resources/mental-health-and-substance-abuse/psychiatric-patient-care-in-the-ed-2014.pdf>
- Practical solutions to boarding of psychiatric patients in the emergency department: does your emergency department have a psychiatric boarding problem? <http://www.macep.org/Files/Behavioral%20Health%20Boarding/Practical%20Solutions%20to%20Boarding%20of%20Psych%20Patients%20in%20EDs.pdf>

American Hospital Association

- Addressing social determinants of health [presentation]. <https://www.aha.org/addressing-social-determinants-health-presentation>
- Behavioral health challenges in the general hospital: practical help for hospital leaders. <https://www.aha.org/guidesreports/2007-09-13-report-behavioral-health-challenges-general-hospital>
- Emerging strategies to ensure access to health care services. <https://www.aha.org/system/files/content/17/task-force-virtual-care-strategies.pdf>
- Integrating behavioral health across the continuum of care [with the Health Research & Educational Trust]. <http://www.hpoe.org/Reports-HPOE/Behavioral%20health%20FINAL.pdf>
- Integrating physical and behavioral health [resource page]. <https://www.aha.org/2017-01-03-integrating-physical-and-behavioral-health>
- Telehealth: helping hospitals deliver cost-effective care [issue brief]. <https://www.aha.org/system/files/content/16/16telehealthissuebrief.pdf>

American Telemedicine Association

- State toolkits. <http://www.americantelemed.org/main/policy-page/state-policy-resource-center/additional-state-resources>

Center for Connected Health Policy

- State laws and reimbursement policies [for telehealth]. <http://www.cchpca.org/state-laws-and-reimbursement-policies>

Centers for Disease Control and Prevention

- Preventing suicide: a technical package of policy, programs, and practices. <https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf>

ECRI Institute

- Enterprise risk management: an overview. <https://www.ecri.org/components/HRC/Pages/RiskQual22.aspx>
- Failure mode and effects analysis. <https://www.ecri.org/components/HRC/Pages/RiskQual18.aspx>
- Getting the most out of root-cause analyses. <https://www.ecri.org/components/HRC/Pages/RiskQual23.aspx>
- Identifying and managing risks. <https://www.ecri.org/components/HRC/Pages/RiskQual2.aspx>
- INsight® risk assessment for behavioral health. https://www.ecri.org/Resources/PSRQ/INsight/INsight_Behavioral_Health.pdf

ECRI Institute PSO

- PSO Navigator: Managing behavioral health needs of adult medical inpatients. <https://www.ecri.org/components/PSOCore/Pages/PSONav1115.aspx>

Emergency Nurses Association

- Care of the psychiatric patient in the emergency department. https://www.ena.org/docs/default-source/resource-library/practice-resources/white-papers/care-of-psychiatric-patient-in-the-ed.pdf?sfvrsn=3fc76cda_4

Resources (continued)

National Academy for State Health Policy

- Improving behavioral health access and integration using telehealth and teleconsultation: a health care system for the 21st century [issue brief for policymakers]. <https://nashp.org/wp-content/uploads/2015/11/Telemedicine.pdf>
- Physical and behavioral health integration: state policy approaches to support key infrastructure [issue brief for policymakers]. <https://nashp.org/wp-content/uploads/2017/05/CMWF-Brief.pdf>

National Alliance on Mental Illness

- Get involved. <https://www.nami.org/Get-Involved/>

National Business Group on Health

- An employer's guide to behavioral health services: a roadmap and recommendations for evaluating, designing and implementing behavioral health services. <https://www.businessgrouphealth.org/pub/?id=f3139c4c-2354-d714-512d-355c09ddcbc4>

National Council for Behavioral Health

- The psychiatric shortage: causes and solutions. https://www.thenationalcouncil.org/wp-content/uploads/2017/03/Psychiatric-Shortage_National-Council-.pdf

National Quality Forum

- Quality Positioning System [quality measure search]. <https://www.qualityforum.org/QPS/QPSTool.aspx>

Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services

- Social determinants of health. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

University of Wisconsin Center for Quality and Productivity Improvement

- Systems Engineering Initiative for Patient Safety (SEIPS) model. <https://cqpi.wisc.edu/seips/>

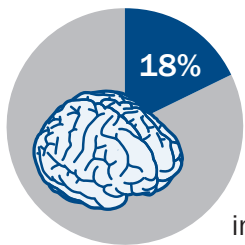
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Acute Care Patients with Behavioral Health Needs

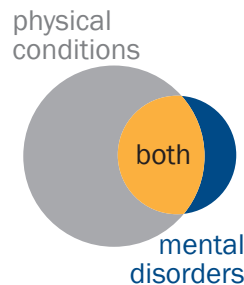
For the ECRI Institute PSO Deep Dive™: Meeting Patients' Behavioral Health Needs in Acute Care, analysts examined nearly 2,400 relevant events reported to ECRI Institute PSO and our partner PSOs.

WHAT IS ALREADY KNOWN?



18% of adults have had a diagnosable mental illness in the past year

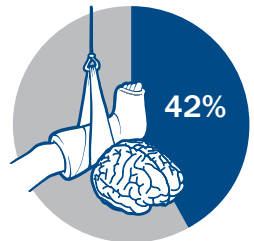
Source: NIMH.



68% of adults with mental disorders also have physical health conditions, and **29%** of adults with physical health conditions have mental disorders

Source: Druss and Walker.

42% of inpatient stays primarily for a physical health condition involve a co-occurring mental or substance use disorder



Source: Owens et al.

The workplace violence* rate in private-sector hospitals is more than **five times** the rate in private industry overall

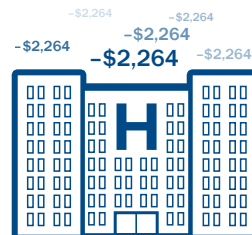


* Nonfatal workplace violence involving days away from work

Source: U.S. GAO.

Emergency department (ED) boarding of psychiatric patients costs **\$2,264 per patient**

Source: Nicks and Manthey.



+\$1.7 million

One hospital saved **\$1.7 million per year** by adding behavioral health providers to its inpatient medical teams

Source: Muskin et al.

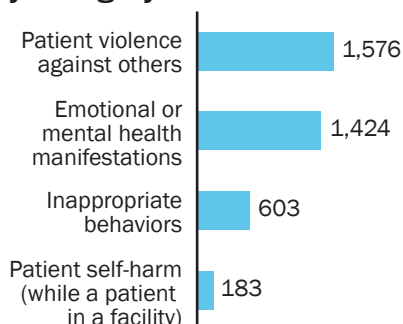
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WHAT DID ECRI INSTITUTE PSO LEARN?

ECRI Institute PSO analyzed 2,364 reports involving patients with behavioral health needs in general acute care settings.

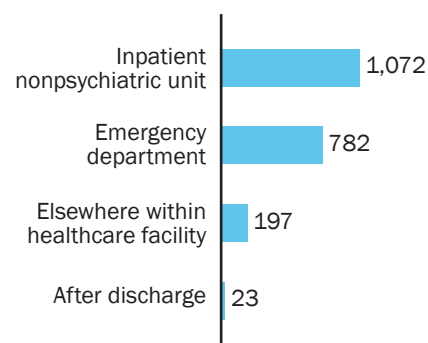
Behavioral Health Events, by Category



◀ Patient violence against others and emotional or mental health manifestations were major concerns.

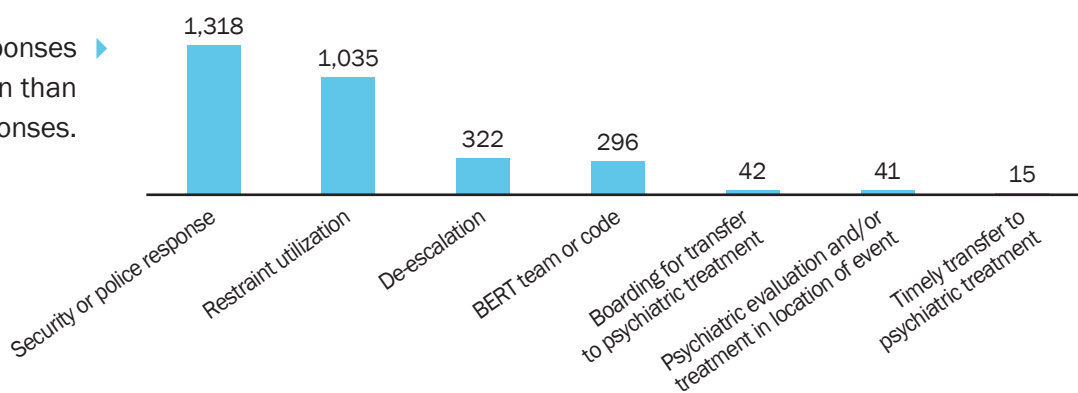
While EDs were frequent locations, even more reported events occurred in nonpsychiatric inpatient care areas.

Locations of Events



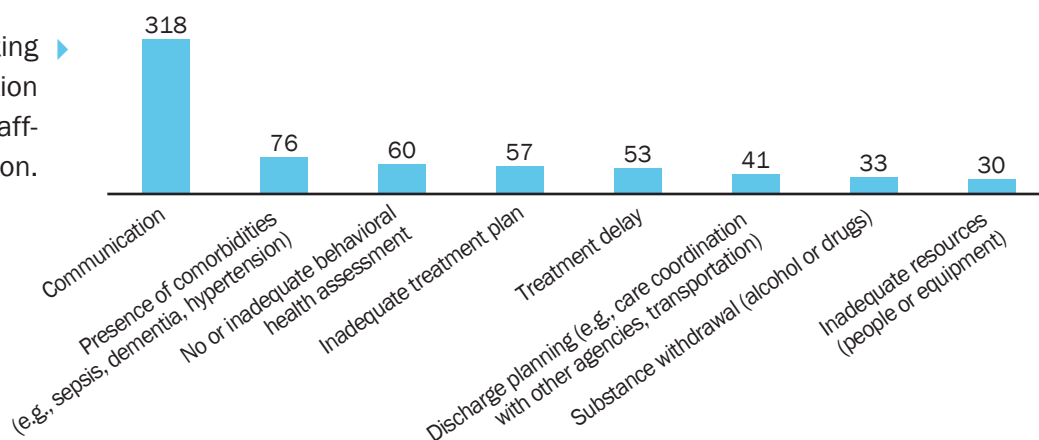
Organizational or Staff Response to the Behavioral Health Need

▶ Reaction-focused responses were much more common than therapeutic responses.



Causal and Contributing Factors

▶ The most common contributing factor was communication challenges, particularly staff-patient communication.



BEHAVIORAL HEALTH: DO WE NEED TO IMPROVE?

QUESTIONS FOR HEALTH SYSTEM AND HOSPITAL LEADERS

- ▶ What is our vision for meeting the behavioral health needs of acute care patients?
- ▶ What challenges do we see related to patients' behavioral health issues in nonpsychiatric acute care areas?
- ▶ How often do patients with a primary medical condition also have behavioral health needs?
- ▶ Do our metrics give us a comprehensive picture, considering issues such as patient safety, quality of care, patient satisfaction, security and risk management issues, occupational health, and staff satisfaction?
- ▶ What processes do we have in place for recognizing and planning for patients' behavioral health needs?
- ▶ How do we engage patients and families in treatment and referrals for treatment?
- ▶ Which provider and staff competencies do we need to strengthen to better meet patients' behavioral health needs?
- ▶ Which laws, regulations, and standards related to behavioral health pose barriers or cause confusion for staff, patients, or law enforcement?
- ▶ What behavioral health resources are available outside our hospital and ED? Where are the gaps?
- ▶ How effectively do we work with outside providers and agencies to ensure care in an appropriate setting and continuity of care?
- ▶ Have we undertaken a comprehensive economic analysis of behavioral health services in our hospital or ED, rather than looking solely at direct costs and reimbursement?
- ▶ What changes at the regional, state, or federal level would help us better meet patients' behavioral health needs? How might we promote those changes?

For information on accessing the full report, including more results, action plans, tools, and case studies, go to <http://www.ecri.org/behavioralhealth>.

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