Institute *for* Healthcare Improvement

Improving Behavioral Healthcare in the ED and Upstream

Hospitals and communities are partnering to improve care and reduce avoidable visits.

The hospital ED is often the first and only place for someone experiencing a behavioral health crisis to seek help. Even with a significant increase in the number of patients with behavioral health and substance use disorders presenting at EDs in the United States over the past decade, more can be done to better equip teams to deal with behavioral health issues and care beyond an individual's most immediate needs. This includes managing more effectively the vicious cycle of poor experiences and outcomes for patients, insufficient support for families, overburdened ED staff, overcrowded and bottlenecked emergency care settings, and increased expense for patients, health systems and payers. In addition, more work is needed to bolster health system coordination, connection to community-based behavioral health resources and other services to support individuals once they're discharged from the ED.

Participating Hospitals

- Abbott Northwestern Hospital
- Cohen Children's Medical Center
- Hoag Memorial Hospital Presbyterian
- Kaiser Permanente South Sacramento Medical Center
- Maine Medical Center
- Memorial Hermann Northeast
- Orlando Health South Seminole Hospital
- Providence Regional Medical Center Everett

While many hospitals nationwide have worked to address different aspects of this complex problem, few have tackled it as a system-level issue. Recognizing this, the Institute for Healthcare Improvement and Well Being Trust partnered with eight leading U.S. hospitals (see sidebar this page) to create Integrating Behavioral Health in the ED and Upstream Learning Community.

This 18-month initiative aims to demonstrate that by simultaneously improving multiple facets of the patient journey through the ED and back into the community, hospitals and their community partners can achieve meaningful improvements in patient outcomes, experience of care and staff safety, while also decreasing avoidable, repeat visits to the ED for individuals with mental health and substance use issues.

Teams in the initiative are testing improvements in four key areas: building community partnerships to enhance coordination and communication; standardizing processes in the ED; engaging and activating patients and family members; and creating a trauma-informed culture among ED staff. Based on learnings to date from the initiative, there are specific actions that hospitals and health system leaders can take to make positive change for both patients and care teams in the ED:

Support the work to build motivation and remove barriers. Even when ED teams understand the need to improve care for patients with behavioral health needs, they may still feel daunted by the number of system-level changes that will be required, the ever-changing landscape of community resources, and, at least initially, the inability to quickly secure the resources and organizational attention needed to solve myriad day-to-day problems. This underscores the importance of leaders showing their support by making behavioral health a core part of their population health strategy, freeing up staff time for improvement efforts, dedicating resources, and continually highlighting how the changes will improve outcomes for both patients and the care team. ED teams with a committed and engaged executive sponsor in the organization

have found it considerably easier to advance their work and gain buy-in from all involved.

Change the culture in the ED around behavioral health. In our experience, many ED teams can view behavioral healthcare as someone else's job and not as serious as a medical crisis such as a heart attack. Individuals with behavioral health issues may be considered dangerous due to stigma and incidents of aggression. Unprepared staff can be fearful if they do not have adequate knowledge and training; it's no surprise that patients and families of individuals with behavioral health issues frequently report poor communication, disrespect and subpar care in the ED.

To change the culture and practice, ED and Upstream teams are using trauma-informed and empathetic care principles. This involves appreciating the impact of trauma on mental illness, enlightening others about biases and stigma toward people with mental illness, and changing the physical environment of behavioral health sections of the ED to make it more soothing and less chaotic and noisy. In addition, it involves equipping ED team members with tools to provide trauma-informed care, such as non-medication interventions and de-escalation techniques, that result in decreased use of coercive interventions and physical restraints.

It also involves incorporating the patient perspective into improvements by mapping the patient journey and experience through the ED and community, collecting patient and family feedback on their experiences in the ED, and collaborating with patient

advocacy organizations like the National Alliance on Mental Illness and the Depression and Bipolar Support Alliance. This approach provides peer support groups and other services for patients and families both inside and outside the ED.

Leaders can champion these culture change efforts by modeling the behavior they want to see among their staff. This includes consistently reframing behavioral health issues as analogous to medical conditions (and not volitional), providing opportunities for staff to learn about behavioral health and being trained in how to provide trauma-informed care. In addition, leaders can consistently share data and stories showing improved patient and staff experience and outcomes because of the cultural shifts and associated process changes.

Engage community partners. Coordination between the ED and community-based behavioral health organizations is critical, and multiple ED and upstream teams report that their work is enhanced tremendously by engaging their community partners. In many cases, these organizations are already known to the hospital from work with community benefits and other efforts to improve hospital-community partnerships.

To bring these organizations into this work, leaders should facilitate connections between different entities within the health system working on hospital-community partnerships and, when needed, connect directly with the leadership of community-based organizations to improve relationships.

ED and Upstream teams have tested a number of high-leverage changes in this area, including creating reciprocal partnerships with community-based organizations to refer and connect individuals to needed services; making follow-up calls to patients post-discharge from the ED to check on how they are doing and ensure they are connecting to resources in the community; streamlining and ensuring outpatient appointments with community-based organizations; and investing in care coordinator positions to act as liaisons between the ED and community, helping the team to extend their impact beyond the ED.

Practice patience to realize sustained improvement. Over the course of nearly 18 months, ED and Upstream teams have reported monthly data on process and outcome measures to track their progress as they test changes within each of the five primary drivers. Teams have seen or are starting to see fewer ED revisits within seven days, reduced ED length of stay at different points (arrival to medical stabilization process and time from completion of mental health evaluation/disposition to ED departure), and a reduction in the number of patient-to-staff assaults and use of restraints. It takes time, but improvements are possible. Teams should continue to make gains after the initiative ends with continued leadership support.

It would be inaccurate to say that the ED is not the right place to care for many patients experiencing a behavioral health emergency, because in many cases it is the appropriate location. Numerous patients feel safest going to the ED and may not have access to other options or know where else to turn for care in their community. Sometimes patient symptoms are so acute that community sites are just not feasible. There are many strategies EDs can undertake to proactively address patients' needs and improve the likelihood that an individual may be able to access a community-based resource the next time they are in need. To accomplish this, ED teams need strong support from leadership, an ED culture focused on trauma-informed care, and true partnerships with community organizations—all fundamental to improving care and experience for patients, families and staff. ▲

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