

*Forum on Inpatient Psychiatry
in
Central Ohio*

Participants:

ADAMH
Central Ohio Hospital Council
The Columbus Foundation
Dublin Springs
Mount Carmel Health
NETCARE
OhioHealth
Ohio Hospital Association
Ohio Hospital for Psychiatry
The Ohio State University Medical Center
Twin Valley Behavioral HealthCare

Community Situation

- Psychiatric model of care differs from medical model of care in Ohio
 - Patients with insurance (commercial, Medicare, Medicaid) are covered in private facilities (Mt Carmel, OSU, Riverside)
 - Patients without insurance are covered in state facilities (TVBH) funded by the ADAMH Boards
 - Netcare is the access point for TVBH

Community Situation

- Bed closures in private hospitals and bed reallocation in the state hospitals led to limited access to psychiatric beds
 - Harder to get psych patients admitted
 - Increased volumes of psychiatric patients in the ED's
 - Increased length of stay for psych patients waiting admission in ED's and Med/Surg beds

Community Situation

- As a result:
 - Each facility functioned in a silo with little collaboration or communication
 - Private hospitals admitted self-pay patients from their ED's and TVBH admitted insured patients from Netcare leading to less financial resources for all institutions
 - Misconceptions abounded about each organization's resources
 - Accusations were made of “cherry-picking” and “hiding beds”

Community Solutions

- Fall 2007 Community Summit for Providers of Inpatient Psychiatric Care
 - Facilitated by Ohio Hospital Association
- Examined Spectrum of Issues affecting admission of psychiatric patients
 - No Transparency of Bed Availability
 - Complicated and Variable Admission Processes
 - Lack of Inter-agency Communication
 - Unavailable Resources/Beds
 - Diversity in Patient Management
 - Difficult Housing and Linkage after Discharge

Community Solutions

- Large Group
 - COO's, Medical Directors, Directors
 - Unavailable Resources/Beds
 - Difficult Housing and Linkage after Discharge
 - Held final approval and oversight
- Medical Directors
 - Diversity in Patient Management
- Directors/Medical Directors
 - No Transparency of Bed Availability
 - Complicated and Variable Admission Processes
 - Lack of Inter-agency Communication

Community Solutions

- Current Projects
 - Large Group
 - Psychiatrists Unavailable to Open all Licensed Beds
 - Dramatic decrease in state budget for mental health
 - Medical Directors
 - Borderline Protocol
 - Suicide Risk Assessment
 - Aggression Risk Assessment
 - Directors/Medical Directors
 - “Right Patient, Right Bed, Right Time”
 - Community Bed Board

“Right Patient, Right Bed, Right Time”

- Operational Rules for Patient Placement
 - Transparent Data
 - Open Bed / Cannot Refuse Patient
 - Insurance, Medicaid and Medicare – Placement in Private Hospital System
 - State Funded – Placement in State Hospital System
- Daily Inter-agency “Bed Briefing”
 - Census
 - Potential Discharges
 - Admissions
 - Places inpatients across all Columbus facilities
- Inter-agency “Electronic Bed-Board”
 - Access Data Base, housed on a Secure Web Site @ the Ohio Hospital Association

“Right Patient, Right Bed, Right Time”

- Results of new system
 - Decreased or stabilized LOS in ED's
 - Decreased uninsured patients in private hospitals and decreased insured patients in public hospital leading to improved financial status at all facilities
- BEST RESULT
 - Improved working relationships among all the facilities
- Important because:
 - Overall increase in psychiatric patients in the community
 - Who have lost jobs due to the economy
 - Who have lost insurance benefits
 - Who have developed new mental health problems

Next Steps

- Ongoing formal data collection to begin to further assess impact of tracking system
 - Evaluate bed capacity & access
 - Begin to track Adolescent placement needs
- Develop & implement – Clinical Practice Guidelines for specific diagnoses/patient populations.
- Evaluate additional opportunities for collaboration / sharing of resources
- Evaluate opportunity for replication
- Share our work

Community Collaboration

- Created a working team
- Helps us address the changing and challenging health care issues

Conclusion

- Questions??

