2016 Community Health Leadership Award – Nomination

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Organization:	Confluence Health – Central Washington Hospital
Name of Program:	Medical Unit -1
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Program Description:

In September 2014, Confluence Health – Central Washington Hospital upgraded one of our unoccupied patient care units to a 10-bed special observation unit for patients who challenged our conventional hospital unit model. This new unit, which we call Medical Unit 1 or MU-1, provides quality care to adult patients who have been detained because they are found to be gravely disabled under RCW 71.05.150 and RCW 71.05.153, using Single Bed Certification. In addition, the unit also accepts patients with a mental health disorder, but whose care is complicated because of a significant mental health diagnosis, geriatric-psychiatric (gero-psych) patients, and patients who have co-existing issues with substance abuse. These patients require close observation and intervention to ensure their special physical, psychosocial, and spiritual needs are addressed.

Care is provided by a multidisciplinary team comprised of hospitalists, a Behavioral Health Nurse Practitioner, a licensed MSW, a nurse case manager, and specially trained nurses and nursing assistants. There is a partnership with Catholic Family & Child Service, a community agency that contracts with the local Behavioral Health Organization (BHO) to provide crisis intervention services (including Designated Mental Health Professionals – DMHPs), community mental health providers, and Involuntary Treatment Act (ITA) court evaluators. Outpatient care is also available for patients with significant mental illness.

Population Served:

This special unit provides care to adult patients who have been detained under the Involuntary Treatment Act (gravely disabled), medical patients with a complicating mental health diagnosis, gero-psych patients, and those whose care is complicated by substance abuse. Since it opened, the unit has run at 85-90% of its capacity of 10 patients and has significantly reduced the need for detained patients to leave the Wenatchee area for care, including admissions to Eastern State Hospital.

Goal and measure of success:

Early in our affiliation in 2013 (between Central Washington Hospital & Wenatchee Valley Medical Center), Confluence Health acknowledged that mental health patients were part of our community and that we had an obligation to care for them. We knew that the Emergency

Department, or even one of our general medical/surgical units, was not the best place for these patients and we needed a safer (both for patients and staff), more therapeutic and secure alternative. We also knew the answer was not to create more beds at state hospitals, consistent with the intent of the Washington State Legislature that mental health services be provided in the community whenever appropriate (RCW 71.05.010(g)). We understand that at that time, most detentions were based on a 90-day hearing and the average length of stay was around 100 days.

We had three goals for this initiative:

- To decrease emergency department overcrowding due to long lengths of stay.
- Provide care by behavioral health providers in a safe, secure environment.
- To improve outcomes by improving the handoffs between acute inpatient and outpatient care.

We wanted to provide rapid stabilization and intervention, and facilitate transition to outpatient care by a community provider. Transfer to Eastern State Hospital or another psychiatric hospitals would only be sought if it was felt that we could not provide the needed care to stabilize the patient's acute problem.

During the first year of operation, we cared for 210 detained patients:

- 143 or 68% were initially detained to MU-1.
- Of the total detained, 131 or 63% were successfully treated and returned to local care without requiring transfer to a psychiatric bed, i.e. Eastern State Hospital.[1]
- Prior to MU-1, these patients would have either waited in the Emergency Department or in a medical/surgical unit bed for days or weeks. Their treatment would have been inconsistent and without a clear, organized treatment plan.

Before we opened the unit, about 30% of patients who needed stabilization were transferred to Eastern State Hospital. After opening the unit, only 13% of patients were sent to Eastern State Hospital[1]. This special observation unit has mitigated our need to transfer many of these patients and the greater than 50% drop in patients requiring transfer to Eastern State Hospital is one of the most obvious evidences of success.

How did we identify the community health need?

Confluence Health conducted its first Community Health Needs Assessment (CHNA) in 2013[2]. Access to mental health services and suicide prevention were identified as two of the key health needs in our community. These continue to be a focus and the current state of these needs will be described in our 2016 assessment.

In addition to our work on the CHNA, it was recognized that Chelan/Douglas RSN was consistently exceeding the 14 beds at Eastern State Hospital, sometimes as much as 50%.

How were the community partners involved?

We are strong partners with Catholic Family & Child Service, who has held the contract for crisis intervention services since 2014. They are currently the sponsoring agency for the Designated Mental Health Professionals (DMHPs). In addition, we also work closely with the Program of Assertive Community Treatment (PACT) Team and community mental health providers. Confluence Health participates in the local Mental Health Stakeholders meetings and we sponsor a monthly meeting called Quality Mental Health. The meeting consists of community providers from medical, behavioral health & substance abuse practices, law enforcement, jail officials, and the Emergency Department. The group reviews cases for patients who are struggling and are being seen frequently in the Emergency Department or are at risk for detainment. A community care plan is created so that everyone is on the same page with how to care for the patient/consumer.

We work with the county prosecutor's office, public defender's office, and local judges so that we can hold the required 14-day hearings in the hospital. The local Superior Court judges, prosecutors, and public defenders have worked with us to assure that the care provided meets the criteria established by the Washington State Supreme Court. We have set up a conference room as a courtroom and our judges hold court as needed to meet timelines specified under RCW 71.05.

Board involvement?

Our Confluence Health governing board has received regular updates on the status of this endeavor. Since opening the unit, we have discussed the benefits and challenges of our unit at monthly board meetings. At the February 2016 meeting, we invited the community liaison from Catholic Family & Child Service to do a presentation with our senior vice president for inpatient services. They presented an overview of the current state and the success of the unit.

The governing board approves the strategic goals annually. Access to care has been a major goal of the system. The board has voted to approve projects and initiatives that expand our services to meet the needs of our behavioral health patients. We have also expanded our outpatient behavioral health services and are implementing an Integrated Behavioral Health Program. MU-1 is just one example of a successful model of care that supports our overall goal on access.

The Board of Trustees for the Confluence Health Foundation has also been committed to the mission of this unit since its inception. It was discussed at the April 2014 Foundation Board meeting and Confluence Health was the recipient of a check for $500,000 from the Confluence Health Foundation during the unit's ribbon cutting ceremony on September 26, 2014.

Data used in benchmarking and goal setting? How did we evaluate effectiveness?

We started collecting Emergency Department data with relation to this special patient population in 2012. We looked at all patients with a behavioral health diagnosis, as well as those with a co-

diagnosis of alcohol or drug abuse. We created a subset of patients who were evaluated by a DMHP and subsequently detained, whether or not they were admitted, and their length of stay. We also tracked the number of cases that required a court hearing beginning in 2013.

In assessing what type of unit we should build, the various code requirements made an inpatient psychiatric unit appear cost prohibitive in the unoccupied unit of the hospital. In addition, the requirement of having 24/7 behavioral health provider access was going to be very difficult to achieve due to provider recruitment difficulties. Hence, we decided an inpatient psychiatric unit was not possible. During our project planning phase, we visited a similar unit at Providence in Everett. Our unit is patterned after that model, as well as the Johns Hopkins Psychiatric Short Stay Inpatient Unit. This model, using Single Bed Certification payment methodology, seemed the best alternative.

We created a 10-bed unit with safety features that met the needs of the patient population we were planning to provide care for. This was accomplished without a full remodel of the unoccupied unit. The unit also has a higher level of staffing than general units to further improve safety and care. Entry is by badge access with delayed egress. Visitor access and their belongings are controlled. The staff has received special training for managing these patients (including diagnosis, behaviors, psychotropic medications, and de-escalation). The unit has a trained security guard 24 hours a day.

We have evaluated effectiveness by our outcomes as indicated below:

- An overall decrease of utilization at Eastern State Hospital from 30% of those detained to 13% of those detained.
- Of the 143 or 68% initially detained to MU-1, 131 were successfully treated and transitioned to a provider in the community, with a median length of stay of 4.5 days.
- There has been no increase in readmission rate or recidivism in the 131 compared to those treated at Eastern State Hospital in prior years[1].
- There were no suicides or homicides identified among post MU-1 discharges during this period per Catholic Family & Child Service staff[1].
- The Chelan-Douglas RSN, now North Central Washington Behavioral Health Organization (NCW BHO), which includes Grant County, has not exceeded its allocated beds since MU-1 opened[1].
- It is difficult to determine how much money is being saved given this new model; however, if the cost of ambulance transfer from Wenatchee to Eastern State Hospital in Medical Lake (roughly $2000) is calculated by the number of patients kept here for care, it is well over $80,000[1].
- This unit has improved the collaborative care between inpatient crisis and outpatient mental health providers.

How did this project help to advance the cause of Equity of Care in Washington State?

As a non-profit hospital, we care for all who come to us for care. We continually address standard of care and offer the same level of care to all patients regardless of age, gender, race, national origin, religion, sexual orientation, gender identity or **disabilities**. We began to look at behavioral health care like trauma care. We do not send every trauma patient to the highest level

of care in the state: Harborview. It would not be the best for our patients, and certainly wouldn't be good for our system and community. In reality, this is how we have been approaching our state's mental health system and inpatient psychiatric care. The highest levels of mental health care should be reserved for only our most gravely disabled patients. By utilizing our state hospitals for the only the sickest patients, as our experience shows, the waiting list should be eliminated.

Results we are seeing. Difference this program has made in the community.

To reiterate our results/outcomes:

- An overall decrease of utilization at Eastern State Hospital from 30% of those detained to 13% of those detained.
- Of the 143 or 68% initially detained to MU-1, 131 were successfully treated and transitioned to a provider in the community.
- There has been no increase in readmission rate or recidivism in the 131 compared to those treated at Eastern State Hospital in prior years[1].
- There were no suicides or homicides identified among post MU-1 discharges during this period per Catholic Family & Child Service staff[1].
- The Chelan-Douglas RSN, now North Central Washington Behavioral Health Organization, which includes Grant County, has not exceeded its allocated beds since MU-1 opened.
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Finally, as we have become more comfortable caring for these patients and trusting our partners at Catholic Family & Child Service. We are beginning to see the indirect benefits of MU-1: jail diversion and non-emergent detention.

First, MU-1 has accepted jail holds for patients meeting detention criteria and are also generally non-violent or only self-destructive and a low-flight risk. This has freed up additional space at Eastern, which is the only facility known to accept jail holds in Eastern Washington and provide care and therapy to incarcerated individuals[1].

Second, MU-1 has also allowed us to begin non-emergency detention proceedings required by RCW 71.05.156. We can provide care and therapy before a patient becomes gravely disabled, requiring a prolonged stay at Eastern State Hospital. This had not been done before in Eastern Washington because of the shortage of beds and access to care. We are hoping that this minimizes the need for petitions under Joel's Law or the actual number of detentions in the future[1].

We plan to evaluate the outcomes from the second year of this program at the end of September 2016.

Has this program been awarded or recognized by others?

While we have not received any formal recognitions or awards, we are receiving calls from several agencies throughout Washington who are curious about this model and wondering if it would work in their community. An article about MU-1 appeared in the spring 2016 issue of Frontlines, the newsletter for the Washington Designated Mental Health Professionals.

References:

[1] Skansgaard, E. (2016) A Needle In Eastern Washington's Psychiatric Haystack. Frontlines, Volume 35 (1).

[2]Confluence Health Central Washington Hospital & Clinics (n.d.). Community Health Needs Assessment. Retrieved June 24, 2016, from http://www.cwhs.com/healthinfo/CHNA.aspx