

Sample Survey of Selected Community Hospitals June 16 –Aug 11 2009

Description of Selected Sample and General Expressed Concerns:

We visited 9 community Hospitals over approximately a 2 month period. Hospitals were chosen based on the recommendations of Dr. Lancaster and Amy Smiley of DSOHF. Brynn Marr was the only exclusively psychiatric hospital visited. The attached chart provides further description of the size of the hospital and other specific characteristics. We met with directors of the emergency departments in the medical facilities. All expressed surprise and gratitude for our visit. Without exception, they report that the single biggest problem that they face in the emergency departments is procuring appropriate psychiatric care promptly. They report that it is impossible to admit psych patients to the state psych hospitals on weekends and holidays. Most insist anecdotally that they 'treat and release' 20-40% of psych patients. However, the Emergency Department (ED) physicians are not comfortable removing a patient from an IVC status. They expressed confusion and dismay that it would be totally unacceptable for individuals with acute medical problems to languish in an ED for days, but that this is common practice for psychiatric patients awaiting care. The medical clearance is an ongoing problem that the EDs view as a "tactic" that the state hospital utilizes to purposefully delay admissions. They state that they are left with little access to state hospital resources and have made their own initiatives. The ED directors summed up their concern as the need for mental health to be patient centered rather than resource centered with clear expectations and clear communication from both the state psychiatric facilities and the community LMEs. All of the Emergency Departments sampled are experiencing an increase in the number of psychiatric patients over the past 6 months. They attribute this to the weakened economy with fewer resources and anticipate this trend to worsen. Children and adolescents are a special concern as they are even more of a challenge to care for in a crowded ED and to place appropriately.

Hospital Specifics

- *Wayne Memorial:* Bill Fuqua, the director of Behavioral Health, related that in 2008 there was much difficulty accessing Cherry Hospital which contributed to very long waits. He established a 'task force' to solve the problems. He brought in the doctors, the LME, and attempted to convince Cherry to attend meetings. However, the former director and chief medical director refused. Currently, the new Cherry hospital director is attending but the chief medical director continues to be absent. He reports communication has improved but Cherry's tendency to be on delay "90% of the time", the medical clearance issue, and the lack of 24/7 crisis services are ongoing issues. Wayne desires 3 way contract beds and Mr. Fuqua says there is talk of expanding their ED for special psychiatric beds.
- *Wake Medical Center:* The staff at Wake Med's ED report that CRH/DDH admission staff are rude and seem unwilling to work to accept patients in a timely manner. Frequently, there are no return phone calls regarding a possible admission for 8-12 hours. They have proposed 'trading' the high acuity psych patient in the ED with a patient of lower acuity from CRH/DDH but this idea was 'turned down' in July 2008 by Dr. Osberg. Brynn Marr, Coastal Plains, Durham Regional, Duke Raleigh, Duke, and Rex have agreed on a medical clearance form. They would like for the state hospitals to do the same. This prevents the ambiguity currently plaguing them. Law Enforcement is now refusing to stay with the patients due to their own budget issues. They stated that the mobile crisis team does not come to the ED because they are not qualified to assess.....are not LCSWs or a licensed professional. Holly Hill beds are not deemed as equivalent beds to CRH/DDH. Johnston

Memorial “rarely takes” psych patients from the Wake ED. The Wake staff state that 3 way contract beds are more of a possibility for admissions on weekends and holidays than state facility beds. They implied that they would be willing to bring on 3 way contract beds at Wake if the funding was “secure”. The Wake ED staff contend that Holly Hill only admits Wake patients and other counties will not take Wake clients because they think Holly Hill should admit them. The Wake staff stated that the Wake LME was not helpful.

- *Moore Regional:* The staff at Moore report that Law Enforcement are now leaving psych patients within 2 hours due to budget issues. They have no hospital transportation available to take patients to the homeless shelter in Fayetteville (closest shelter to Moore). The Mobile Crisis team will come to the ED but Moore questions their credentials. The ED staff implied that they would like more 3 way contract beds if funding was secure. There were many complaints about the DDH admission office. Basically they do not return calls, they lose faxes, and the Moore ED doctor must start over each shift when a new resident comes on duty. DDH does not inform them as to where their patients are on the waiting list and of any approximate time frame for admission. If Moore admits the psych patient (awaiting admission to DDH) to their unit for safety or in order to clear out beds in the ED for medical patients, DDH tends not to take them at alldespite the fact that the patient is not receiving appropriate care.

- *Grace Hospital:* Grace reports that their psych unit has been at capacity since February of 2009 which they attribute to the administration of the new psychiatrist, Dr. Struthers. He accepts higher acuity patients and has kept the unit full. Law Enforcement “usually” stays with the patients. There are at least 6-8 patients being tasered by law enforcement each year. Sadly, these patients are cuffed and tasered in full view of other patients. Transportation is a major issue. Contact with the LME is fraught with problems. They do not keep the ED informed about where they are in the process of placing the patient. Frequently, they only call one placement per day. In regards to the mobile crisis team, the ED staff are unsure as to what type of qualifications these providers possess. They believe those coming in to do assessments only hold undergraduate degrees. They are not credentialed through Grace and they basically “rubber stamp” the MD assessment instead of completing their own assessment and possibly seeking alternatives to hospitalization. The LME has told Grace that the ED physicians cannot have “doctor to doctor” communication. They must talk “through” the LMEs only. They state that John Hardy from the LME visited a year ago but related that there is no on going communication with him. ED staff were unclear about the 3 way contract beds so we provided the list. They informed us that Broughton will not take voluntary admissions and that Broughton “turned drop off psych patients away at the door” without an evaluation or stabilization. Grace staff contend that the admission office staff at Broughton are rude and uncooperative. In fact, Dr. Hawkins says that one staff member resorting to name calling. Broughton does not return calls and they lose faxes. There is little continuity between shifts. There is no “walk in clinic” available in the Morganton area. The nearest one is in Statesville (Crossroads).

- *Brynn Marr:* The main concern at Brynn Marr was that they had received word that their 3 way contract had ended on June 30th. The CEO, Jay Kortemeyer expressed some confusion that Coastal Plains and The Oakes would continue to have the 3 way beds. Brynn Marr has had a total of 92 admissions to their (5) 3 way beds Jan-June 2009. Expansion plans are for 12 more adult beds to open next year. They report good relations with Eastpointe (their LME). About 80% of their patients are IVC and they do their own medical clearance utilizing a nurse practitioner with no reported problems. The psychiatrists at Brynn Marr

especially liked the 3 way contract beds because of the guaranteed 7 day generic prescription issue.

- *Forsyth Medical*: Forsyth has a 44 bed psych unit but they routinely fill only 33 of these beds due to their concern with rooming psych patients in semiprivate rooms. The staff report that many of the patients are “too acute” to be in a semiprivate room. On the day that we visited there were (13) 3 way contract patients. Forsyth ED has a separate area for psych patients named the “Blue Zone”. They report 400 psych ED admissions each month with an average wait time of 18 hours before disposition. The ED staff report good working relations with Centerpoint but report less favorable relations with the Yadkin and Davidson LMEs. The state that, “every LME does things differently”. Mobile Crisis teams DO NOT come to their ED but Forsyth has their own “ACCESS” team consisting of social workers who provide 24 hour coverage for assessments and dispositions. Of special note, is that Forsyth Medical sends their own Mobile Crisis team to doctors’ offices to help keep patients in the community rather than going to the ED. They stated that they are attempting to educate the community in calling their Mobile Crisis team instead of immediately going to the ED.

There is also a physician extender and 4 community psychiatrists to cover the psych patients. Transportation is a huge problem in that the county only transports twice daily and this fact alone increases a patient’s ED stay.

- *Moses Cone*: There are three hospitals under the auspices of Moses Cone, Wesley Long (175 beds), Annie Penn in Reidsville (158 beds), and Moses Cone (535 beds). There is a free standing Behavioral Health Care Unit associated with Moses Cone with 50 adult acute beds and 30 adolescent acute beds. This Behavioral Unit takes IVC patients but “does not accept violent patients at all”. The hospitals have “sitters” with the psych patients and the Greensboro Police provide 2 officers for all involuntary patients in the ED at all times. Moses Cone has hired their own security company to help with safety and transportation (Langford Security). The facility uses leather restraints and “quick release” Velcro restraints. There have been “several” incidents when psych patients have been tasered by the police in the ED. Moses Cone has also hired their own “ACT” group (Assessment Counselor Team) which consists of master’s prepared social workers. However, there are so few of them that they cannot always arrive at the ED within the 1 hour time frame. The Guildford Mobile Crisis Team DOES NOT come to the ED. The ED nurse manager said that she saw one person from the mobile crisis team once but she thought “that they were a family member since they just hung out with the patient”. The hospital has 1 psychiatrist who is available to the ED (if called) 8am-12pm Monday –Friday. Forsyth has considered routing all psych patients to Wesley Long but this has not yet occurred. One of the ED physicians was allegedly told by a state hospital physician that the state facilities did not want the patients placed back on their meds and essentially treated. The state psych hospitals wanted to see the patient “rough” i.e. untreated. A further concern is that, if they put the psych patients from the ED in a “regular bed”, they will “lose their place in line for a state hospital bed”. If they moved them to a regular bed, the patient would be more comfortable and Moses Cone would have a better opportunity to treat. They used this practice previously but have ceased because of the loss of a place “in line”.

- *Southeastern Medical Center*: Southeastern has a 33 bed adult psych unit with an average daily census of 20. 90% of the admissions on this unit are IVC but they “cannot treat violent patients”. Asked to clarify, they contend that “violent” is anyone with a history of attacking staff or other patients. They contend that they have a “good” relationship with their LME. The mobile crisis team is accessible and remains in contact with the hospital throughout the search for an appropriate bed. The length of time in the ED for a psych

patient ranges from 7 hours to several days. Southeastern staff tout 'I CARE' as a "great model" for community mental and physical health care delivery. However, the grant ran out several months ago. Southeastern has considered closing their psych unit because "there is no money in treating psych patients" and they believe that the unit tends to "draw more psych patients into their ED".

- *Betsy Johnson Hospital:* The ED staff at Betsy Johnson expressed interest in the 3 way contract beds. They only allow a psych patient to remain in the ED for 12 hours. If no placement is found by that time, they admit the patient to one of their open medical beds. As they have no psychiatrist on staff, a hospitalist continues to treat the patient on the regular medical unit. They note that the patient then "loses their place in line" at the state facilities. Betsy Johnson rarely uses mechanical restraints but state that they use "chemical restraint" quite regularly to maintain the patient in their ED. Geodon and Ativan are the most commonly prescribed. The ED staff meets with their LME (Sandhills) about every 6 months. The hospital has its own 9-5 behavioral staff but the LME sends someone after hours. The ED physician was unclear about whether this person from the LME does assessments. The physician was also uncertain about the LME person's academic/discipline background. The staff note that they see considerable substance abuse and that Harnett County has very few resources for this population, unlike Nash County which has more to offer these individuals.