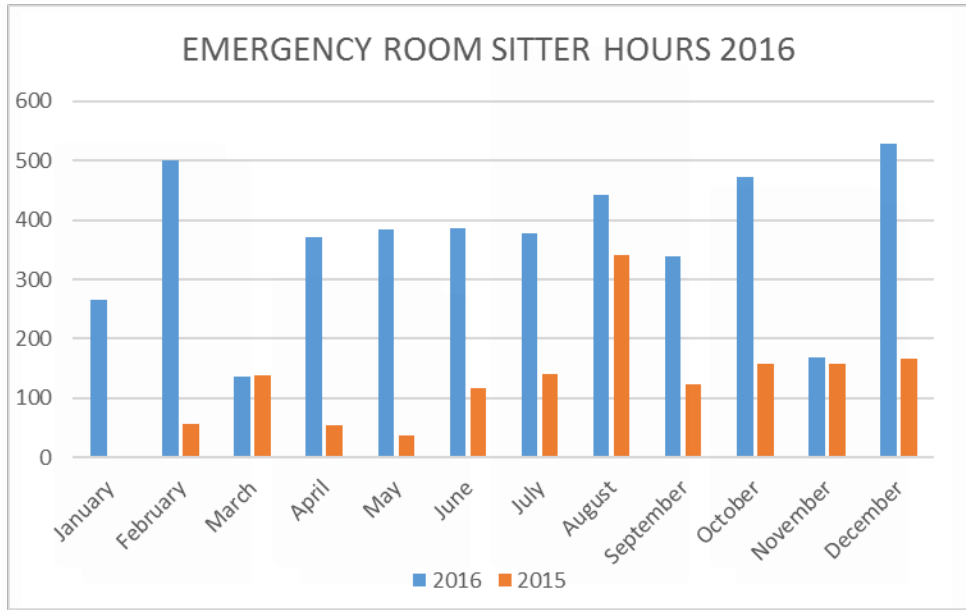




Emergency Department Total Sitter Hours Barton Health – Emergency Department

Run Charts



Aim Statement

- To gather this data in order to show how often the Emergency Department is utilizing staff with other job descriptions to sit and observe Mental Health patients to ensure their safety through December 31, 2016.

Changes Being Tested, Implemented or Spread

- Use of the Sitter log binder
- Revision of the Sitter policy and ensure that staff show competency regarding such said policy
- Education to all staff that sit with mental health patients which include but not limited to documentation, communication and expectations.

Lessons Learned

- Staff that sit are showing improvement about tracking their sitting hours.

Recommendations and Next Steps

- We will continue to track these hours to provide abstract data that will surely substantiate the need for a full time sitter.

Team Members

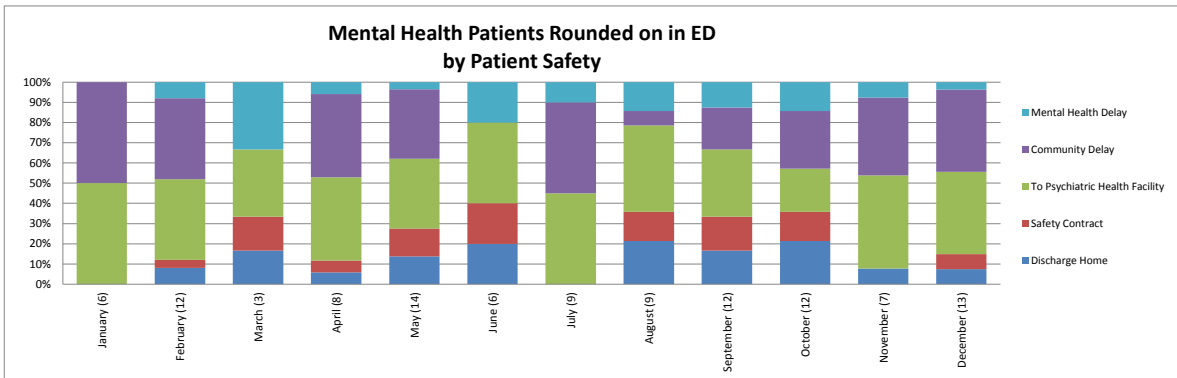
- Kim Simms, RN, Administrative Director of ED and OB
- Daryl Braga, Manager ED
- All staff that sits for pt.

Month	2016	2015
January	265	No data
February	501	56
March	136	139
April	372	55
May	385	38
June	387	117
July	377	141
August	443	341
September	339	123
October	472	159
November	168.5	159
December	527.5	166
Total Hours	4373	1494

Patient Safety Rounds- Mental Health Patients 2016

Date	Unit	# pts	Diagnosis	Pt length of stay in ED (hours)	Reason for delay	Discharge Home	Safety Contract	To Psychiatric Health Facility	Community Delay	Mental Health Delay	Mental Health Notes in Chart?	Transferred To:	Primary RN	CSSRS Done?
12/5/2016	ED	1	Suicidal ideation	7	Bed availability			1	1		Yes-Mental Health	PHF		Yes & SAD
12/5/2016	ED	1	Acute psychosis	67	Bed availability--multiple obstacles from PHF			1	1		Yes-Mental Health	West Hills	Gower	No, but SAD
12/7/2016	ED	1	Schizophrenic episode	8	Bed availability			1	1		Yes- Mental Health	PHF		Yes & SAD
12/11/2016	ED	1	Suicidal ideation	84	Bed availability			1	1		Yes-Mental Health	West Hills		Yes & SAD
12/11/2016	ED	1	Suicidal ideation	24	Bed availability (staffing)			1	1		Yes-Mental Health	PHF		Yes & SAD
12/11/2016	ED	1	Suicidal ideation	45	Bed availability			1	1		Yes-Mental health	Fremont Hospital		Yes & SAD
12/12/2016	ED	1	Suicidal ideation	19	Re-eval	1	1				Yes-Mental Health			Yes & SAD
12/14/2016	ED	1	Suicidal ideation	15	Bed availability			1	1		Yes-Mental Health	PHF		Yes & SAD
12/20/2016	ED	1	Suicidal ideation	12	Bed availability			1	1		Yes-Mental Health	John Muir		Yes & SAD
12/21/2016	ED	1	Bipolar affective disorder	42	Pt cleared at midnight 12/21, bed availability			1	1	1	Yes-Mental Health	Mather VA		Yes & SAD
12/26/2016	ED	1	Suicidal ideation	3	No delay	1	1				Yes-Mental Health			Yes & SAD
12/26/2016	ED	1	Suicidal ideation	37	Bed availability			1	1		Yes-Mental Health	PHF		Yes & SAD
12/29/2016	ED	1	Overdose, intentional self-harm	38	poison control requested to hour observation. PHF requesting re-eval in 18 hours. bed availability			1	1		Yes-Mental Health	PHF	Knapp	No, but SAD

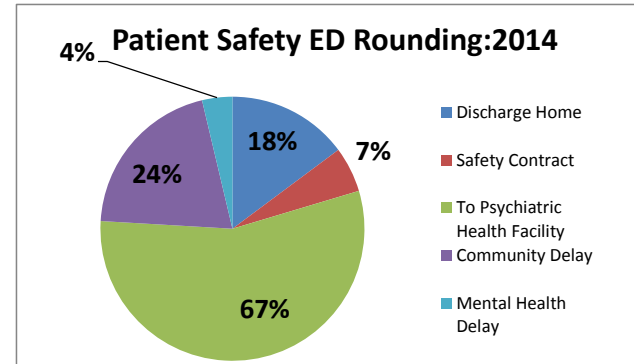
Totals (YTD): 111 Cumulative Average (YTD) 30.36 26 21 85 71 19
 Cumulative Median (YTD) 24.00



2016 Monthly TOTALS	Discharge Home	Safety Contract	To Psychiatric Health Facility	Community Delay	Mental Health Delay
January (6)	0	0	6	6	0
February (12)	2	1	10	10	2
March (3)	1	1	2	0	2
April (8)	1	1	7	7	1
May (14)	4	4	10	10	1
June (6)	2	2	4	0	2
July (9)	0	0	9	9	2
August (9)	3	2	6	1	2
September (12)	4	4	8	5	3
October (12)	6	4	6	8	4
November (7)	1	0	6	5	1
December (13)	2	2	11	11	1

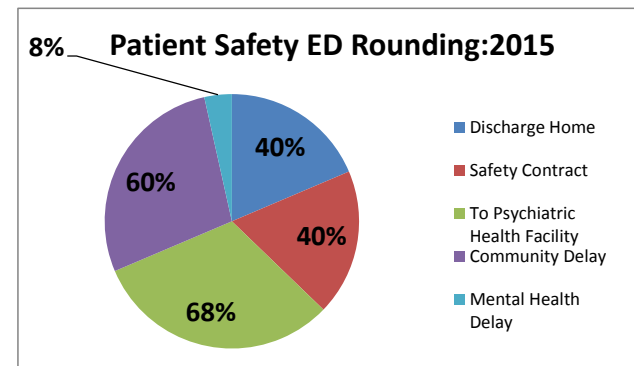
Pt Length of Stay in ED (Hours)	
Average	30.36
Median	24.00
Range	2-129

Year	Month	Discharge Home	Safety Contract	To Psychiatric Health Facility	Community Delay	Mental Health Delay
2014	Jan '14 (4)	1	0	3	2	0
	Feb '14 (7)	0	0	7	4	0
	Mar '14 (8)	1	0	5	0	0
	Apr '14 (4)	1	0	2	0	0
	May '14 (4)	0	0	3	0	0
	Jun '14 (3)	0	0	2	1	0
	Jul '14 (1)	1	0	0	0	0
	Aug '14 (4)	1	0	5	1	0
	Sept '14 (4)	0	0	2	2	0
	Oct '14 (2)	0	0	0	1	2
	Nov '14(3)	2	2	1	0	0
	Dec 14 (1)	1	1	0	0	0
	SUM 2014 (45)	8	3	30	11	2
Percent	18%	7%	67%	24%	4%	



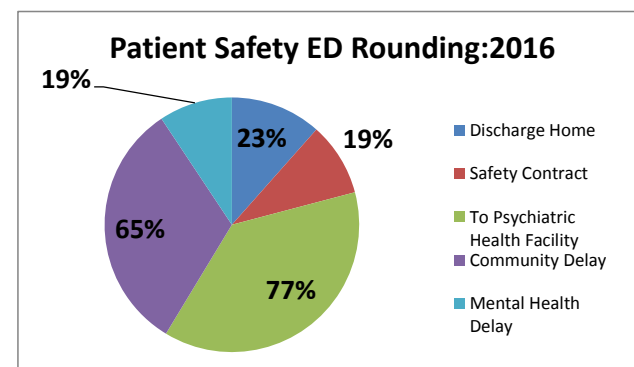
2015	Jan '15 (1)	1	1	0	0	0
	Feb '15 (2)	1	1	1	1	0
	Mar '15 (5)	0	0	5	3	0
	Apr '15 (5)	3	3	4	4	1
	May '15 (3)	2	2	1	0	0
	June '15 (3)	0	0	3	3	0
	July '15 (9)	3	3	6	6	1
	August '15 (3)	1	1	2	2	1
	September '15 (2)	1	1	1	1	0
	October '15 (3)	2	2	1	1	0
	November '15 (4)	2	2	2	2	0
	December '15 (1)	0	0	1	1	0
	SUM 2015 (40)	16	16	27	24	3
Percent	40%	40%	68%	60%	8%	

2015 Pt Length of Stay in ED (Hours)	
Average	34.58
Median	22
Range	6-174



2016	January '16 (6)	0	0	6	6	0
	February '16 (12)	2	1	10	10	2
	March '16 (3)	1	1	2	0	2
	April '16 (8)	1	1	7	7	1
	May (14)	4	4	10	10	1
	June '16 (6)	2	2	4	0	2
	July '16 (9)	0	0	9	9	2
	August '16 (9)	3	2	6	1	2
	September '16 (12)	4	4	8	5	3
	October'16 (12)	6	4	6	8	4
	November '16 (7)	1	0	6	5	1
	December '16 (13)	2	2	11	11	1
	SUM 2016 (111)	26	21	85	72	21
Percent	23%	19%	77%	65%	19%	

2016 Pt Length of Stay in ED (Hours) Cumulative YTD		
Average	Median	Range
25.08	23.50	15.5-41
36.22	29.75	15.5-76.5
33.91	27.00	6-76.5
34.32	29.00	6-76.5
36.31	29.00	6-129
34.36	28.00	6-129
35.84	29.50	6-129
34.30	29.00	4-129
32.15	26.50	2-129
31.24	24.00	2-129
30.30	24.00	2-129
30.36	24.00	2-129



Tele-Psychiatry Outpatient to Inpatient Consults

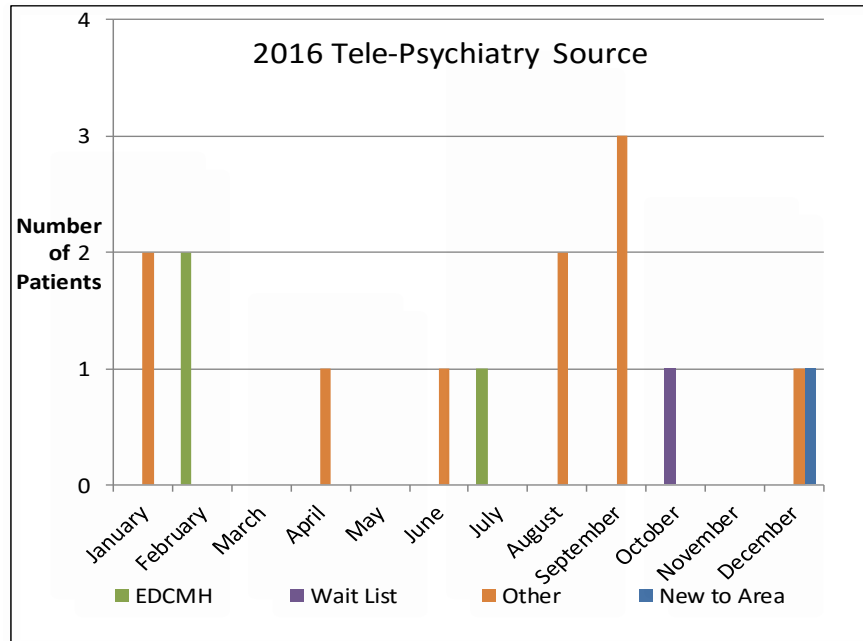
Run Charts

Aim Statement

- Assist local provider with diagnosis and medication recommendations.
- Track continuity of care between the out patient and acute care setting by Dec. 31, 2016.
- Important to assist in determining community mental health needs and prevention of ED and hospital visits.

Changes Being Tested, Implemented or Spread

- Obtain baseline understanding of acute care consult requests.
- Identify how many consults occur on patients in the acute care setting new to the community, established with EDCMH, on the Barton wait list, or other.

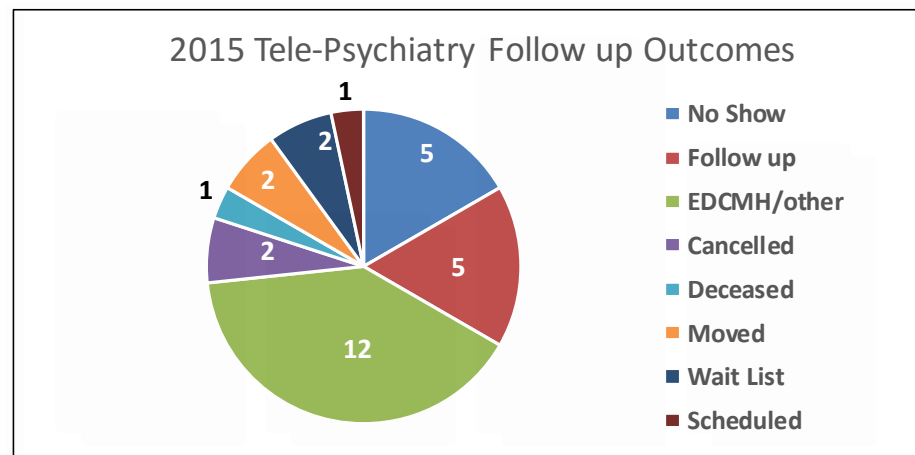


Lessons Learned

- Beginning of 2016, we had a high number of out of town visitors participating in consults indicated by "other". Format was changed after April 2016, and the data does not support the majority of acute care telehealth visits for patients new to the area.

Recommendations and Next Steps

- 2017 consider changing report to compare outpatient telehealth provider no show rates with in person provider no show rates.



Team Members

- Ann Truscott, RN



Case Management Inpatient Mental Health Delays

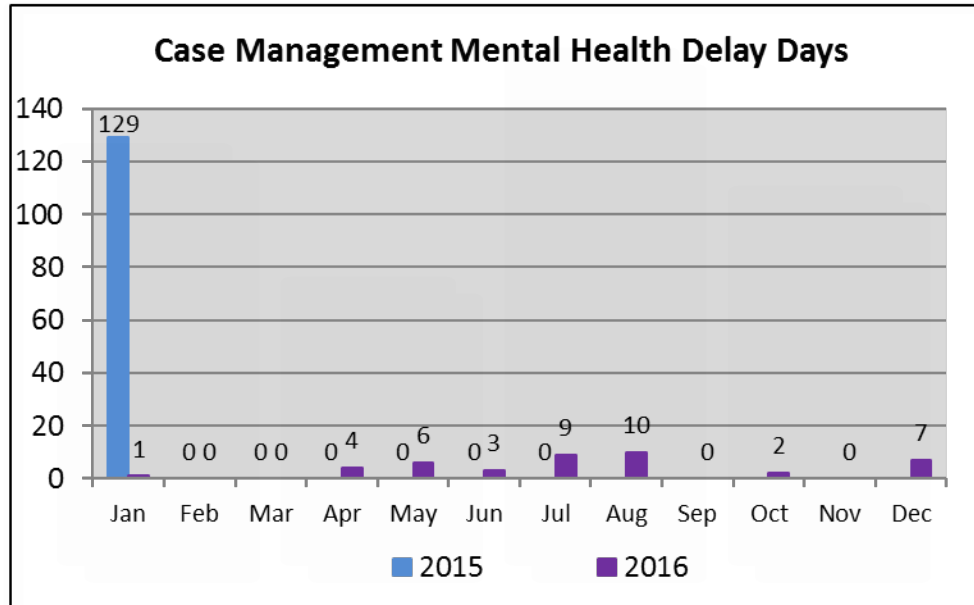
Run Charts

Aim Statement

- To reduce the number of inpatient mental health delays by year end 2017 in order to assure that psychiatric patients are receiving the appropriate level of care.

Changes Being Tested, Implemented or Spread

- Since it is difficult to make changes to the County Mental Health system ongoing meetings are in place to communicate difficulties and develop relationships and trouble shoot and advocate for an appropriate level of care.



Month	# of Delays	Delay Description
Jan-16	1	Mental Health worker not completing 5150 forms correctly
Feb-16	0	N/A
Mar-16	0	N/A
Apr-16	4	Lack of psych bed availability
May-16	6	Lack of psych bed availability
Jun-16	3	Lack of psych bed availability
Jul-16	9	Lack of psych bed availability for three different patients
Aug-16	10	Lack of psych bed availability
Sep-16	0	N/A
Oct-16	2	Lack of psych bed availability
Nov-16	0	N/A
Dec-16	7	Lack of psych bed availability

Lessons Learned

- The County does not have contracts with more than one med/psych facility and does not have enough contracts with freestanding psychiatric hospitals which leaves patients waiting for that appropriate level care that they need.

Recommendations and Next Steps

- Continued meetings and trouble shooting with County Mental Health.
- Transfer Center will be looking for placement for Mental Health Patients beginning in October. Will await the result of their effort as they may have more experience in successful placement than the County Mental Health Workers.

Team Members

- Sue Fairley, RN
- Lisa Fisher, MSW
- Mental Health Task Force which includes: Daryl Braga, RN; Kim Simms, RN; Tiffany Anderson, RN; Christine O'Farrell, RN; Lance Orr, MD; El Dorado County Mental Health Staff.



Barton Community Health Center Number of Visits – Social Work and Psychiatry

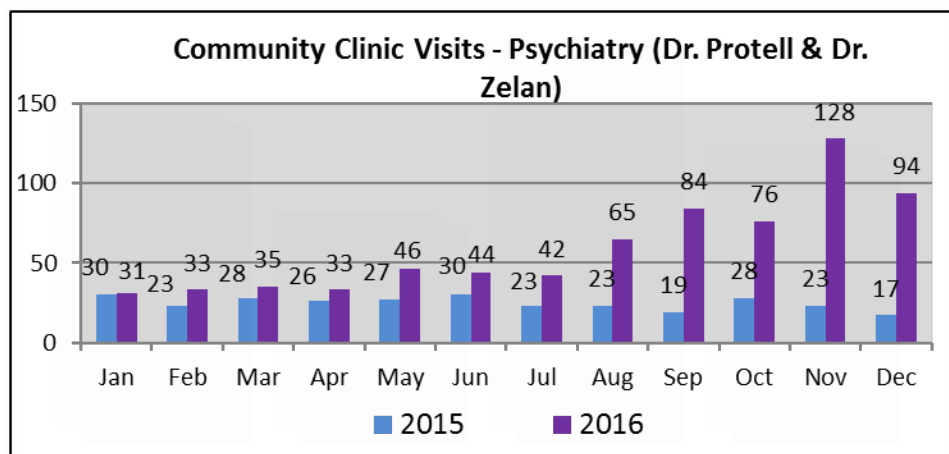
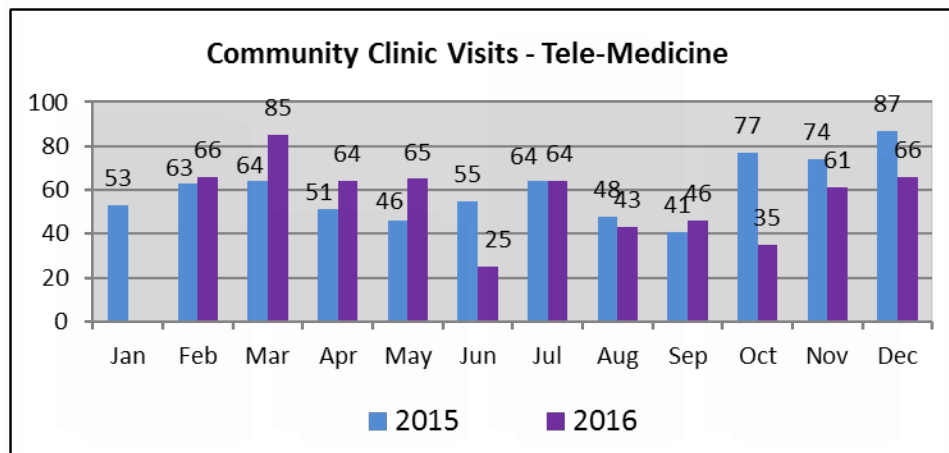
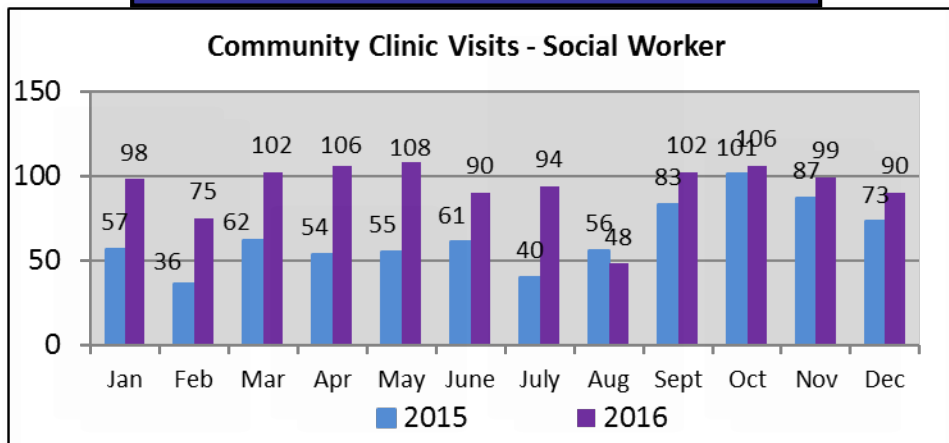
Aim Statement

- Demonstrate the need for Mental Health Service expansion by the end of 2016. Measured by patient visits versus wait list demands.

Changes Being Tested, Implemented or Spread

- Hired a full time Psychiatrist for adult and pediatric patients. Next step is to monitor the wait list for improvement.
- Hired a full time MA to ensure the accuracy of data.
- **Social Worker – 4 month wait list of approximately 30 patients**
- **Psychiatry (Dr. Protell and Dr. Zelan - Peds) – 3-4 month wait list of approximately 18 patients**
- **Psychiatry (Dr. Zelan - Adults) – 8-9 month wait list of approximately 92 patients**
- **Tele-Psychiatry – 1 month wait list of approximately 0 patients**
- **Tele-Psychology – 1 month wait list of approximately 0 patients**

Run Charts



Lessons Learned

- Data evaluation revealed that prolonged wait times could be directly related to lack of dedicated resources.

Recommendations and Next Steps

- Will need to monitor data to see if current resources are adequate or if additional resources are needed.
- Review current processes for further improvement to patient flow and continuity of care between providers.

Team Members

- Catherine Conner, Physician Practice Mgr.
- Pam Stoddart, MOC.
- Myanna Jury, MA