Emergency Department Diversion Through Behavioral Health Linkages

ANNOUNCER: Hello. Welcome to HealthSounds, conversations with healthcare innovators. Brought to you by the Healthcare Intelligence Network.

LAURA GREENE: This is Laura Greene for the Healthcare Intelligence Network. Today I'm speaking with Joe Eppling, assistant vice president of post acute and behavioral health services at East Jefferson General Hospital. Joe is presenting at HIN's audio conference on "Emergency Department Diversion Through Behavioral Health Linkages." Welcome and thanks for joining me today Joe.

JOE EPPLING, ASSISTANT VICE PRESIDENT OF POST ACUTE AND BEHAVIORAL HEALTH SERVICES AT EAST JEFFERSON GENERAL HOSPITAL: You're welcome.

LAURA GREENE: To begin with, a recent speaker on reducing unnecessary ER use said that since many ER frequent fliers have substance abuse or mental health issues, and their numbers are relatively low, efforts to reduce unnecessary use should focus on the non-frequent flier population. How does your organization handle the frequent fliers or super-users, as the media's now referring to them, who have mental health issues?

JOE EPPLING: I think our organization is just a little bit different in that sense in that we have a psychiatric registered nurse who works in the ER 24/7. Therefore, they know the population and they actually know who these frequent fliers are, and are able to connect with the resources on the outpatient

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side to see where they've either lost track of them or have missed appointments and try to get them steered back into their outpatient services. Also, they're very aware of again some of the frequent fliers who actually need to be admitted. So they're able to pretty much screen them, know they're background and know they're baseline as to whether or not they need truly inpatient services or whether to be placed back in an outpatient arena.

LAURA GREENE: Thank you Joe. According to the most recent National Hospital Ambulatory Medical Care survey, more than 6 percent of all ER visits are for mental health related issues, substance abuse related disorders, mood disorders and anxiety disorders. Can the establishment of medical homes for these individuals have an effect on these numbers?

JOE EPPLING: I think in some part they can. I'll tell you that our percentage is much higher than that 6 percent. I think the last time I looked at it our percent of ER visits is about 14 percent of patients in our ER are requiring mental health services. What I'm finding in our region, or area, is the lack of acute care beds and not enough places in hospitals to admit patients to. So we're seeing a backlog. And then on the inpatient sides, what I'm seeing is, more of log jams where we have patients who are no longer requiring inpatient services, but there are no long-term state beds in order to move the patients out of acute care into long-term beds and seeing more of the log jams. So I would think that the establishment of medical homes, for this patient population, could be useful. One of our other facilities on the West Bank actually opened up a transitional care unit where they purchased some apartments and were able to transition some of those patients out of the

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acute care setting into the transitional care unit. And that has tremendously helped us move patients from the acute care setting out.

LAURA GREENE: Thank you. And finally what is the optimal waiting time for patients in the ER?

JOE EPPLING: Optimal waiting time, that's a good question. Our standard is anybody that presents with thoughts of suicide or homicidal ideations are seen immediately and are brought back immediately to the ER because these patients are a danger to themselves and others. On the other side of that, patients in non-emergent situations, our current wait time is probably 2 to 3 hours on a good day. Optimum wait time I think would be less than an hour, but I don't know if that's ever achievable in our area.

LAURA GREENE: Okay. Those are all the questions I have for you today, thanks for being with us and we're looking forward to hearing from you during the webinar.

JOE EPPLING: Thank you.

LAURA GREENE: This is Laura Greene for the Healthcare Intelligence Network.

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