Tele Health Evaluations in the Emergency Department: Improving the Behavioral Health Patient Experience

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Objectives

- Describe what telehealth is, its many formats, and discuss the use of telehealth for crisis evaluations and tele psychiatry in the Emergency Department.
- Discuss the history of telehealth.
- Discuss the advantages and disadvantages of telehealth evaluations, both in the Emergency Department setting and clinical behavioral health settings.
What is Telehealth?

- Telehealth is defined as “the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration.”
Forms of Telehealth

There are many different forms of telehealth:
- telephone
- email
- fax
- video conferencing
History of Telehealth

- 1879: An article in *The Lancet* talked about using the telephone to reduce unnecessary office visits.
- 1925: *Science and Invention* magazine cover showed a doctor diagnosing a patient by radio.
- Late 1950s: Probably one of the earliest and most famous uses of hospital-based telemedicine was in the late 1950s and early 1960s when a closed-circuit television link was established between the Nebraska Psychiatric Institute and Norfolk State Hospital for psychiatric consultations.
1925 *Science and Invention* magazine cover

![Image of a 1925 magazine cover featuring a diagnosis by radio scene with medical professionals and equipment.]
Current Tele Behavioral Health Research

• The Canadian Agency for Drugs and Technologies (2015) conducted a telehealth review/meta-analysis for patients with mental health issues and determined that tele behavioral health is as safe and effective as in-person care. Strengths noted by providing access to care in rural settings. Safety concerns can be managed by screening for appropriate patient populations and ongoing monitoring of symptom changes.
Tele Behavioral Health at Banner Health

- Program began with one LCSW in 2015.
- Program has grown to include 14 licensed clinicians, two part-time psychiatrists, and five transfer coordinators.
- Typical patient presentation: Danger to Self, Danger to Others, Substance Use Disorders, Psychosis, Depression, Anxiety
Tele Behavioral Health Workflow

1. Attending physician medically clears patient & places an order for a behavioral health evaluation in the EMR system.
2. This order triggers a Tele Behavioral Health clinician to review the patient chart.
3. After a brief review of the patient chart, the clinician contacts the patient’s bedside nurse.
4. Nurse and clinician discuss the patient’s appropriateness for a tele evaluation.
5. If it is determined that patient is a candidate for tele evaluation and the patient is agreeable to a tele evaluation, the nurse or patient care technician places the camera into the patient’s room.
**Banner Tele Behavioral Health Equipment**

- 16 total Tele Behavioral Health Carts are stationed within the Banner Emergency Departments, Observation Units, and Inpatient Medical Units.

- The carts are user-friendly and designed to be used only for tele behavioral health evaluations.

- Patient’s room doors are closed for privacy during the evaluation. However, for patients who are at risk for danger to self/danger to others, a direct observer remains within line of sight in the Emergency Department for safety.
Banner Tele Behavioral: Current Sites and Operations

Tele Crisis Team
• Provides crisis evaluations and behavioral health recommendations to nine Banner Emergency Departments, two inpatient medical units, three observation units, and surge support to Banner Thunderbird and Banner Behavioral Health.

Behavioral Health Transfer Team
• Integrated into the Tele Behavioral Health team in 2018.
• Improved communication and collaboration.
• Facilitate transfer of behavioral health patients.
Banner Tele Behavioral Volume

Total Cases Reviewed: 9,916
Of Total Case Reviews, total patients assessed: 5,315
Tele Assessment Rate: 54%

2018 ED Crisis & Intake Assessment Patient Volume

Total Cases Reviewed: 9,916
Of Total Case Reviews, total patients assessed: 5,315
Tele Assessment Rate: 54%
Behavioral Health Patients in Banner Emergency Departments

- 2015: Average daily volume of patients in Banner Emergency Departments = 39.5
- Average hold time: 22.5 hours
- 2018: Average daily volume of patients in Banner Emergency Departments: 47
- Average hold time: 13.85 hours
- % increase in number of patients from 2015 to 2018 = 20%
- % decrease in average ED hold time from 2015 to 2018 = 37%
## Summary of 2019 Trends

<table>
<thead>
<tr>
<th>Adult Average Volume and Hold Time 2019</th>
<th>Adolescent &amp; Pediatric Average Volume and Hold Time 2019</th>
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</thead>
<tbody>
<tr>
<td>• 48.2 patients per day</td>
<td>• 11.5 patients per day</td>
</tr>
<tr>
<td>• 12.9 hour average hold time</td>
<td>• 21.2 hour average daily hold time</td>
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<tr>
<td>• 1 hour decrease in hold time from 2018 despite an increase in average volume of 2 patients</td>
<td>• 30 minute increase in hold time from 2018 and an increase in volume of 1.5 patients</td>
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Banner Tele Behavioral: Crisis Program Benefits

- Rapid response to requests for crisis assessments.
  - Evaluation Response time averages 28 minutes.
- Reduction in patient length of stay in the Emergency Department.
  - Equates to a decrease in ED costs.
  - Improved patient satisfaction.
  - Reduces risk.
- Reduction in the overall number of crisis staff within the system.
  - Replaces the need for 24/7 onsite coverage in the ED departments resulting in savings of over $2 million to the system.
Tele Psychiatry – Dr. McNaughton

• Collaboration with Crisis Therapists (both tele therapists and onsite CPR clinicians) provides an opportunity to address psychotropic medications and complex social issues simultaneously.

• Insights provided from psychiatry/medical perspective based upon chart review.

• Doc-to-docs with outpatient providers.
References


