Is This a Crazy Idea? Triaging Patients Directly to a Psych Facility

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Our Service

- Fire Based with 325 sworn firefighters
- 150 paramedics, 175 EMTs
- 14 Stations
- Tiered Response using MPDS
- Protects 500,000 citizen daytime population spread over 111 square mile radius
- Includes SLC International Airport
- 35,000 calls
- Gold Cross Ambulance Transport
Background

- SLC transports 1,300 psychiatric patients/year
  - Increase of 11% between 2004-2011
  - Distributed among 8 receiving hospitals
  - Majority (49%) to University Medical Center

- Is the ED the best place for these patients?
• In some cases, ED is best place to start:
  – Severe agitation
  – Injuries/overdose
  – Complex medical history
  – Pseudo-psych
Typical ED Course

- Medical Screening Exam
  - H&P, Lab Tests, ECG to certify medical clearance for psych care, document intoxication
  - Crisis worker consult
  - Average per patient ED charges $1,802.56
Sorry, no vacancy
History of Effort in SLC

• 7/2011: OPTUMHealth wins $50M contract for SL County psych services
  – Plans to open psych receiving center at the University of Utah’s Neuropsychiatric Institute
UNI Psychiatric Receiving Center

- “Living Room” model
- Therapeutic crisis management
- Assessment by licensed mental health professional
- Health screenings to determine healthcare needs
- Medical intervention
Psychiatric Receiving Center
Where would you want to go?
Potential UNI Receiving Center Patients

① Primary Psychiatric complaints:
- Suicidal
- Homicidal
- Depression
- Anxiety
- Auditory/visual hallucinations
- Paranoia

② Behavioral problems:
- Marital/interpersonal disputes
- Request for detoxification services

Exclusion Criteria Present?

① Age < 18
② Blood glucose <60 or >150 mg/dL
③ Abnormal VS:
  - Temperature > 38°C
  - HR > 130/min
  - Systolic BP < 100 or >180 mm Hg
  - RR < 10/min
④ Physically combative
⑤ Medication or drug overdose
⑥ Clinically apparent acute alcohol or drug intoxication
⑦ Actively withdrawing from drugs or alcohol
⑧ Traumatic injuries requiring medical attention
⑨ Uncontrolled or acute medical conditions
⑩ Paramedic judgment that patient needs care not available at UNI or inappropriate for setting

Yes: Transport to nearest emergency department
No: Call OMC to authorize transport to UNI
RETURN TO SENDER
Results

• N=305 Patients transported directly to psych facility June 2012 through November 2013
• 11 (0.04%) Return to Senders
  – Majority due to admission of recent substance abuse
• No clinical decompensation or deaths observed
Average Monthly Transports to the Psych Receiving Center

Protocol Implementation

Prepare • Respond • Impact
Average Monthly Psych Transports by Hospital

Protocol Implementation

Prepare  •  Respond  •  Impact
Impact on Psych Transports to the ED

16.2% Reduction in psych transports to ED (95% CI 7.9-25.5%)
Cost Avoidance/System Savings

- $529,952.64 in ED charges over 18 months avoided
  - $844.65 for 11 interfacility transports

- = $529,107.99
Summary

• Primary triage of psych patients from the field is possible
• Seems safe
• Helps reduce healthcare $
• Leads to more appropriate utilization
• Contributes to improved ED capacity
WELL DONE YULIA.

YOUR FAMILY SHALL LIVE.