

Implementing a Protocol-Driven Medical Clearance Algorithm in Behavioral Health Crisis Services

Sara Bortner, BSN, RN; Katherine Fornili, DNP, MPH, RN, CARN

Abstract

Problem and Purpose

A lack of standardized recommendations for medical clearance can lead to delayed or inconsistent care for individuals who present to emergency facilities with behavioral health (BH) concerns. Resulting complications include patient distress, increased health care costs, increased length-of-stay (LOS) and decreased bed turnover in emergency care settings, delays in receipt of specialty psychiatric services, and increased morbidity and mortality. The purpose of this quality-improvement project was to evaluate the implementation of standardized recommendations for medical clearance, using a protocol-driven algorithm and checklist for individuals presenting to emergency facilities with behavioral health concerns. This project aimed to reduce LOS in the emergency setting, delays in receipt of specialized psychiatric services, patient distress, and health care costs.

Methods

A medical clearance algorithm and related checklist were uniquely created for this project, using recommendations gleaned from the literature review, and were used to capture data during the baseline and implementation periods. Nurses completed the checklists for each presenting patient. Data collection included: clinically significant findings from the medical history and patient presentation, lab tests ordered, disposition decision, the LOS in minutes from triage to disposition decision, and whether a medical transfer happened within the first 72-hours upon admission to the BH unit.

Results

Disposition and LOS data were captured for 425 patients over 11 weeks. Of the patients presenting to the crisis center for emergency care, 71.94% had a previous psychiatric history and 7.42% presented with a new onset of psychiatric symptoms. The majority of the patients were under the age of 65 (96.13%). No patients had urgent concerns from their physical examination. Thirteen patients (4.19%) had abnormal vital signs, which included tachycardia, as high as the 110s, or blood pressure readings considered borderline hypertensive. Disposition types included discharge home (84.00%), transfer to the local ED (4.71%), or transfer to the crisis residential

unit (11.06%). The mean LOS in minutes from triage to disposition decision was 211.70 (SD=199.07) for the baseline period and 188.90 (SD=205.99) for the implementation period. Only one patient (0.24%) was directly admitted to the inpatient BH unit, and there were no transfers to a medical unit within 72 hours after transfer to inpatient behavioral health services (a safety measure).

Conclusion

Patients presenting for emergency care with BH concerns may not require routine laboratory screening. One limitation was the lack of on-site laboratory services; therefore, laboratory testing was not performed prior to making a disposition decision. The algorithm and checklist did not impact LOS ($p=0.15$). Reductions in admissions to the inpatient BH unit were an unexpected, yet welcome outcome.