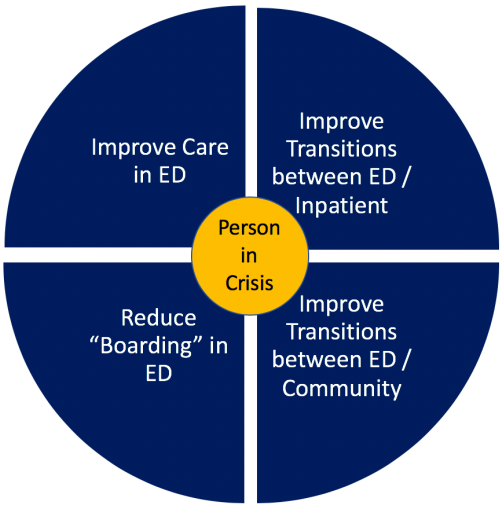
# Shared Standards and Improved Transitions for People with Acute Mental Health Needs in the ED

In Minnesota, the number of Emergency Department (ED) visits for mental health in Minnesota have increased 75% from 2010-2017, while total ED visits increased 16.2% (MHA).

Working together as part of the MN Health Collaborative since 2017, the Acute Mental Health Needs working group has already made significant systems changes to **improve the ED experience, including transitions, for people with mental health needs and those who serve them.** Shared standards for addressing mental health crisis in EDs are not currently in existence and are critically needed, similar to healthcare standards for cardiac arrest or stroke.

This multi-organizational and multi-disciplinary group of psychiatrists, ED physicians, nurses, social workers, operational leads, and other mental health providers identified four domains where they can uniquely focus efforts within, or stemming from, their EDs, and also support or align with efforts of others: improving care within EDs, improving transitions between ED and inpatient psychiatric facilities, improving transitions between ED and community services, and reducing extended length of stay in EDs as people wait for beds or community services. There is overlap: efforts in one area contribute to progress in others.




## Shared Standards for Care

The MN Health Collaborative started by focusing on improving care within the walls of their EDs. A full package of shared standards is being developed including assessment, intervention and transitions. The Collaborative has already developed and committed to community-wide standards in two areas, implementing changes in their organizations in the following areas:

### Medical Clearance Evaluation

**Desired Impact: Standardize best practice and reduce unnecessary labs and testing done when determining if an individual is medically stable to transfer to an inpatient facility**. The group began with this shared area of focus in 2018 as a starting place with an additional aim to build better communication and trust between EDs and inpatient facilities, both intra-organizationally and across their health systems. This work is now being spread to other inpatient and ED facilities.
**Learn more:** **Medical Clearance Evaluation in EDs for People With Mental Health Needs**

### Suicide Prevention and Intervention

**Desired Impact: Standardize evidence-based practices in screening, assessing, intervening, and conducting follow-up for people at risk of suicide presenting in EDs**. The group developed and released these shared standards early in 2019. These recommendations provide practical guidance alongside CMS and new Joint Commission requirements as of July 2019.

This effort has already supported organizational decision-making to improve policies, approaches with patients, and the use of evidence-based tools. All of the organizations have now adopted the same screening tool, the Columbia Suicide Screening Severity Rating Scale (C-SSRS). Now, they are working to improve practices in assessment and intervention. In addition, some organizations are doing early work to operationalize follow-up to reduce further suicide risk, including Caring Contacts, a non-demand follow-up approach with strong evidence supporting its use. This area of

shared standards will be revised with more implementation guidance in 2020, including trauma-informed culture based on input from people with lived experience and family.
**Learn more**: Shared Standards for Suicide Prevention and Intervention in EDs

### Shared Standards in Process – Agitation and Violence

In addition to the above, the group has begun work to develop shared standards for agitation and violence. Other areas of shared standards will include further ways to advance active interventions, including while people are waiting for beds/services, and discharge planning.

### Transitions and Partnerships

In addition to improving care within EDs, the MN Health Collaborative is working along with other agencies/sectors to improve transitions and reduce the time people spend waiting for beds or community services. We are collaborating with MN Psychiatric Society, NAMI, the agencies listed below and others to coordinate and mobilize broader shared action. Actions being explored include:

- **Improving information-sharing and/or defining shared practices between ED and agencies serving the safety net population and providing crisis or support services**. Potential intersections are being explored with Minnesota Association of Community Mental Health Programs (MACMHP) and Mental Health Providers Association of Minnesota (MHPAM). Organizations in these associations provide services to people with serious mental illness and who are often underinsured or government-insured. Services include mobile crisis, residential crisis stabilization, Intensive Residential Stabilization Treatment (IRTS), Assertive Community Treatment (ACT), outpatient services and more.
- **Aligning and participating in a new working group on psychiatric boarding with the Minnesota Medical Association (MMA) and the MN chapter of American College of Emergency Physicians (ACEP)**.
- **Aligning with MN Hospital Association (MHA) for use of ED data** that the MN Health Collaborative organizations are providing MHA and Wilder for a new Potentially Avoidable Days study, which will include data on long lengths of stay in the ED.
- **Improving information-sharing and/or defining shared practices between ED and inpatient facilities** statewide and regionally, including VA hospitals and state facilities.
- **Improving transitions for people going to or from jails or for people brought to EDs by law enforcement**. There are several regional collaborations addressing this, which we are bringing together this fall to learn potential areas for shared impact.
- **Improving transitions for other populations:** people living in group homes, people presenting with substance use issues, children and adolescents, and people with autism and developmental disabilities.
- **In rural areas, increasing the awareness of and improving intersections with mobile crisis teams**, some of whom provide assessment services within EDs. This could also reduce the number of people who go to EDs and who may be better served by mobile crisis.
- **Creating or optimizing different pathways to reduce use of the ED where appropriate,** such as from primary care or outpatient mental health to community services or inpatient, and implementing psychiatric observation units (such as EmPath model) adjacent to EDs.

*The MN Health Collaborative is an initiative driven by ICSI that brings healthcare organizations together to address major health topics, currently including opioid misuse and addiction, and system improvements for broader mental health care needs. The MN Health Collaborative consists of physicians and other representatives from: Allina Health, Blue Cross Blue Shield, CentraCare Health, Children's Minnesota, Essentia Health, Fairview Health Services, Gillette Children's Specialty Centers, HealthPartners, Hennepin Healthcare, Hutchinson Health, Mayo Clinic, Medica, North Memorial Health, Ridgeview Medical Center, Sanford Health, UCare, UnitedHealthcare of MN, ND and SD, and University of Minnesota Health/University of Minnesota Physicians.*