

Harbor Performance Initiative

Issue Brief: Managing High Acuity or Violent Patients

May 2016

Background

The Harbor Performance Initiative (HPI) conducts quarterly webinars to review program goals and activities, discuss core issues impacting the industry, share strategies to address key challenges, and compare data benchmarking from participating inpatient behavioral health hospitals.

The level of change is accelerating in the behavioral healthcare field. The impact of technological advances, operational changes driven by the full integration of Affordable Care Act (ACA), population health realignment, and regulatory requirements are driving 2015 strategies for HPI facilities. Many of the core issues being faced by HPI organization fall under the broad category of issues related to the move toward population health and technology.

Challenges

Overall, HPI members agreed that the increasing number of highly acute or violent patients impacts operational protocols and costs. Higher acuity patients often require more 1:1 staff time and may ultimately lead to a lower patient census due while simultaneously presenting the need for additional staff training and revised patient protocols.

Cuts to the behavioral healthcare system, state hospital bed closures, and limited Medicaid expansion were all cited as institutional changes that precipitated acuity changes among non-state run psychiatric hospitals and psychiatric units within acute care hospitals. One member – citing the closure of state hospital beds – pointed out how this has increased admissions at her facility as well as other community hospitals in her area. Another member stated that the shortage of beds is further compounded by single room occupancy for high acuity patients who may require private rooms to reduce potential harm to other patients.

Alternate Approaches

Participants were asked to discuss potential solutions or anecdotes on how members have improved their care for high acuity patients. Several members shared staffing models and integrated care models that have assisted with their capacity to care for high acuity patients. However, most felt that there did not appear to be any large-scale solutions.

Team meetings. One 13-bed unit member mentioned the importance of their morning team meetings where all aspects of the unit is discussed, including closed beds. Another noted that they have the ability to collect large amounts of directional information about the patient, but that the provider relationships can provide the best resource with which to identify higher-risk patients and to defuse any potential negative impact of the highly acute or violent patient.



“ [We have the] ability to have information right at our finger-tips in terms of medical records but also in terms of having the relationships with the providers on the unit.”

– HPI participating hospital



Communications. Another challenge that the provider/patient relationship serves to address is that a patient’s acuity level can change day-to-day and even within a single day. Effective means for communications channels between care team members can help staff members properly care for patients based on more real-time acuity-based needs.

Integrated care and the support network. Another member mentioned that most referrals came from their in-house Emergency Department. An in-house ED has allowed this particular HPI member to have more integrated care since a practitioner can quickly communicate with psychiatrists and have a social worker speak with family members or others in the patients' support network. This more well-informed network may help provide a somewhat more positive environment for the patient post-discharge and subsequently reduce readmission rates. The same hospital was able to open a self-contained, three-bed behavioral health suite adjacent to their ED to flexibly manage people outside the ED – as an additional way to better manage a more highly acute or violent patient population.

Admissions monitoring. Alternatively, one member said that they attempt to examine the number of high acuity patients at any given time on the unit and then make decisions on whether to admit additional high acuity patients based on their capacity. One member said that this option can be challenging since it may require turning away prospective patients from care.

Staffing. Staffing models were also discussed including the ability to flex up or down the per diem pool and accelerated on-boarding processes to ensure a fast hiring turn-around.

Summary

Key points of the Learning Segment discussion from the quarterly HPI webinar suggest that in 2016 HPI organizations will need to be actively engaged in:

- Better understand staff time required for high acuity patients and evaluate ways to ensure a higher patient census.
- Examine staffing models including per diem pool flexibility that optimize cost, safety, and high quality care.
- Continue to discuss, develop, and evaluate alternative strategies for managing highly acute patient populations.

About the Harbor Performance Initiative

The Harbor Performance Initiative (HPI) is comprised of some of the nation's leading stand-alone behavioral health hospitals with the common goal of improving quality and enhancing operational best practices in a rapidly changing healthcare and reimbursement environment. The initiative seeks to:

- Improve patient care and organizational performance by providing a venue where leading organizations can share insights and strategies.
- Provide high value activities – webinars, “Quick Call” conference calls, one-on-one facilitated discussions, printed resources – that lead to the sharing of information and drive changes that positively impact performance.

To learn more about the HPI, please contact Scott Good at scottg@crescendocg.com.