

#### **CMC Emergency Department**

#### **ED Behavioral Health Observation Process Guidance**

**Purpose:** To capture value of care delivered by ED team while behavioral health patients are awaiting telepsychiatry evaluation.

#### Date Effective: September 26, 2022

**Situation:** Median ED length of stay for Behavioral Health patients at CMC is greater than 13 hours in 2022 and the ED team is currently managing these patients during this time. Given this long duration of management, care can be delivered in an observation status, with the patient remaining in the ED and remains under the care of EM providers and nurses. This guidance document outlines the process for admitting the patient to ED OBS status while the patient physically remains in the ED (and does not move to another hospital unit).

**Inclusion Criteria:** (1) Behavioral health patients, (2) Undergoing a Telepsych evaluation, (3) Involuntary commitment status and anticipating minimum 8-hour in-hospital stay

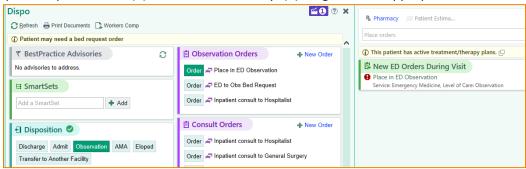
Exclusion Criteria: (1) Non-behavioral health patients; (2) Voluntary behavioral health patients

#### Process:

- 1. Initiate Psychiatric Evaluation (traditional process):
  - a. Order: ED Behavioral Health Assessment

★ Orders	Clear All Orders
❶ ED Behavioral Health Assessment 🛛 😞	Manage User Versions X Remove Order Sets
▼ General	
✓ Legal Status	
🗹 😝 Legal Status	
C Legal status voluntary Starting 9/20/22	
C Legal status involuntary Starting 9/20/22	
✓ Medications	
✓ Order Panels	
ADULT PHARM Agitation Management Panel	

- b. Complete IVC paperwork (ERIC forms)
- c. Complete initial ED note (which serves as the H&P): must include PMH, SH, FH (need all 3 for OBS).
- Place Admission Order: Dispo tab >> Click "Observation"; Observation Orders: Click "Place in ED Observation"; and complete request. Enter (1) Estimated LOS: 1 day; (2) Diagnosis: As Appropriate.





- 3. Order ED OBS Orderset: "GEN ADULT MED Admission"
  - a. Initiate observation status
    - i. Service: Emergency Medicine
    - ii. Estimated length of stay: 1 day
    - iii. Diagnosis: (select as appropriate)
    - iv. Admitting provider: CMCED OBS
    - v. Attending provider: (ED Attending staffing initial evaluation)
    - vi. Primary Provider Group: No
    - vii. Bed request comments: "CMC ED OBS patient"

▼ Admission	
○ Admit to inpatient	
O Admit to Inpatient with Telemetry	
<ul> <li>Initiate observation status</li> <li>Level of care: Observation</li> </ul>	
Initiate Observation Status with Telemetry	

- b. Select: Diet Finger Foods (No Utensils)
- c. Complete CCM:

Inpatient consult to CCM	A/SW	🗸 Accept	X Cancel
Priority:	Routine 🔎 Routine STAT		
B Reason for consult	Financial Difficulties/Stressors <2 Years Unexplained Injuries	Comments	
	Fearful in Presence of Caregiver Declining/Poor Hygiene		
	Caregiver Inappropriately Excludes Pt. From Discussion 🔲 Pt. Does Not Feel Safe at Home		
	Pt. Verbalizes Suicidal Ideation DPt. Verbalizes Intent to Harm Self/Others Discharge Planning		
	Other (specify)		
Comments:	🗩 🍄 ち 순 🛛 💭 🕂 Insert SmartText 🖷 😓 🗢 🐇 🥫 100% 👻		
*			
Next Required		✓ <u>A</u> ccept	X Cancel
. Mext Required			

- 4. **Documentation:** See Epic smartphrases below.
  - a. **At Admission to ED OBS status**: The ED Note serves as the admission note. However, need to include "Initial psych obs placement justification" smartphase below.
  - b. Daily note: Wrench in the ".EMBHOBSPROGRESSNOTE" smartphrase to be completed within the ED Progress Note documentation area. This is required each calendar day (midnight to midnight) while under ED OBS status, <u>except</u> on the day of the initial ED note.

ED Progre	ess l	Note 🖋				
Create Note	~	1 EMBHOBSPROGRESSNOTE	See All Notes	CRefresh		
You have no filed ED Progress Note for this patient within the last 24 hours.						

c. At Admission or Discharge: If admission required, notify the admitting service via Secure Chat per standard procedure and the admitting service will place the "Admit to Inpatient" or "Initiate Observation Status" order as appropriate. If discharged, complete the Disposition Addendum to provide brief update on disposition, patient status, and any additional pertinent information.



#### Epic Smartphrases

## 1. Initial BH OBS placement justification:

### .EMBHOBSJUSTIFICATION

The patient has been placed in psychiatric observation due to the need to provide a safe environment for the patient while obtaining psychiatric consultation and evaluation, as well as ongoing medical and medication management to treat the patient's condition. The patient {HAS/HAS NOT:20194} been placed under full IVC at this time.

2. Daily Progress Note/Disposition Addendum:

.EMBHOBSPROGRESSNOTE

# ED BH OBS PROGRESS NOTE/DISPOSITION ADDENDUM

@NAME@ is a @AGE@ @SEX@, seen on rounds today. The patient presented with a chief complaint of \*\*\*. Symptoms had been present for \*\*\* prior to presentation for care and were exacerbated by \*\*\*. Currently, the patient is \*\*\*.

@RRVS24HRS@
{FA EXAM; LUNG:24168::"clear to auscultation bilaterally","non-labored breathing"}
{EXAM; HEART:18515::"regular rate and rhythm"}
{Exam; extremity:5109::"extremities normal, atraumatic, no cyanosis or edema"}
Psychiatric examination: \*\*\*

MDM:

I have reviewed the labs performed to date as well as medications administered while in observation. Recent changes in the last 24 hours include \*\*\*.

Current plan is for \*\*\*.

Patient is under full IVC at this time.

Disposition Addendum:

Discharge Diagnosis: Hospital Course: Condition on Discharge: {DISCHARGE CONDITION:19696} Discharged to: {disposition:18248}

Follow-up:

**Questions** can be directed to Christian Schulz PA-C, Jessica Salzman MD, Dave Pearson MD. **Key words**: ED OBS, Behavioral Health, Telepsych.

Developed: Dave Pearson, Jessica Salzman, Christian Schulz Approved by: ED Leadership Team Date: 22 Sept 2022 (Update 30 Sept 2022)