Integrating Inpatient Medical and Mental Health Care



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Social and Professional Responsibility

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Getting to Know Rouge Valley

Rouge Valley Centenary **(RVC)**
2867 Ellesmere Road, Toronto

Rouge Valley Ajax and Pickering (RVAP)
580 Harwood Avenue, Ajax

RVHS formed in 1998 as part of a provincial amalgamation of hospitals:

- Scarborough Centenary Hospital, originally opened in 1967, now is RVC;
- Ajax & Pickering General Hospital, originally opened in 1954, now is RVAP.

Getting to Know Rouge Valley

2010-2011 numbers

- 2 hospital campuses serving the communities of west Durham and east Toronto
- Part of Central East LHIN, our funder
- $300 million annual budget
- 2,774 staff, 513 physicians

	Rouge Valley Ajax and Pickering	Rouge Valley Centenary	Rouge Valley Health System
Beds/bassinets	155	324	479
Hospital visits and services			
Emergency visits	53,297	55,896	109,193
Admissions-discharges	8,052	16,124	24,176
Operating room outpatient cases	5,001	11,410	16,411
Operating room inpatient cases	1,602	3,332	4,934
Outpatient clinic visits	59,511	130,197	189,708
Births	1,456	2,240	3,696
Cardiac catheterizations	Not applicable	3,629	3,629
Pacemaker implants	Not applicable	216	216
Angioplasty procedures	Not applicable	1,232	1,232
Hip replacements	105	162	267
Knee replacements	115	312	427
Cataracts	Not applicable	1,330	1,330
MRI scans	Not applicable	11,241	11,241
Cancer surgeries	328	711	1,039

What is Medical Psychiatry?

- Conjoint care of patients with medical and psychiatric illnesses
- No consensus on appropriate focus or structure
- Unique feature- the ability to provide medical care that would not/could not be handled as effectively on a general psychiatric unit

(Cowart & Stoudeminre, 1989; Harsch, Koran & Young, 1991)

Why Not More Med/Psych Units?

- Difficulty crossing the administrative & ideological barriers that separate psychiatry and medicine
  - Difficulty negotiating for the need to create such units
  - Garnering support from both medicine and psychiatry
  - Creating administrative infrastructure

- Fiscal concerns
  - Viewed as high cost care due to longer length of stay than either medical or psychiatric patients
  - However, generally able to be provided in acute hospitals without significant additional costs

(Harsch, Koran & Young, 1991; Goldberg & Richard, 1995)

Why Med/Psych at RVHS?

- Desire to provide holistic care using a least restrictive treatment approach
- Challenges in managing pts presenting with acute medical/acute psychiatric issues
  - Interdepartmental tensions
  - Defined nursing skill set limitations
  - Limitations of physical environment in medicine led to 1:1 care, restraint use
- Low occupancy rates for psychiatry (71%)
- >100% occupancy in medicine

Management Of Medical Needs

- Moderate level of medical acuity combined with acute psychiatric need, includes:
  - IV therapy, including PICC lines
  - TPN
  - NG tubes
  - Catheter care
  - Electrolyte abnormalities
  - Physically debilitated patients
  - Oxygen therapy
  - Total care for physically debilitated patients

Medical Exclusion Criteria

- Patients requiring:
  - Critical care
  - Telemetry
  - Chest tubes
  - Tracheostomy care

The Admission Process

- Patients seen by medical internist prior to admission.
- The medical internist will assume care and responsibility for the medical issues.
- Patients will be assessed by the crisis team and/or psychiatrist. The attending psychiatrist will accept primary care.
- Patients transferred for an acute behavioural issue will return to their original unit once the acute behavioural issue(s) has been addressed.

Implementation Challenges

- Administrative Infrastructure
  - Ministry reporting requires medical care to be reported as a separate institution number than mental health care
- Medical Coverage
  - Most Responsible Physician (MRP) versus consulting
- Nursing Coverage
  - Specialized skill set
- Creating A Flexible Physical Environment
  - Locked unit
  - Access to medical equipment
- Developing A Common Understanding Of Appropriate Patients
  - Not geriatric psychiatry, not detox

Patient Demographics

- Gender
  - Male 44%
  - Female 56%
- Average Age: 60 years
  - Youngest 17
  - Oldest: 93
  - Median 64

Psychiatric Presenting Concerns

• Mood disorders	48%
• Psychotic disorders	17%
• Substance related disorder	10%
• Delirium/dementia	8%
• Mental disorder r/t medical condition	5%
• Anxiety	4%
• Other (adjustment, childhood)	8%

Average Length of Stay (ALOS)

Data Source - Meditech Admissions	2009/10	2010/11	2011/12_Q1
Medical –Psychiatry (Opened April, 2009)	19.3	20.1	17.9
Adult Psychiatry	10.4	12.4	12.9
Medicine	11.0	11.1	9.6
Medicine for Pts with primary med dx AND additional secondary Psy Dx	27.0	18.6	17.0

ALOS for med/psych is longer than pure psychiatry, which is expected.
The ALOS for patients seen on 'pure' medical units that have a primary medical diagnosis, but also have an additional secondary psychiatric diagnosis, has reduced. In the absence of a med/psych bed, these patients are often transferred to a 'pure' psychiatry bed for further psychiatric treatment following their medical treatment.

Impact Of Med/Psych

- Holistic approach to health needs for complex patients
- Overall reduction in length of stay for patients with conjoint acute medical and psychiatric concerns
- Med/psych staff competent to provide both medical and mental health care
- Anecdotal reduction in bed allocation issues from emergency
- Improved occupancy within mental health
  - Ability to flex-in off-service medical patients when Med-Psych census is low
  - In 2010/2011, 15% of admitted patients were “pure” medical patients

References

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