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## Lehigh Valley Hospital and Health Network: Improved Access to Psychiatry Beds

Access to inpatient psychiatry beds has been a challenging issue nationwide in recent years. In an effort to address this issue, Lehigh Valley Hospital and Health Network created a unique strategy in 2002 to improve access to psychiatry beds, while creating increased availability of medical beds to their patients.

Internal assessment of the situation revealed delays in patient transfers from medical/surgical units to the psychiatry unit, with some medical floor patients waiting 2–3 days. Baseline data also indicated a high occupancy rate (94% or more) on the psychiatry unit.

The network brought together the Departments of Psychiatry and Care Management with a goal of successfully transferring 95% of medical floor patients within 20 hours of medical clearance. The group coordinated several processes with input from other divisions, such as consultation liaison psychiatrists, psychiatric evaluation services (psychiatric social workers who are in-patient unit “gatekeepers”), and inpatient social work staff.

The following internal protocols and strategies were developed:

- Pre-admissions form developed and used by psychiatric evaluation services staff.
- Consultation liaison psychiatrists forwarded potential referrals for inpatient admission via telephone to psychiatric evaluation services staff, who then placed the name on the pre-admissions form.
- Protocol for pre-admission was limited to Department of

Psychiatry physicians; with med/surg patients needing psychiatric admission given top priority when beds became available.

- Increase discharges from inpatient unit before 11 a.m.; monitor.
- Central transport used for all transfers.

In addition, a broad education program was developed and shared with all involved staff.

A multi-disciplinary coordination of the resources throughout the network, new process flow, education, and implementation of the network’s Growing Organizational Capacity initiative allowed Lehigh Valley to exceed its goal to transfer 95% of

medical floor patients to the psychiatry unit within 20 hours of medical clearance.

During FY 2005, they transferred 98% of patients within this time frame; with 97% being transferred in less than 12 hours of medical clearance, and 64% transferred in less than six hours. During FY 2007, dramatic improvements continued with 95% of transfers occurring within 5.5 hours.

The results have led to improved and expedited clinical care, while enhancing the efficiency of bed utilization throughout the health care network, demonstrating the value added of having behavioral health services in a general hospital.

**“Aha!” Moment:**  
*“This is all about communication and collaboration.”*

### Your Feedback Needed

Later this month, HAP will distribute a capacity management survey to all hospitals. Your participation is very important. Aggregate results will be shared with all who participate and will be used for advocacy on behalf of hospitals. In addition, survey results will show trend analysis, tracking changes since HAP’s last capacity management survey in 2005.