

## CASE STUDY: TELEPSYCHIATRY

# Improving Provider Access from Days to Hours

At a 175-bed, not-for-profit medical center in the Pacific Northwest, the emergency department (ED) relied on a single community psychiatrist who was only available a few hours each week to meet with behavioral health patients. With approximately 15% of patients presenting to the ED with a mental health or substance abuse issue, there were many delays in providing these patients with psychiatric care. Behavioral health patients often stayed in the ED overnight or through the weekend awaiting a psychiatric evaluation, which impacted overall patient flow and clinical quality of care.

Based on our reputation and 10 plus years of strong performance in the ED, the hospital's administrators trusted Vituity to implement our 24/7 on-demand telepsychiatry services. Behavioral health and all other ED patients can now receive timely, appropriate care.

From the ED Medical Director...

**“The telepsychiatry program is an extremely needed resource in a rural community. The outcome has far exceeded any of our expectations.”**

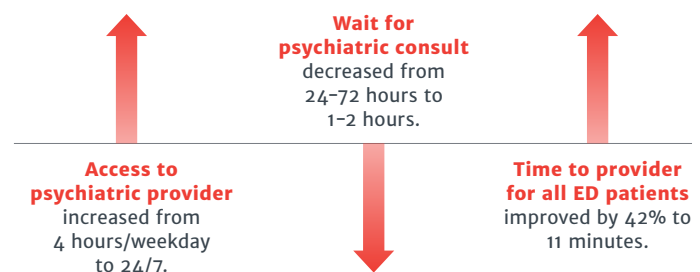
## Results Achieved

The ED averages three telepsychiatry consults a day, with the number of consults steadily increasing every quarter since the program's inception. Telepsychiatry has made a dramatic impact on the ED's ability to care for both medical and behavioral health patients.

After implementation, behavioral health patients in the ED benefited from:

- Timely evaluation in the ED
- Access to therapeutic regimens prescribed by a psychiatric provider
- Overall better care delivery and experience
- Being admitted less often for observation and transferred faster when requiring hospitalization
- Continued psychiatric treatment when admitted to the ICU

**Improving access to psychiatric providers frees beds for all patients to receive treatment faster.**



*12-month period after the telepsychiatry program was implemented*



## A Patient's Story

### One example of the program's success

involves a patient with a known history of schizophrenia, who was referred by a primary care physician (PCP) to the ED on a Friday night. The PCP requested that the patient be considered for psychiatric hospitalization and communicated a concern for imminent danger. After the patient arrived at the crowded ED, an initial examination showed no worrying signs or symptoms. The patient appeared to be in a stable mental state and interacted well with ED staff. However, due to the PCP's

concerns, the on-site ED physician did not feel comfortable discharging the patient without a psychiatric evaluation, and he initiated a telepsychiatry consult. The telepsychiatrist provided a comprehensive evaluation, diagnosis, and plan for outpatient follow-up care. Prior to the telepsychiatry program, this patient would have been placed on a hold until an in-person psychiatrist was available and would have stayed in the ED for three to four days. Instead, the patient was discharged in under two hours with an appropriate treatment plan.

## Vituity Is Pioneering an Integrated Care Model: Emergency Psychiatric Intervention (EPI)

Since our founding in 1971, we've been perfecting best practices in ED management to ensure efficient, high-quality care. Today, we are defining a new standard of care for behavioral health patients. Our transformative, integrated solution combines expertise in emergency and behavioral healthcare delivery with formalized education and training for ED clinicians. This comprehensive approach empowers EDs to properly treat behavioral health patients, resulting in improved efficiency and quality of care for all patients in the ED.



### About Vituity

As a physician-led and -owned partnership, Vituity drives positive change in healthcare, providing integrated acute care across the country while serving 6.4 million patients annually. Vituity's acute focus and compassionate care are the driving forces that have placed us **at the heart of better care.**

To learn more, visit  
[vituity.com](https://www.vituity.com).

