

2016

Transforming Care of the Behavioral Health Patient in an Emergency Department Setting

Theresa J. Kubiel
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

 Part of the [Nursing Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Health Sciences

This is to certify that the doctoral study by

Theresa Kubiel

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Cassandra Taylor, Committee Chairperson, Health Services Faculty

Dr. Paula Stechschulte, Committee Member, Health Services Faculty

Dr. Jonas Nguh, University Reviewer, Health Services Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2015

Abstract

Transforming Care of the Behavioral Health Patient in an Emergency Department Setting

by

Theresa J. Kubiel

MSN, Walden University, 2009

BSN, Bloomfield College, 2002

AAS, Ocean County College, 1992

Project Submitted in Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

January 2016

Abstract

Behavioral and mental health issues contribute to the needs of many patients presenting to emergency departments, and yet these needs often go unrecognized. Patient processing procedures in emergency departments may not include mechanisms to consistently identify and triage patients whose care is complicated by behavioral illness. The purpose of this project was to plan a program to improve early identification and management of behavioral health patients presenting to the emergency department. The objective of this project was to develop a rapid mental health screening tool and policies guiding use of the tool in the emergency department. A multi-disciplinary team of emergency department providers cooperated in the selection and evaluation of available screening tools. A literature search was done with the inclusion criterion of behavioral screening tools to be used at time of triage, and results were brought to the team for further consideration. The HEADS-ED pediatric screening tool was chosen through the expert opinions of the team members. The team evaluated and approved adaptations to the tool for its use in adults. Policies were developed to guide the future implementation of the screening tool in the emergency department. A plan for process and outcome evaluation was included in the developed program. Process will be evaluated by monitoring provider use of the screening tool, and patient length of stay in the emergency department will serve as the outcome measure. The program may contribute to social change through improved emergency department care of patients with behavioral illnesses.

Transforming Care of the Behavioral Health Patient in an Emergency Department Setting

by

Theresa J. Kubiel

MSN, Walden University, 2009

BSN, Bloomfield College, 2002

AAS, Ocean County College, 1992

Project Submitted in Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

January 2016

Table of Contents

Introduction.....	1
Background.....	1
Purpose Statement.....	4
Evidence Based Significance.....	5
Implications of Social Change.....	7
Definitions of Terms.....	9
Assumptions and Limitations.....	9
Summary.....	10
Section 2: Review of Scholarly Evidence.....	11
Literature Search Strategy.....	11
Specific Literature.....	11
Theoretical Framework.....	14
Section 3: Methodology.....	15
Program Planning.....	16
Project Evaluation Plan.....	17
Summary.....	19
Section 4: Findings, Discussion, and Implications.....	20
Introduction.....	20
Discussion of Findings.....	20
Strengths Remediation and Limitations.....	22
Implication and Practice.....	24
Future Research.....	24

Social Change	25
Summary	25
Section 5: Scholarly Product for Dissemination.....	26
Project Summary and Evaluation.....	26
Background, Purpose and Nature of Project.....	26
Evaluation	27
Analysis of Self.....	27
Conclusion	29
References.....	31
Appendix A: Modified HEADS-ED Rapid Triage Tool	34

Section 1: Nature of Project

As the volume of need continues to rise within mental health, so does the need to enhance evidence-based practice, quality improvement, and improved clinical outcomes. According to the National Association of Mental Illness (NAMI), of New Jersey's approximately 8.7 million residents, approximately 259,000 adults live with serious mental illness and about 93,000 children live with serious mental health conditions (NAMI, 2011). These statistics are most likely not a true reflection of those living with this diagnosis, as many are treated within the emergency department and are not followed in an outpatient setting for many reasons. The lack of availability, high cost, and lack of insurance coverage are all contributing barriers to the patient population within mental health (Healthy People 2020, 2011).

Background

Recognizing the increased demands being placed on emergency departments across the United States are increasing overwhelmed by the number of patients presenting with mental health and substance use conditions and are serving as a safety net for this patient population. This recent increase can be attributed to several factors; including the loss of acute hospital psychiatric capacity in both the public and private sectors; an underfunded community mental health system; lack of insurance for mental or substance use illnesses; and the lack of any health insurance for many segments of the U.S. population.

A couple of years ago, the nation was shocked by the videotape of a woman in a New York hospital who dies while waiting for admission to a psychiatric unit and whose death went unnoticed for many hours. While the circumstances surrounding her death may represent the extreme of delays in mental health care; a survey completed by the American College of Emergency Physicians, in 2008, resulted in more than 60 percent of psychiatric patients needing

admission to a hospital have to stay in the emergency department more than four hours after a decision has been made to admit them (Mantan, 2010). Public outcry for change and increased attention to the unfair treatment for those with mental illness was brought to the forefront, unfortunately little to no action with policy change occurred.

A process known as deinstitutionalization became apparent to the State of New Jersey in the late 1990's as they moved to close several inpatient psychiatric facilities over the past decade. Impacting many communities throughout the state, the closure of Marlboro Psychiatric Hospital was part of a three-year plan that caused for the placement of over 800 inpatients being taken to new places (Peterson, 1999). Several of the patients were taken to group homes, while others were taken to inpatient psychiatric facilities, the remaining were left on their own with a \$450.00 monthly stipend (Peterson, 1999). The long time residents of Marlboro suffered the most from this decision, as many were left with little to no resources leaving them no other choice but to seek care at local emergency departments (Peterson, 1999).

Almost all emergency departments within the State of New Jersey have experienced an increase in behavioral health volume since the closure of Marlboro Psychiatric Hospital. As a result, many created new processes to identify those patients' with behavioral health needs in a timely manner; provide a safe location within the Emergency Department; and offer educational programs to enhance staff members understanding and competency in caring for this patient population. The presence of nursing staff with specialized psychiatric training or their availability in the emergency departments may be beneficial in areas with limited access to psychiatric services, (Sinclair, Hunter, Hagen, Nelson, & Hunt, 2006).

A defined process with suicide screening tools should be used for patients who present to the ED with emotional or behavioral disorders (Cristine, Hartford, Vinilis, & White, 2007).

The purpose of screening for suicide risk is to determine which patients are in emergent or urgent need of mental health care so that appropriate safety interventions can be implemented. In addition, suicide screening for appropriate pediatric patients is recommended in an emergency department setting (Choo, Ranney, Aggarwal, & Boudreaux, 2012). Fostering an on-going collaborative approach to the treatment of these patients' will improve disparities.

Insufficient healthcare coverage has prevented many patients with mental illness from seeking treatment and quality care. Some private insurers refused to cover mental illness treatment, others simply limited payment to acute care service (Choo et. al., 2012). Those who did offer coverage chose to impose various financial restrictions such as separate and lower annual and lifetime limits on care as well as separate deductibles and co-payments. As a result, individuals pay out of pocket for a higher proportion of mental health services than general health services and many face catastrophic financial losses when the costs of their care exceed the limits. Healthcare facilities across the country are faced with the challenge of managing these patients' more effectively and efficiently. Many communities are vulnerable; state governments have had to recognize the need for developing a provision where care is mapped out; forcing the development of integrated care to their vulnerable communities with diminishing resources (Milm, 2006).

The Affordable Care Act (ACA) proposes a provision addressing the increased demand for community mental health and addiction services. In addition to the FY2011 budget, President Obama requested level funding for the integration of a \$14 million grant program that would support the collaboration of primary and behavioral health services (State Legislation Report, 2013). Allocating these funds could contribute to the much-needed development of additional outpatient behavioral health centers so that this patient population can be monitored

proactively.

Although the ACA has provisions, mixing mental health, politics and the business of health insurance adds heavy doses of stigma and judgment for those suffering with this illness. According to U.S. News (2014), the ACA and the Mental Health Parity Act, which Congress passed in 2008, are our legislators' latest attempts to provide preventive services and comprehensive treatment for mental health that is equivalent to that provided for physical health. The mental health parity law makes mental and behavioral health treatment one of 10 essential benefits required in new insurance policies sold on the federal health exchange as well as to patients on Medicaid (Brink, 2014). That provides a promising path toward comprehensive coverage of mental illness, equal to that of medical and surgical needs. But coverage of care for disorders including schizophrenia, depression, bipolar disorder, childhood behavioral disorders, and addiction are far from assured for all Americans. For now, mental health coverage is rife with state-by-state disparities; and within states, attempts to include it range from almost non-existent to a variety of creative experiments with Medicaid coverage (Brink, 2014). Despite the promising language in the ACA, it is now more complicated than ever.

Purpose Statement

Healthcare facilities need to identify processes to improve and streamline the delivery of care to the behavioral health population presenting to the emergency department for treatment. At my practicum site, the emergency department's volume of patients' presenting for behavioral health related issues has increased by 60% since last year. On average these patients wait 30-33 hours for dispositional placement, because of the length of time required to finding a facility willing to accept patients who are either voluntary or involuntary committed. Management of

this patient population is particularly challenging, recognizing that healthcare facilities need to ensure continuity of care while containing cost.

Purpose

My purpose in carrying out this project was to streamline behavioral health service by planning a program to improve early identification and management of behavioral health patients presenting to the emergency department. Use of a modified screening tool used at triage will assist the timely identification and appropriate evaluation of patients arriving via ambulance or walking in with behavioral health concerns. My goal for this program was to improve the identification, management, and evaluation of behavioral health patients. Outcomes obtained from the proposed project may help practitioners plan interventions to improve timely identification, appropriate evaluation of, and early intervention for those patients with behavioral health needs, thus enhance practitioners' delivery of care. As the leader of the team, my objective will be to develop the policies and documents required to promote and implement a rapid mental health screening tool to be utilized at time of patient arrival to the emergency department.

Evidence Based Significance

Providers have experienced many challenges for several years in addressing the needs of individuals presenting for mental health or substance abuse services as the volume has continued to increase. Emergency departments across the country have become a safety net for individuals unable to access care that otherwise may avert their need for a visit to crisis or an inpatient admission.

The triage of patients in the hospital emergency department has developed as an efficient method to determine the level of urgency and provide appropriate care and treatment. The triage

process has been found to be less effective for patients presenting with mental health related problems (Happell, Summers & Pinikahana, 2002). Rapid mental health triage is critical because, just as in emergency medicine where there is the “golden hour” to get care, the same holds true for mental health (Schreiber, 2010). Validating the importance of early identification; intervention; and treatment of this patient population, it is essential so that real-time awareness of the mental health patient presenting to the emergency department will assist in promoting any identified risks, promoting positive outcomes.

The inclusion of a standardized assessment tool in the emergency department to screen for mental health problems has been advocated by both the American Academy of Pediatrics and the American Academy of Emergency Medicine (Cappelli et al., 2012). These tools will help guide the mental health assessment, as well as, provide direction for follow-up services and dispositional placement (Cappelli et al., 2012). The development and implementation of an assessment tool was aimed to measure the magnitude of the multidimensional aspect of an urgent mental health problem presenting within the emergency department, in addition to having the advantage of acting as a source of guidance to the emergency department (Patel, Harrison & Bruce-Jones, 2009).

Using a collaborative approach, processes will be identified for improvement including referencing the current evidence-based literature to define patient criteria and develop a rapid screening tool to be used at time of triage. My goal is to assist the emergency department staff in identifying those patients’ with behavioral health needs presenting to the emergency department. Modifications to the project can be made based on the information shared, experienced gained, and the achievement of goals.

The effectiveness of nurse triage systems has been well-established and recent research evidence shows that triage plays a pivotal role in the emergency department as it prioritizes available resources according to clinical urgency (Patel et al., 2009). There is substantial literature that addresses the attitudes of non-specialist psychiatric nurses caring for patients experiencing psychiatric symptoms in an emergency department setting (Happell et al., 2002). They have expressed a feeling of lacking skill and knowledge to care for this patient population.

By synthesizing the best evidence, it has been noted that establishing a risk assessment tool to be utilized at the time of triage within the emergency department is beneficial to patient outcomes. A modified screening tool will provide nurses structure in identifying any urgent mental health needs and thus will allow for early intervention and treatment (Patel et al., 2009). The HEADS-ED tool shows promise as a brief, easily administered standardized screening useful in directing the interview process to ensure that key information is obtained for decision-making, uncovering the level of crisis, and determining the level of treatment needed. It provides potential for use as a decisional tool to determine referral for psychiatric consultation, admission decisions and guidance in the selection of service for patients discharged back to the community (Cappelli et al., 2012). The development and implementation of the emergency department behavioral health assessment tool will assist healthcare providers to make rapid and accurate assessment of the emergency department patient presenting with a suspected or actual mental health problems, which will improve delivery of care to this patient population.

Implications for Social Change

Improving the image and acceptance of those suffering from mental illness, while enhancing the delivery of care is the ultimate goal of this evidence-based project. Ultimately, my hope is for the emergency department leadership team can implement the defined

interventions that will promote and encourage those with mental illness to live well by shortening the duration of their illness and promote recovery.

Unless common ground can be found, differences in our belief systems about rights and obligations, fairness, equality, and deservedness will constrain policy and programmatic efforts to build a healthy society (Nash, Reifsnyder, Fabius & Pracilio, 2009). Embracing the concept of wellness within this patient population will maximize their potential to lead a productive life. The impact on the larger society is increasing the level of understanding and treatment of mental illness. Mental illnesses can affect persons of any age, race, religion, or income contrary to many people's perception, they are not the result of personal weakness, lack of character or poor upbringing. Mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan (NAMI, 2011). Stigma erodes confidence that mental disorders are real, treatable health conditions. We have allowed stigma and an unwarranted sense of hopelessness to erect attitudinal, structural and financial barriers to effective treatment and recovery. It is time to take these barriers down (NAMI, 2011).

Interest in the role of the social environment in health has flourished in the last three decades, perhaps because epidemiologists have recognized that the social environment may contribute to the regulation of psychosocial influences upon health (Friis & Sellers, 2009, pg. 581). Lifestyle factors and support systems continue to play an integral role in the very factors that may influence a patient's non-compliance with outpatient treatment and follow-up.

Beneficence is a moral obligation of contributing to the benefit or well-being of people. Health care providers in the Emergency Department have an ethical obligation to attempt to provide benefits to the patients by taking their complaints seriously and by managing their

problems according to prevailing standards of care (Beauchamp & Childress, 2009). This is necessary when working on improving population health and developing appropriate interventions, decreasing any potential harm (Zaccagnini & White, 2011).

Definitions of Terms

The following will define key concepts of transforming the care of the behavioral health patient in an Emergency Department setting project.

Behavioral health patient, an individual who is struggling with depression, grief, anxiety, substance use, mood disorders, suicidal ideation and any other psychological concerns.

Emergency department behavioral health team, a multidisciplinary team will merge two very distinct specialties focusing on improving the delivery of care for the behavioral health patient. The different perspectives of the multidisciplinary team members will continue to enhance the project development.

Rapid diagnostic assessment tool, HEADS-ED; brief easily administered standardized screening tool useful in directing the interview process to ensure that key information is obtained for decision-making, uncovering the level of crisis, and determining the level of treatment needed for the behavioral health population.

Assumptions and Limitations

An assumption related to this project implementation is that the Emergency Department Behavioral Health Team and staff will accept and comply with the utilization of the developed rapid diagnostic tool to be utilized at the time of triage. Diverse perspectives serve a role in creative tension and foster innovation; they also create fertile ground for accidental adversaries (Kelly, 2011). The merging of two nursing specialties (Emergency and Behavioral Health) will be very challenging; respectfully each has their vision as to how this patient population should be

managed.

Nursing finance is not only challenging to understand; however it is also challenging to provide justification to an implementation of a robust project. A barrier to the project implementation would be for the healthcare facility to deny financial support for the associated costs with the project implementation. An example of such costs associated with implementing a rapid diagnostic tool would be the graphic design and printing. Another potential barrier will be the staff's acceptance to change. The purpose of the project planning effort is the accomplishment of changes that are achievable within stated time frames (Kettner, Moroney & Martin, 2013). Ensuring that the staff remains involved, informed, and a part of the project implementation will be essential.

The value of an effective based project's planning rests in the ability to create, design, and implement a relevant service that is likely to reduce or eliminate the problem (Kettner et al., 2013). When considering the barrier associated with costs attributed to this project's implementation and ensuring financial endorsement, my presentation to the facility CFO will include demographical data associated with this patient population and its effect on organizational throughput. The data will represent the overall volume and length of stay for the behavioral health patient within the Emergency Department, and be correlated to how it impacts the Emergency Department operationally.

Summary

Using a multi-disciplinary approach, this team will identify processes for improvement including referencing the current evidence-based literature to develop a program that defines patient criteria and a rapid screening at time of triage to assist in identifying those patients' with behavioral health needs. Rapid mental health triage is critical because, just as in emergency

medicine where there is the “golden hour” to get care, the same holds true for mental health (Schreiber, 2010). The development of a behavioral health rapid diagnostic screening tool to be used upon presentation to the Emergency Department is essential. Outcomes will be defined to include compliance with utilization of rapid assessment tool; monitoring of early identification, treatment, and dispositional decision to evaluate if a reduction in the number of hours for the behavioral health patient has spent in the Emergency Department (length of stay). Continuous reassessment of the tool should result in ongoing opportunities for improvement.

Section 2: Review of Scholarly Evidence

Literature Search Strategy

The literature search was conducted electronically using the following databases; CINAHL; PubMed; Medline; and Google. There were also articles that were identified within several nursing journals that were utilized to support this proposal. Key search terms included but were not limited to mental illness; behavioral health; emergency department behavioral health treatment; and emergency department triage and assessment.

Specific Literature

Most Americans have a personal story to tell about a mental illness that they or a family member or friend have experienced. The story, in many cases illustrates frustration about not finding appropriate treatment or fears about being labeled, mentally ill (Hanrahan, Stuart, Delaney & Wilson, 2013). Emergency departments across the nation have become the safety net for this patient population. Healthcare professionals within the emergency department are frequently called upon to make a rapid and accurate assessment of a patient with a suspected or actual mental health problem. According to the National Institute for Health and Clinical Excellence, a prompt initial assessment of risk should be made on arrival to the emergency

department. In their assessments, emergency department personnel should identify the patients' overall risks and mental state, screen for risk of self-harm and suicide, and plan immediate treatment and care (Patel et al., 2009).

Many healthcare professionals within the emergency department will admit that they lack the skill, knowledge or time to address people's mental health needs. Recognizing that assessing the patient for mental health needs can be an undertaking in an emergency department setting when using the traditional interview, which often results in variability and lack of accuracy with the information obtained; noting key information being missed (Patel et al., 2009). As a consequence, several mental health screening tools have been developed. These assessment tools are aimed to measure the magnitude of the multidimensional aspects of a patient's urgent mental health problem and provide guidance to non-mental health staff (Patel et al., 2009).

For this project, we will develop a multidisciplinary team that will include the following team members; Mental Health Associates, Psychiatrist, certified Mental Health Registered Nurses, Emergency Department Registered Nurses and Crisis Screeners. Prioritization must be given to the implementation of a screening tool to be utilized upon patient presentation to the Emergency Department. The HEADS-ED, a rapid mental health screening tool, was developed to serve this purpose amongst the pediatric mental health population. However, its components are easily adaptable to the adult population and serve the same purpose.

The HEADS-ED tool contains seven items: H-Home, E-Education; A-Activities and Peers; D-Drugs and alcohol; S-Suicidality, E-emotions and behaviors; D-Discharge resources with an embedded scoring system with points associated for each variable (0=no clinical action needed; 1= needs clinical action but not immediately; and 2= needs immediate clinical action). The HEADS-ED also includes discharge resources because these resources are often a

consideration when discharging someone with moderate mental health issues from the emergency department, (Cappelli et al., 2012).

The HEADS-ED tool demonstrates that a brief easily administered standardized screening tool provides useful direction to the interview process. By using it, emergency room personnel can ensure that key information is obtained for decision-making, uncovering the level of crisis and determining the level of treatment needed (Cappelli et al., 2012). It provides potential for use as a decisional making tool to determine referral for psychiatric consultation, admission decisions, and guidance in the selection of services for patients discharged back into the community (Cappelli et al., 2012).

The evaluation of a risk assessment matrix mental health triage tool used a retrospective study design for all patients presenting with an actual or suspected mental health problem to the emergency department over a two-month period. The risk assessment matrix study suggested that the tool assisted in identifying those patients who warranted further urgent mental health intervention and was an effective mental health triage tool (Patel et al., 2009). The challenge remains to continually recognize the demands being placed on our emergency departments as the number of patients with mental and substance use conditions increases. In planning the program to include the implementation of a rapid mental health screening tool, I hope to ensure situational awareness while fostering integrated health care delivery to this patient population compassionately and efficiently (Patel et al., 2009).

Mass casualty events often create unprecedented levels of at-risk individual surge demand on already taxed public mental health systems (Schreiber, 2010). This led to the development of crisis standards of care for disaster in which clinical resource allocations are not primarily based. The PsyStart rapid mental health triage and incident management system is a

known disaster mental health rapid triage tool assisting with the decision for emergency mental health interventions associated with high surge situations (Schreiber, 2010). This tool offers rapid individual and population level triage and timely matching to appropriate levels of care in real time (Schreiber, 2010).

Theoretical Framework

The evidenced-based project model chosen to support the implementation of this project is the Stetler Model (Stetler, 2001). The Stetler Model encourages individual nurses' such as practitioners; educators; and policy makers, to summarize research and use the knowledge to influence educational programs, make practice decisions and have an impact on political decision making. Stetler's model supports individual nurses and healthcare institutions to research evidence to encourage the development of evidenced based practice (Burns & Grove, 2009). The following is an in-depth description of the five phases to the Stetler model, supported with a justification to how it relates to the implementation of my project.

1. Preparation-In this stage the problem is identified; inefficiency surrounding the delivery of care with the behavioral health patient population. During this stage a multi-disciplinary team is developed to explore further and expand the issues and research the most current evidence-based research.
2. Validation- Data collected included emergency department behavioral health volume and length of stay to support the problem identified.
3. Comparative evaluation/decision making- Formation of the emergency department behavioral health team consisting of multi-disciplinary team members promoting their involvement with selection of a tool to be utilized at time of triage, revise it to meet the project's overall goal of improving the delivery of care.

4. Translation/application- Identify the practice implication, plan the dissemination of material, include education to staff and revise format dissemination as needed.
5. Evaluation - Evaluate the tool's effectiveness through monitoring compliance of completion; monitor and evaluate the overall length of stay within the emergency department for this patient population and if necessary adopt any revisions as needed to promote effectiveness and efficiency.

This model encourages staff's proactive involvement and participation at all phases while supporting the adoption of evidenced-based practice while promoting knowledge development. Evidenced based practice is more likely to be applied in the practice setting that values the use of new knowledge and in a setting that provides resources to access that knowledge (Mc Ewen & Wills, 2011).

Section 3: Methodology

As the healthcare industry transitions its delivery systems to ensure quality outcomes, nurse leaders will need to address clinical and operational concerns while enhancing the staff members' level of understanding on the importance of ensuring positive outcomes. Primary care for the patients suffering from a mental illness needs dramatic change and with health access limited, many seek care with the emergency department. Transforming the care of the behavioral health patient in an emergency department setting by adopting a modified Emergency Department Rapid Mental Health screening tool to be utilized at the time of triage will result in early identification, early interventional treatment and dispositional placement, and improving the delivery of care for the behavioral health population.

Program Planning

The development of an emergency department behavioral health team will be an essential role to the proposal implementation. This multidisciplinary team will include the following members; mental health associates, mental health screeners; psychiatrist, leadership, mental health certified registered nurses and emergency department registered nurses. Using a multidisciplinary approach, this team will identify processes for improvement. They will reference the current evidence-based literature to define patient criteria and develop a rapid screening at time of triage to assist in identifying those patients' with behavioral health needs. Each role will play an intricate part to project preparation and implementation of the triage tool, their feedback will be essential to any modification needed to meet their specific needs. As the facilitator, my objective will be to develop the policies and documents that will involve policy revision to the triage process. The revision to the triage policy will include presenting it for approval to the policy and procedure committee prior to adaptation.

At my practicum site the emergency department setting the volume of patients' presenting for behavioral health related issues has increased by 60% since last year. On average these patients wait 30-33 hours for dispositional placement, with the greatest length of time related to proper identification of this patient population. The implementation of a modified screening tool to be utilized at time of triage assessment within the emergency department will offer early identification, early intervention, and early treatment resulting in improved outcomes and decreased length of stay for both the adult and pediatric behavioral health population.

The population of this project will be all patients' both adult and pediatric who present to the emergency department for treatment. They will be triaged utilizing the rapid mental health screening tool to determine if they are in need of crisis intervention. The HEADS-ED tool will

help guide the mental health assessment as well as provide direction for follow-up services (Cappelli et al., 2012). By fostering early identification, early intervention, and a dispositional decision, I expect that the emergency department leadership team will see an improved process flow as an outcome, for those behavioral health patients presenting to the emergency department. This modified screening tool will aid in identifying the behavioral health patient presenting to the emergency department whether by walk in or by ambulance. After triaging and assessing a patient, staff members will utilize the modified HEADS-ED tool available through public domain, designed as a mental health screening tool (Cappelli, et.al., 2012). The caregivers can utilize the tool to enhance their treatment decisions based on the level of care needed. For example, if the patient scores a 1 the caregivers should note that a patient requires clinical action but not immediately; if the patient scores a 2 that equals immediate clinical action and the patient should be directed into a secure area.

Project Evaluation Plan

Designing the evaluation involves deciding on the details of your evaluation and constructing an evaluation plan. The plan serves as a guide for each step of the evaluation and helps you decide what sort of information you and your stakeholders really need encouraging you to keep gathering information to identify the best possible ways to improve your program (Hodges & Videto, 2011). Monitoring for the compliance of tool utilization will occur daily either concurrently or at the end of a shift by the Charge Nurse and/or the Assistant Director of the emergency department. It is the expectation that there should be a 90% overall compliance of completing the rapid mental health screening tool within the first three months of implementation; with noted improvement reaching 100% within the first year.

Outcome management would be essential in order to validate the benefits of implementing this project. It would require data collection and analysis related to the processes of care and information that indicates the effectiveness of care (White & Brown, 2012). These deliverable outcomes will be initiated by the emergency department leadership team at the time the project is introduced; reviewed monthly and communicated for the first year following the implementation of the program by the emergency department leadership team.

In collaboration with the emergency department leadership team, the following deliverable outcome indicators can be adopted and measured by the emergency department leadership team. Monitor the overall length of stay to anticipate a reduced number of hours within the emergency department as a result of the implementation of the modified screening tool at the time of triage. Concurrent review of their turnaround time will be noted to reflect their total of length of stay. Dispositional decision (discharge; refer to outpatient psychiatric centers; involuntary or voluntary admission to a psychiatric facility) will define the end time for the length of stay.

This will be achieved by electronically tracking the time of patient arrival to the emergency department with manually extracting the time of dispositional placement. Capturing and improving the timeliness and early identification of the behavioral patient seeking care within the emergency department will result in a decreased length of stay within the emergency department. The members will monitor compliance with completing the rapid mental health screening tool at the time of triage; this will be achieved through concurrent review for those with a behavioral health diagnosis.

Promoting the involvement of this project to the stakeholders; eliciting their feedback for improvement will be essential to the project's success. This can be achieved by hosting weekly

meetings, encouraging the feedback and evaluation of other disciplines, community resources, and the multi-disciplinary team. Encouraging and improving the collaboration amongst stakeholders and partners within the established emergency department behavioral health team is essential in order to provide quality care to this patient population. This goal will be monitored weekly beginning at the time of project implementation; meetings will be held with the team members, stakeholders, and partners on a weekly basis to elicit feedback, barriers, and successes; evidence of these meetings will be kept through minute recording. Any suggested revisions will be considered and noted if implemented.

Summary

As the healthcare industry transitions its delivery systems to ensure quality outcomes, nurse leaders will need to address clinical and operational concerns while enhancing the staff's level of understanding on the importance of ensuring positive outcomes. Primary care for the patients suffering from a mental illness needs dramatic change, and as we know with healthcare access limited, many seek care within the Emergency Department. The implementation of a rapid mental health screening tool will serve as a decisional tool to determine referral need for psychiatric treatment (Cappelli et al., 2012). Utilization management is among the many ways in which we evaluate the needs of the behavioral health patient while adhering to the established set of guidelines to ensure efficiency. No change to the current situation will result in further delay of treatment and a continued increase in the length of stay for the mental health patient. Not only will this not improve the collective well-being of our community, it will continue to be a safety concern across the country in many emergency departments. Transforming the care of the behavioral health patient begins with the implementation of the modified screening tool at time of triage to rapidly identify those patients' presenting to the emergency department. This is a

first step to achieving the long-term goal of improving the delivery of care to this patient population.

Section 4: Introduction

My purpose in carrying out this project was to streamline behavioral health service by planning a program of early identification and management of behavioral health patients' presenting to the emergency department. The evolution of this project materialized as the number of hours a behavioral health patient waited within the emergency department continued to rise; it became more evident that change needed to occur. Utilization of a modified screening tool used at triage; will assist emergency department personnel in more timely identification and appropriately evaluation of the patient arriving via ambulance and or walk in with behavioral health concerns. The goal of planning this program was to improve the identification and evaluation of the behavioral health patient within an emergency department setting. Outcomes obtained from the proposed project may be utilized to plan for interventions to improve timely identification, appropriate evaluation and early intervention of behavioral health patients, which should enhance the delivery of care. As the leader of the team, my objective will be to develop the policies and documents required to promote and implement a rapid mental health screening tool to be utilized at time of patient arrival to the emergency department.

Discussion of Findings

Approval from Walden University Institutional Review Board (IRB), was given prior to this project proposal implementation. After receiving approval the emergency department leadership team assembled to discuss the current volume and length of stay of the behavioral health patient. All facets of the many case presentations were discussed and it was agreed upon that the greatest opportunity was to have a tool that would assist the staff in timely identifying

these patients' upon their arrival to the emergency department. The team identified the number of pediatric patients' presenting in crisis were rising, so it was agreed upon that the tool had to serve both the adult and pediatric population. The challenge was to find a tool within the public domain so that the necessary modifications could be made without copyright infringement. The team agreed on the HEADS-ED tool, however, it was noted that slight modifications had to be made so that it could be applied to both the pediatric and adult population. The existing tool, HEADS-ED in its original format contained 7 items: H-Home, E-Education; A-Activities and Peers; D-Drugs and alcohol; S-Suicidality, E-emotions and behaviors; D-Discharge resources with an embedded scoring system with points associated for each variable (0=no clinical action needed; 1= needs clinical action but not immediately; and 2= needs immediate clinical action) (Cappelli et al., 2012). We looked at each section of the existing tool, making the modification to the education section within the tool so that it could be applied to both the pediatric and adult patient. The modified rapid triage assessment tool was adopted by the emergency department leadership team and was distributed for implementation, Appendix A.

The emergency department leadership team is responsible for the education prior to implementation, as well as, monitoring compliance with completing the rapid mental health screening tool at the time of triage; this will be achieved through concurrent review for those with a behavioral health diagnosis. The expectation is to utilize the HEADS-ED, a rapid mental health screening tool, at time of triage whether the patient presents via ambulance or walk in.

Capturing and improving the timeliness and early identification of the behavioral patient seeking care within the emergency department will assist in demonstrating the efficacy of the implementation of this tool. Promoting the involvement of this project to the stakeholders; eliciting their feedback for improvement will be essential to the project's success. This can be

achieved by hosting weekly meetings, encouraging the feedback and evaluation of other multi-disciplinary team and community resources. The emergency department leadership team understood that improving the collaboration amongst stakeholders and partners within the established emergency department behavioral health team was essential. In a non-punitive environment I encouraged all stakeholders to provide their ongoing feedback and evaluation.

What we identified was that the role of the emergency department charge nurse is pivotal to monitoring the success of the tool's usage. On daily basis, their role will be to conduct a concurrent review daily of all of the tools utilized on the patients' presenting to the department. Furthermore, they will be primarily responsible to ensure adherence to the tool's usage and for communicating any identified barriers that had prohibited compliance with tool utilization. The emergency department leadership team defined expectations to include the goal of 100 percent compliance with the tool utilization and timely identification of this patient population within the emergency department. One of the insights gained through program planning and presenting it to the team, I realized that I had overlooked including the charge nurses in on the process during its early stages of development.

Strengths, Remediation and Limitations

One of the strengths of this project is that it provided a tool to assist the clinical staff in identifying this patient population, in cases where it may have been overlooked. For an example, would be the patient that has presented with generalized abdominal pain and has no other clinical symptoms, and has scored a 1 or a 2 on the HEADS-ED tool when asked by the triage nurse, lets us know clinically that there might be a behavioral health issue needing evaluation. The timely recognition of this patient example may have been lost had this tool not have been used.

The limitation recognized within the adoption of this modified HEADS-ED tool is that it is a manual tool. All documentation within the emergency department is currently within an electronic medical record. This promoted inconsistency with the staff having to document within the electronic system; then having the documentation of the HEADS-ED tool on paper. In order to have the tool adapted electronically, institutional leaders would have to be implement a change request generated for the approval from the entire healthcare system that the institution is affiliated with. The emergency department leadership team will have to provide a convincing overview as to how this implementation has benefited patient care. Seeking this approval for the tool's adoption in the other sites can be challenging however, once approved the change request will then have to be reviewed by the electronic medical record vendor.

Consideration needs to be given to the financial cost and impact to the organization related to printing and duplicating of the form; as well as, costs affiliated with implementing a change request within the electronic medical record for implementing the form electronically within an already established record. The emergency department leadership team identified how the cost could be off set, by highlighting the noted improvement achieved with the timely disposition of this patient population and the effects it will have on patient throughput within the emergency department. An example as to how improved patient throughput impacts financials is within the number of patients' that leave without being seen. Inherently we will see a decrease in the number of those patients' leaving without being seen, as those behavioral health patients' are timely identified, treated and dispositioned for placement, this will then keep the patient flow open in the department to accommodate those other patients' presenting.

In recognition of the limitations within this project, addressing them will be essential to the program's outcomes. The first step will be to educate the staff on the assessment tool and

discuss the proposed outcomes, emphasizing on the anticipated improvement it will have on delivery of care. Successful implementation will depend upon the staff's compliance with completing the tool upon the patient's presentation to the Emergency Department. Adhering to the assessment guidelines and interventions will be a part of monitoring the progress of this project.

Implications, Practice and Future Research

The effectiveness of nurse triage systems has been well-established and recent research evidence shows that triage plays a pivotal role in the emergency department as it prioritizes available resources according to clinical urgency (Patel et al., 2009). There is substantial literature that addresses the attitudes of non-specialist psychiatric nurses caring for patients experiencing psychiatric symptoms in an Emergency Department setting (Happell et al., 2002). The literature results in the nurses having expressed a feeling of lacking skill and knowledge to care for this patient population.

By synthesizing the best evidence, it has been noted that establishing a risk assessment tool to be utilized at the time of triage within the Emergency Department is beneficial to patient outcomes. This modified screening tool will provide the nurse structure in identifying any urgent mental health need, allowing for early intervention and treatment (Patel et al., 2009). The HEADS-ED tool shows promise as a brief easily administered standardized screening tool useful in directing the interview process to ensure that key information is obtained for decision-making, uncovering the level of crisis, and determining the level of treatment needed. It provides potential for use as a decisional tool to determine referral for psychiatric consultation, admission decisions and guidance in the selection of service for patients discharged back to the community (Cappelli et al., 2012). The development and implementation of the Emergency Department

Behavioral Health assessment tool will assist healthcare providers to make rapid and accurate assessment of the Emergency Department patient presenting with a suspected or actual mental health problem, improving delivery of care to this patient population.

Social Change

Improving the image and acceptance of those suffering from mental illness, while enhancing the delivery of care, is the ultimate goal of this evidence-based project. The implementation of the defined interventions will promote and encourage those with mental illness to live well by shortening the duration of their illness and promote recovery. Differences in our belief systems about rights and obligations, fairness, equality, and deservedness will constrain policy and programmatic efforts to build a healthy society unless common ground can be found (Nash, Reifsnyder, Fabius & Pracilio, 2009). Embracing the concept of wellness within this patient population will maximize one's potential to lead a productive life. The impact on the larger society is increasing the level of understanding and treatment of mental illness. Mental illnesses can affect persons of any age, race, religion, or income and is not the result of personal weakness, lack of character or poor upbringing. Mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan (NAMI, 2011).

Summary

The development of a modified HEADS-ED tool, by using a multi-disciplinary team approach, has created an environment for the team to contribute positively to their practice. The refined practice and application of the tool to be utilized at the time the patient presents to the Emergency Department was guided by the ED Leadership Team. Every action was guided by knowledge, enabled by skill with a commitment to improving the delivery of care to the

behavioral health population within the Emergency Department.

Section Five: Scholarly Product

Project Summary and Evaluation Report

Researchers have found, increased demands have been placed on emergency departments as an overwhelming number of patients are presenting with mental health and substance use conditions. Emergency departments across the country are increasingly serving as a safety net for this patient population. This recent increase can be attributed to several factors; including the loss of acute hospital psychiatric capacity in both the public and private sectors; an underfunded community mental health system; lack of insurance health insurance for mental or substance use illnesses; and the lack of any or sufficient health insurance by many individuals. In collaboration with other disciplines, DNP prepared nurses have an opportunity to share current evidence based practice while identifying processes for improvement and defining patient criteria. The dissemination and sharing of this knowledge will ultimately result in heightening healthcare practitioners' awareness and improved outcomes for the behavioral health population seeking treatment within the emergency department.

Background, Purpose and Nature of Project

My purpose for this project was to streamline behavioral health service by planning a program of early identification and management of behavioral health patients' presenting to the emergency department. The implementation of a rapid mental health screening tool will serve as a decision making tool to determine referral need for psychiatric treatment (Cappelli et al., 2012). Utilization management is among the many ways in which we evaluate the needs of the behavioral health patient while adhering to an established set of guidelines to ensure efficiency. No change to the current situation will result in further delay of treatment and a continued

increase in the length of stay for the mental health patient. Not only will this not improve the collective well-being of our community, it will continue to be a safety concern across the country in many emergency departments. Transforming the care of the behavioral health patient begins with the implementation of the modified screening tool at time of triage to rapidly identify those patients' presenting to the emergency department, this will be a first step to achieving the long-term goal of improving the delivery of care to this patient population.

Evaluation

A collaborative culture was created with my preceptor and the leadership team within the emergency department. This provided an on-going opportunity for the team to share constructive feedback. Weekly meetings were held throughout the evolution of the project in an effort to demonstrate a multi-disciplinary approach. There was a process identified for improvement which included defining patient criteria and implementing the use of a modified screening tool at time of triage to assist the healthcare team in the emergency department with identifying those patients' with behavioral health needs. Educational programs were provided to the staff to enhance their understanding and competency to care for this patient population. The Emergency Department Leadership team was responsible for implementation and continued reassessment resulting in a opportunities for improvement being identified which could further enhance the project's success.

Analysis of Self

Evidenced based research is a direct reflection on how we can impact change within our profession by logically and critically analyzing current practice. Evidence based practice is an integral part of evidence based decision making. As a doctoral prepared nurse, we should be proactive with participating in this process (Terry, 2012). Clinical reasoning is essential to

nursing practice, used to assimilate information, analyze data, and make decisions within nursing care (Simmons, et. al. 2010).

My scholarly journey in the doctoral program has opened my eyes to understand that as a doctoral prepared nurse we need to lend our voice to policy and program development. Translating evidence has enabled me to further develop as a leader. One of the areas where this is supported in within the Institute of Medicine (2004) report. The document provides a road map for nurse leaders with detailed recommendations for staffing, skill sets, work, workspace, shifts culture and structure (White & Brown, 2012). One of my objectives this semester was to propose the development of a behavioral health team consisting of multi-disciplinary team members to review the current crisis surrounding the delivery of care to the behavioral health patient. The translation of the evidence will further assist me in developing the ability of physicians, nurses, and others engaged in patient care to work effectively as teams is one strategy with potential to improve collaboration, quality of care and the work environment (White & Brown, 2012). This requires what White and Brown (2012) describe as the “performance envelope”. For any strategy to take root, leadership is required and the work of quality needs to be visible compelling and pervasive across the organization (White & Brown, 2012).

In an effort to promote and further develop best practice, doctoral prepared nurses need to know how their government works so that they can effectively advocate for policies and legislation that are important to their profession and practice (Stokowski, et. al., 2010). Many policy makers are unaware of the shortcomings in healthcare coverage, limitation of private insurers, and limited payment to acute care service. As a result, within the area of behavioral health many individuals pay out of pocket for a higher proportion of mental health services than general health services and many face catastrophic financial losses when the costs of their care

exceed the limits. I have realized through my scholarly development that increasing the awareness of our policy makers is essential, making face time with your local legislators can make a great impact. I have learned that your window of opportunity to promote your area of interest may be small so it should be concise and succinct. It is essential that your data is graphed, for the visual learner; this will engage and peek their curiosity within the topic. Remember data needs to be linked to the intended outcomes; it should be analyzed to fully understand the effects of the translated evidence on outcomes (White & Brown, 2012).

The development of my personal leadership style can be best described as transformational; founded on respect for the dignity of all individuals. My journey in developing my own personal style was and continues to be guided by my core values of competence, compassion and commitment to my profession; which includes the care of my staff, patients, and families. In my role as a nurse leader, I assume the responsibility for developing, defining, planning, implementing and evaluating safe efficient nursing care to all patients in an environment that promotes patient safety and professional development. Through many years of experience, my style has been crafted through literature, collegial relationships, and mentoring. Collectively my personal practice is to execute my vision with the understanding that I have an ability to influence nursing practice, while enhancing the personal development of others. The information conveyed within the literature not only enhances my level of understanding, but reaffirms the critical need to be continually proactive maintaining currency on the issues within healthcare and review of evidenced based practice.

Conclusion

Sharing and advancing the barriers associated within behavioral health will maximize the staff's opportunity to improve the delivery of care for the behavioral health patient population,

providing them with an opportunity to lead a productive life. The modified screening tool will aid in identifying the behavioral health patient presenting to the emergency department with psychiatric symptoms whether by walk in or by ambulance. Patients' both adult and pediatric who presented to the emergency department for treatment, are to be triaged utilizing the rapid mental health screening tool to determine if they are in need of crisis intervention. Documenting and improving the timeliness and early identification of such patients' will assist in demonstrating the efficacy of this tool. In promoting the adoption of this modified screening tool, I hope to contribute to efforts aimed at improving the image and acceptance of those suffering from mental illness. I also seek to enhance the delivery of care, by shortening the duration of patients' illnesses and promoting their recovery.

One of barriers for expanding the use of this modified HEADS-ED tool is that it is a manual tool. Personnel at my practicum site and elsewhere in the United States use electronic medical record. Using paper and electronic documentation might be inconvenient and/or produce inconsistent records, unless emergency department leaders are able to electronically integrate the tool within their electronic medical record system.

An additional obstacle noted within the earlier development of this project, was the limited evidence within the literature demonstrating the outcomes of implementing a rapid triage assessment tool for the behavioral health patient. The advice and feedback shared not only by my committee and preceptor was beneficial. This required me to broaden my search, to include specialty journals, such as the Emergency Medicine Journal and the Academy of Emergency Medicine. In doing so it resulted in the recognition of supportive literature that promoted the implementation of a screening tool.

References

- Beauchamp, T. L., & Childress, J. F. (2009). *Principles of biomedical ethics*. 6th ed., New York, NY: Oxford University Press.
- Brink, S. (2014, April 29). Mental health now covered under ACA; but not for everyone. *U.S. News*. Retrieved from <http://www.usnews.com>
- Burns, N. & Grove, S. (2009). *The practice of nursing research; Appraisal, synthesis, generation of evidence*; (7th ed.); Saunders Elsevier.
- Cappelli, M., Gray, C., Zemek, R., Cloutier, P., Kennedy, A., Glennie, E., ...Lyons, J. (2012). The heads-ed: A rapid mental health screening tool for patients in the emergency department. *Journal of the American Academy of Pediatrics*; doi: 10.1542.
- Choo, E.K., Ranney, M.L., Aggarwal, N., & Boudreaux, E.D., (2012). A systematic review of emergency department technology-based behavioral health interventions. *Academic Emergency Medicine*, 19(3), 318-328.
- Coristine, R.W., Hartford, K., Vingilis, E., & White, D. (2007). Mental health triage in the ER: a qualitative study. *Journal of Evaluation in Clinical Practice*, 13(2), 303-309.
- Friis, R. H., & Sellers, T. A. (2009). *Epidemiology for public health practice*. Sudbury, MA: Jones & Bartlett.
- Hanrahan, N., Stuart, G., Delaney, K., & Wilson, C. (2013). Mental health is an urgent public health concern. *Nursing Outlook*, 61(3), 185-186.
- Happell, B., Summers, M., & Pinikahana, J. (2002). The triage of psychiatric patients in the hospital emergency department: a comparison between emergency department nurses and psychiatric nurse consultants. *Accident and Emergency Nursing*, 10, 65-71.

- Healthy People 2020. (2011). *Topics and objectives index*. Retrieved from <http://www.healthypeople.gov/2020/topics-objectives>.
- Hodges, B.C., & Videto, D.M. (2011). *Assessment and planning in health programs* (2nd ed.). Sudbury, MA: Jones & Bartlett Learning
- Institute of Medicine (2004). *Institute of medicine report*. Retrieved from iom.nationalacademies.org.
- Kelly, D. (2011). *Applying quality management in healthcare: A systems approach* (3rd ed.). Chicago, IL: Jones & Bartlett Publishers
- Kettner, P. M., Moroney, R. M., & Martin, L. L. (2013). *Designing and managing programs: An effectiveness-based approach* (3rd ed.). Thousand Oaks, CA: Sage
- Mantan, A., (2010). Psychiatric patients in the emergency department: the dilemma of extended lengths of stay. Emergency Nurses' Association; Retrieved from www.ena.org.
- McEwen, M., & Wills, E. M. (2011). *Theoretical basis for nursing*. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins.
- Mental health reform. U.S. News. (2014). Retrieved from <http://www.usnews.com>
- Milm, S. (2006). A sustainable behavioral health program integrated with public health primary care. *Public Health Management Practice*, 12(5), 456-461.
- Nash, D. B., Reifsnnyder, J., Fabius, R. J., & Pracilio, V. P. (2011). *Population health: Creating a culture of wellness*. Sudbury, MA: Jones & Bartlett.
- National Alliance of Mental Illness (2011). *Statistics on mental health*. Retrieved from <http://www.nami.org>.
- Patel, A., Harrison, A., & Bruce-Jones, W. (2009). Evaluation of the risk assessment matrix: A mental health triage tool. *Emergency Medicine Journal*, 28, 11-14.

- Peterson, I. (1999). At 67, Marlboro mental hospital closes. *New York Times*; Retrieved from www.nytimes.com.
- Schreiber, M. (2010). The psySTART rapid mental health triage and incident management system. Retrieved from <http://www.cdms.uci.edu/pdf/psystart-cdms02142012.pdf>
- Simmons, B. (2010). Clinical reasoning: Concept analysis. *Journal of Advanced Nursing*, 66(5), 1151-1158.
- Sinclair, L., Hunter, R., Hagen, S., Nelson, D., & Hunt, J. on behalf of the A7E Mental Health Study Group (2006). How effective are mental health nurses in A&E departments? *Emergency Medical Journal* 23(9), 687-692.
- State Legislation Report. (2013). Retrieved from http://www.nami.org/Content/NavigationMenu/State_Advocacy/Tools_for_Leaders/2013_StateLegislationReportFinal.pdf.
- Stetler, C. (2001). Updating the Stetler model of research utilization to facilitate evidence-based practices; *Nursing Outlook*. 48. 272-279.
- Stokowski, L. A., Sansoucie, D. A., McDonald, K. Q, Stein, J., Robinson, C., & Lovejoy, (2010). Professional growth and development. Advocacy: it is what we do. *Advances in Neonatal Care*, 10(2), 75-82.
- White, K., & Brown, S. (2012). *Translation of evidence into nursing and healthcare practice*. New York, NY: Springer Publishing Company.
- Zaccagnini, M.E., & White, K. (2011). *The Doctor of Nursing practice essentials: A new model for advance practice nursing*. Sudbury, MA: Jones and Bartlett.

Appendix A: Modified HEADS-ED Rapid Triage Tool

Modified HEADS-ED Rapid Triage Tool

Modified HEADS-ED Patient Profile			
	0 No action needed	1 Needs action but not immediate	2 Needs immediate action
H ome	<input type="checkbox"/> Supportive	<input type="checkbox"/> Conflicts	<input type="checkbox"/> Chaotic / Dysfunctional
E ducation (Adult/Pediatric patient attending school)	<input type="checkbox"/> On track	<input type="checkbox"/> Grades dropping / absenteeism	<input type="checkbox"/> Failing / not attending school
A ctivities and peers	<input type="checkbox"/> No change	<input type="checkbox"/> Reduced / poor conflicts	<input type="checkbox"/> Fully withdrawn / significant peer conflicts
D rugs and alcohol	<input type="checkbox"/> No or infrequent	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent / daily
S uicidality	<input type="checkbox"/> No thoughts	<input type="checkbox"/> Ideation	<input type="checkbox"/> Plan or gesture
E motions, behaviors, thought disturbance	<input type="checkbox"/> Mildly anxious / sad / acting out	<input type="checkbox"/> Moderately anxious / sad / acting out	<input type="checkbox"/> Significantly distressed / unable to function / out of control / bizarre thoughts
D ischarge resources	<input type="checkbox"/> Ongoing / well connected	<input type="checkbox"/> Some / not meeting needs	<input type="checkbox"/> None / on waitlist / non- compliant
TOTAL SCORE	_____	_____	_____

A HEADS-ED total score of 10 and a suicidality score of 2 recommends psychiatric consultation*

*HEADS-ED does not replace physician judgment

Patient Label