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**Duke** Raleigh Hospital

# **Multi-Faceted Management of Behavioral Concerns in a Non-Psychiatric ED and General Hospital**

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# Learning Objectives

- Describe variations on traditional face-to-face psychiatric consultation-liaison to improve management of behavioral concerns in a non-psychiatric general hospital.
- Discuss a delayed admission workflow for patients presenting to the general Emergency Department with behavioral health needs.



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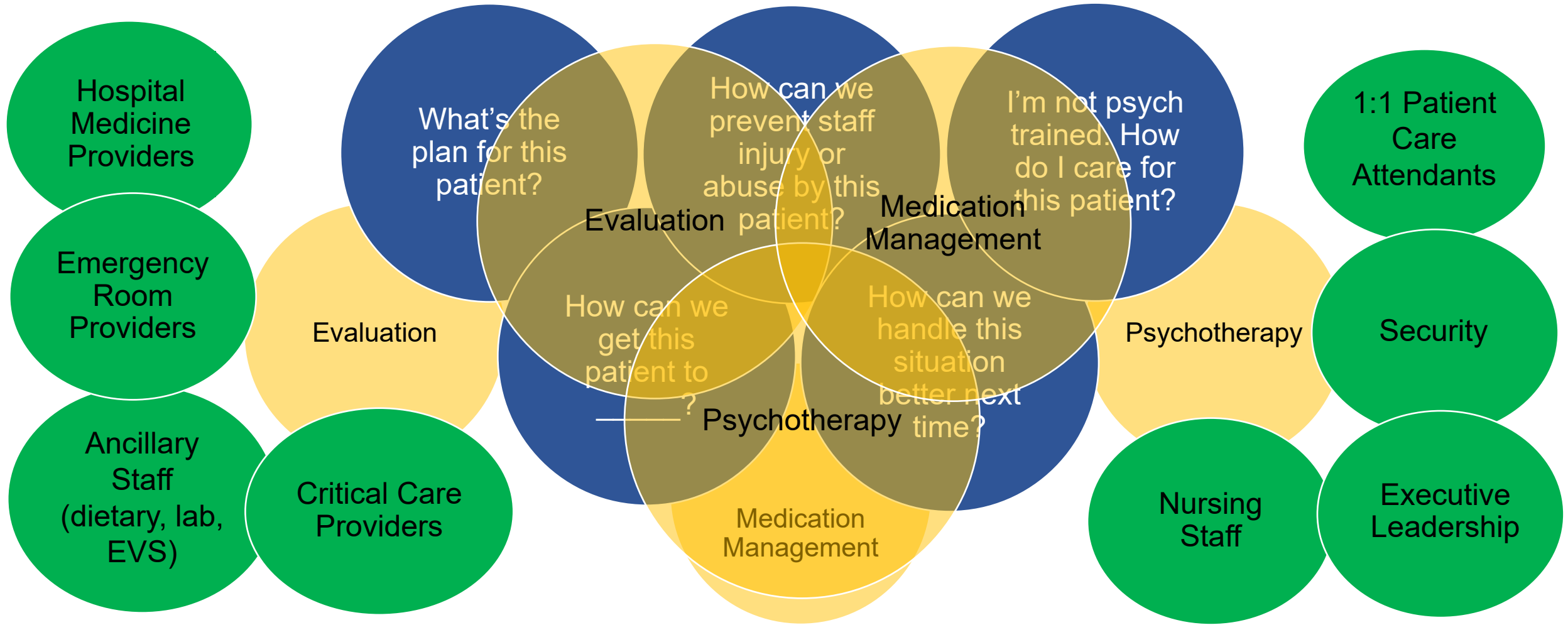
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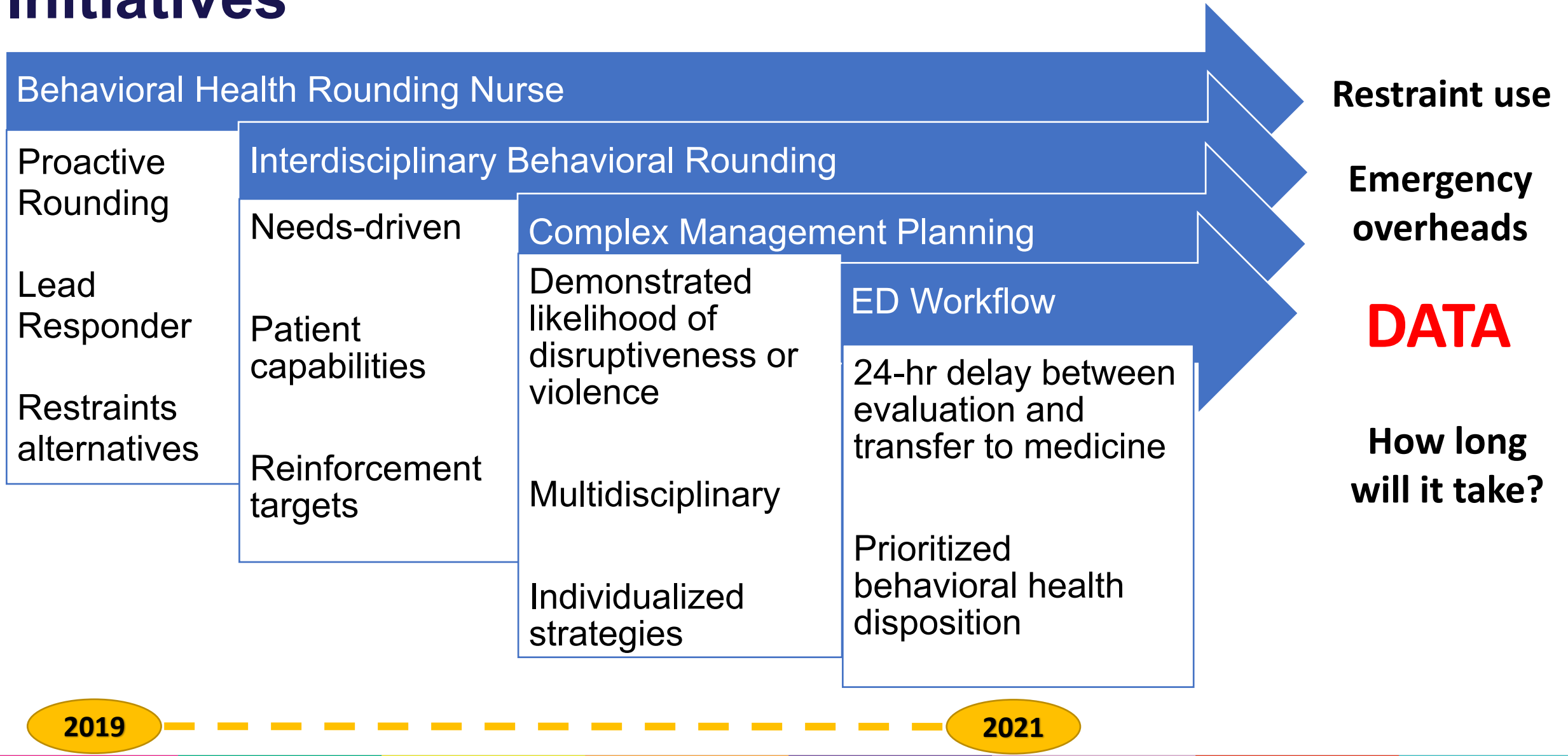
# Psychiatry Consult-Liaison



# Themes in Liaison



# Initiatives



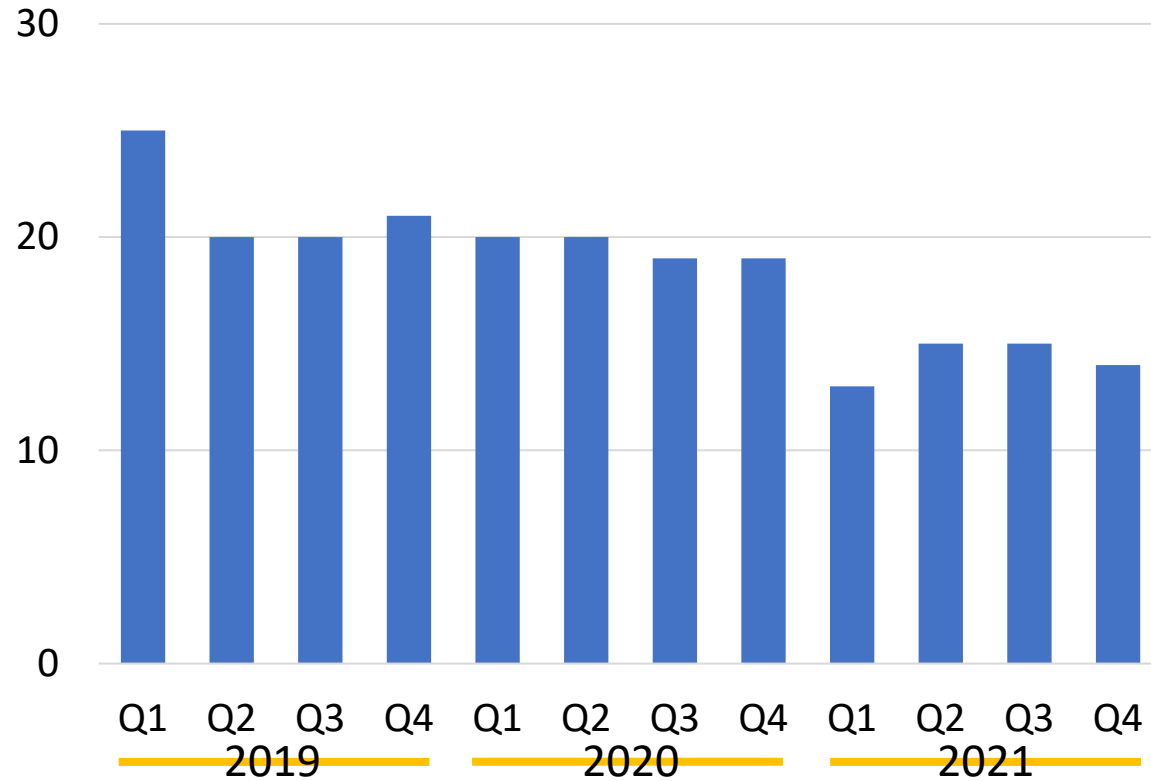
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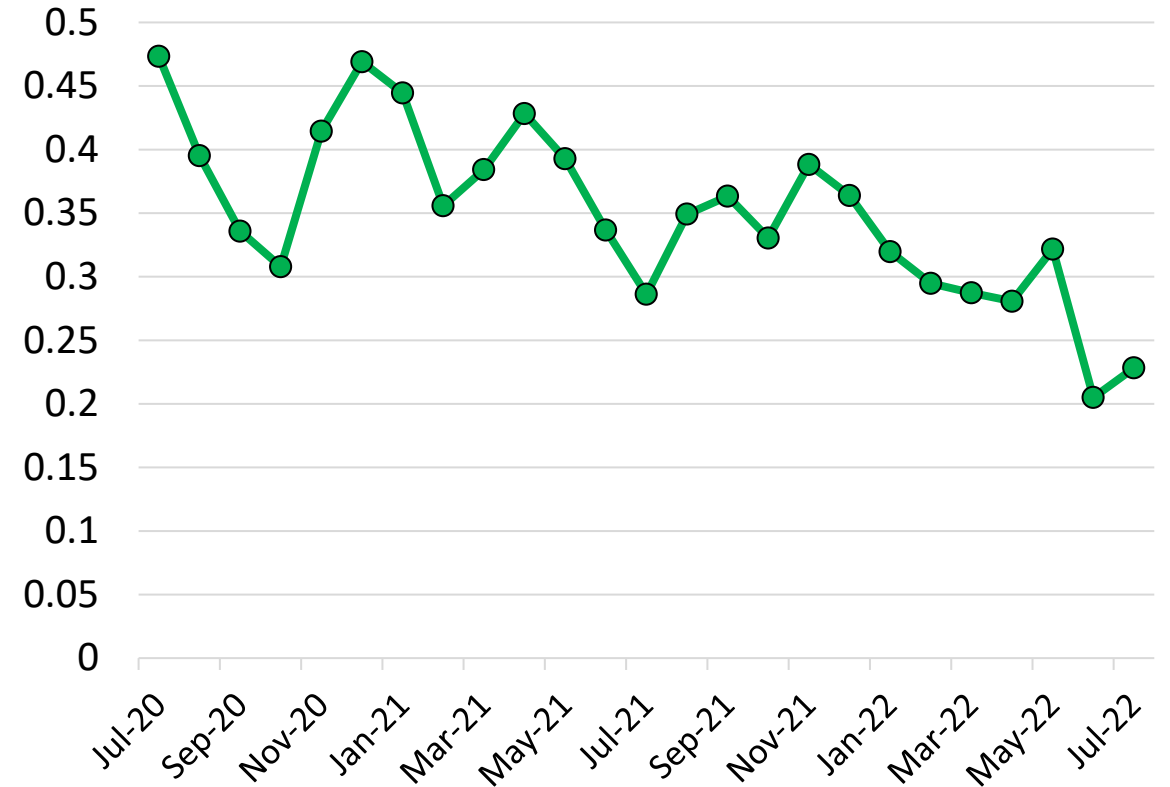


# Results: Hospital-Wide Initiatives

## Average Monthly Emergency Overheads

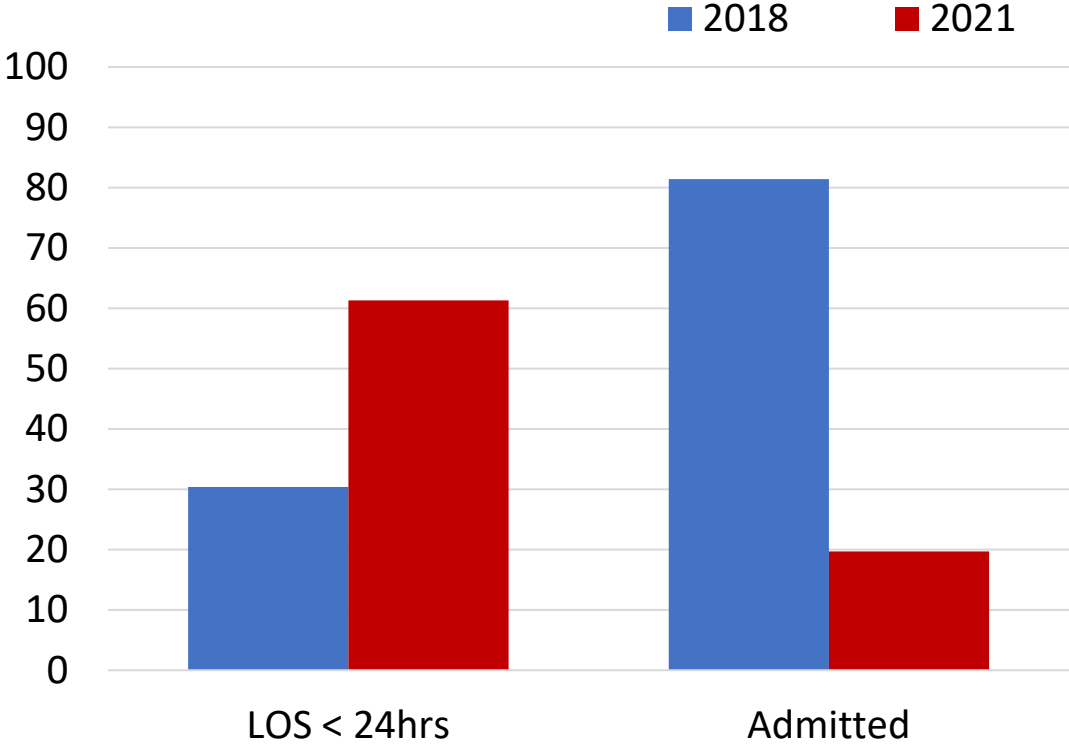


## Monthly Restraint Events/Volume

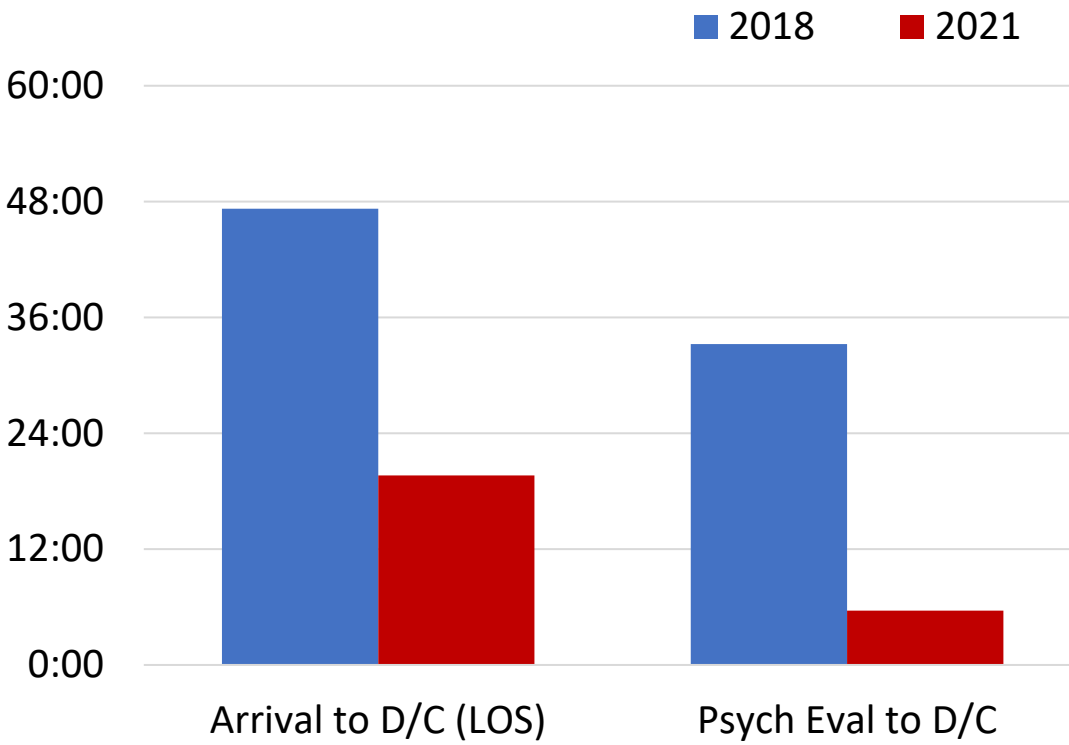


# Results: ED Workflow Initiative

### Percentages



### Median Times



# Lessons Learned

Are you measuring  
what you think you  
are?

Treating the  
system that  
treats the  
patients

With new roles and  
functions come  
refinement and  
expectations

# Key Takeaways

- Executive Team
- ED Leadership
- Hospital Medicine

Buy-In

- Beyond provider to provider
- Multi-level guidance
- Action-oriented

Multi-Faceted Liaison

- Taking time may not equal increasing time
- Functionality

Protocols



# Questions



## Duke Raleigh Hospital

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