

My Why and the EmPATH Model



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Access to Care – Open to all patients

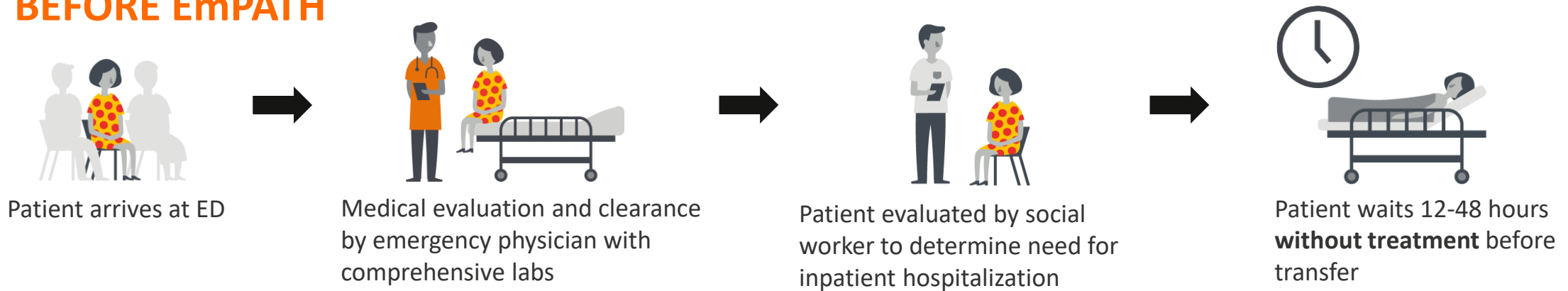
Quality – Right treatment, right time, right place

Performance – Maximize throughput, eliminate delays

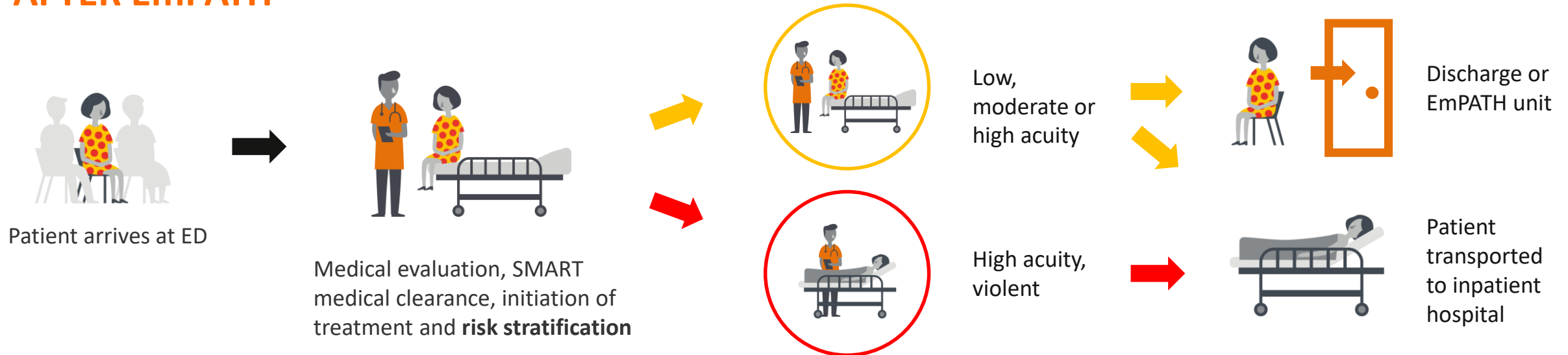
Stewardship – Appropriate use of resources, eliminate waste

Impact of EmPATH

BEFORE EmPATH



AFTER EmPATH






Impact of EmPATH


- Reduced ED LOS by 70% (16.2 hours vs. 4.9 hours)
- Reduced inpatient psychiatric admissions by 53%
- Reduced recidivism by 25%
- Improved outpatient follow-up by 60%
- Reduced inpatient length of stay

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ORIGINAL CONTRIBUTION

CME   

Emergency psychiatric assessment, treatment, and healing (EmPATH) unit decreases hospital admission for patients presenting with suicidal ideation in rural America

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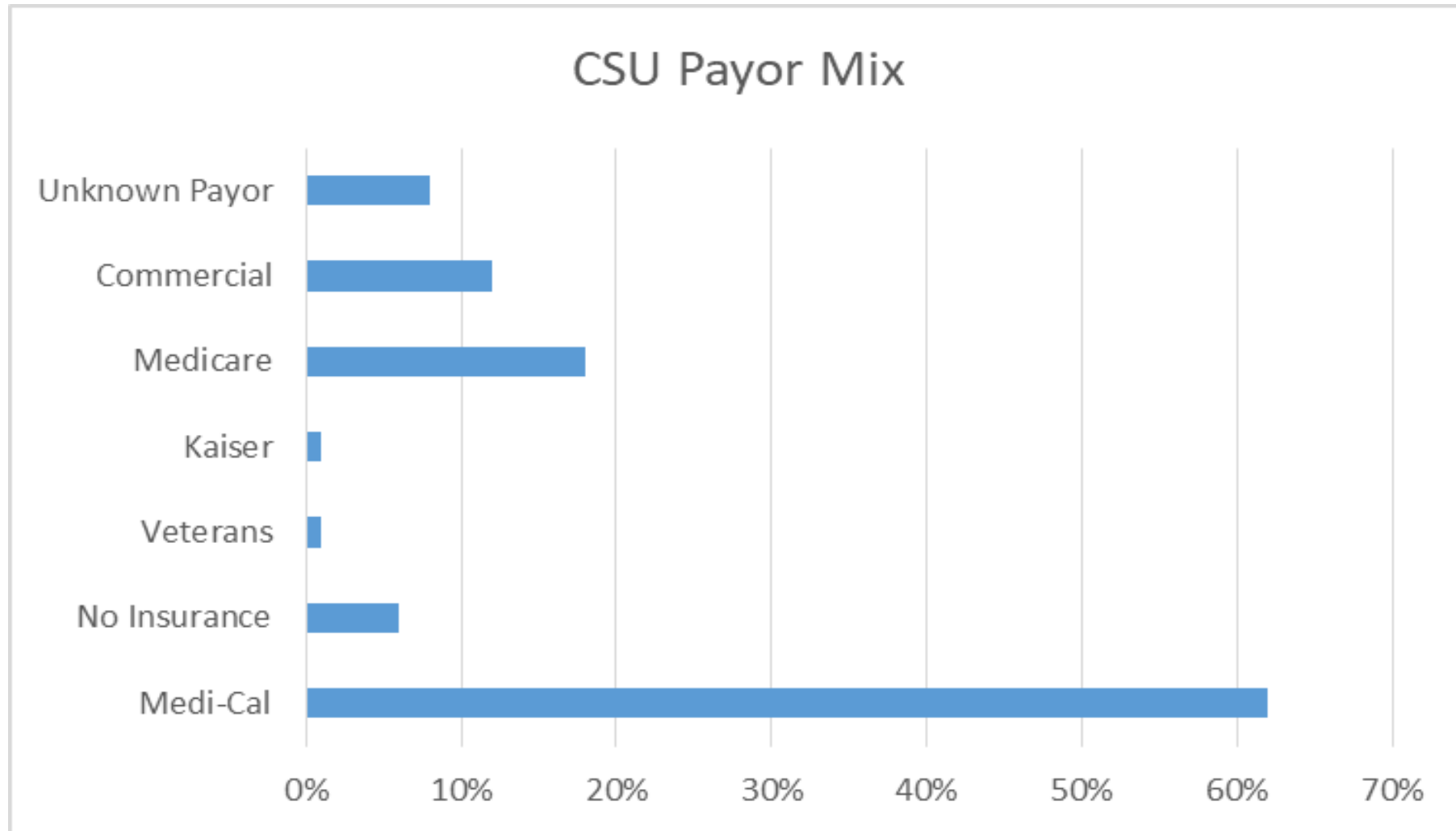
Abstract
Objectives: The objective was to evaluate the impact of an emergency psychiatric assessment, treatment, and healing (EmPATH) unit in the emergency department (ED) on hospital admissions, ED length of stay, and 30-day follow-up for patients presenting with suicidal ideation or attempt.
Methods: This study was a before-and-after analysis of introducing the EmPATH unit within a Midwestern academic medical center on outcomes of adult patients (≥18 years) presenting with suicidal ideation or suicidal attempt. The primary outcome in this study was the change in proportion of inpatient psychiatric admission of suicidal patients presenting to the ED before and after implementation of the EmPATH unit. Secondary outcomes compared were changes in proportion of admission, in-

Impact at Mercy San Juan

- Michael Korpiel, President Mercy San Juan Medical Center, Carmichael, CA
- Since inception in 9/19, MSJ treated 3,701 patients (190 patients/month)
- 75% of CSU patients discharged home
- Reduced recidivism by 30%
- ED Boarding time has decreased from 32.9 prior to implementation to 4.5 hours this fall (86% reduction)
- Patient Experience – 86% Satisfaction rating
- MSJ has transfer agreements with all Dignity, Kaiser, and Sutter facilities in Sacramento



CSU Payor Mix



Suggested Next Steps

- Clear licensing guidelines for all counties and CDPH to follow
- Medi-Cal reimbursement rates that makes the service financially viable
- Continued use of innovation dollars to get CSU's up and running.