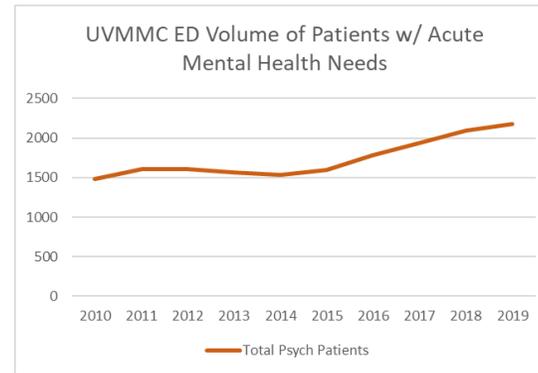
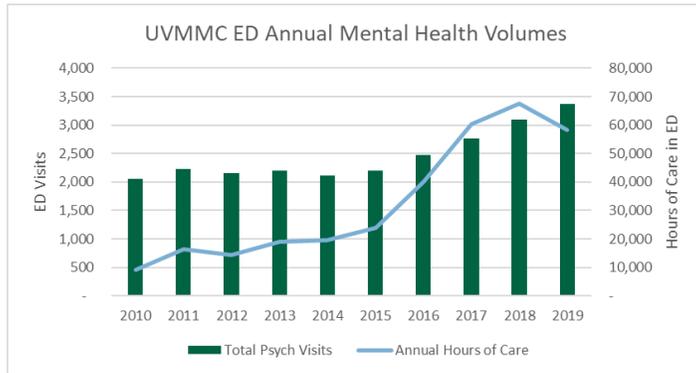
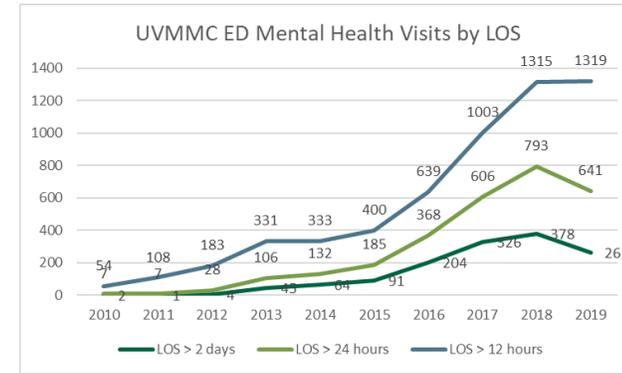


# Unsustainable Trends Among Patients with Acute Mental Health Needs

## Acute Mental Health needs are rising



## ED is an inpatient setting by default



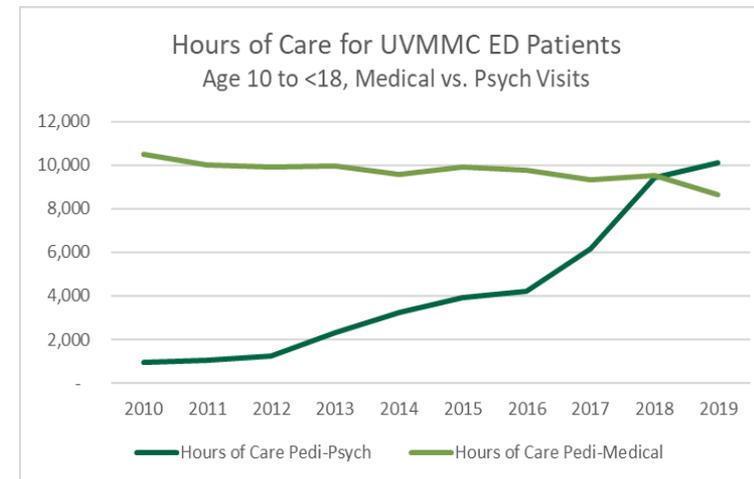
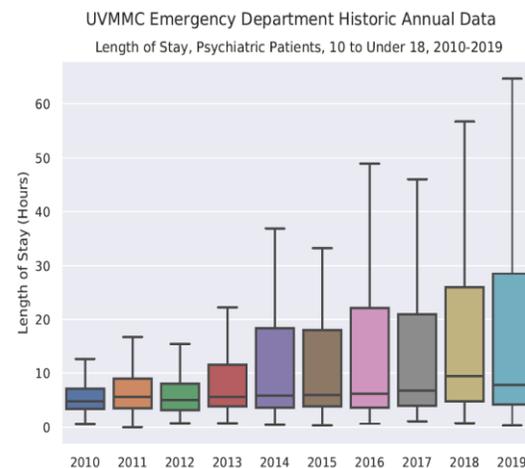
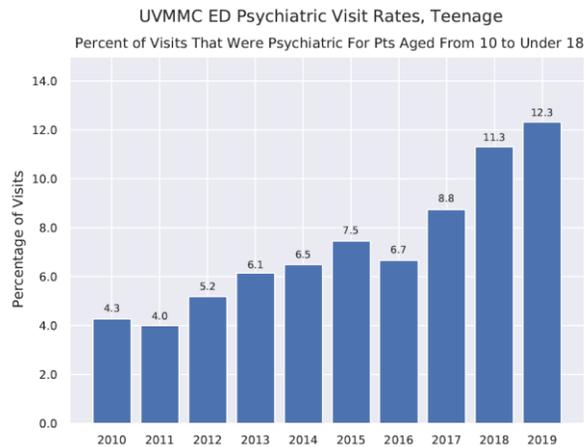
While this is specific to UVMMC, the trends hold true for our network EDs.

Impacts of trends include:

- Increased mortality risk for MH pts
- Poor quality
- ED crowding
- Provider burnout

Emergency Medicine has a vested interest in change.

## Pediatric segment is particularly concerning . . . with respect to growth, increased length of stay



# Identification of Patients/Visits as Acute Mental Health

The algorithm looks at three different data sources sequentially. If examination of any resource identifies the patient as psychiatric, the algorithm stops and returns confirmation that the patient is psychiatric, without examining the other data sources. The basic outline is as follows:

1. Examine the visit ICD code.
  - a. Compare the ICD 10 code to the Code Inclusion List. If it begins with any of the strings in the list, continue to b. Otherwise go to 2.
  - b. Compare the ICD 10 code to the Code Exclusion List. If it begins with any of the strings in the list, go to 2. If it does not, then the visit is psychiatric.
2. Examine the visit Diagnosis.
  - a. Look at every string in the Diagnosis Inclusion List. If any of them are in the diagnosis, continue to b. Otherwise go to 3.
  - b. Look at every string in the Diagnosis Exclusion List. If any of them are in the diagnosis, continue to 3. If none are in the diagnosis, then the visit is psychiatric.
3. Examine the Chief Complaint.
  - a. See if the chief complaint is in the Chief Complaint List. If it is, then the patient is psychiatric. If it is not, then the patient is not psychiatric.