

Psychiatric Treatment of the Medically Complex Patient: An Overview of the Primary Psychiatric Service on a Medical Surgical Unit

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Background

- In most hospitals in the United States, inpatient psychiatric units are not equipped to accommodate medically complex patients.
- Traditionally, Medical-Psychiatric units (MPUs) provide care to patients with combined psychiatric and medical illness. However, beds in such units are difficult to access, limited, and costly. As a result, the duration spent in the emergency department awaiting transfer to a facility that can accommodate these patients is especially long.
- To address this problem, Kern Medical hospital in Bakersfield, California implemented the primary psychiatry service (PPS) that is complementary to the 24-bed psychiatric unit and the psychiatric consultation and liaison service. PPS facilitates care to patients who meet criteria for inpatient psychiatric hospitalization but are not eligible for admission to the inpatient psychiatric unit due to medical requirements.

Primary Psychiatric Protocol

Primary Psychiatric Patient

- A patient who is admitted to the medical unit and treated by psychiatric services as their primary admitting service

Setting and Care

- Admitted to medical/surgical floor with care of medical/surgical nursing staff
- Primarily managed by the consultation liaison psychiatry team

Eligibility

- Either a legal psychiatric hold or voluntary psychiatric hospitalization status
- Concurrent acute psychiatric and chronic medical conditions
- Chronic medical conditions not suitable for the inpatient psychiatric unit

Approval and Funding

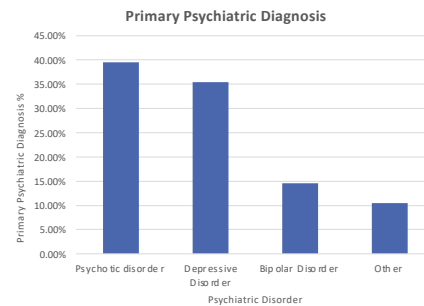
- Approved by the attending psychiatrist and insurance
- Partly funded by Kern County's Behavioral Health and Recovery Services through the Mental Health Services Act

Example of Medical Conditions
Communicable or infectious diseases requiring isolation precautions (active TB, C. Diff, COVID, Shingles)
Need of assistive device for ambulation
Need of Intermittent or continuous oxygen therapy
Indwelling Urinary Catheters
Established central line without treatment requirement through the access
Requires IV medication (IV antibiotic treatment or severe catatonia requiring IV Ativan)
Dialysis
Morbidly obese
On a "jail hold" requiring monitoring by law enforcement

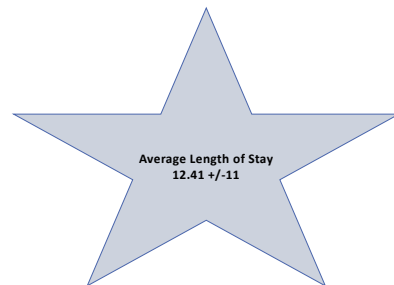
Methods

- A retrospective electronic medical record was conducted from 1/1/2021-12/31/2021 of admissions to the primary psychiatric service
- Outcomes measured: age, ethnicity, insurance, primary legal status on admission, length of stay, rationale for psych primary, discharge diagnosis, substance use

Results



*other: Major Neurocognitive disorder, PTSD, Adjustment disorder



Demographics (N=48)	
Age	50 +/- 16
Gender	
Female	24 (50%)
Male	24 (50%)
Ethnicity	
African American	7 (14.58%)
Caucasian	23 (47.92%)
Hispanic	17 (35.41%)
Native American	1 (0.02%)
Insurance	
Commercial	9 (18.75%)
Medical	28 (58.33%)
Medicare	11 (22.92%)
Legal Status on Admission	
Involuntary (psychiatric hold)	46 (95.83%)
Voluntary	2 (0.42%)

Rationale for Primary Psychiatric Service	
Mobility or Ambulation issues	31.25% (15/48)
Isolation protocol for SARS-COVID-19 positive status	33.33% (16/48)
Medical Devices	16.66% (8/48)
Other	18.75% (9/48)



Conclusions

- The primary psychiatric service has been helpful with providing acute psychiatric care to medically compromised patients and has facilitated the flow of psychiatric patients within the emergency department.
- Being able to finance such protocols can be challenging as well, but the benefits are innumerable. There are potential challenges that can arise in such systems, including issues with medical complications and potentially lengthy disposition.
- Overall, from our single center experience it has been quite positive. Whether this novel system can be replicated in other centers effectively would be an area for further evaluation.

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