Psychiatric Case Management in the Emergency Department

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ABSTRACT

Purpose: The care of the mentally ill has reached a real crisis in the United States. There were more than 6.4 million visits to emergency departments (EDs) in 2010, or about 5% of total visits, involved patients whose primary diagnosis was a mental health condition or substance abuse (Creswell, 2013). That is up 28% from just 4 years earlier, according to the latest figures available from the Agency for Healthcare Research and Quality in Rockville, MD. Using a method called scoping, the purpose of this article is to examine the range, extent, and evidence available regarding case management as an intervention in the ED to manage mental health patients, to determine whether there is sufficient quantity and quality of evidence on this topic to conduct a meta-analysis, and to identify relevant studies that balance comprehensiveness with reasonable limitations.

Primary Practice Settings: One solution for ensuring that the costs are contained, efficiency is maintained, and quality outcomes are achieved is the placement of a case manager in the ED. According to AHC Media (2009), because the majority of hospital admissions come through the ED, it makes sense to have case managers located there to act as gatekeepers and ensure that patients who are admitted meet criteria and are placed in the proper bed with the proper status.

Findings/Conclusions: From the scoping techniques implemented in this study, the authors came to the conclusion that case management has been and can be used to effectively treat mental health patients in the emergency room. A good number of patients with psych mental health issues are frequent visitors and repeat visitors. Case management has not been used very often as a strategy for managing patients through the ED or for follow-up after the visit. Hospitals that have developed a protocol for managing these patients outside the main patient flow have had successful results. Staff training and development on psych mental health issues have been helpful in the ED.

Implications For Case Management Practice: While there are not a large number of studies available on this topic, there is sufficient evidence to warrant further examination of this research topic. The findings in this scoping study have broader implications for research, policy, and practice. The framework of this study involved an outcomes-based approach. Clinical outcomes that positively enhance patient care and save the hospital money are necessary in the current health care environment.

Key words: *case management, cost-effectiveness, emergency department, mental health, nurses*

The care of the mentally ill has reached a crisis in the United States. There were more than 6.4 million visits to emergency departments (EDs) in 2010. About 5% of total visits involved patients whose primary diagnosis was a mental health condition or substance abuse (Creswell, 2013). That is up 28% from just 4 years earlier, according to the latest figures available from the Agency for Healthcare Research and Quality in Rockville, MD. By one federal estimate, spending by general hospitals to care for these patients is expected to nearly double to $38.5 billion in 2014, from $20.3 billion in 2013 (Creswell, 2013). The problem has been building for decades as mental health systems have been largely decentralized, pushing oversight and responsibility for psychiatric care into overwhelmed communities and, often, to hospitals.

At the same time that mental health visits are increasing, there are compelling reimbursement issues that interfere with a hospital's ability to enhance patient flow and ensure that costs can be covered through the generation of revenue. The Recovery Audit Contractors are carefully scrutinizing hospital records, looking for inappropriate admissions, incorrect level of care, and inaccurate coding in the charts of Medicare patients. These mistakes cost money and threaten the financial viability of our health care facilities (AHC Media, 2009).

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Because the majority of hospital admissions come through the emergency department, it is logical to have case managers located there to act as gatekeepers and ensure that patients who are admitted meet criteria and are placed in the proper bed with the proper status.

One solution for ensuring that the costs are contained, efficiency is maintained, and quality outcomes are achieved is the placement of a case manager in the ED. According to AHC Media (2009), since the majority of hospital admissions come through the ED, it is logical to have case managers located there to act as gatekeepers and ensure that patients who are admitted meet criteria and are placed in the proper bed with the proper status. This is an assignment for a full-time position in the ED itself and does not include utilizing a hospital unit- or service-based case manager and assigning them to cover the ED as an additional assignment. Hospitals have adopted this model in many circumstances to accommodate the mental health patients that increasingly come to the ED for care directly related to their mental health conditions (Creswell, 2013).

Adding a position or positions for case management to the ED must be justified by cost-effectiveness. To determine whether this is a viable alternative, one must consult the evidence available in the literature and examine whether case management placement can be justified in terms of outcomes, such as cost-effectiveness, patient satisfaction, quality measures, and clinical outcomes. To this end, this article explores evidence in the literature on ED case management using a technique called scoping.

REVIEW OF THE LITERATURE

In reviewing these statistics, the authors concluded that psychiatric emergencies are a major component of the traffic throughout major EDs. There are a number of studies that have looked at the outcomes for other chronic disease processes and the impact of case management on those outcomes within the ED. Unfortunately, there are limited studies that examine the similar impact of case management on mental health outcomes in the ED. Psychiatric or mental health patients not only represent a substantial portion of emergency traffic creating a backlog, they also tend to interfere with other nonpsychiatric patients from being processed and seen. Therefore, it is important that any studies that have been completed be examined to study the impact of the surge

in mental health patients on revenue generation, and that potential solutions are provided going forward.

It is difficult to examine the impact of mental health patients on ED care without examining outcomes. Some of these outcomes relate to patient care and can be highlighted to identify the types of data that have been examined to determine the effectiveness of case management at both the patient care and the macrosystem or population management level. To examine outcomes at the patient care level, clinical outcomes, length of stay, and other financial metrics, functional and satisfaction outcomes are used to determine the success of an intervention. Clinical outcomes would vary according to the standards of care, evidence-based literature, or best practices for that particular health care condition or state (Stanton & Packa, 2010).

Length of stay is often used to determine how well and cost-effectively a patient's stay is managed. Functional outcomes pertain to how well the patient can perform self-care or activities of daily living. Satisfaction outcomes usually pertain to the patient's favorable responses to the care provided. These are critical because, if certain outcomes are not met, the institution does not attract new customers, obtain reliable reimbursement, avoid law suits, and stay financially solvent. Case managers focus on facilitating a patient's journey through the health care system to achieve quality outcomes, while ensuring that unnecessary costs are contained.

At the macrosystem level, the outcomes are not focused on the individual patient. These outcomes are focused on entire patient populations, examining costs, quality, and use of clinical resources for patient populations. Most case management studies focus on the patient care-level outcomes and a small portion focus on entire populations or specific care areas of the hospital.

METHODS

The types of outcomes that are examined in the emergency room are similar to those examined for other areas of the hospital, but at the macrosystem level there are additional considerations. Gautney, Stanton, and Crow identified diversion rates for the ED, inappropriate intensive care unit admissions, preadmission certifications and staff, as well as patient satisfaction, as outcomes to monitor to determine the effectiveness of case management. A few studies focused on case management strategies or training to try and reduce ED repeat visits (Madden, Carrick, & Manno, 2012). The scoping process employed in this study queried publications examining case management effectiveness in the emergency room. The priority was finding studies that took place in the ED, were data based, examined case management as an intervention, and focused on particular outcomes for mental health or psychiatric patients.

For the purposes of this research, an exploration of the literature for data-based studies was implemented. The focus was on ED interventions that have been used with mental health or psychiatric patients. A preliminary review of the literature yielded very little evidence pertaining to case management as an intervention in the ED. Even less evidence was available that focused on the management of psychiatric or mental health patients.

The research team decided that, to identify literature pertaining to the topic, a relatively new procedure would be used. This procedure is titled "scoping" and it has been described as an acceptable approach to identifying and searching for evidence pertaining to a topic (Levac, Calquhoun & O'Brien, 2010). Scoping studies (or scoping reviews) represent a relatively new approach to reviewing health research evidence. For the purposes of this article, the scoping method allowed the authors to use limited evidence on the topic to direct initial action. To apply the research to the current case management standards of practice, it is important to determine whether there is enough supporting evidence to initiate a psychiatric case management model for the ED.

There is no scoping definition or purpose that is widely acceptable. Definitions commonly refer to "mapping" a process or summarizing a range of evidence to convey the breadth and depth of a field. Scoping studies differ from systematic reviews because in that authors do not typically assess the quality of the evidence included in the studies (Levac et al., 2010). Scoping studies also differ from narrative or literature reviews in that the scoping process requires analytical reinterpretation of the literature (Levac et al., 2010). Arksey and O'Malley (2005) recommend starting with a broad research question, and delineating a purpose for the study.

Scoping studies involve six stages:

- Stage 1 identifies the research question.
- Stage 2 identifies relevant studies.
- Stage 3 involves selecting the relevant studies.
- Stage 4 consists of charting the data.
- Stage 5 consists of collation, summarization, and reporting of the results.
- Stage 6, which is optional, involves consultation with stakeholders.

Case managers focus on facilitating a patient's journey through the health care system to achieve quality outcomes, while ensuring that unnecessary costs are contained.

Stage 1

In Stage 1, a clear purpose should be defined as well as a research question or questions. In this study, the research question is: Has case management been used as an intervention to effectively manage mental health patients treated in the ED? The purpose of this study is to

1. Examine the range, extent, and evidence available regarding case management as an intervention in the ED to manage mental health patients,
2. To determine whether there is sufficient quantity and quality of evidence on this topic to conduct a meta-analysis, and
3. Identify relevant studies that balance comprehensiveness with reasonable limitations.

Stage 2

Stage 2 of scoping process involves examining a broad number of studies to answer the research questions. This broad review must be balanced with the feasibility of reviewing and analyzing the resultant information. In this phase, the team identified more than 1,000 studies. To make this a more reasonable review, literature focused on ED case management was used. In scoping, no evaluation of the quality of the literature is determined. Results were reviewed in three or four meetings.

Stage 3

In Stage 3, studies were selected and organized into a grid. Investigators met at the beginning, midpoint, and final stages of the abstract review process to discuss any challenges or uncertainties related to study selection and to go back and refine the search strategy if needed. This helped alleviate potential ambiguity with a broad research question and to ensure that abstracts selected were relevant for full-article review. Next, the two reviewers independently reviewed the full articles for inclusion. An integral part of this state was the development of a table by each investigator with headings that allowed the investigators to extract content relative to the research questions.

Stage 4

Stage 4 involved charting the data (see Table 1). Arksey and O'Malley (2005) refer to a descriptive analytical method that involves summarizing process information, such as the use of a theory or model in a meaningful format. To that end, articles were discussed and described and a format to portray the information was delineated and agreed to by the investigators. It was also determined that we might separate the

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articles based on whether they were data driven or opinions. We might also categorize them as interventions with staff who work with the high volume of mental health patients in the ED. Arksey and O'Malley indicate that synthesis of material is critical, as scoping studies are not a short summary of many articles.

The selected studies were categorized into three main headings:

1. case management in the ED,
2. psychiatric patients in the ED, and
3. case management of psychiatric patients in the ED.

Under the first heading, selected studies included those that discussed utilizing case managers in the ED. There were four studies in this group. Studies included two data-based studies and two clinical reports. Under the second heading of "psychiatric patients in the ED," there were three studies. Two were data-led studies and one was a clinical practice summary. Under the third heading of "case management of psychiatric patients in the ED," there were seven studies. Four of these were data based, two were literature reviews, and one was a qualitative study.

The table (see Table 1) includes seven sections of information:

1. reference,
2. study population,
3. intervention,
4. methodology,
5. results,
6. outcomes, and
7. implications for practice.

The outcomes and implications sections were carefully examined and reviewed for common themes relating to our purpose statements.

Stage 5

Stage 5 is the most extensive part of scoping process. Arksey and O'Malley (2005) state that this section should include detailed information about each study in the table, including characteristics of each such as type of study design, interventions, year of publication, as well as qualitative data techniques to report information on common themes. In the studies involving case management in the ED, there were two data-driven studies: Gautney, Stanton, Crowe, and Zilkie, (2004) and Madden et al. (2012). Both studies involved the placement of case managers in the ED. In the Gautney et al, (2004) study, the ED in a 534-bed teaching facility was evaluated using a pretest and posttest design to determine whether case managers in the ED were cost-effective and caused increased staff satisfaction. Both theories held true in that there was a documented savings to the hospital and staff satisfaction increased. In Madden et al. (2012), a significant increase in the timeliness of care was documented, as well as a reduction in repeat visits to the ED and a decreased length of stay in the ED. AHC Media (2009) provided a clinical report on the importance of utilizing case managers in the ED, stating that case managers were important to serve as gatekeepers and to ensure that patients were placed in appropriate beds in the hospital and received the appropriate level of care. Howenstein and Sandy (2012) compared and contrasted the roles of case managers and emergency room nurses and found that case managers were needed to promote quality of care, improve financial outcomes, and coordinate care effectively.

Under the heading of "psychiatric patients in the ED," there were three studies. Cournos and Goldfinger (2006) and Brunero, Fairbrother, Lee, and Davis, (2007) were data-driven studies. Cournos and Goldfinger (2006) found that by adding a focused medication management level of care instead of a typical comprehensive level of care, psychiatric patients in the ED were more satisfied. In addition, hospitalization decreased for this population of patients. In the study by Brunero et al. (2007), a retrospective audit of 12 months of ED presentations was conducted for repeat emergency room visits. Variables associated with frequent visits included mood and anxiety disorders, suggesting that patients with these diagnoses could benefit

TABLE 1
Scoping Chart

I—Case Management in the ER

II—Psychiatric patients in the ER

III—Case management of psychiatric patients in the ER

	Reference	Study Population	Intervention	Methodology	Results	Outcomes	Implications for Practice
I	Madden, P., Carrick, L., & Manno, M. ED Navigators: Steering patients through the system. *Nursing Management, 2012*	Kennedy Health Centers, New Jersey	Add ED navigators to help patients navigate through the health care system.	Patient data from the ED visits. Hospital records	Discharged ED patients were compared from 2009 to 2011. The navigators were added in 2010. A significant increase in uninsured patients referred to a federally qualified health center.	Goal was to improve timeliness of care and reduce ED repeat visits and length of stay in the ED.	Streamlining of care for all ED patients, improving the discharge process.
I	Howenstein, J., & Sandy, L. Case management and the expanded role of the emergency nurse. *Journal of Emergency Nursing, 2012.*	Clinical synopsis	Clinical synopsis of ED case managers and roles	Clinical synopsis with review of the literature	Description of the role of an ED case manager. Contrasts the role of an emergency RN vs. ED case manager	Case managers in the in the ER are responsible for coordination of care, improving operations, promoting quality care, improving patient and financial outcomes.	Case managers can improve staff and patient satisfaction in the ED.
III	Goode, D., 19 ED staff Interviews Melby, V., & Ryan, A. Management of patients with mental health needs. *Emergency Nurse, 2014.*	Who work with patients with mental health needs	About ED environment, participants attitudes and feelings about caring for ED patients with mental health needs.		Themes: environment, This study lead better training programs safety, prioritization, time, feelings, attitudes, fears, concerns, frustration, knowledge, skills, experience, confidence, judgment, perception, support, communication. Multidisciplinary team members require appropriate training to raise awareness of issues related to mental health.	To the development of a more detailed questionnaire and larger study not yet published.	For nurses caring for mental health patients in the ED. Encourage person-centered mental health care.

(continues)

TABLE 1
Scoping Chart (*Continued*)

I—Case Management in the ER

II—Psychiatric patients in the ER

III—Case management of psychiatric patients in the ER

	Reference	Study Population	Intervention	Methodology	Results	Outcomes	Implications for Practice
III	Adams, P., & Nielson, H. Evidence based practice: Decreasing psychiatric revisits to the emergency department. *Issues in Mental Health Nursing*, 2012	Bryan L GH Medical Center	Institute a plan partnering with the inpatient psychiatric department to decrease ED revisits using a informatics program and an algorithm to determine progression through the ED.	Hospital records	ED revisit rates decreased from 6.51% in 2010 to 4.3% in 2011. The fluctuation in the revisit rate diminished from a range of 1.83%–9.53% to a range of 3.53%–5.56% within 10 months.	The ED nurses reported ease of providing consistent best practice care for discharged patients with the decisional support provided by the new plan, including the utilization of informatics and decrease in ED revisits.	Informatics systems can facilitate improved practices of nurses taking care of mental health patients in the ED. Developing a flow sheet for mental health ED patients may help improve flow.
II	Cournos, F., & Goldfinger, S. Decreasing unnecessary care in a psychiatric emergency service. *Psychiatric Services*, 2006	Claims data	Medication management level of care as an alternative to the comprehensive care usually provided in the ED. This included a brief psychiatric assessment and referrals as needed for medication management.	Analysis	Reported a high level of satisfaction. ED clinicians reported a lighter workload and perceived improvements in the quality of care. Community providers were less satisfied, perceiving their workload as increasing. The patients needing hospitalization decreased from 22 to 4, saving the payer money.	Level of care has the potential to have positive outcomes, such as increased patient satisfaction and increased staff satisfaction.	Patients need to be explored because of the costly effects of the ED visits.
III	Kumar, & Klein, R. Effectiveness of case management strategies in reducing emergency department visits in frequent user populations: A systemic review. *The Journal of Emergency Medicine*, 2013.	Frequent ED user patient population	Systematic literature review	Examined case management interventions on ED utilization, cost, disposition, and psychosocial variables in frequent ED users	Benefit in case management interventions overall. Reductions in ED visitation and ED costs with the use of case management and increased quality of care.	Case management interventions can improve both clinical and social outcomes among ED frequent users.	Additional investigation is needed to determine which specific aspects of case management are most successful and cost-effective. Studies with substance abuse/patients with mental health issues are needed

(continues)

TABLE 1
Scoping Chart (Continued)

I—Case Management in the ER

II—Psychiatric patients in the ER

III—Case management of psychiatric patients in the ER

	Reference	Study Population	Intervention	Methodology	Results	Outcomes	Implications for Practice
III	Shumway, M., Boccellari, A., O'Brien, K., & Okin, R. Cost-effectiveness of clinical case management for ED frequent users: Results of a randomized trial. *American Journal of Emergency Medicine, 2008.*	252 frequent ED users randomized (167 to case management and 85 to usual care) at San Francisco General Hospital	Eligible participants were randomized and 145 were placed in the ED case management program	Randomized clinical trial for 24 months	Clinical case management is more cost-effective than usual care for frequent ED users. Comprehensive clinical case management yielded statistically and clinically significant reductions in psychosocial problems common among frequent ED users.	Reductions in homelessness, alcohol use, lack of health insurance, lack of social security support, and unmet financial needs as well as reductions and cost of ED services for frequent users.	Case management is a cost-effective intervention for frequent users. It leads to positive patient care outcomes.
III	De Leeuw, M., Van-Meijel, B., Grypdonck, M., & Kroon, H. The quality of the working alliance between chronic psychiatric patients and their case managers: Process and outcomes. Literature review of 14 articles *Journal of Psychiatric and Mental Health Nursing, 2011.*		Literature search on the relationship between case managers and chronic psychiatric patients	Literature review from 1980 to June 2010.	A good working alliance has positive effects on the functioning of patients, and the quality of the alliance depends on patient characteristics and case manager behavior. The working alliance is largely determined in the first 3 months of the contact.	Case managers should concentrate on gaining trust first, and then work at illness management.	More studies should be done to assess relationships over time.
I	Gautney, L, Stanton, M., Crowe, C., & Zilkie, T. The emergency department case manager. *Lippincott's Case Management, 2004*	534-bed acute care teaching facility, emergency department	Case managers assigned to the emergency department who were responsible for precertification for admissions	1 year, one group pretest and post-test design	14% increase in precertifications, 14% decrease in inappropriate ICU admissions, 22% decrease in ICU diversions Hospital savings of $136,000	Cost savings for the hospital, increased staff satisfaction	Hospitals should examine the cost-effectiveness of having a case manager in the ED

(continues)

TABLE 1
Scoping Chart (*Continued*)

I—Case Management in the ER

II—Psychiatric patients in the ER

III—Case management of psychiatric patients in the ER

	Reference	Study Population	Intervention	Methodology	Results	Outcomes	Implications for Practice
III	Baker, M., Stallard, J., & Gibson, S. A pilot project targeting frequent attenders at the emergency department with medically unexplained symptoms. *Emergency Medical Journal, 2013*	Hospital records of emergency room in UK examining frequent psychiatric attenders (*n* = 20)	Care plans were developed and each psychiatric patient was contacted and offered weekly cognitive behavioral therapy to help manage symptoms.	Examining revisit records of the patients involved in the intervention	Reduction in attendances in the ER in 100% of the patients included in the study	Providing a psychological intervention is effective in reducing hospital costs in frequent attenders. Attendance was reduced to under once per month and reduced medical interventions and prescribing costs.	Hospitals should examine the cost-effectiveness of case management approaches with psych patients who frequent the ED.
III	Burch, G., Walters, S., Jessop, V., & Somers, L. What is the return on your unplanned returns? *Emergency Medicine Journal, 2014*	Records of patients who attended the ED twice or more within 7 days with the same problem. More than 250 charts were reviewed.	Chart reviews of frequent attenders to the ED	Chart reviews.	One in 5 frequent attenders were "frequent flyers," presenting repeatedly with minor chronic conditions, intoxication, homelessness, and mental health disorders.	This led to bimonthly review of "frequent flyers" so that case management plans can be implemented.	Case management may help reduce the frequent flyer visits to the ED, thereby reducing costs
I	AHC Media, LLC Case management in the ED isn't a luxury anymore, consultant says. *Hospital Case Management, 2009*	Consultant report on the necessity of case management in the ED.	Report	Clinical report	Case managers in the ED are necessary to serve as gatekeepers and ensure that patients are placed in the proper bed on admission with the appropriate level of care.	Case managers can provide resources for patients to move out of the ED quickly. They can help with cost avoidance, compliance, and patient satisfaction.	Case managers in the ED can help with cost savings, as well as patient and staff satisfaction.

(continues)

TABLE 1
Scoping Chart (*Continued*)

I—Case Management in the ER

II—Psychiatric patients in the ER

III—Case management of psychiatric patients in the ER

Reference	Study Population	Intervention	Methodology	Results	Outcomes	Implications for Practice
Brunero, S., Fairbrother, G., Lee, S., & Davis, M. Clinical 550-bed tertiary referral hospital; clinical audit Retrospective clinical audit of 12 months of consecutive ED presentations characteristics of people with mental health problems who frequently attend an Australian emergency department. *Australian Health Review, 2007*	of the ED		Review of charts	Patients attending more than once accounted for 12.5% of the total sample. Variables associated patients with anxiety and mood problems were shown Frequent attendance may be used to identify patients earlier to a multidisciplinary case review process and with frequent attendance included younger age, English speaking, and mood and anxiety disorders.	to frequent the ER	Individual management planning to decrease costs and increase patient and staff satisfaction.
Lee, S. Managing, treating, assessing, and diagnosing acute psychosis in the emergency department. *Australian Emergency Nursing Journal, 2005*	Clinical practice summary	Clinical practice summary	Clinical practice summary/case study	Assessing and managing acute psychosis in the ED is complicated, stressful, dangerous, and time consuming.	Common understanding of acute psychosis is important in order to improve care and improve outcomes.	Clinical practice guidelines are needed to manage acute psychosis.

Note. ED = emergency department; ER = emergency room; ICU = intensive care unit.

from a multidisciplinary case management process and individual management planning, resulting in decreased costs and increased patient satisfaction. Lee (2005) is the third study in this category. It is a clinical practice/case study detailing the issue of psychiatric psychosis in the ED. Case management can be utilized in this type of situation by developing clinical management guidelines, thereby improving care and outcomes.

The last section of the table includes case management of psychiatric patients in the ED. The four data-based studies were: Adams and Nelson (2012), Baker, Stallard, and Gibson (2013), Burch, Walters, Jessop, and Somers (2014), and Shumway, Boccellari, O'Brien, and Okin (2008). Adams and Nelson (2012) discussed a plan that was instituted by Bryan L GH Medical Center, which included a partnership between the ED and the inpatient psychiatric department. The project included development of a case-based informatics system with an algorithm to facilitate the flow of mental health patients through the ED. The ED revisit rate of psychiatric patients decreased and the ED nurses reported increased job satisfaction, proving that a case-driven ED psychiatric plan improves care in the ED and improves costs.

In the 2013 study by Baker, Stallard, and Gibson, outcomes were improved after a case-based intervention was implemented for all psychiatric patients who were frequent visitors. There was a 100% reduction in ED attendance for those patients who were included in the case management approach, which utilized care plans and weekly therapy.

Burch et al. (2014) found that patients presenting to the ED frequently shared common chief complaints. These included intoxication, mental health disorders, and a few other minor conditions. The study suggested that case management plans may help reduce the "frequent flyer" visits, which, in turn, would decrease hospital costs.

Shumway et al. also looked at frequent ED visitors in relation to possible case management programs. They found that many of these patients had mental health issues. They used a randomized clinical trial for 24 months. Comprehensive clinical case management programs showed a statistically significant reduction in psychosocial problems in this group of patients.

The qualitative study in this section was by Goode, Melby, and Ryan (2014) and it consisted of interviews with staff in the ED who frequently work with mental health patients. The study showed that nurses who work in the ED with mental health desire better training in that area of health care to provide quality care. This can be accomplished by utilizing an ED case manager to fill in the gaps and ensure good outcomes for patients and staff.

De Leeuw, Van Meijel, Grypdonck, and Kroon (2011) and Kumar and Klien (2013) were the literature reviews included in Table 1. De Leeuw et al. (2011) examined the relationship between case managers and psychiatric patients. The review showed that a good case management/psychiatric patient relationship improved functioning of the patients. Likewise, Kumar and Klien (2013) showed a benefit of case management in the ED. Reductions in ED visits and costs and increased quality of care were evident.

Stage 6

Stage 6 is titled the Consultation Phase. In this stage, the researcher shared results with an ED nursing manager and case managers who may circulate to the ED all working in tertiary health care settings. Each researcher discussed results with two ED directors. Both hospitals have difficulty managing the huge psych mental health influx of patients in the ED. Nurse managers in both hospitals were interested in the results of the scoping study and suggested that more research should be done to facilitate utilization of psychiatric case managers in the ED. One ED director relayed that the hospital had been on diversion for at least "6 months." With cost savings and patient satisfaction scores driving the administrative decisions in hospitals, it is necessary to find ways to improve both areas. The studies showed that case management in the ED could potentially be the answer to improving ED flow, decreasing length of stay for mental health patients, and decreasing revisits for psychiatric reasons. The ED directors were excited about the possibility of improving these areas, as well as enhancing staff satisfaction. The directors were interested in the development of a psychiatric case management care model that could be tested and evaluated.

CONCLUSIONS

From the scoping techniques implemented in this study, the authors came to the conclusion that case management has been and can be used to effectively treat mental health patients in the emergency room. A good number of patients with psychiatric mental health issues are frequent visitors and repeat visitors. Case management has not been used very often as a strategy for managing patients through the ED or for follow-up after the visit. Hospitals that have developed a protocol for managing these patients outside the main patient flow have had successful results. Staff training and development on psychiatric mental health issues have been helpful in the ED.

While there are not a large number of studies available on this topic, there is sufficient evidence to warrant further examination of this research topic. The findings in this scoping study have broader implications for research, policy, and practice, including adding a psychiatric case management emergency policy into the

current case management standards of practice. The framework of this study involved an outcomes-based approach. Clinical outcomes that positively enhance patient care and save the hospital money are necessary in the current health care environment.

Implementing a psychiatric case management care model in the ED would require an evaluation of peak times for psychiatric presentations in the ED. To achieve the full benefit of this role, it would be important to place the case manager in the ED during times and days of the week when the psychiatric census is generally high. The psychiatric case manager could potentially have other job duties when there are no psychiatric patients. Duties could include, following up with psychiatric patients from previous visits, and assisting with general patient follow-ups (nonpsychiatric). The role could begin as a part-time position and gradually build into a full-time option, as needs become evident.

During days and hours when the psychiatric case manager is not available in the ED, the authors suggest that an RN who is comfortable and experienced with psychiatric patients be in charge of the care of these patients while they are in the ED. A referral to the ED psychiatric case manager can be made if the patient is discharged. If the patient is admitted, the RN would be responsible for facilitation of the admission.

This new role would ultimately help hospital emergency rooms decrease wait times for patients, decrease length of stay, and decrease diversion status for emergency rooms. The goal is to facilitate the decisional process and referral procedure for psychiatric patients in the emergency room. With the implementation of this role, ED beds will become available faster, freeing up needed beds for all patients who present to the ED.

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