



Unity Update – April 2018
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VP Unity Center



unity

center for
behavioral
health

First our gratitude!
Unity is a community effort.

Bottom Line Up Front

- Before Unity individuals in behavioral health crisis had no adequate place to go other than medical EDs or Jail.
- Unity came to fill a gap in an unprecedented partnership of four health systems to solve this pressing challenge in our community.
- Unity Trauma Informed Care Framework is effective, safe and the right thing to do for the staff, the patient and their families. Creating a new culture, moving from an outdated institutionalized model that was controlling and rigid to a model that gives patients more voice and choice is not a sprint, it is a marathon.
- At Unity safety is front and center to our daily work.



“Culture” is the way we do things here!

- Experience is what you get when you don't get what you want
- Experience creates wisdom
- Wisdom creates new behaviors
- Behavior change changes **culture**

Trauma Informed Care is a framework that aims at treating individuals in a humane, compassionate way. Unity grounds its work on understanding and responding to the impact of trauma by emphasizing physical and psychological safety for both clinicians and patients. It aims at creating opportunities to rebuild a sense of control and empowerment while reducing the risk of re-traumatization.

We change the question from:

What is wrong with you?



What happened to you?

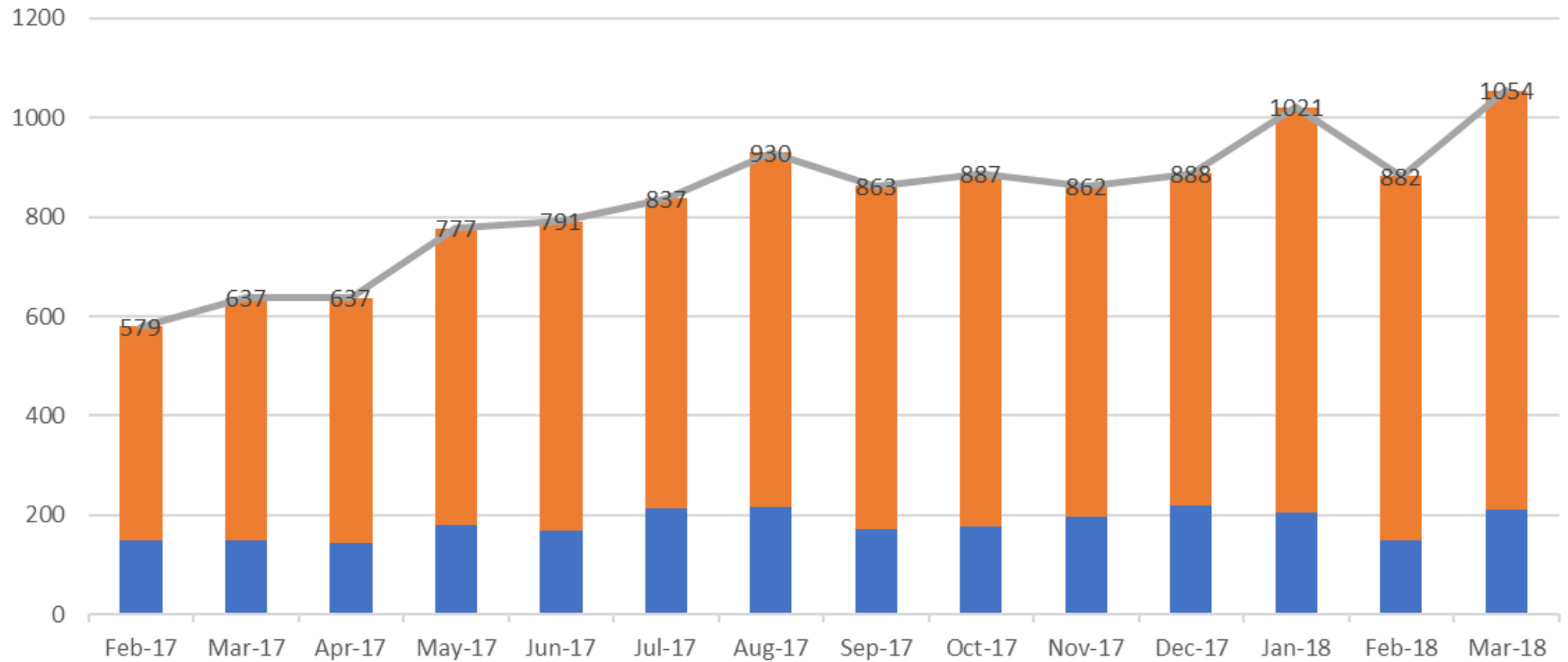
Principles of Trauma Informed Care

- Trauma awareness
- Safety
- Choice and Empowerment
- Strengths based

(Hopper, Bassuk & Olivet 2010)

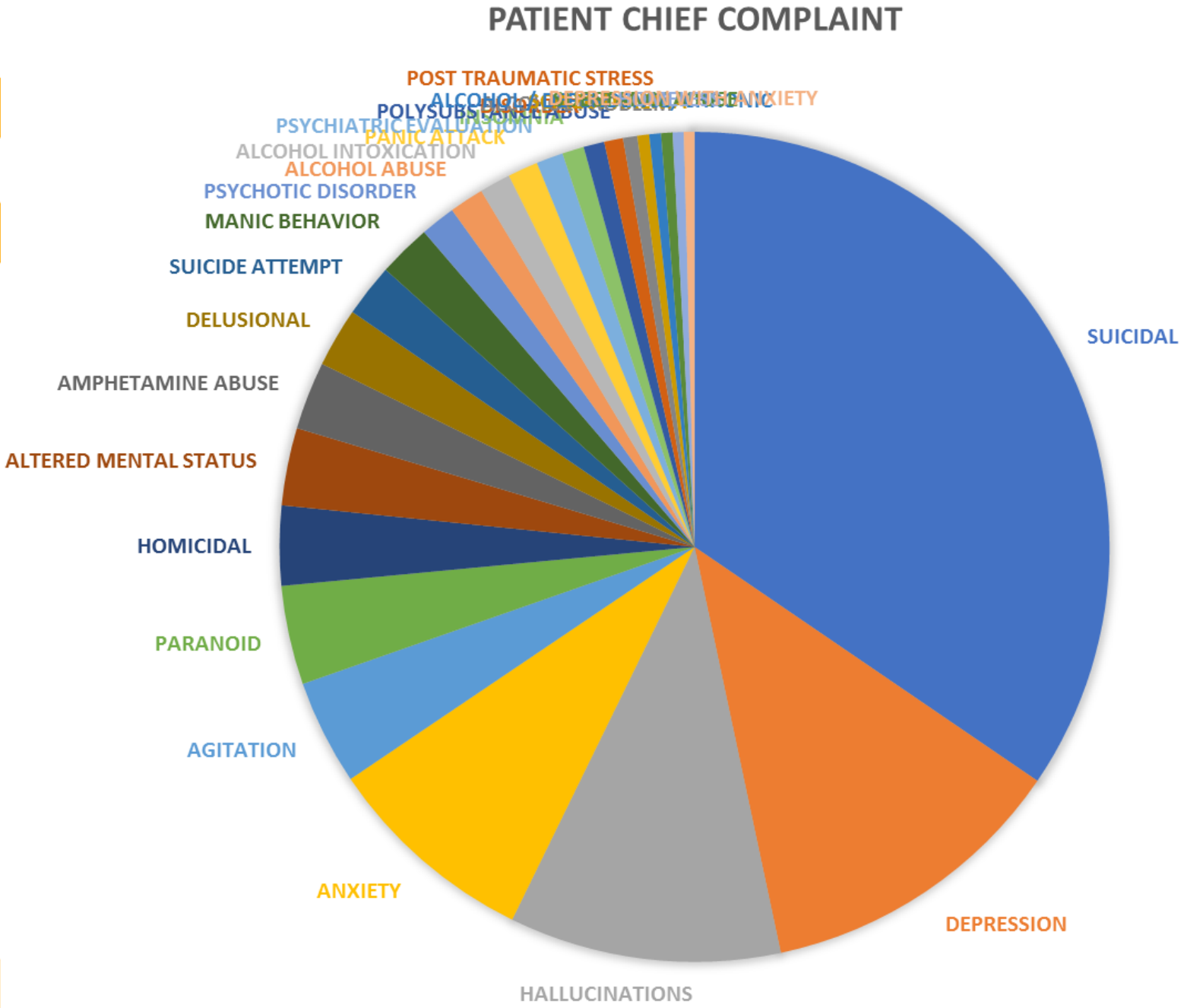


PES Visits



	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Discharges	431	487	493	597	623	623	715	692	710	666	670	815	734	844
Admissions	148	150	144	180	168	214	215	171	177	196	218	206	148	210
Visits	579	637	637	777	791	837	930	863	887	862	888	1021	882	1054

Chief Complaint	Count
SUICIDAL	10648
DEPRESSION	3742
HALLUCINATIONS	3261
ANXIETY	2563
AGITATION	1262
PARANOID	1188
HOMICIDAL	956
ALTERED MENTAL STATUS	931
AMPHETAMINE ABUSE	817
DELUSIONAL	711
SUICIDE ATTEMPT	637
MANIC BEHAVIOR	636
PSYCHOTIC DISORDER	421
ALCOHOL ABUSE	414
ALCOHOL INTOXICATION	373
PANIC ATTACK	364
PSYCHIATRIC EVALUATION	322
INSOMNIA	262
POLYSUBSTANCE ABUSE	250
POST TRAUMATIC STRESS DISORDER	226
ALCOHOL PROBLEM	171
SCHIZOPHRENIA	142
ALCOHOL / DEPENDENCE, CHRONIC	141
SUBSTANCE ABUSE	138
HOMELESS	133
DEPRESSION WITH ANXIETY	127

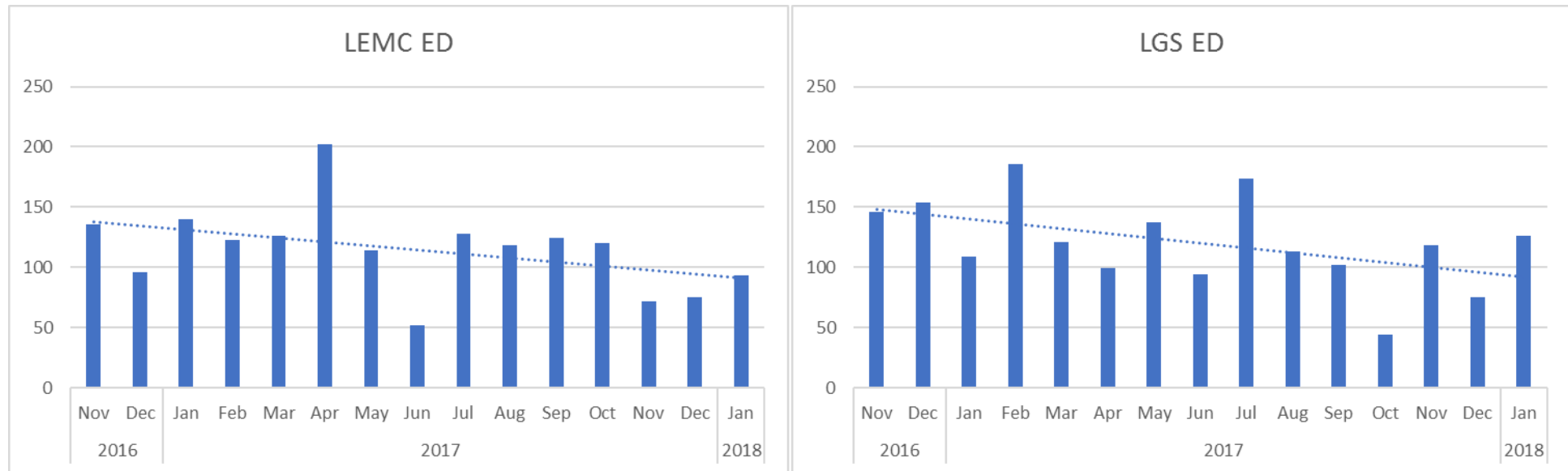


Accomplishments

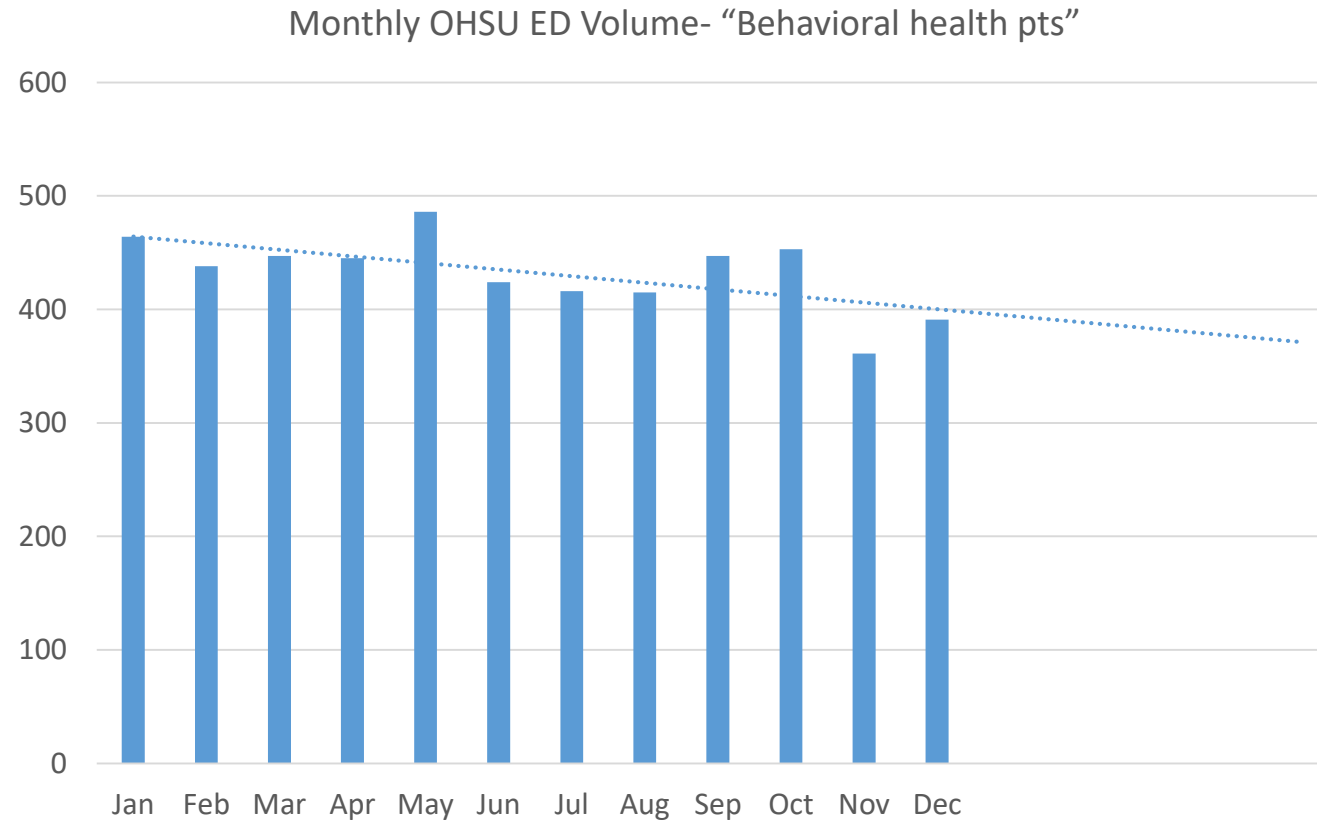


Reduction of number of patients with BH challenges seeking help in local medical EDs

- The number of BH patients seeking help in the local emergency departments has been on a downward trend as local services, police, ambulance, and community providers direct patients to Unity.

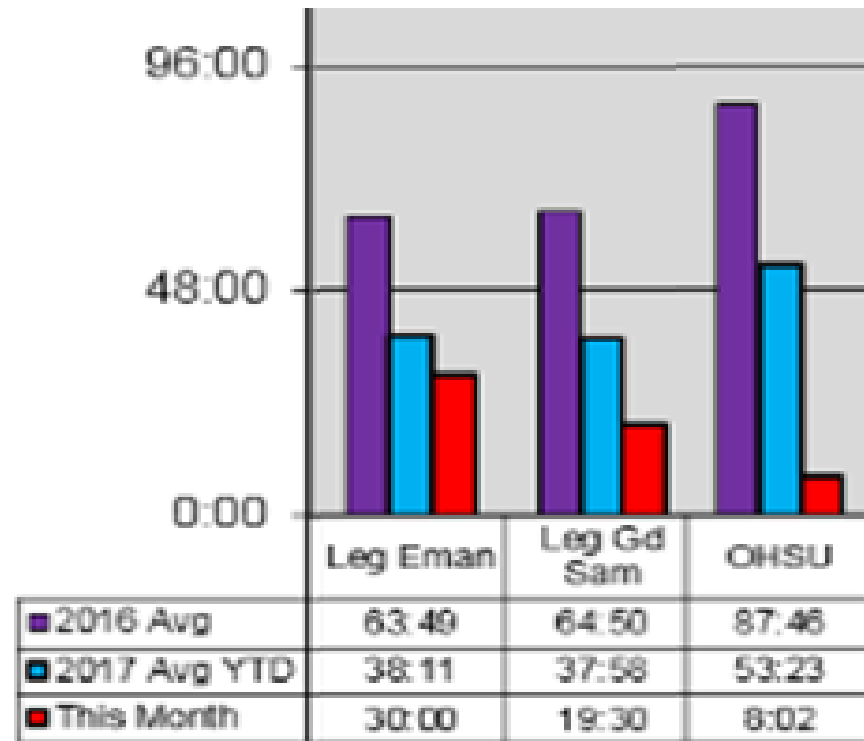


Reduction of number of patients with BH challenges seeking help at OHSU ED



Reduction of Ambulance Divert Time in Local EDs

- Reduction of ambulance divert time at local Emergency Departments from 2016 to 2017 when Unity opened show the impact that boarding and long stays for behavioral health patients had in these EDs. As you see below Emanuel, Good Sam and OHSU showed tremendous reduction in divert time in their EDs.

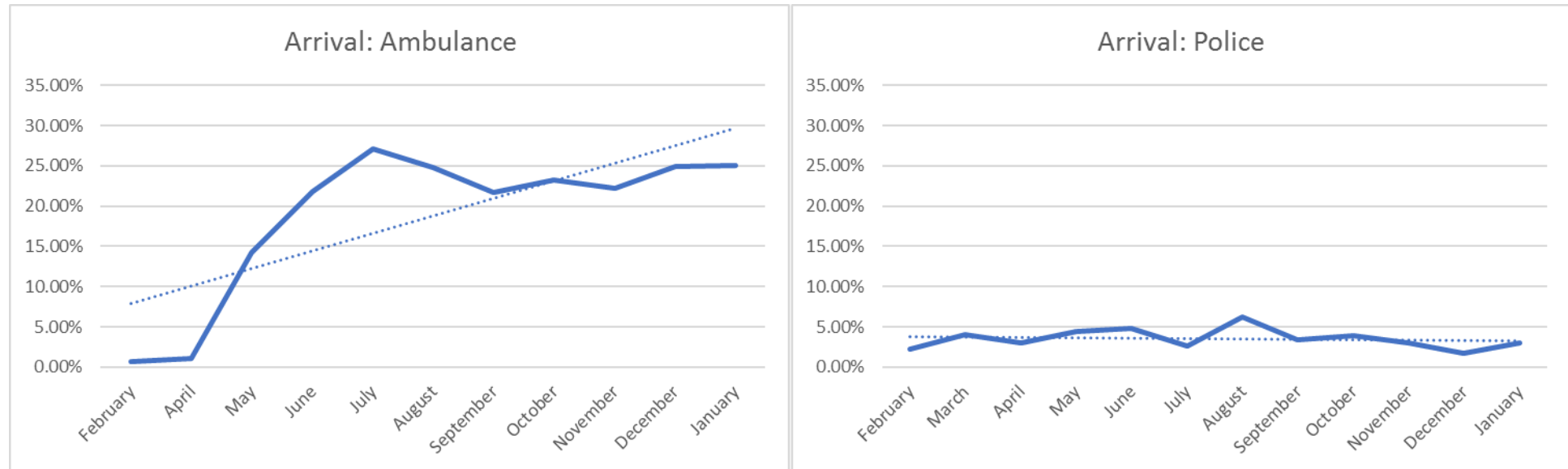


Data from Multnomah County ED Divert Report
December 2017

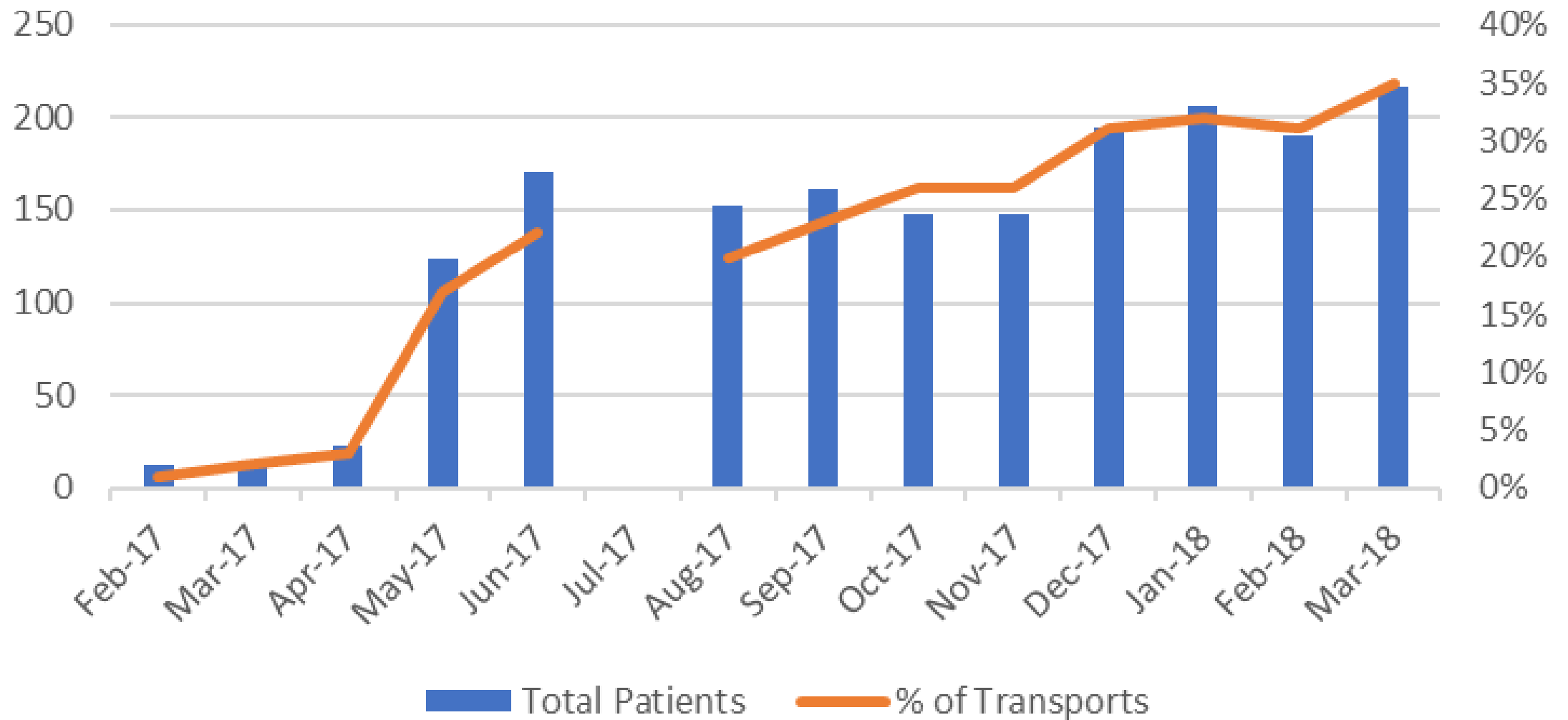
Avoiding unnecessary hospitalizations

- From February 1, 2017 to January 31, 2018, PES received 9,783 visits. Of those, **77.6% were discharged from the PES back to community resources.**
- Reduction of percentage of patients who present a short (24-48-hour) hospitalization – went from 20-25% in previous units down to 10% at Unity Center.
- Discharge resources include:
 - > Medications
 - > Step down to sub acute programs and respite
 - > connections to outpatient providers and programs
 - > addictions and Mental Health programs
 - > crisis shelter and housing
 - > coordination with Peer Support

Trauma Informed Care at the community level: By working with local police, fire department and ambulance companies, Unity collaborated to change the way people in a mental health crisis are transported to the hospital in Multnomah County.



AMR Transports

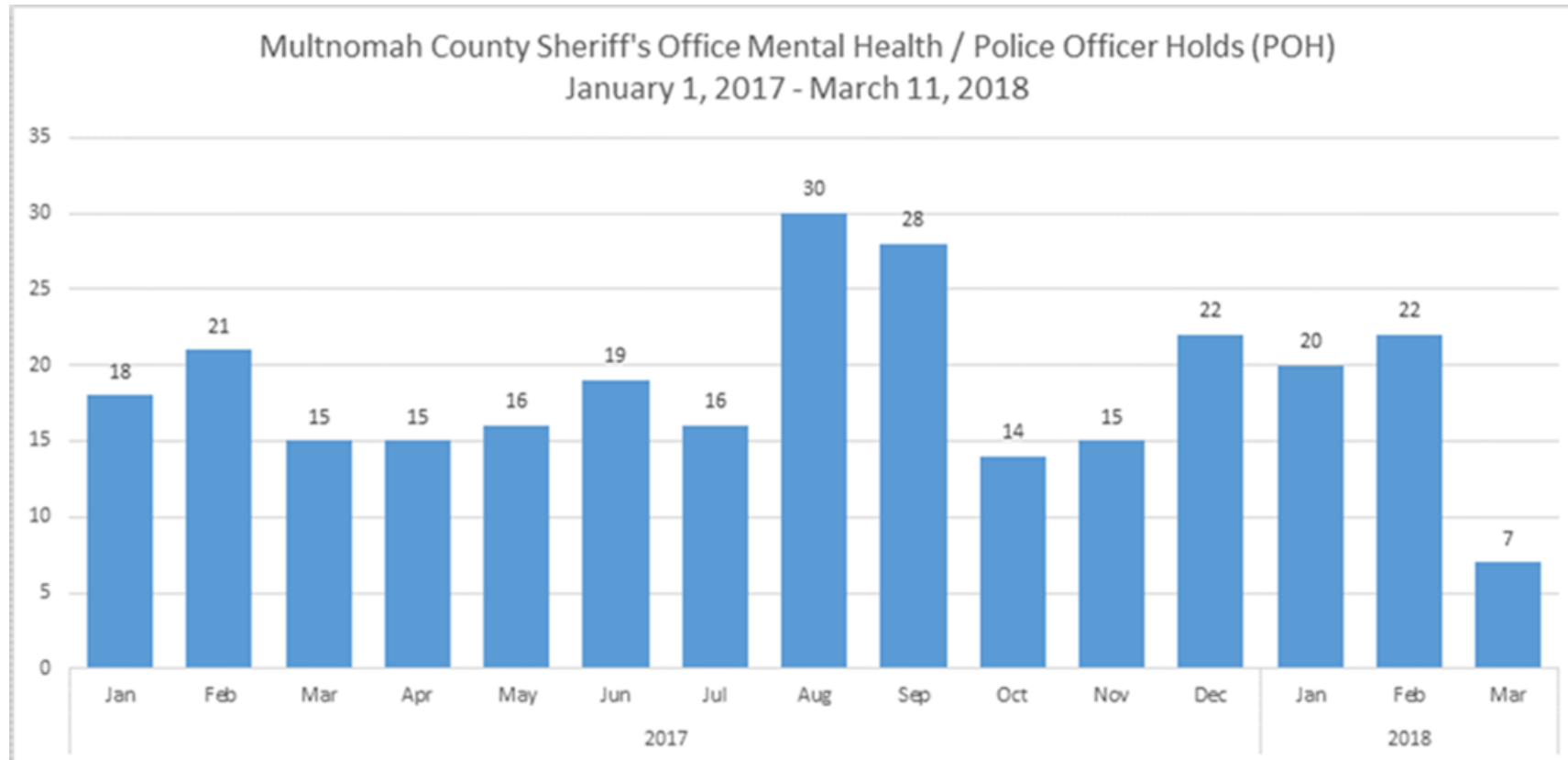




Multnomah County Detention Center Transfer to Unity Data

Count of Pt Disposition	January	February	March	Grand Total
admit	5	2	5	12
ama	1			1
d/c	9	8	2	19
transfer	1			1
Grand Total	16	10	7	33

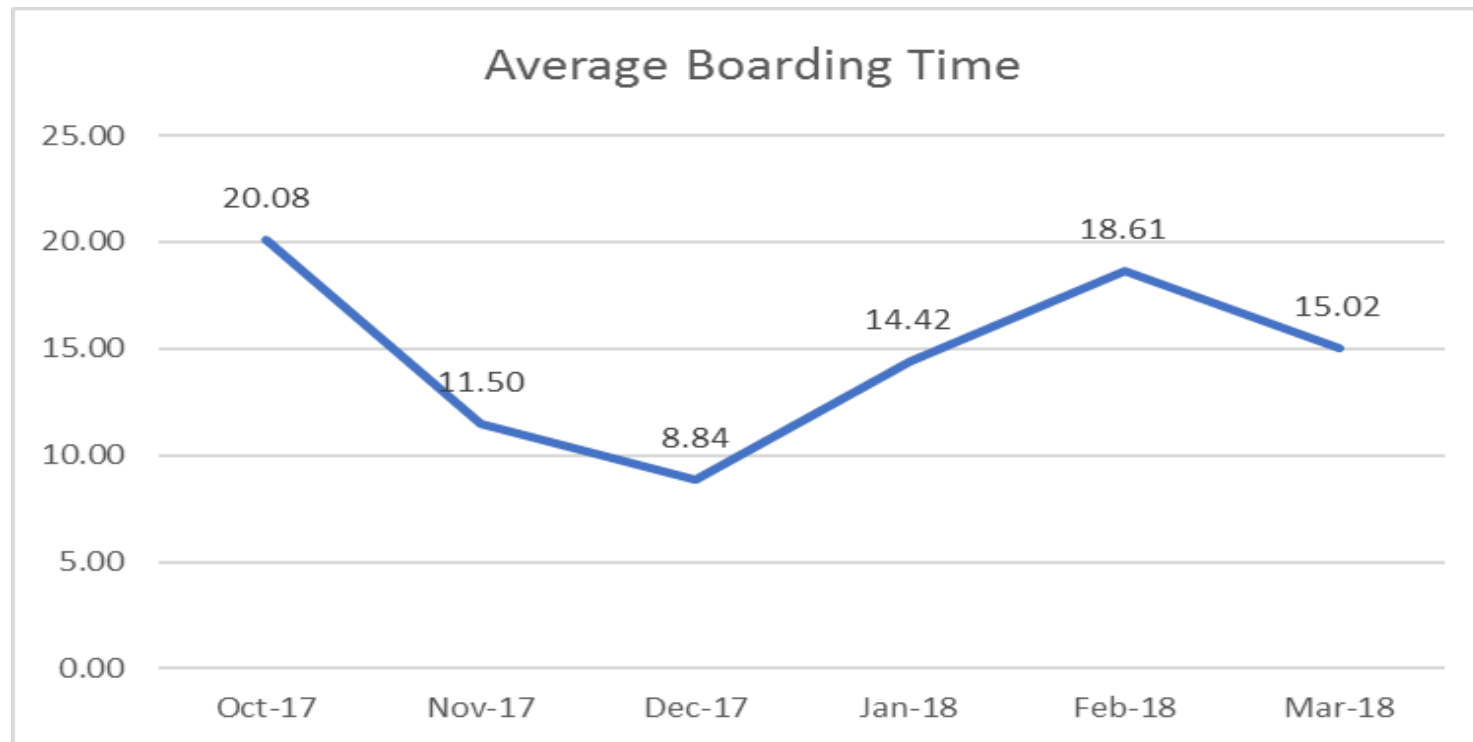
Police Officer Holds



Patrol estimates that about 50% of all POH's are sent to Unity (**Commander Monte Reiser** Multnomah County Sheriff's Office)

Reduction in PES Boarding Time (waiting for an inpatient bed)

- Before Unity boarding time at regional EDs used to be within an average of 40-60 hours
- At Unity, admission wait times are now at an average of 14 hours. While patients wait they have access to trained psychiatric nursing, peer supports, and psychiatric providers.

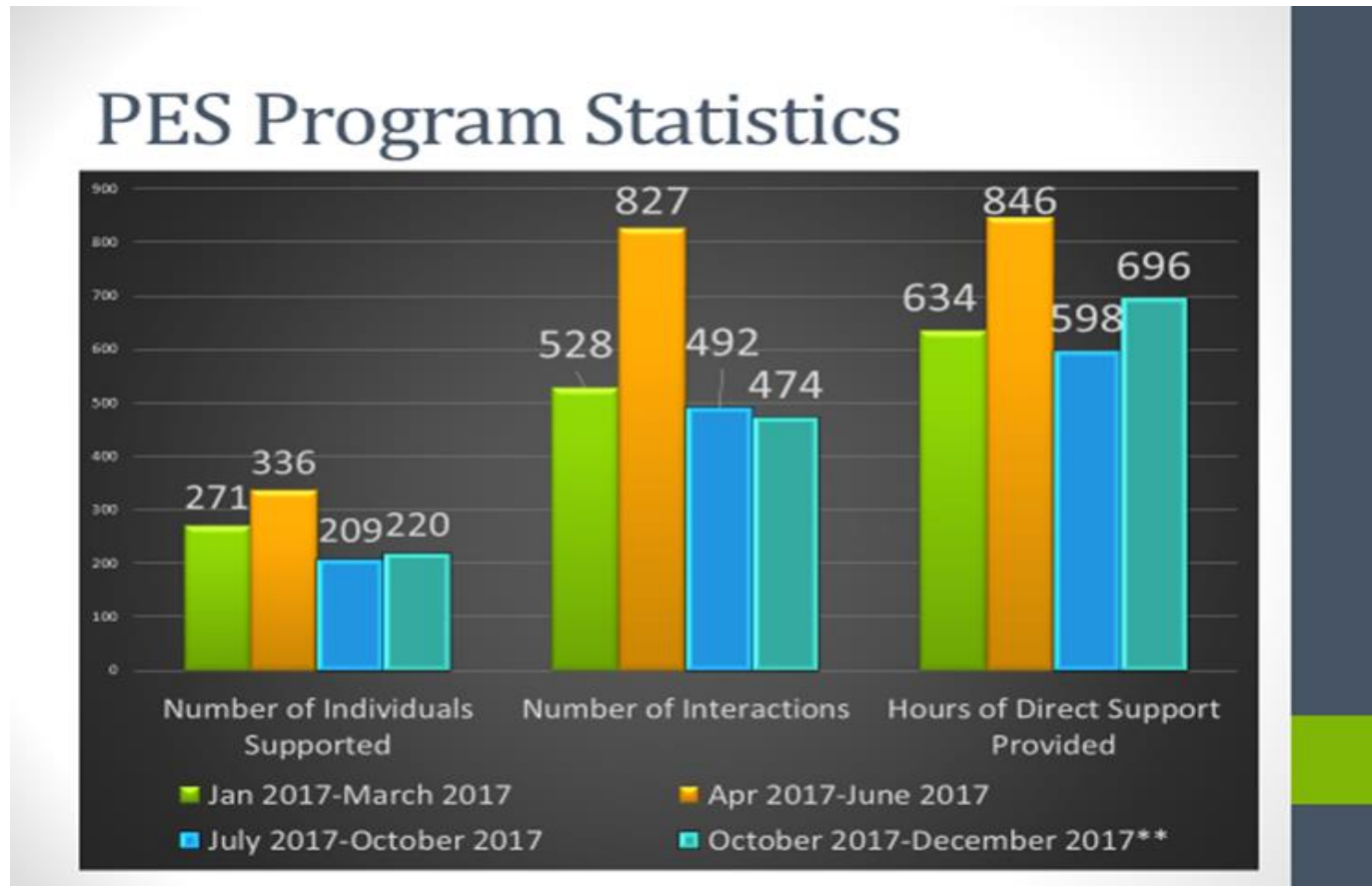


Percentage of patients discharged from Unity inpatient Units who attend a mental health appointment within 7 days from discharge

- Before Unity 7-day follow up after hospitalization for mental illness results in 2016 for Good Sam, Emanuel, OHSU and Adventist, ranged from 75-80%
- **Now 88% of the people discharged from Unity inpatient acute units attend a follow up visit within 7 days (data source OHA)**

Strong Peer Support Built Into the Trauma Informed Model

- Our peer support program is actively engaging with our patients both through PES and through a bridge program after discharge.



Fulfilling our academic mission

- OHSU Inpatient Residency Training Site – We have trained 7 Residents (and provided 6-week clinical rotations for 1 fourth year and 12 third year OHSU medical students).
- Unity provided residency for 8 RNs at Unity.
- Unity placed 123 undergraduate nursing students in 2017 and 122 so far in 2018. (University of Portland, OHSU, Lindfield University, Western Governors, Walla Walla University, Clark Community College, and Portland Community College, Concordia University)
- Collaboration with Portland State University and Lewis and Clark on social workers internship – 3 students in 2017

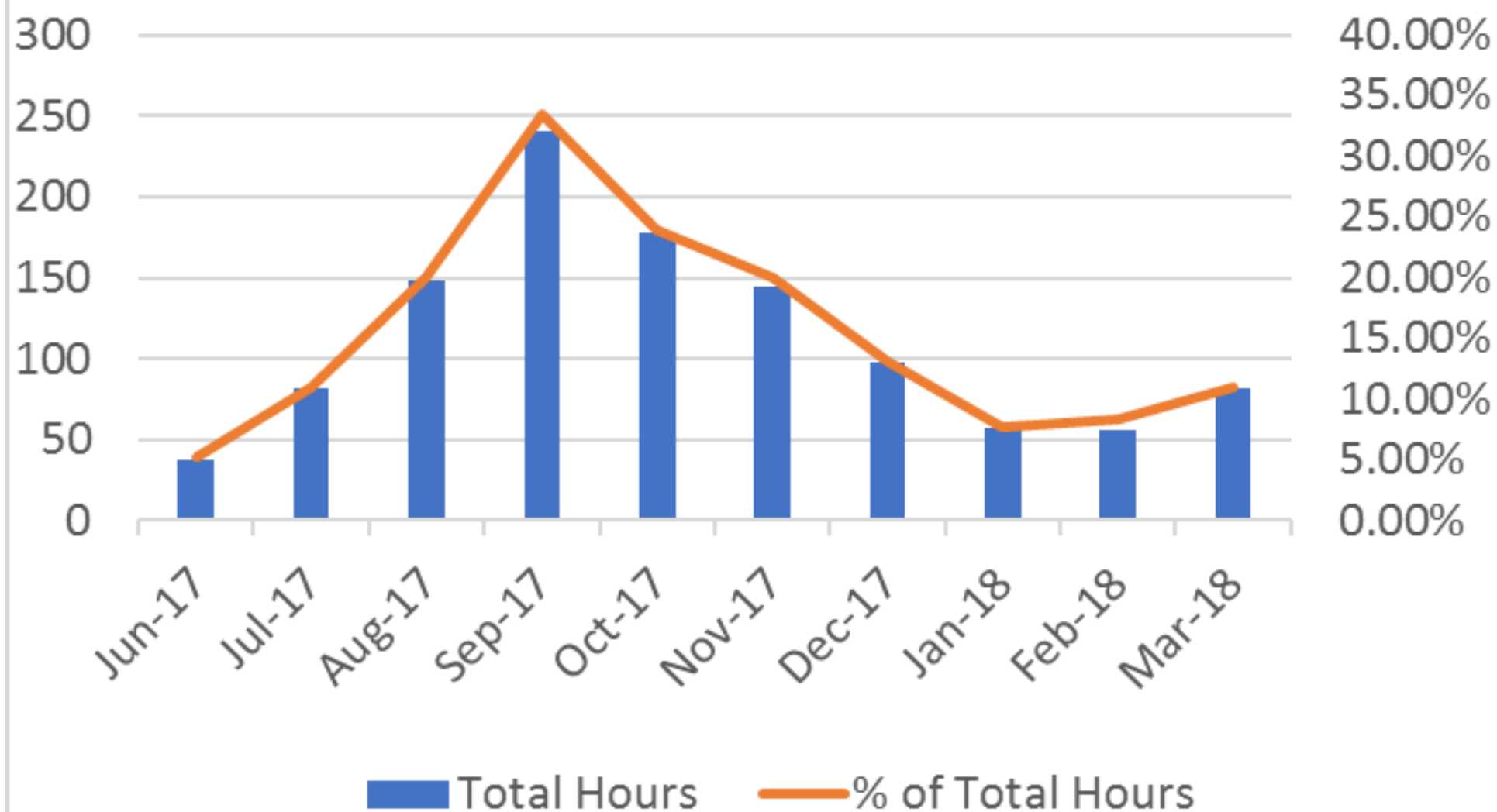
Collaboration with Multnomah County Crisis Services

- Cascadia Walk in clinic serves as a bridge for individuals waiting for a provider in the community.
- ED divert team collaborates with PES staff.
- Unity social worker staff collaborate with Multco crisis line.
- Involuntary Commitment Program staff (ICP) is colocated at Unity.

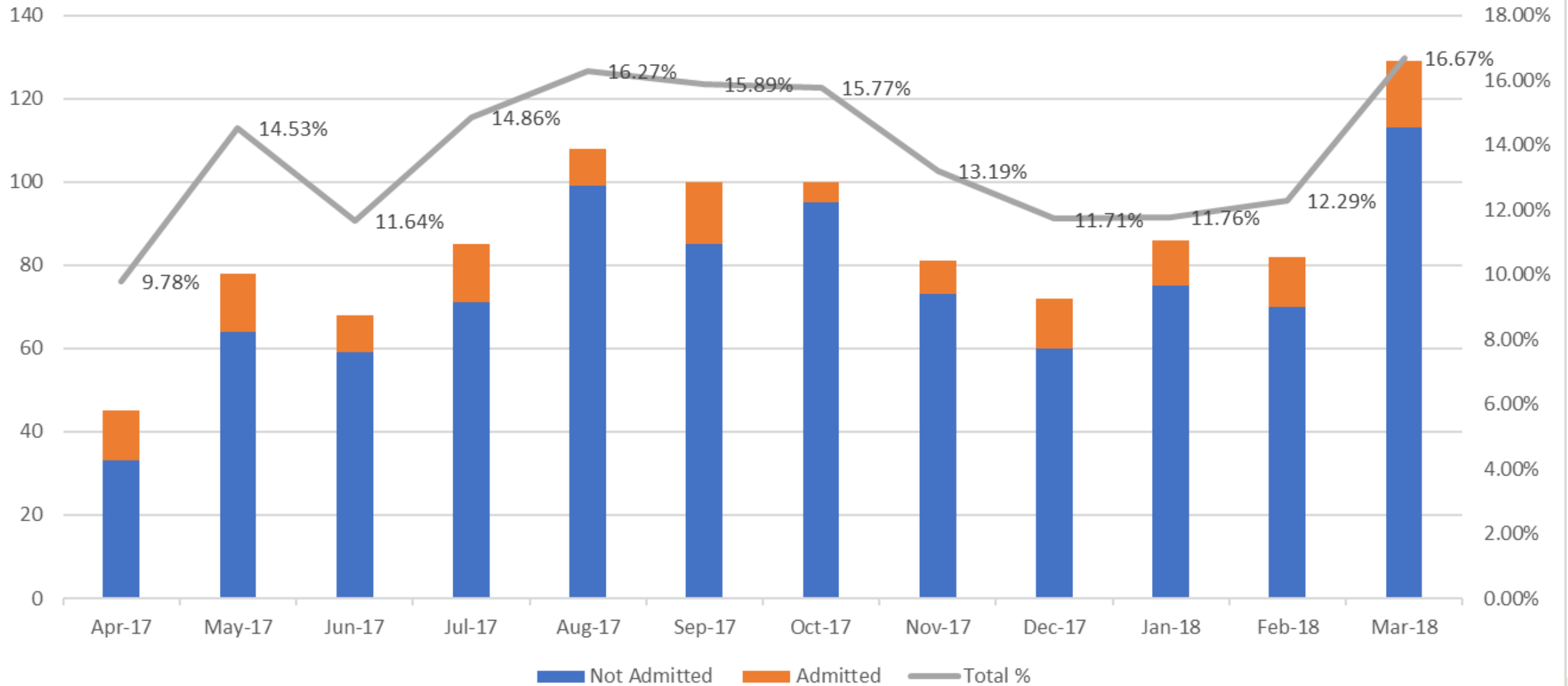
Look Back on Unity's First Year and Opportunities

- Blending the four hospital cultures
- Divert times at Unity – running the PES
- Acuity of the incoming patient population
- Individuals who present with multiple visits to the PES
- Long inpatient length of stay for both adolescents and adults
- Gaps upon discharge (Housing and Dual Diagnosis Residential Program Beds)

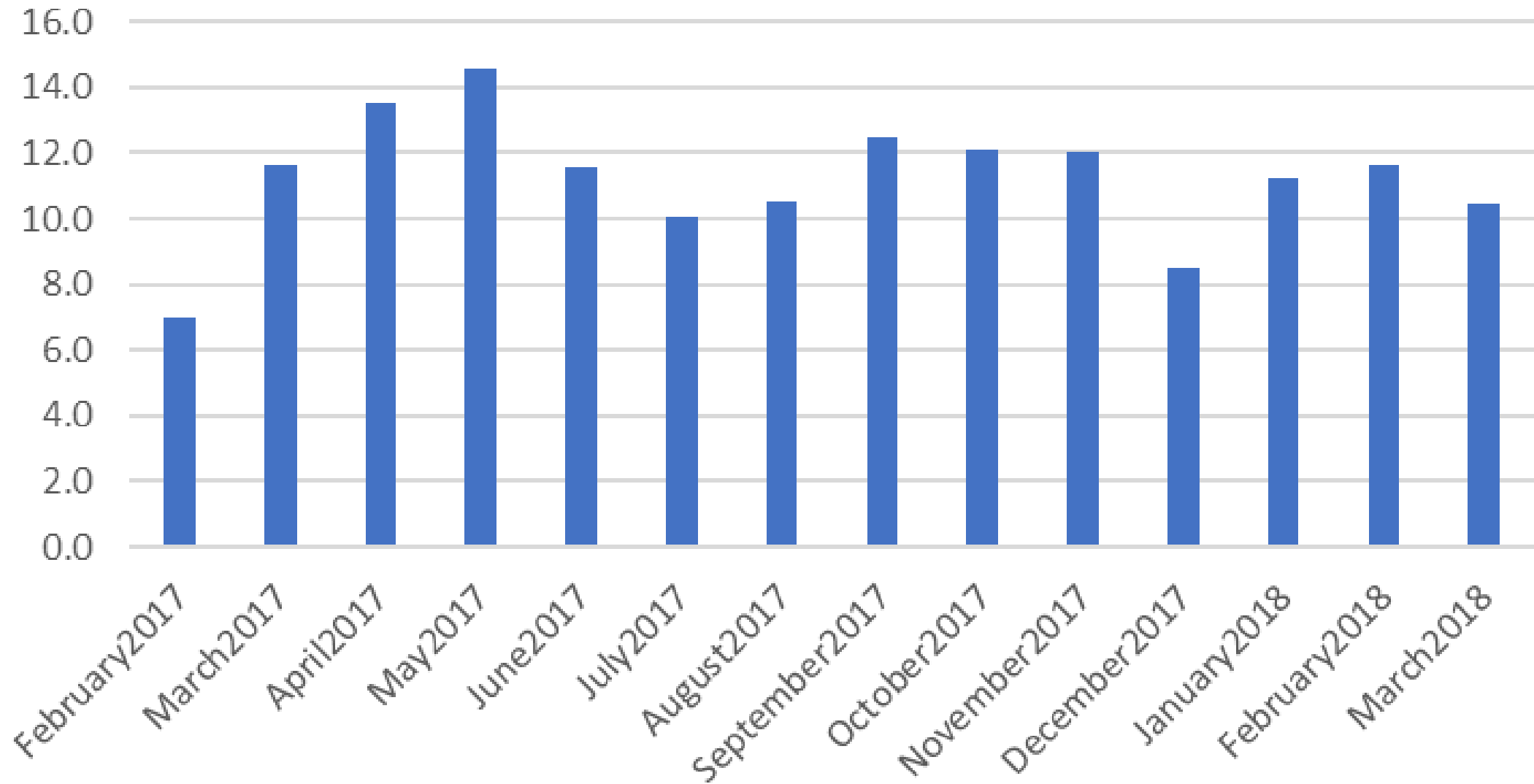
PES Divert Data



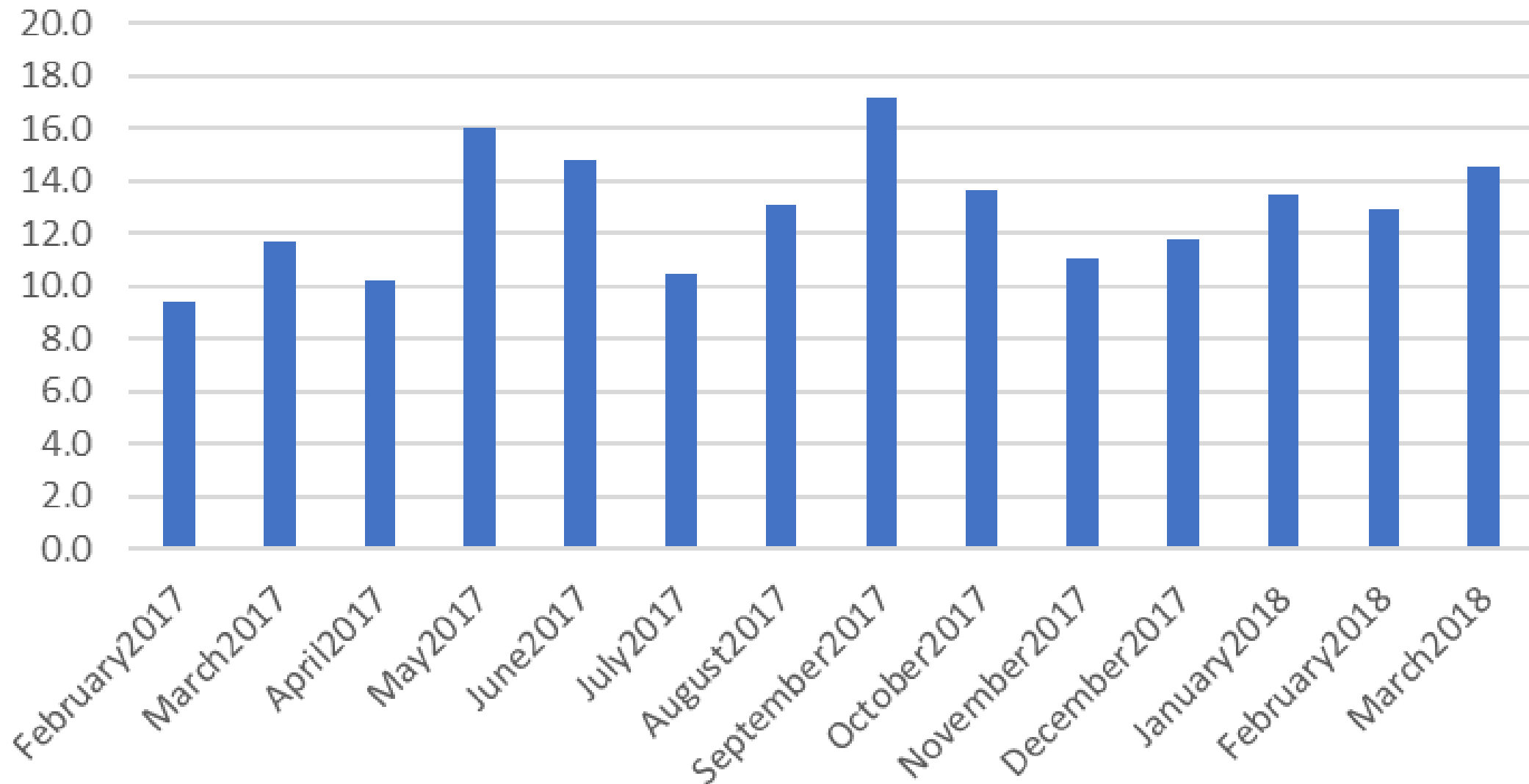
PES 72hr Return Rate



Adult Average Length of Stay



Adolescent Average Length of Stay



Continuing to enhance safety at Unity

- > Monthly Unity Safety Committee
- > Monthly Unity Safety Workgroup
- > Daily safety huddle at 10:30 am
- > Quarterly Safety Summits
- > Mandatory Code Response Training
- > Mandatory Management of Assaultive Behaviors and de-escalation training
- > Mandatory Trauma Informed Care training
- > Mandatory Motivational Interviewing training
- > Implementation of Broset violence scale
- > Harm Reduction Specialists



Thank you