

Abstract

Title: The effect of psychiatric patient boarding times in the Emergency Department following closure of a public psychiatric hospital

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Objective: Recently, a 75-bed state operated inpatient psychiatric hospital closed near our hospital system. We analyzed the effect of closing this public mental health facility on psychiatric patient boarding times in the Emergency Department (ED).

Methods: We performed a retrospective multicenter cohort study of all patients assessed to require inpatient psychiatric hospitalization at two community EDs from July 1, 2010 through May 10, 2013. All patients requiring inpatient psychiatric hospitalization were included.

Exclusion criteria consisted of patients under 18 years of age, patients over 65 years of age, patients requiring medical stabilization prior to transfer, pregnant patients, and patients discharged from the ED prior to transfer to a psychiatric facility. A total of 1,108 patients qualified and time of arrival, time of disposition and time of transfer were collected along with insurance status and accepting facility type. Using SPSS software, a two-sample t-test with correction for unequal variance analyzed boarding times before and after the psychiatric hospital closure on July 1, 2012.

Results: We found a statistically significant difference in the boarding times of patients transferred to a private psychiatric facility following closure of the public psychiatric hospital ($t = -3.086$, $P = 0.002$, $df = 666.134$). There was no significant difference between patient boarding time before and after closure when transferred to either a public or private psychiatric hospital ($t = -.133$, $p = .894$). The mean number of minutes before and after the closure was 752.46 and 758.36 respectively. Subgroup analysis identified a statistically significant increase in boarding time of patients with private medical insurance ($t = -2.530$, $P = 0.012$, $df = 251.429$) and Medicaid/Medicare ($t = -2.087$, $P = 0.037$, $df = 470$) following closure. There was a statistically significant difference in boarding times before transfer to public versus private psychiatric hospitals both before ($t = -17.276$, $P = 0.000$, $df = 661$) and after ($t = -13.795$, $P = 0.000$, $df = 440$) the hospital closure.

Conclusion: Although there was no statistically significant difference in overall psychiatric patient boarding in the ED following closure of a public mental health hospital, we did find that patients who were transferred to private psychiatric facilities experienced longer ED boarding times following the closure. We also identified a statistically significant correlation of increased boarding times in both Medicaid/Medicare and privately insured patient groups following closure of the state funded hospital. This study highlights the significant impact that the closure of a single inpatient psychiatric facility can have on nearby emergency departments. We hope to bring attention to the need for increased psychiatric services during a time when there is a nationwide trend towards the reduction of available inpatient psychiatric beds.