

CONNECTIONS

Welcome to the Virginia Acute Psychiatric & CSB Bed Registry Newsletter!

September 2014

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The purpose of "Connections" is to provide specialized information to a targeted audience working with the Virginia Psychiatric Bed Registry. This quarterly newsletter is meant to help keep you informed about the enhancements, important topics, and changes to the Psychiatric Bed Registry. We hope that you find this information useful and informative.

Background Information

The Department of Behavioral Health and Developmental Services (DBHDS) has worked with the Virginia Hospital and Healthcare Association (VHHA), community services board (CSB) representatives and Virginia Health Information (VHI) to develop a web-based psychiatric bed registry (PBR). The PBR is being used to collect, aggregate, and display data on the availability of acute beds in public and private inpatient psychiatric facilities and residential crisis stabilization units (CSUs) of CSBs.

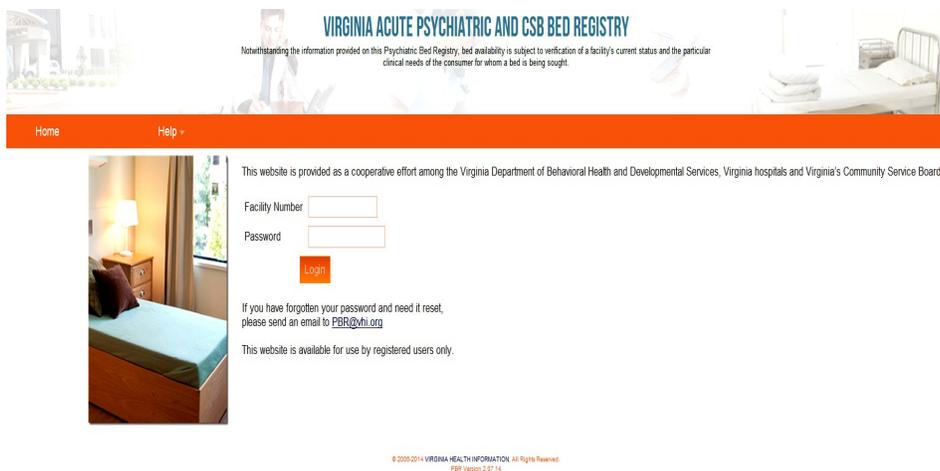
The Virginia Acute Psychiatric Bed Registry went live on March 3, 2014. The PBR is intended to provide descriptive information about each public and private inpatient psychiatric facility and each CSB and private crisis stabilization unit to CSB emergency services providers and psychiatric hospitals that need to immediately locate a possible bed.

"Virginia deserves the most robust, comprehensive service system we can provide. Everyone can be a part of improving our system of care in Virginia. Although we will face challenges, we also have a unique opportunity to truly transform our system to the benefit of those we serve..."

"Let's BE BOLD Virginia!"

-Debra Ferguson, Ph.D.
Commissioner

Virginia Department of Behavioral Health & Developmental Services



Hot Topics:

- Usage of the Psychiatric Bed Registry.
- Did you know...
- The Newest Member of Facility Operations.
- Strategies for Updating the Registry: A few examples.
- What is the current law?



Did you know....

1. You can “complete” your query on the registry after you have found a bed. When you complete a bed query you have closed the case by identifying if the individual was placed or not.
2. Site administrators can add/delete users when there is a change in their organization.
3. You can update your public contact information to reflect the best way for your facility to be contacted.

All of this information can be found on the Psychiatric Bed Registry HELP section.

4. If you have a great working relationship with a facility, you can designate them as a “favorite” and obtain their information even when they are reporting no beds available. Click  the star next to their name to save as a favorite. You can also access your saved “favorites” by clicking  on the log in screen.



Let's Introduce the Newest Member of Facility Operations!

After the General Assembly approved code § 37.2-308.1 on April 6, 2014 Cleopatra Booker, Psy.D. was hired at DBHDS as a Facility Operations Specialist to act as the Psychiatric Bed Registry Consultant on June 25, 2014.

Dr. Booker has experience as a clinical and forensic psychologist in both the private and public sector. Before joining DBHDS, Dr. Booker was a Clinical Psychologist with the Department of Defense (DoD). There, among her many responsibilities she traveled across the United States conducting psychological assessments for Civilians, Veterans, and active Military personnel, and coordinated training for professionals within her division.

Prior to her service with DoD, Dr. Booker spent time in the private sector as the Admissions Director at the Psychiatric Institute of Washington and in the public sector as a unit psychologist at Saint Elizabeths Hospital in Washington, D.C. Dr. Booker also provided community-based juvenile sex offender treatment for the Maryland Department of Juvenile Services.

Dr. Booker received her undergraduate degree from the University of Virginia's College at Wise and her Doctorate in Psychology from the American School of Professional Psychology in Rosslyn, Virginia.

Strategies for Updating the Registry: A Few Examples

Updating the psychiatric bed registry during a busy day, while providing treatment to complex populations can appear like another daunting task. Here is how some of your counterparts are tackling this initiative!

**Facility names are not mentioned in these examples.*

Example 1: This facility recently implemented the use of an electronic system (Teletracking) to assist in their initiatives of early identification of pending discharges and prompt awareness of open beds and requested beds. This was also an effort to better serve the community and to decompress their Emergency Department. Their electronic medical record (Ameritech) is able to communicate with the Teletracker. Through the use of Teletracking, each unit is aware of available beds as the system is updated. As part of this implementation, they have a dedicated staff resource from the hours of 11am – 11pm, Sunday – Friday. Among other responsibilities, this individual is expected to update the PBR a minimum of every 4 hours (11am, 3pm, 7pm, 11pm) and more frequently if necessary. The admissions director also updates the PBR daily, including weekends, and as a rule in the early mornings (between 6-8am). Beginning next month, they plan to expand this staffing resource to cover seven days/week from 11a – 11p, thereby improving our current updating rate. All internal transfers are organized with the admissions department and the dedicated staff resource person. The nursing supervisor is also counted on for assistance with monitoring available beds, pulling bed rosters, and providing clarification when needed. They are definitely using a team approach.

Example 2: In terms of maintaining the registry this facility has a 24/7 operation with clinicians seeing patients in the emergency room and at a sister location. Additionally, they see patients being followed on the medical floors of both hospitals. Therefore, they view keeping up with the census as critical and by extension the Psychiatric Bed Registry. They have “normed” the practice of updating the registry, despite having a busy operation, they maintain the registry as a regular part of their job. This facility is updating at least every eight hours (even if there is no change in census) and staff are instructed to update whenever they are in the registry looking for a bed or when they become aware of a change in the census.

Example 3: Patient Registrars update the bed registry in a “real time” fashion by changing the census as a part of the admission process. The standard (that the patient registrars are upholding) is that the bed registry must be updated within one hour of an admission or discharge. Registrars also update the PBR at least once a shift. Since this facility admits patients 24 hours a day, someone is almost always in the Registrar office. The facility also has the unit clerk contact the Registrar as soon as a discharge occurs. The Registrars also update at least once per shift even if there are no changes.

Current Law:

During the 2014 session of the General Assembly, House Bill 1232 passed with an emergency clause making it effective with Governor McAuliffe's signature on April 7, 2014. This bill requires the Department of Behavioral Health and Developmental Services (DBHDS) to develop and administer a web-based acute psychiatric bed registry (PBR) with real time data.

It is important to note that the legislation mandates that the PBR provide real-time information about the number of beds available at each facility.

See the link below for more details:

<http://lis.virginia.gov/cgi-bin/legp604.exe?141+ful+CHAP0774>



Area of Coverage

Usage of the Psychiatric Bed Registry.

DBHDS is monitoring how facilities are doing with entering updates and the utilization of the registry. There are currently 68 facilities that update the registry and 1,735 mental health professionals in Virginia who have access to the registry. The registry is used on average more than 4,000 times a month for possible bed searches or for general information gathering purposes.

All public and private facilities are required to update the registry daily and when there are changes, but clarification is needed over what is "real time" and this may need to be tweaked with legislation. Defining "real time" will clarify the expectation for all organizations participating in the Psychiatric Bed Registry (PBR). The current operational definition is daily and when there are changes to the census. Most facilities are updating more than once a day, with the majority of hospitals updating at least twice a day. The PBR website is currently being updated an average of 112 times a day. The PBR reflects updated information immediately. If a facility has not updated their registry in 24 hours they are notified by VHI and DBHDS.

While facilities are required to update availability on the registry, clinicians are not required to use it. Some emergency workers have found it very helpful and use it often. Some workers conduct evaluations in hospitals with psychiatric beds and they know immediately when space is available.

VHI has created the site to be compatible with a variety of electronic devices. The website can be used to search for beds and update psychiatric bed census using a laptop, Smartphone, tablet, etc. The PBR has the capability of resizing to include drop down menus with radio buttons, when attempting to access the site on devices other than a desktop computer.

Please Note:

An automated email from VHI is generated after a facility has not updated the registry in 24 hours. DBHDS will also follow up with a personal email and/or phone call. If the facility does not update their census within an hour to two hours after receiving an email and/or phone call, a follow up email may be sent to the facility director. VHHA also encourages and supports the accountability for compliance of the legislative requirements.

If you have technical questions or suggestions about the website (e.g., using your login search features, etc.), please contact:

Deborah Waite, VHI Operations Manager,

deborah@vhi.org

For non-technical or general questions regarding the Psychiatric Bed Registry, please contact:

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