CONNECTIONS

The Virginia Acute Psychiatric & Community Services Boards Bed Registry Newsletter!

Happy First Anniversary to the Virginia Psychiatric Bed Registry!

Since the release on March 3, 2014, the registry has been used more than 27,000 times for bed searches or for general information.

Bed Registry Updates:

There are currently 69 facilities that update the registry and over 1,800 mental health professionals in Virginia who regularly use it.

All public and private facilities are required to update the registry daily and when there are census changes. Facilities update the registry on average three times a day.

"It's not enough to help more Americans seek treatment. We also have to make sure the treatment is there when they are ready to seek it."
President Barack Obama

Type of Facility:	Average Daily Updates to the PBR: as of February 2015:
State Facilities	3.23
Community Hospitals	3.24
Crisis Stabilization Units	2.21

Western State Hospital   http://www.wsh.dbhds.virginia.gov/

Hot Topics:

- Bed Registry Updates
- Did you know…
- You said you had a bed..
- 2015 Legislative Update
- More Ways the Bed Registry is Used
- Training & Technical Assistance

Did You know….

- You can later go back and view and/or complete a bed search that someone on your team started during a different shift. See the <u>HELP</u> menu for instructions.

- Your site administrator can add as many users who are needed to meet your demands. Click <u>HERE</u> if you are a site administrator for instructions.

- **Sharing of passwords and login information is NOT recommended.**

- The data and comments entered on the site are being monitored. It is important to state the information based on facts, the events that occurred, and your comments be indicative of professional relationships. If information on the registry requires follow-up, you may be contacted by your supervisor or from someone at DBHDS requesting additional information.

Date of Search	Searcher Facility	Facility Name	Contact Info	Patient Zip	Facility Called?	Time Called	Bed Available?	Patient Placed?	Time Placed	Other Reason
2/18/2015 4:08:26 PM	DBHDS Booker	Hospital	Mary Joe	23236	yes	2:00:00 AM		yes	6:10:00 AM	Faxed information and 30 minutes later called back to accept the patient. Patient transferred 1 hour later. (2/18/2015 4:10:15 PM)

- <u>You can sort</u> the columns on the bed registry and organize the information based on your criteria (e.g. by facility, last update, gender, etc.). Just click the top of the header to sort.

Facility	Avail. Beds	Gender	Age	Security	Other Info	Last Update ▲	Facility Contact Name	Patient Zip	Facility Called?
☆ Medical Center 🏥 REGI SNE Referral Phone# 999-999 Fax#	15	Any	Adult	Locked		2/20/2015 9:53:17 AM			○Yes ○No **Time** ▢:▢ ○AM ○PM

Click on column title to sort

- Please remember to SAVE your information as frequently as possible. VHI removed the timeout programming, but most internet providers have dynamic IP addresses that change periodically and could cause you to time out of the system. PLEASE "Save Comment Data" often to avoid losing what you have entered.

Once finished adding comments to this search result, please click: **Save Comment Data**

"Well you said you had bed…"

It can be frustrating for a clinician to check the bed registry before calling a facility, only to find out that although the registry indicated beds available, the facility is in fact no longer taking admissions or the referral is not appropriate. Here is a brief overview of the admission and discharge process for some facilities:

In the morning, the treatment team case manager reports on projected discharges. Once discharge orders are written, the nurse confirms with the patient that there is transportation. The patient may remain registered in a bed until his or her transportation arrives. Some patients do not have transportation until the evening. As the patient is leaving the unit, his or her chart is received by the unit secretary to break down and the patient is then discharged from the computer system. This is when the bed can appear available on the facilities' internal tracking system.

Facilities frequently have pending admissions. Pending admissions include patients in their emergency rooms who have been screened in triage and may need inpatient psychiatric care. The local CSB may have also previously referred a client, provided brief clinical information, and requested the facility to hold a bed until the prescreening is done. Some systems may experience a lag between a patient being accepted by a physician and the acceptance registering in the system, and alternatively someone physically leaving the building and the computer system reflecting the discharge. Emergency departments can be unpredictable and the clinicians try to balance the needs of the Emergency Medicine Physicians as well as the individual or Emergency Services Clinician making the referral.

There are also situations when a facility reflects availability and then experiences a significant disturbance on the unit. The disturbance would then influence the facility's ability to accept a new patient. Some circumstances may warrant a facility to stop accepting admissions for a period of time.

Facilities, CSUs, and hospitals that engage in providing acute psychiatric care are often operating 24-hours a day. This nonstop work means clinicians are constantly admitting and discharging people as well as conducting clinical interviews and providing crisis intervention services. As a result, there are times when someone updating the registry may not realize their coworker is processing an admission or accepting a referral at the same instance.

Remember the purpose of the bed registry is to *facilitate* the placement of individuals. The bed registry dos not replace the *need* to communicate clinical information; it should be used as a tool to assist with finding the appropriate bed for someone in crisis.

More Information About How the Bed Registry Is Used

When doing a search, you are required to answer the question, "Is this search being used to place a patient?" This is because we're gathering information on how many searches are for general information versus how many searches are to place a patient. We're excited that many people are using the bed registry to check for psychiatric beds even before they obtain a referral or a case and to gather information for various other reasons.

On the bed registry's Dashboard you can see these totals and figures in each region. The number at the top is the total number of searches and the numbers at the bottom are broken out by "to place searches" and "information only searches."
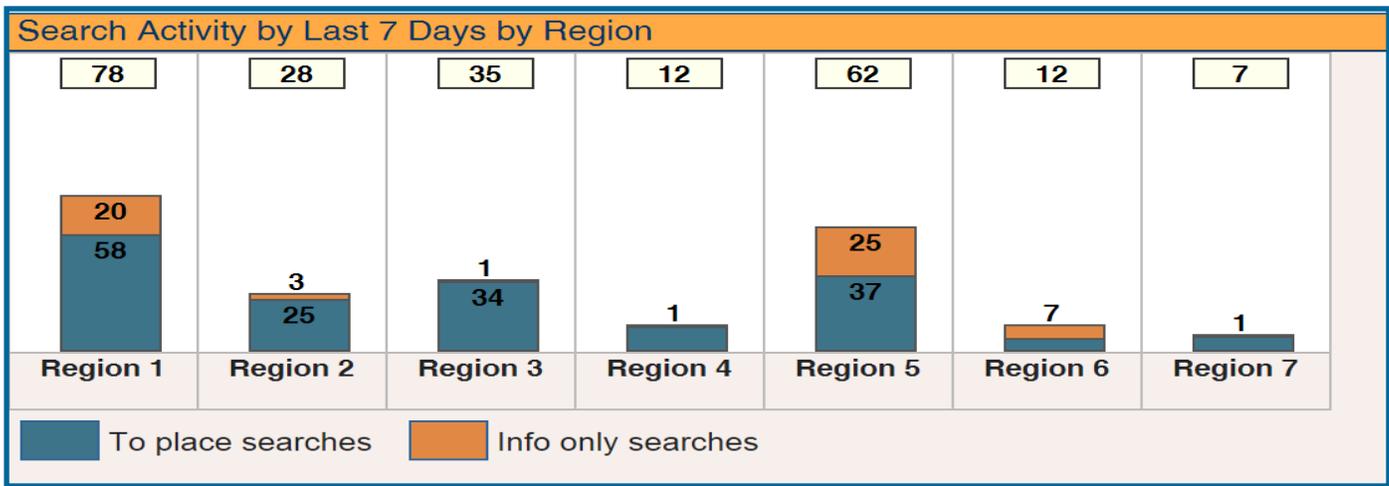
This information is summarized at the bottom of the bed registry's Dashboard and is updated as activity occurs on the website.
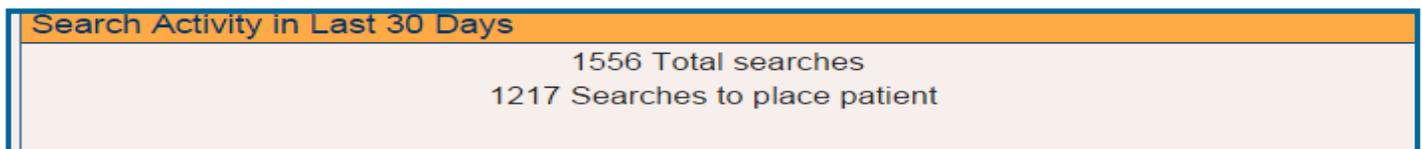
Training and Technical Assistance

Many people are learning to use the bed registry to assist with tracking and documentation. The bed registry can be used to demonstrate a bed search was completed when required. If you would like to host a regional training or you feel that your staff would benefit from learning more about the features of the registry, do not hesitant to request training.

For training or general questions regarding the Psychiatric Bed Registry, please contact:

Cleopatra Booker, Psy.D., DBHDS,

cleopatra.booker@dbhds.virginia.gov

For 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