

**The GNYHA-PSYCKES Quality Collaborative  
Outcomes Conference**

**PSYCKES in the  
Emergency Room  
Setting**

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# Rationale for PSYCKES in the Emergency Room (ER) Setting

- Urgent need for information
- Clients and history often unknown
- Clients in acute episodes not always able to provide complete history
- Known clients have services elsewhere

# Goals of PSYCKES ER Pilot

- Full integration into ER procedures for all clients in the PSYCKES database
- Identify strategies for successful ER implementation
- Identify best practices for using PSYCKES in ER or Comprehensive Psychiatric Emergency Program (CPEP) settings
- Optimize PSYCKES application for ER use

# Overview of PSYCKES ER Pilot

- Site Selection
  - Range of sizes
  - Various organizational structures; one CPEP
- Intensive collaboration over 6 months
  - Implementation
  - Technical assistance
- Follow-up for 3 months
  - Identify best practices, lessons learned
  - Feedback on the PSYCKES application

# Participating Hospitals

- Bronx-Lebanon Hospital Center
- Long Island Jewish Medical Center –  
Zucker Hillside Hospital
- Maimonides Medical Center
- Montefiore Medical Center

**THANK YOU!**

# Value of PSYCKES in the Emergency Room

- Diagnostic information (behavioral and medical)
- Medication data
  - Current medications; previous trials
  - Adherence
  - Medication-seeking; multiple prescribers
- Labs and Tests
  - Avoid repeating expensive/invasive tests
- Current / recent providers

# Feedback on PSYCKES from ER Users

- “Using the PSYCKES clinical summary has a more direct pay-off to the institution” than the Quality Improvement data. – *Montefiore*
- “It is helpful to not only know the medications patients are taking, but the dosages, the amount of time medications were used, and the combinations of medications being prescribed.” - *LIJ Zucker Hillside*
- “We had a client who was HIV+ and schizophrenic and couldn’t tell us her medications. We saw in PSYCKES that she had just had a complete work-up at another hospital. We were able to request the results and avoid repeating the ‘million-dollar work-up.’” - *Maimonides*

# Feedback on PSYCKES from ER Users, cont'd

- "I LOVE the new Medicaid database. I was able to sit with a newly admitted patient and immediately address the fact that he has been in many area hospitals in the past few months." -- *LIJ Zucker Hillside*
- "We can find out immediately if the client has an Assertive Community Treatment (ACT) team or case manager." -- *Bronx-Lebanon*
- "We called a provider listed in PSYCKES and discovered that the client had eloped from another hospital the previous day." -- *Montefiore*

# Implementation Process

1. Leadership commits to project, designates team
2. Plan PSYCKES workflow, develop policies
3. Grant access to PSYCKES users
4. As needed: adjust computers / forms / electronic medical record (EMR)
5. Train staff on PSYCKES and related procedures
6. **“Go live”**
7. Integrate into operations; monitor PSYCKES use

# Time to Implementation

- Pilot sites averaged 6 months
  - Planning/preparation – 2 months
  - Active preparations (access, training) – 2 months
  - Support after “go live” – 2 months
- Advantages for Quality Collaborative Hospitals
  - Already granted hospital-wide PSYCKES access
  - Some staff already have access and are familiar with PSYCKES

# The Implementation Team

- Medical Champion
  - Leadership to achieve buy-in
  - Authority to allocate resources
- Implementation manager(s)
  - Senior enough to implement systems change
  - “On the ground” to address operational issues
  - At pilot sites, many types of staff filled this role
  - One or two

# Next Steps

- Ensure that leadership in your ER, CPEP and/or Inpatient Units are aware that PSYCKES is available
- Take advantage of ongoing PSYCKES training opportunities for inpatient providers; more information on the PSYCKES website
- Review ER implementation guidance documents available on the PSYCKES website, under:  
**Other initiatives -> ER Pilot -> Documents**

# Questions and Answers

- [www.psyckes.org](http://www.psyckes.org)
- [PSYCKES-help@omh.ny.gov](mailto:PSYCKES-help@omh.ny.gov)

# **Additional Information**

# Essential Workflow Tasks

- Identify potential PSYCKES clients (Medicaid)
  - Obtain Medicaid identification number
  - Confirm client identity
- Obtain client consent
- Record in Consent Module reason for access
  - Client signed consent, OR
  - Clinical emergency
- Print clinical summary
- Place summary and consent in client's chart
- Review clinical summary

# ER Workflow Model # 1

- Two pilot sites assigned various staff to different parts of the PSYCKES process, e.g.:
  - Patient access or social workers identified Medicaid enrollees and obtained consent
  - Clinicians reviewed clinical summary
- Pros:
  - Efficient, aligns with existing workflows
  - Normalizes PSYCKES as standard aspect of treatment
  - Reduces burden on physicians
- Cons:
  - Requires coordination with multiple departments and constituencies (e.g., Registration, Medical ER)
  - Clinicians look at print-out, cannot “drill down” on data

# ER Workflow Model # 2

- Two sites gave residents responsibility for the entire process, from identifying PSYCKES clients to printing and reviewing data
- Pros:
  - Easier to implement in a complex organization
  - Residents log into PSYCKES so can access all data
  - Establishes value of PSYCKES, facilitates gradual integration of PSYCKES into operations
- Cons:
  - Time burden on residents
  - May not be used consistently due to time constraints
  - Residents must know clients' insurance status

# PSYCKES Access

- Grant access for users in the Security Management System (SMS)
  - Regular PSYCKES access
  - Consent Module (“Registrar”) access
- Have a clear plan for PSYCKES workflow, and assign access accordingly
- Best practice: Shortcut to PSYCKES on all desktops