

Minnesota's Internet-based Psychiatric Bed Tracking System: Two Years Old & Still Growing

Susan Stout, Minnesota Hospital
Association

Michael Landgren, Minnesota
Department of Human Services

June 15, 2009



General Overview of System

- On-Line “real-time” tracking of bed openings in mental health (adults, children, geriatric).
- All hospitals with mental health units, including state facilities (CBHH’s).
- All crisis teams, crisis beds, and IRTS beds.
- Beds identified from patients home zip code.
- Facilities control their own admissions and admission criteria.
- Updated frequently; reminder calls.
- Not a means to “reserve” a bed; still requires facility be contacted for availability.

Goals of project

- Decrease the staff time (and costly use of resources) spent in the ER's on locating psychiatric beds.
- Decrease likelihood of inappropriate “deferrals” from other facilities or access points.
- Increase timeliness of response to psychiatric emergencies; improve wait times for patients receiving care by shortening the time from presentation on the ER to admission into a unit.
- Improve collaboration among psychiatric providers, and among communities.

History

- Bed tracking idea generated by mental health initiative discussions at DHS in 2006.
- Planning involved counties, DHS, hospitals; a community effort.
- DHS submitted funding request to legislature and funding began in 2007.
- Programming started in March of 2007 and all hospitals were on system in Sept. 2007.
- Crisis facilities added in 2008, and IRTS facilities added beginning in January 2009.
- Additional services (e.g. DeTox, ACT) to be added in future.

Benefits of the project

- Decreased staff time (i.e. use of resources) locating beds.
- Decreased time for patients waiting to be admitted to inpatient unit.
- Increased communication among psychiatric providers, and between providers, DHS, and hospital association.
- Increased trust among providers; a level playing field.
- Increased likelihood that patients are served closer to their home community and supports

Implications for rural providers

- Easier to identify and access open mental health beds/services making transfers and use of community resources more appropriate and timely.
- Treatment closer to home as beds are identified in order of proximity to patient's home; allows for better use of individual's supports.
- Helps providers to fill bed openings by “advertising” availability.

Drawbacks/Difficulties

- Fear of inappropriate use of the system by unauthorized users.
- Concern that participation will result in “flooding” of a particular facility or service.
- Inappropriately use of system for data collection purposes.

What Next?

- DeTox bed availability to be added in summer of 2009.
- ACT being considered for possible addition.
- Comprehensive evaluation in fall of 2009.