SFGH Dept of Psychiatry
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James W. Dilley, MD
Professor of Clinical Psychiatry
Chief, SFGH Department of Psychiatry
Vice Chair UCSF Dept of Psychiatry
Executive Director UCSF Alliance Health Project
SFGH Dept Of Psychiatry’s Role in DPH/CBHS

Six Divisions:

1. **Acute and Emergency**: Psychiatric Emergency and Inpatient Services; Electroconvulsive Therapy (ECT)

2. **Citywide Case Management**: Largest and only successful Medi-Cal capitated Case Management/Linkage/Forensic Programs

3. **DSAAM**: Innovations: mobile MMT prgrm and electronic dosing system, “Methasoft”; DOT

4. **Infant, Child and Adolescent (ICAP)**: Provides a range of services from birth to 18

5. **Alliance Health Project (AHP)**: HIV and LGBTQ Mental Health services

6. **Psychosocial Medicine**: C/L, TRC, EDCM, MH services for adult and child rape/sexual assault victims
EXECUTIVE COMMITTEE

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Director, Acute & Emergency Services

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PES/Inpatient

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Medical Director, PES

Emily Lee, MD
Medical Director
Inpatient Psychiatry
SFGH Inpatient Bed Changes

• January 2008 - **87 acute beds** on 6B, 7A, 7B, 7C with Focus Units

• July 2008 - **63 acute beds** on 7A, 7B, 7C (6B closed)

• January 2009 - **43 acute beds** on 7A, 7B (7C now 18 non-acute beds)

• January 2011 - **21 acute beds** on 7A (7B now 18 non-acute beds + 18 non-acute beds on 7C) with Focus Teams
Overview of Acute & Emergency Services
FY11-12
Psychiatric Emergency Service (PES)
Total Annual Admissions: 5,974 ;  >5150s

Community Inpatient Beds
7A: “Admitting Unit” 21-bed
    ---allows for continuity of care;
    ---Cultural Focus Teams Latino/Women’s/
    LGBT/HIV/African/American/Asian
7B: 18-bed Non-acute Unit
7C: 18 -bed Non-acute Unit
7L: 11-bed Forensic Unit
Total Patient Days: 19,983*
Avg daily census: 55*

* Exclude 7L Forensic Unit
What impacts would we expect on PES?

• With fewer inpatient beds...

• Things could back up in PES, leading to:
  – ↑ length of stay in PES
  – ↑ “code red” hours
  – ↓ patients served

• Efforts to deal with these problems could lead to:
  – ↑ patients triaged out
  – ↑ 5150s
  – ↑ patients brought in by police
  – ↓ GAF scores (level of functioning)
What impacts would we expect on the Inpatient Service?

• **With fewer inpatient beds...**
  
  • The inpatient service could experience:
    - ↓ patients served
    - ↑ recidivism (if patients were dc’d early to make room for others)
    - ↑ use of seclusion
    - ↑ use of restraint

• **Undertreated mental illness in the community could increase, leading to:**
  - ↑ suicides among CBHS clients
  - ↑ acutely mentally ill individuals in the jails
What impacts did we observe?

NONE of the above.

What impacts did we observe?

• Maybe we just couldn’t detect change?
• Nope.

• There were statistically significant changes in the opposite direction of the hypothesized negative effects:
  – ↓ patients triaged out of PES (p<.01)
  – ↓ “code red” hours (p=.02)
  – ↑ inpatients served
  – Use of restraint (both # patients and # hours) ↑ after 6B closure, but then ↓ ↓ significantly below original level after 7C became subacute (p<.001)
How is that possible?

- Length of stay was trending downward all along.

-29% over course of study period

Inpatient ALOS
(*Average length of Stay)

*Excluding Outliers greater than 90 days
Patient Intakes – SFGH Psych Emergency
SFGH Psych Emergency
Average Length of Stay (ALOS) Hours

Jan 07  Jul 07  Jan 08  Jan 09  Jul 09  Jan 10  Jul 10  Jan 11  Jul 11  Dec 11
26.37  27.85  24.88  22.74  22.6  22.86  20.98  22.05  27.57  22.11
Acute Diversion Unit (ADU) Admits From SFGH Psych Emergency Services (PES) Jul 2007- Jan 2012
Condition Red - SFGH Psych Emergency (PES)
Community Independence Pilot Project

- Collaboration between MH Court, CBHS and SFGH psych
- Uses existing LPS law that does **NOT** require locked treatment for a Permanent Conservatorship with Affidavit B
- Judicial/political support for Conservators Office to participate
- Requires patient consent to participate in case management and regular visits with Judge
- Targets pts with clear history of benefit from medication but noncompliance in the community; ability to live safely in the community
CIPP Experience So Far

• In 2011 4 patients enrolled in the program

• All continue in case management and receive meds with improved clinical stability

• 1 of 4 receives injectable antipsychotic medication; 3 others take oral medication

• Qualitatively, the court, mh providers and pts seem well pleased to date

• Increase referrals
ECT at SFGH

Laurie Chen, MD
Director, SFGH ECT Program

• First case on 1/31/2011
• Since then, we have treated 12 Patients, 119 treatments (includes acute courses and maintenance treatments)
• Highest number of treatments in a single acute course = 9
• Currently with 2 maintenance cases here
Results from the First 12 patients

- 3 Court ordered patients; 9 Voluntary
- All with Schizoaffective Disorder, bipolar type
- All showed marked improvement
- 3 with very good response (≥7 on 10 point scale)
- 4 with partial response (4-6 on 10 point scale)
- 1 patient had good response to first course, but only partial response to a second course
- 1 patient stopped after one treatment (showed improvement after treatment, but then changed mind)
UCSF/SFGH
Vocational Rehabilitation Program
Training Opportunities

- Coffee Cart(s)
- Catering
- Baking
- Sewing/quilting
- Administrative Assistant/Receptionist
- Clothing management and distribution
- Book cart
- Mail delivery
- Hot Dog Cart
Lori Thoemmes, LMFT
Director, Alliance Health Project
5,000 Callers to the HIV testing line
3,460 People received HIV counseling & testing
2,768 HIV counseling & testing clients seen by volunteers
1,271 Clients received STD testing
  983 Clients received risk reduction counseling services
1,029 HIV positive & LGBTQ clients received psychotherapy & psychiatric medication evaluations
347 HIV positive & LGBTQ clients were helped during a mental health crisis
331 HIV positive clients seen at San Francisco General Hospital
1,535 Providers trained in San Francisco and across the state
  89 Full- and part-time staff
  45 Volunteers : 1,400 hours of group & workshop facilitation
UCSF Program Designed to Improve Public-Sector Care-----Aaron Levin

Fumi Mitsuishi, M.D., and Ryan Shackelford, M.D., are pioneers of sorts.

They are the first holders of the University of California, San Francisco’s (UCSF) fellowship in public psychiatry, a program that kicked off just last July as “the only active public-psychiatry fellowship in the state of California,” according to co-director James Dilley, M.D., vice chair of psychiatry at UCSF and chief of psychiatry at San Francisco General Hospital (SFGH).
UCSF Public Psychiatry Fellows 2012-13

Dr. Serina Deen, Columbia University
Dr. Jarrell Meier, Tulane University
Dr. Jacob Sacks, New York University/Bellevue Hospital

http://psych.ucsf.edu/residency-programs.aspx?id=6323
PERFORMANCE IMPROVEMENT

&

PATIENT SAFETY
PIPS Project: Violence Prevention Action Plan

- Department of Psychiatry Initiative:
  - Focus on Staff Training and some admin chgs, eg., added nursing coverage at night
  - Altered our medication practices for certain patients
  - Emphasized Expectations for patients on the unit:
    - “No Violence” message to patients on admission
    - “No Violence” signage
    - advanced directives (“what stirs you up and how can we help if it happens?”)
Patient to Staff Assaults by Unit

7A 2010: 15
    2011: 28

7B 2010: 20
    2011: 6

7C 2010: 2
    2011: 5
Patient to Patient Assaults by Unit

- 7A: 26 in 2011, 11 in 2010
- 7B: 18 in 2011, 10 in 2010
- 7C: 16 in 2011, 5 in 2010
Assault Rates in Acute Inpatient Psychiatric Settings

- New Zealand 1998: 0.0141
- Italy 1998: 0.0105
- Italy 2005: 0.0079
- Australia 2008: 0.006
- Norway 2007: 0.0046
- SFGH 2010: 0.005