



At the heart of better care.

Redefining Acute Behavioral Healthcare

How an empowered ED improves patient care

This year, over 4 million Americans with behavioral health conditions — psychiatric, substance-related, or both — will enter an emergency department (ED) that is not prepared to properly treat them. This gap in care is causing widespread suffering while undermining the economics of our EDs.

However, when EDs are empowered to properly evaluate and treat behavioral health patients, hospitals see enhanced efficiencies and improved quality of care for all ED patients.

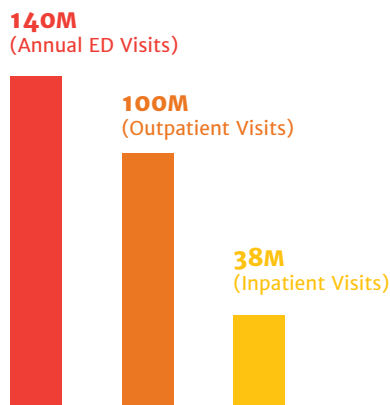
Read more to learn about Emergency Psychiatric Interventions (EPI), Vituity's integrated approach to acute behavioral healthcare with benefits ranging from improved ED clinical quality and profitability to greater community trust.

Care Delivery Challenges

Hospital and health system leaders know emergency departments function at the front lines of medicine, as patients with the most critical needs begin their hospital journeys there. Today, our nation's EDs deliver half of all U.S. hospital-based medical care, according to recent Centers for Disease Control and Prevention (CDC) data. One of the primary reasons for this staggering volume is the escalating number of patients presenting to hospitals with behavioral health emergencies.

Emergency Department Facts

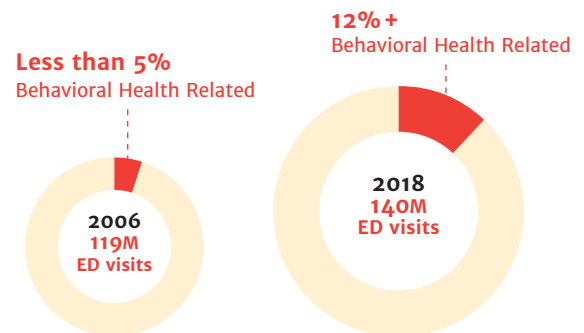
- Total spending on ED visits may be as high as \$150 billion – 6 percent of all healthcare expenditures
- EDs deliver nearly half of all U.S. hospital-based medical care



- EDs receive more than **140 million** annual visits, far greater than estimated annual **outpatient** visits (**100 million**) and **inpatient** visits (**38 million**)

Behavioral Health Facts

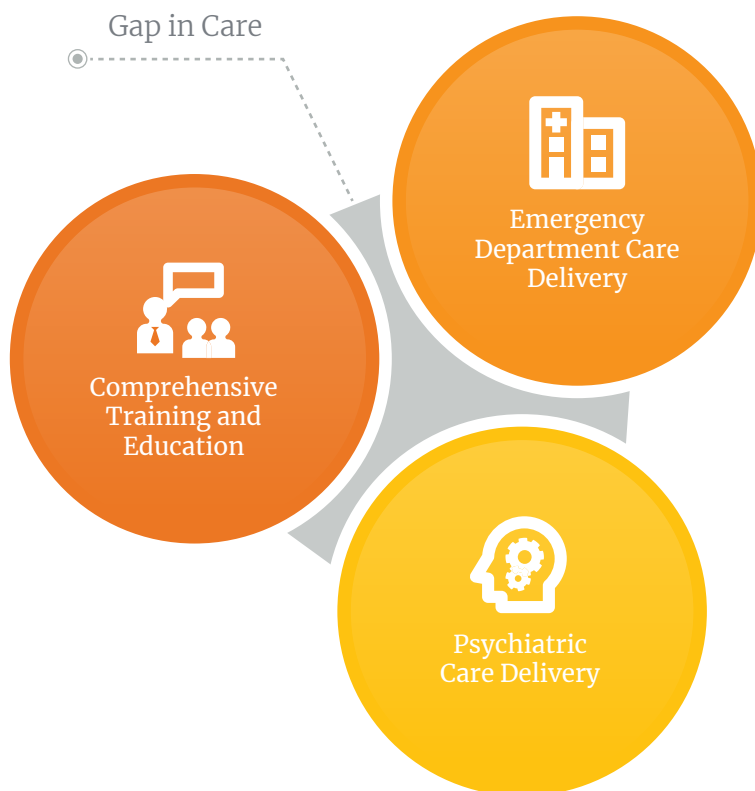
- Approximately 1 in 6 adults in the United States or 18.5 percent experience mental illness in a given year
- Suicide attempts treated in the ED increased 414 percent from 2006 to 2014



- In 2006, behavioral health patients were **less than 5 percent** of ED volume; today this number has more than **doubled to roughly 12 percent** and sometimes even higher

Lack of Education and Training Creates a Gap in Care

ED teams know precisely what steps to follow when dealing with physical emergencies. But all too often, the same is not true with behavioral health emergencies. Simply put, most ED personnel are not sufficiently trained to effectively care for patients with behavioral health conditions. In addition, the process for treating these patients is often siloed and not clinically integrated across the department. As a result, ED providers are often unprepared and unsure of the right course of action.



“In our nation’s emergency departments, we’re seeing a lot of unnecessary suffering.”

— Scott Zeller, MD
Vice President of Acute Psychiatry, Vitivity

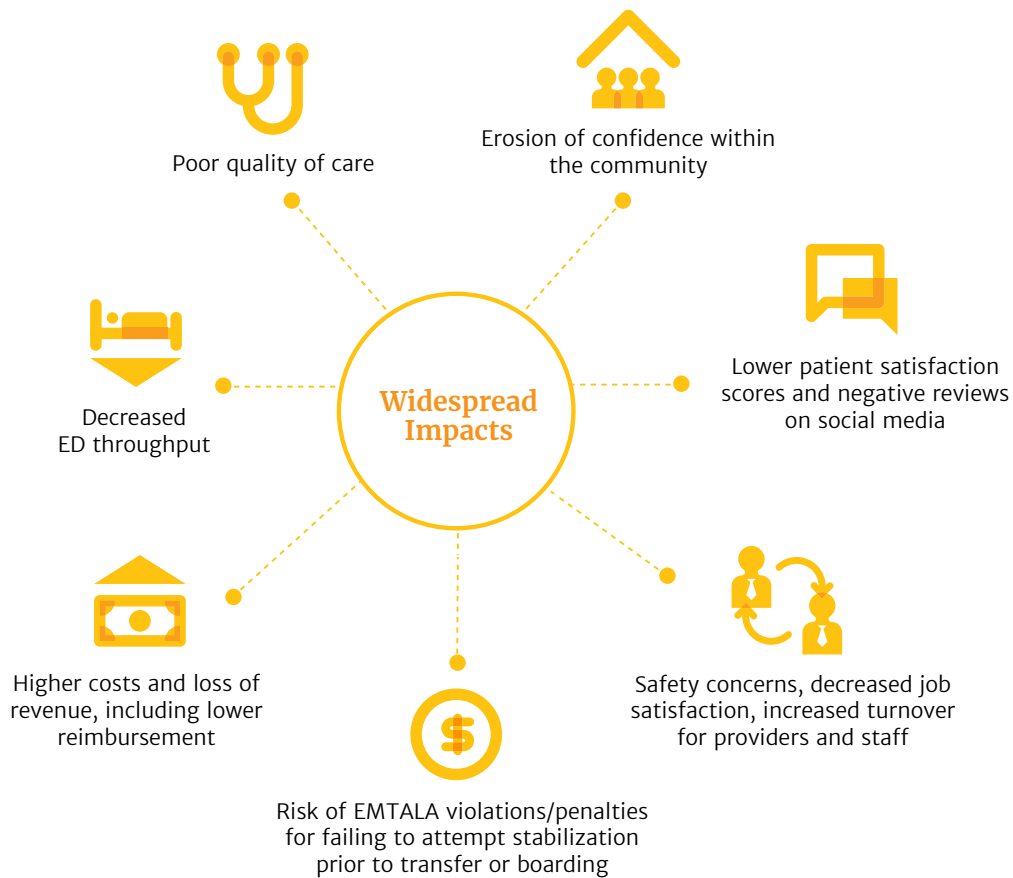


Scott Zeller, MD, is Vitivity’s Vice President of Acute Psychiatry. He is an internationally recognized expert in psychiatric emergency care. In his more than 30 years of practice, he has personally cared for over 80,000 patients.

Dr. Zeller is the creator of the EmPATH Unit — which stands for “Emergency Psychiatric Assessment, Treatment and Healing.” These units promptly accept all medically appropriate patients in a behavioral health crisis, even those on involuntary psychiatric detention.

A Gap in Care is Undermining the ED

The impact on patients and hospital staff is significant. Too often, providers jump to the conclusion that all emergency behavioral health patients need to be admitted. **However, research shows that roughly 80 percent of behavioral health emergencies can be resolved within 24 hours.** Many of these patients board in the ED, waiting for a bed that is difficult to find and likely unnecessary. Compounding this, behavioral health patients are often sedated, isolated, and/or restrained. These chaotic conditions raise the anxiety level within the ED for both patients and providers, degrading the care experience for all ED patients.



This gap in care is contributing to a national crisis in the ED, with deep repercussions for hospitals and health systems. Addressing this crisis requires a transformative solution that fosters collaboration between care delivery teams.

Improving Care for All ED Patients

Owned and led by physicians, Vituity has been working on the front lines of acute care delivery for nearly 50 years and understands the unique challenges of the ED. Since our founding, we've been perfecting best practices in ED management to ensure high-quality, efficient care. Today, we're helping to raise the national conversation about our EDs' challenges in caring for behavioral health patients.

Emergency Psychiatric Interventions (EPI) - Vituity's Integrated Solution to Empower Care

Vituity has developed a solution that delivers fully trained ED clinicians ready for all emergencies — behavioral and physical — along with dedicated behavioral health clinical services and formalized training, all backed by proven systems of support. In doing so, we are empowering EDs to properly evaluate and treat behavioral health patients, from the moment they enter the ED through discharge.

Designed by Vituity physicians on the front lines of our emergency medicine and acute psychiatry practices, EPI brings together front-line physicians and clinical support staff with existing ED teams to optimize workflows and increase staff engagement.

At its core are expertise and proven results in three main areas:



Emergency Department Care Delivery



A collaborative, mentoring approach that provides guidance, resources, and support for the ED care team.

Clinical Services: Working side by side with existing ED staff, our front-line physicians and integration leaders ensure the team is well-equipped to properly care for all emergency patients — behavioral *and* physical. In addition, we offer a range of clinical staff who engage and strengthen the ED team to raise their standard of care while boosting performance metrics.

Leadership Programs: Coaching and leadership development programs designed to solidify integration and effect positive cultural and operational change.

Comprehensive Training and Education



Up-to-date, formalized training and education for both ED teams and first responders.

Best practice toolkits: Processes and best practices across a wide range of topics including de-escalation, restraint management, psychiatric and opioid medication management, and agitation management.

Educational courses: Additional depth and context for the treatment of behavioral health conditions, in the form of online and materials-based training courses, as well as in-person training.

Psychiatric Care Delivery



Vituity clinicians and services specifically aimed at improving behavioral health care in concert with the ED team.

Telepsychiatry: Using two-way video, Vituity board-certified psychiatrists with expertise in emergency psychiatry provide 24-7, on-demand access for evaluation, risk assessment, diagnosis, treatment, and disposition recommendations. This significantly boosts ED throughput and elevates patient care. In addition to on-demand access, we offer telepsychiatry on a block schedule.

EmPATH Units: Managed by Vituity behavioral health clinicians and designed for optimal assessment and treatment of emergency behavioral health patients, these outpatient, hospital-based units provide a calm, healing setting for patients in crisis.

Inpatient Psychiatry: Our psychiatric hospitalist model ensures coordinated treatment planning and care through an in-hospital psychiatrist presence, with a team of providers dedicated to the admitted patient population.

Transforming the ED for All Stakeholders

The impact of effectively and compassionately serving all ED patients, including those with behavioral health conditions, is profound.

- **Hospitals and health systems** improve clinical quality, profitability, and patient scores while elevating their brand.
- **EDs** achieve higher throughput and better care for all, with fewer behavioral patient admissions and a more stable, engaged staff.
- **Providers** gain new confidence in their ability to heal, rekindling the joy of practicing medicine.
- **All patients** know on a very human level that they're properly being cared for with dignity and respect.
- **Communities** recognize that their local EDs are trusted partners in dealing with a health care crisis.

“ We want to empower EDs to take ownership of every patient who walks through that door — not just most of them. If behavioral health emergencies could be handled as effectively as physical ones, it would dramatically change the quality of care and the economics of our EDs.”

— Scott Zeller, MD
Vice President of Acute Psychiatry, Vituity

At Vituity, we believe that creating a higher standard for emergency behavioral health combined with a passion for patient care empowers EDs to reinvent themselves and deliver improved outcomes to all patients.

A Culture of Innovation

In 2001, Vituity transformed the emergency triage process with the creation of RME®.

In 2006, Vituity's Scott Zeller, MD, led the development of one of the first EmPATH Units, decreasing psychiatric boarding at local EDs by up to 80 percent.

In 2018, Vituity launches an integrated approach that brings together psychiatric and emergency care delivery through formalized education and training.

“ Recently, we have transformed care for stroke, sepsis, and heart attack patients by implementing new centers of care, each with a fresh mindset and new energy. Now we are focused on defining a higher standard of care for emergency behavioral health patients.”

— Gregg Miller, MD
Chief Medical Officer, Vituity

About Vituity

As a physician-led and-owned, multispecialty partnership, Vituity has driven positive change in the business and practice of healthcare for nearly 50 years. Our 3,500 doctors and clinicians provide integrated acute care expertise across the country and serve over 6.4 million patients annually. Vituity's acute focus and compassionate care are the driving forces that have placed us at the heart of better care.

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