



**Inpatient Psychiatric Hospital
Bed Tracking System
*CareMatch***

Rick Shults

Karen Hyatt

Mental Health and Disability Services

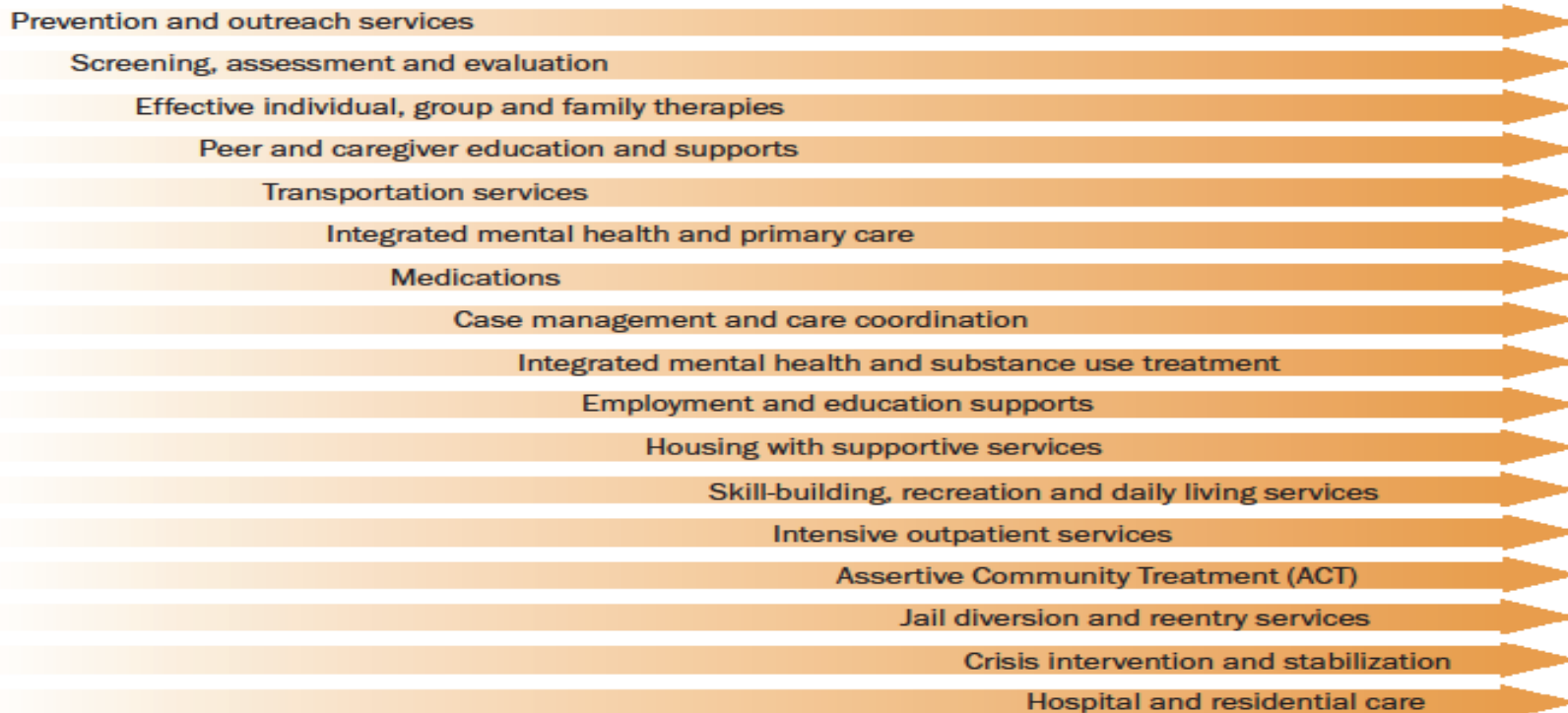
Inpatient Psychiatric Hospitals

Part of an Array of Mental Health Services



Adult Mental Health Service and Support Array

All Mental Health Conditions | **Moderately Severe Conditions** | **Acute or Very Severe Conditions**



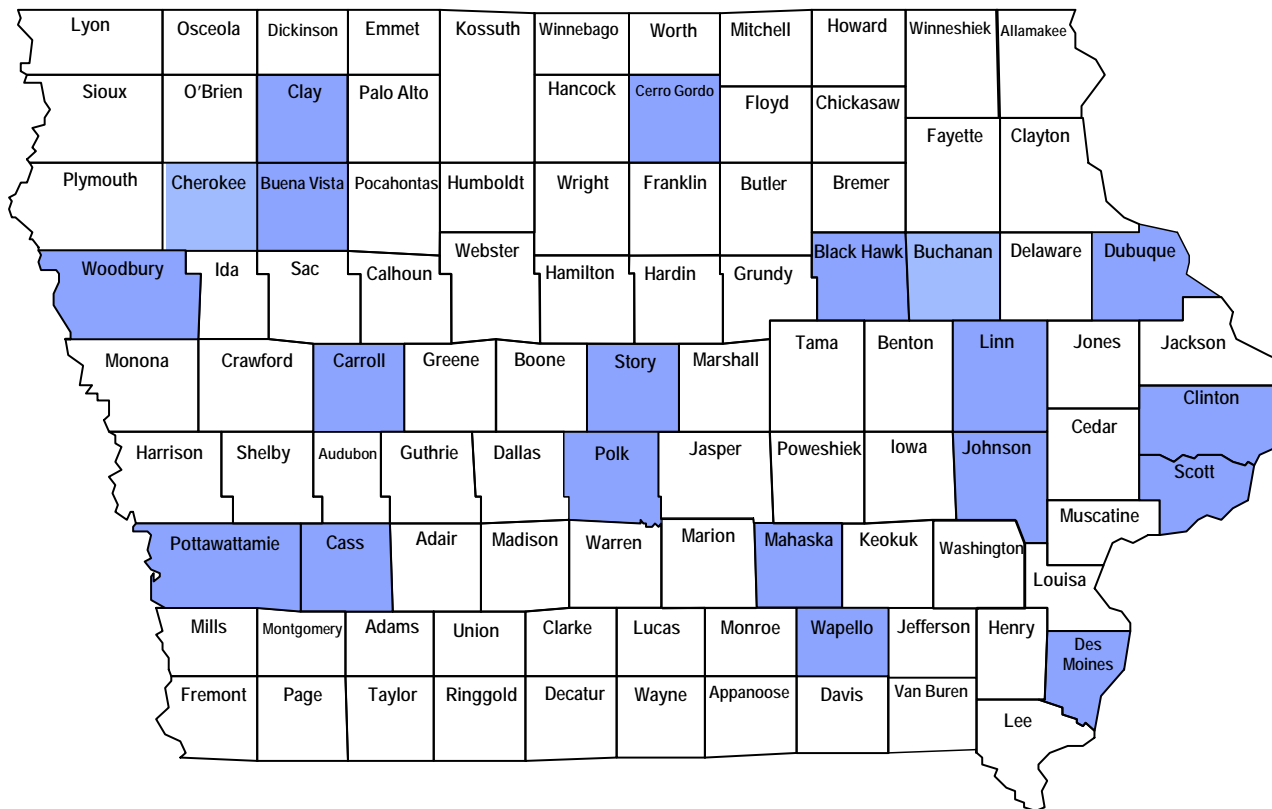
NAMI • 3803 N. Fairfax Drive • Arlington, VA 22203 • www.nami.org

Inpatient Psychiatric Hospitals

- Most intense and restrictive service for individuals with the most serious symptoms
- Goal is to stabilize the symptoms so the individual can successfully return to the community with needed mental health services and supports

Psychiatric Beds Locations

Hospital In-Patient Psychiatric Beds



Map update 6/7/16

Total = 731beds in 29 hospitals

Number of Psychiatric Beds

- **26** Hospitals have inpatient psychiatric beds
- **2** State Mental Health Institutes have inpatient psychiatric beds

- **802** Licensed Psychiatric Hospital Beds

- **747** Staffed Psychiatric Hospital Beds
 - **531** Designated for **adults**
 - **138** Designated for **children**
 - **78** Designated for **geriatric (age 60 +)**

Purpose of the Bed Tracking System

- Improve the efficiency of locating a psychiatric hospital bed for individuals who need inpatient treatment
- Improve communication and efficiency between psychiatric hospitals and those seeking inpatient treatment for an individual
- Track the availability of psychiatric hospital beds

Bed Tracking System

A central web based location

Hospitals with psychiatric units update the inpatient psychiatric bed system **at least two times per day** with the available number of staffed beds by **gender, child, adult, and geriatric.**

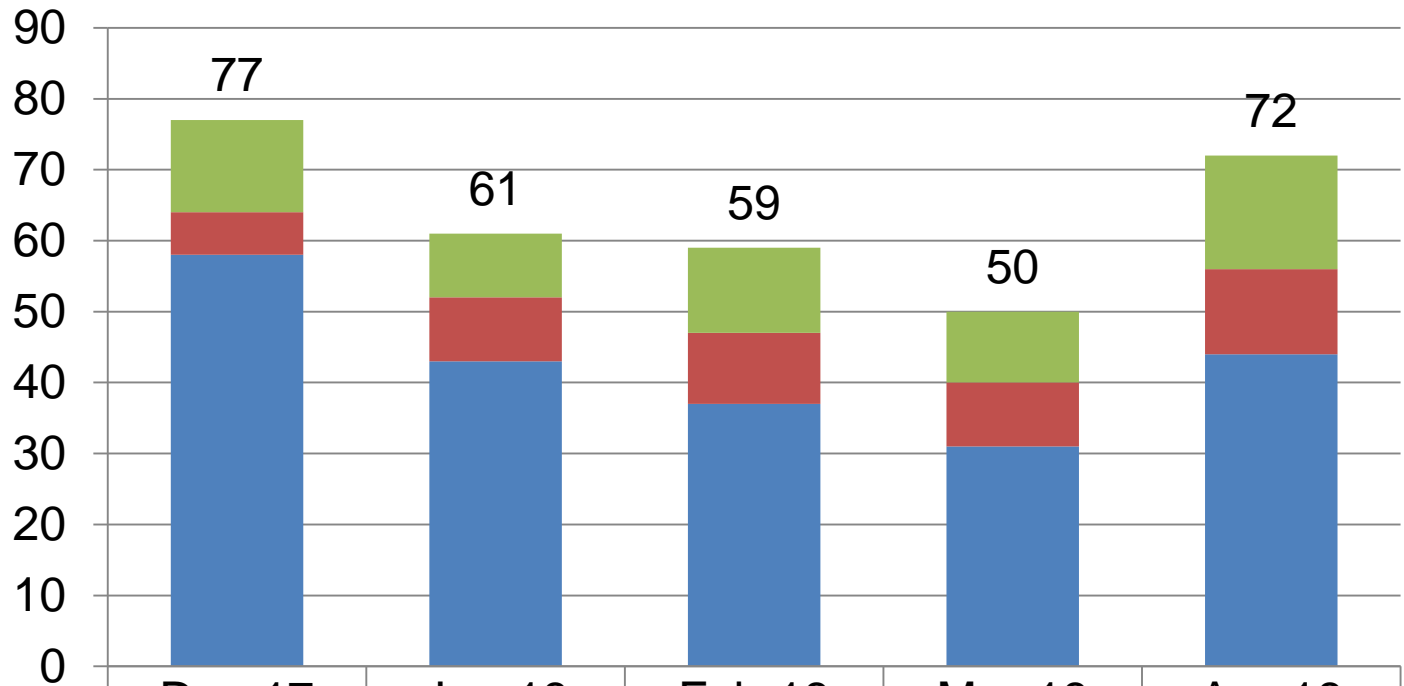
July 1, 2018 hospitals will be required to report - *2017 Iowa Acts, House File 653, section 87*

Administrative rules will be filed requiring subacute facilities to report available subacute beds – *2018, House File 2456, section 21*

HF2456 requires that Subacute beds must be added to the reporting system

Psychiatric Inpatient December 2017 to April 2018

Average Monthly Open Beds



	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Geriatric Beds	13	9	12	10	16
Child Beds	6	9	10	9	12
Adult Beds	58	43	37	31	44
Total Beds	77	61	59	50	72

*

Who Uses the Bed Tracking System

- Hospital Emergency Departments
- Community Mental Health Centers
- Judicial System
- Law Enforcement
- Managed Care Organizations
- Mental Health Advocates
- MHDS Regions
- Social Workers

Information in Bed Tracking

- The number of available inpatient psychiatric beds by gender, adult, children and geriatric categories
- Information of each inpatient psychiatric unit include:
 - Age served
 - Gender preference
 - Locked unit or unlocked
 - Voluntary or involuntary

Hospital Admission Process

- Inpatient Psychiatric Hospital Bed Tracking does not reserve a bed
- Those seeking an inpatient psychiatric hospital bed must call the hospital to discuss admittance
- Admittance discussions include:
 - Is the individual medically stable
 - What is the individual's recent history
 - Does the hospital have the capacity to serve the individual

Reasons for Non-Admittance

Occasionally an individual is not admitted when a hospital has an available bed

- **Most frequent reasons given for non-admittance are:**
 - The individual has been or is currently aggressive
 - The individual has been or is currently under the serious influence of drugs or alcohol
 - The individual is not medically stable
 - Male or female bed availability
 - Age
 - Current individuals in the unit are high acuity and require high staff ratio

Tertiary Psychiatric Hospital

- Tertiary care psychiatric hospitals
 - Admit, care for, and treat individuals on a no eject/no reject basis that other mental health care providers find too difficult to treat or too dangerous.
 - Seek, develop, and implement evidence-based and promising practice treatment approaches.
 - Have strong linkages with the rest of the array of mental health services to ensure successful integration of individuals back into community.
 - HF2456 requires a workgroup be formed to define and develop tertiary care psychiatric hospitals.