

Phone a Friend: Mental Health Colleagues Provide Valuable Support Services for Psychiatric Conditions on Hospital at Home Programs

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Objectives:

- Recognize the importance of appropriate evaluation and triage of psychiatric conditions during the screening process for potential hospital at home patients
- Augment access for hospital at home by distinguishing stable versus unstable psychiatric conditions and leveraging available mental health resources when required

Case Description:

38 year old genderfluid person with Past Medical History of mood disorder, generalized anxiety disorder, Post Traumatic Stress Disorder, and Obstructive Sleep Apnea with lymphedema of the Right lower extremity presents to the Advanced Urgent Care (UC) with recurrent cellulitis and superficial wounds after failing to improve on oral antibiotics as an outpatient. The UC physician started the patient on IV Ceftriaxone and referred the patient to the Advanced Care at Home (ACAH) Program for further inpatient care. The ACAH Command Center (CC) started the clinical and social screening for the program. A preadmission huddle with the command center team to discuss the patient's enrollment process then took place. During this huddle, concerns were raised by the CC registered nurse about the patient having potential suicidal ideations. The CC physician discussed that when she spoke with the patient, the patient had specifically said their suicidal ideations were 2 weeks ago during an episode of pain and that the patient had been treated by a Mental Health provider at that time. Per the ACAH Physician: "They deny suicidal ideations now or having any plan for this."



After further review with the ACAH leadership, the patient was deemed eligible to enroll in the program. The following morning a mental health evaluation was obtained that confirmed the team's assessment. Later, it was discovered that a 24 hour hotline was available for evaluation of mental health symptoms and availability of an on call psychiatrist if needed. Ultimately, the patient's cellulitis slowly improved and she was safely discharged from ACAH without further urgent psychiatric needs during the program.

Clinical Pearls:

Hospital at Home (HAH) programs can benefit by knowing about their health system's available mental health resources. These supports may be helpful in differentiating between controlled and uncontrolled psychiatric conditions and assessing eligibility for HAH programs.