

Testimony by Rebecca Hayes, MSN, RN-BC before the
Senate Committee on Veterans' Affairs
"VA Mental Health Care: Ensuring Timely Access to High-Quality Care"
August 7, 2013

Thank you for the opportunity to appear before this committee and provide this testimony. Peachford Hospital is honored to partner with the VA Atlanta to provide mental health treatment to those who have served our country.

Background

Peachford Hospital is a 246 bed private psychiatric hospital in Atlanta, GA. Established in 1973, Peachford remains the largest private psychiatric hospital in Georgia and the Southeast. Patients range in age from 4 years old to 100 years old. Diagnoses treated at Peachford include: Major Depression, Schizophrenia, Bipolar Disorder, PTSD, Substance Abuse and Dependence.

Peachford Hospital entered into a partnership with the VA Atlanta more than four years ago to provide mental health treatment to veterans who needed inpatient care but were unable to receive care at the VA because of the bed capacity available. Veterans seeking psychiatric or substance abuse treatment outside of the VA are also treated at Peachford using their Medicare or TriCare benefits.

While developing this partnership a core team from both the VA and Peachford leadership was established to solidify communication from both parties to ensure that needs of the veteran were being met. This team continues to meet monthly and maintains an action plan to address issues as they arise.

Best Practices

Referral Process

Veterans are referred to Peachford Hospital via the psychiatric emergency room at the VA Atlanta. Following an evaluation, a physician to physician review is conducted with each referral. A report is also called to an RN at Peachford. Veterans who are on a High Risk Protocol at the VA are identified and communicated to the Treatment Team at Peachford Hospital to ensure that appropriate measures are taken to identify risks associated with discharge (such as access to weapons, frequency of aftercare appointments, etc.). Once the patient has been accepted for transfer, Peachford dispatches an ambulance to transport the veteran. Turnaround time for the referral process is anywhere from 15minutes to an hour and a half (depending on the complexity of the case).

Department Head Communication

Throughout this relationship, peer to peer department head communication has addressed issues concerning veterans as they arise. Such issues include patient complaint resolution, utilization review, discharge planning, medical treatments, housing issues.

Access to Medications

Early in this relationship Peachford physicians began using the VA formulary for prescribing medications to ensure access to these medications once the veteran is discharged from the hospital. To improve this process the Peachford physician reconciles the patient's medications for the VA and sends a prescription to the VA pharmacy prior to discharge. A Peachford courier picks up the medications from the VA pharmacy and the Peachford pharmacist reviews these medications with the patient upon discharge from Peachford. This not only improves the medication education for the patient, but ensures that the patient has a supply of the needed medication without needing to make a trip to the VA.

Clinical Liaisons

The use of Clinical Liaisons embedded at Peachford from the VA has improved the veteran experience and treatment by bridging the gap between treatment at the VA and treatment at Peachford. These licensed counselors attend treatment team, are active in the planning of care and discharge planning of each veteran. The liaisons can provide information to the Peachford treatment team regarding past treatment history if the patient is unable to do so. The liaison obtains the necessary appointments for veterans and can access services at the VA that civilian providers cannot access.

Environment of Care Inspections

Peachford has received several environment of care inspections from VA staff trained in this area. This ensures that the veterans receive care in an environment that meets the safety standards established by the Veterans Administration. Peachford made several changes based on these inspections to improve the safety of the environment. These changes include upgrading each patient bathroom at Peachford to have fixtures that are non-loopable, installed shatter proof light fixtures, non-loopable HVAC grills in all patient rooms, non-loopable hinges, locksets on all patient room doors, and vandal proof electrical recepticals.

Discharge Information

Once the veteran is discharged from Peachford, a packet of information is sent to the VA to provide a handoff of communication between care providers. This information includes the Psychiatric Evaluation, History and Physical, lab results, medical test results, Patient Discharge Instructions, Crisis Safety Plan, and Patient Discharge Medications. This information is sent prior to the veteran's follow-up appointment.

Challenges

Homelessness

A high number of the veterans served at Peachford are homeless. This creates a barrier in discharge planning, necessitating the use of a homeless shelter and contributes to recidivism of the veteran.

Substance Dependence

Many of the veterans served at Peachford have a co-morbid substance dependence diagnosis. This can contribute to a longer length of stay in the hospital, and create challenges with appropriate follow-up care within the VA system i.e. available space in the Substance Abuse Treatment Program (SATP) or previous unsuccessful treatment within the past year in the SATP.

Medical Test:

When a veteran at Peachford requires a medical test such as an MRI or CT scan the Peachford physician is unable to order the test directly from the VA. This causes a delay in treatment while the Peachford treatment team is navigating the VA system to reach the appropriate team to request the test.

Recommendations

Expansion of Clinical Liaison Role

The expansion of the clinical liaison role to include all veterans served at Peachford (not just the ones referred from the VA) would enable the Peachford physicians to make referrals into VA programs without the veteran having to “walk in” to an evaluation for possible inclusion to a program. Having a solid discharge plan that a patient can start right away increases the likelihood of compliance with the plan and decreases recidivism.

Expansion of Services

Increasing the availability of services to veterans as a step down from an inpatient setting and improve the likelihood that the veteran can maintain a stable baseline or maintain sobriety.

Expanding the continuum of care should include but not limited to:

- 1) Partial Hospitalization (PHP) treatment is offered 7 days a week for 6 hours a day. The program treats patients with psychiatric and substance abuse issues. Patients enrolled in this program are seen by a physician 2 times per week and more if needed. Following the program day the patient returns home to family (if applicable) or other residential setting such as a half way house, or group home. Family involvement is encouraged to improve the support of the patient.

- 2) Intensive Outpatient (IOP) treatment is offered 3 or more times per week for 3 hours per day. This option is often used as a step down from PHP or with patients who have jobs and do not want to miss work.
- 3) Lodge is a temporary housing solution while patients are in treatment in one of the Outpatient Programs at Peachford. Patients are transported daily to treatment, and provided the meals per day. Many patients choose this option if transportation to treatment is an issue or if the driving distance is too far to travel on a daily basis. Patients are assisted with making arrangements for housing if needed at the end of treatment.
- 4) Electro-Convulsive Treatment (ECT) is a safe and effective treatment modality and according to the American Psychiatric Association ECT can be beneficial in the following situations:
 - a. When a need exists for rapid treatment response, such as pregnancy
 - b. When a patient refuses food and that leads to nutritional deficiencies
 - c. When a patient's depression is resistant to antidepressant therapy
 - d. When other medical ailments prevent the use of antidepressant medication
 - e. When the patient is in a catatonic stupor
 - f. When the depression is accompanied by psychotic features
 - g. When treating Bipolar Disorder, including both mania and depression
 - h. When treating mania
 - i. When treating patients who have a severe risk of suicide
 - j. When treating patients who have had a previous response to ECT
 - k. When treating patients with psychotic depression or psychotic mania
 - l. When treating patients with Major Depression
 - m. When treating patients with schizophrenia

Curriculum Vitae – Rebecca Hayes

Rebecca Hayes has been a Board Certified Psychiatric and Mental Health Nurse for over twenty years. She holds a Master of Science Degree in Nursing from University of Phoenix, and a Bachelor of Science Degree in Nursing from East Tennessee State University.

Rebecca has worked in eight states providing psychiatric nursing care in various settings. She has been the Director of Nursing at Peachford Hospital since January, 2003.

Rebecca is a member of the American Psychiatric Nurses Association, Sigma Theta Tau International: The Honor Society of Nursing, and Georgia Organization of Nurse Leaders.