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## **CCSM Issues Development Subcommittee Board Approved 10-25-2024** **Long stays in Hospital Emergency Department (ED) Hallways**

### **The Issue:**

Peers have reported to the CCSM that they have had long stays in the hallways at local emergency departments across Maine. One individual spent 7 days sitting in the ED hallway. The lack of privacy, lowering of ethical care, and confidentiality violations due to hallway placements are substantial problems with a long and recurring history.

Given the high incidence of other disabilities and/or co-occurring health conditions among those with behavioral health needs, long stays in the ER - particularly hallway placements - increase the likelihood of impacted individuals developing the need for other health care. This impacts the individual while also putting further strain on the health care setting.

### **Recommendations:**

1. We need to eliminate the use of emergency departments for mental health, in general, and for crises (unless attempted suicide or other emergent health issues). Primary care providers, centers like express/urgent care and the national best practice model of crisis receiving centers could be better utilized for these purposes. We can enhance our current capacity to address the multidimensional and sensitive needs of peers experiencing mental health challenges.
  - a. Private and quiet spaces for confidential conversations and to support de-escalation.
  - b. Timely access to medication dispensing.
  - c. Pay local medical staff additional funds that currently are used for out of area per-diem.
  - d. Emergency room staff shall be fully trained and practice Trauma Informed Care.
  - e. Continue to increase local receiving centers in Maine that use a peer heavy staffing ratio.



- f. Update direction to clinical practices regarding recorded phone directive to use 988/receiving centers if you have one in your area for behavioral health needs to distinguish from medical needs that may require the use of emergency response systems.
2. We need a system that allows for medical clearance and psychiatric evaluations that allow for faster admission to psychiatric facilities (where privacy and safety can be maintained), preferably outside of the hospital setting.
3. Preventative measures and increased accessibility to efficient help are the primary objectives of these proposed strategies.

**Expected Outcomes:**

1. To reduce negative experiences and outcomes.
  2. Provide more timely access to a higher level of appropriate triage care.
  3. We expect them to provide exceptional trauma-informed care and CIPSS.
  4. There will be parity between physical and mental health care systems.
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