

# SMART Form Pilot

## Lessons Learned

Tennessee Department of Mental Health & Substance Abuse Services

November 2022



# Department Introduction

## ***Department Mission***

Creating collaborative pathways to resiliency, recovery, and independence for Tennesseans living with mental illness and substance use disorders.

## ***Department Vision***

A state of resiliency, recovery, and independence in which Tennesseans living with mental illness and substance use disorders thrive.

# Pilot Overview

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Middle Tennessee Mental Health Institute (MTMHI) partnered with Saint Thomas Midtown Emergency Department, Tristar Summit Emergency Department and Mental Health Cooperative's crisis team on implementing a SMART Medical Clearance Form pilot. Through the pilot, the emergency departments agreed to use the SMART Form as their medical clearance tool when referring individuals with psychiatric needs to MTMHI. The pilot began on March 1, 2022 and ended on August 31, 2022. During the six (6) months of the pilot, a monthly meeting was held to discuss barriers to implementation, what was working well, and to document lessons learned.

### *Goals of the Pilot:*

- *Decrease length of stay in hospital.*
- *Decrease in additional request for medical information by RMHI.*
- *Reduce referral bounce backs.*

# History & Background

In 2015, a workgroup was commissioned to investigate emergency department boarding and behavioral health treatment in emergency departments across the state of Tennessee. This workgroup continued to meet through 2019.

This resulted in the identification of three (3) areas for improvement and a set of goals to measure efficacy of the state's initiative to address these issues. The three areas of improvement included:

- Improved early care in emergency departments by establishing emergency department protocols for treatment and communication between EDs and Regional Mental Health Institutes (RMHIs).

- Inpatient bed availability by increasing the utilization of crisis stabilization units (CSUs) and use of appropriate lower levels of care.
- An overall evaluation of the crisis system.

In 2019, TDMHSAS hired Sandy Herman, MD, FACEP, a Certified Physician in Emergency Medicine, to lead the effort on reducing the time psychiatric patients spend in emergency departments before being transferred to one of the state’s four Regional Mental Health Institutes (RMHIs). With Dr. Herman’s leadership the initiative to start providing education to emergency departments across the state began with six (6) goals to improve the areas the workgroup had identified. Those goals are as follows:

- Deliver early treatment to behavioral health patients at point of entry to the healthcare system (utilizing recommended protocols).
- To serve each patient, with the right medication/treatment at the right time.
- Increase the use of the 6401 form and decrease the utilization of the 6404 form.
- Appropriate increase in the rescind rate of the 6404 form.
- Appropriate utilization of crisis stabilization units.
- Utilization of the SMART Medical Clearance Form.

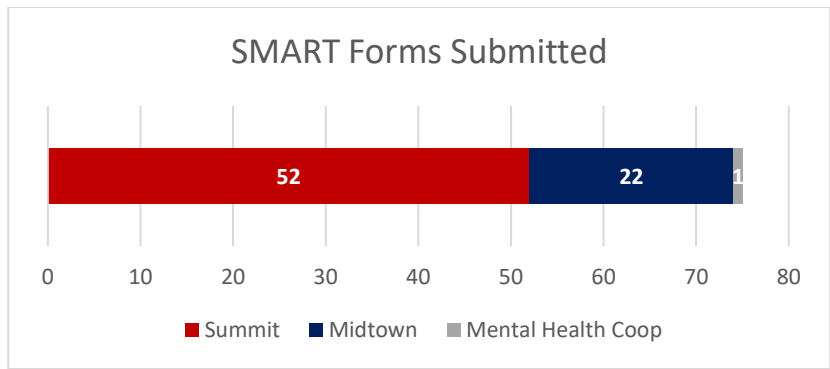
- 6401  
*Legal document that allows detention of a patient in the hospital while a work-up is underway to determine a treatment plan or diagnosis.*
- 6404  
*Legal document that allows detention and emergency involuntary admission to inpatient treatment.*

Dr. Herman has been providing education to hospitals for the past three (3) years, including education regarding the SMART Medical Clearance Form. TDMHSAS saw an opportunity to conduct a pilot on the utilization of the SMART Form and gather lessons learned that could be shared state-wide to increase interest in the utilization of the SMART Form.

## Outcomes & Lessons Learned

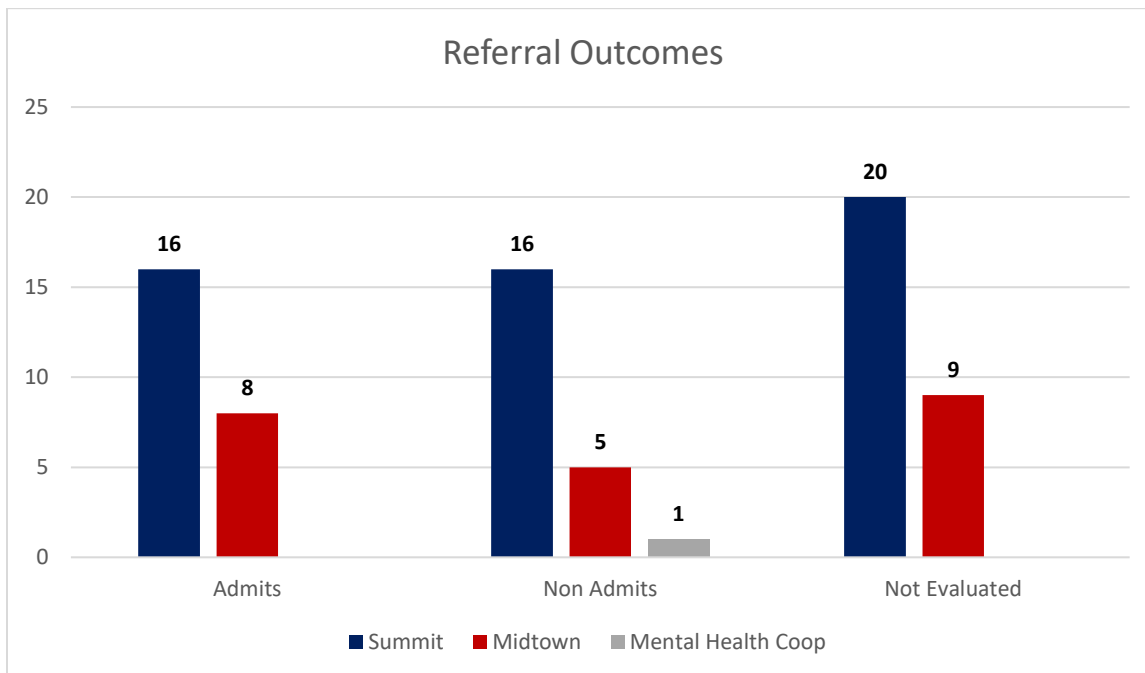
### ***SMART Forms Completed and Outcomes***

During the six (6) months of the pilot, 75 SMART Forms were completed and submitted to MTMHI along with the psychiatric referrals.



*All 75 referrals with accompanying SMART forms met RMHI Admission Medical Clearance standards.*

Of the 75 referrals submitted with accompanying SMART Forms, 24 of the patients were admitted to MTMHI, 22 patients were not admitted due to not meeting the criteria for psychiatric inpatient care, and 29 of the referrals were not evaluated due to the patient either being discharged from the hospital or finding placement at another psychiatric facility. There were **zero (0)** referrals that were sent back to the referring emergency departments for medical clearance reasons. This highlights one of the primary goals of the pilot to reduce the bounce backs of referrals.



### ***Lessons Learned***

The pilot was able to decrease the bounce back of patient referrals for medical clearance reasons. The pilot also highlighted several processes that created barriers to implementing the SMART Medical Clearance Form in the hospital emergency departments at full scale. The

lessons learned can be placed into three (3) categories: completion of forms, current established hospital emergency departments processes, and referrals to other psychiatric services.

### Completion of SMART Forms

Of the 75 SMART Forms received by MTMHI, the forms completed most thoroughly were completed by nurse practitioners and physician assistants. Forms completed by physicians tended to be incomplete. The part of the forms that was not filled out the most was the demographics page, and zero Hack's impairment indexes were completed. The reasons for this were, most felt they did not need to complete the demographics section due to a coversheet being sent with the referral and blood alcohol levels being determined through lab tests.

### Current Hospital Emergency Departments Processes

This pilot highlighted that emergency department physicians rely on order sets in their electronic health record. For the SMART form to really decrease the use of unneeded tests, these order sets would need to be changed to decrease the lab tests that hospital emergency departments are ordering for patients with psychiatric treatment needs. It was noted that the physicians at Summit and Saint Thomas Midtown were not opposed to utilizing the SMART form but were struggling with changing the habit of automatically ordering lab tests based on the embedded order sets.

At times patients were held in the Emergency Department for more than two (2) days while awaiting evaluation for a RMHI. Per hospital policy, these patients were required to have lab tests, regardless of if a SMART form was completed.

### Referrals to Other Psychiatric Services

Though MTMHI was only requesting the SMART Form and limited to zero lab tests as medical clearance, when a patient was referred to lower-level psychiatric services or private psychiatric facilities, they were still being required to submit lab tests. It was noted by a representative from Skyline that the Tristar psychiatric units were utilizing the SMART form and accepting it as medical clearance.

### ***Recommendations for Next Steps***

TDMHSAS will continue to provide education to hospital emergency departments across the state to the RMHIs and other private psychiatric facilities. The education will become more specific to include Q&As on what to do with various types of patients that may present in the

emergency department along with the highlighted need to complete the demographics and Hack's impairment index (HII).

Through the pilot, we received several inquiries from other hospital partners who expressed interest in the utilization of the SMART Form and would like to participate if another pilot was implemented. Additionally, Saint Thomas Midtown, Tristar Summit, and Mental Health Cooperative would be interested in being involved in a second pilot. TDMHSAS will revisit completing a second round of the pilot to take the lessons learned and apply more parameters concerning data collection, completion of the SMART Form, and more consistent use of the SMART Form, to further show the benefit of utilizing the SMART Form as a medical clearance tool. The involvement of a private psychiatric facility and implementing an invested pilot champion at each site will be focuses of the second round.

Effective January 1, 2023, the electronic Patient Bed Matching System will be the only means to refer a patient to an RMHI. This system could be beneficial in the implementation of the SMART form.

If you would like to learn more about Emergency Department Boarding Protocols or utilizing the SMART Form you can visit [Addressing Emergency Department Boarding \(tn.gov\)](#) or contact Dr. Sandy Herman at [Sandy.Herman@tn.gov](mailto:Sandy.Herman@tn.gov).