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Testimony before the
Joint Budget Hearing for the
Senate Finance and Ways and Means Committees

February 17, 2003

Presented by:

Doreen Begley, RN, MS, Nurse Executive

NEVADA HOSPITAL ASSOCIATION

Good morning Chairman and members of the committee. For the record, my name is Doreen Begley, NHA's Nurse Executive.

As the Nevada Hospital Association understands the issue, the Governor's budget addresses three points;

- 1, It supports funding of the mental health budget at 100% instead of the current 85%
- 2, It proposes funding for a mobile team for Clark County to respond to hospital requests for Legal 2000 evaluations.
3. It proposes building a Mental Health facility in Clark County.

The Nevada Hospital Association recognizes the severity of the impact of the lack of current available mental health services on our member hospitals. In data that was collected during the month of October 2002 for discussions related to this issue, Clark County hospitals held, on an average, 36 mental health patients in their emergency departments for two reasons. They were waiting for a Legal 2000 initial evaluation, or they were waiting for a bed in a mental health facility to become available. That is the equivalent of 15% of our total Emergency Department capacity.

Many of you are acutely aware how this impacts access to any emergency care in Clark County. This issue has become so severe that last week; the Clark County Health Department issued a 30 day trail policy allowing Emergency Medical Systems to simply "drop-off" patients that do not require monitoring at a hospital, regardless of that facility's ability to offer acute care. This is in response to a situation when Clark County was without available responding EMS vehicles because they were waiting with patients on board, to be off loaded.

Because of the impact of the excess of mental health patients being held in hospitals effects everyone's access to emergency services, the Nevada Hospital Association adamantly supports this funding.

EXHIBIT Z Senate Committee on Finance

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MENTAL HEALTH ISSUES NOTES

Bill M. Welch, President/CEO Nevada Hospital Association

Before the Legislative Committee on Health Care

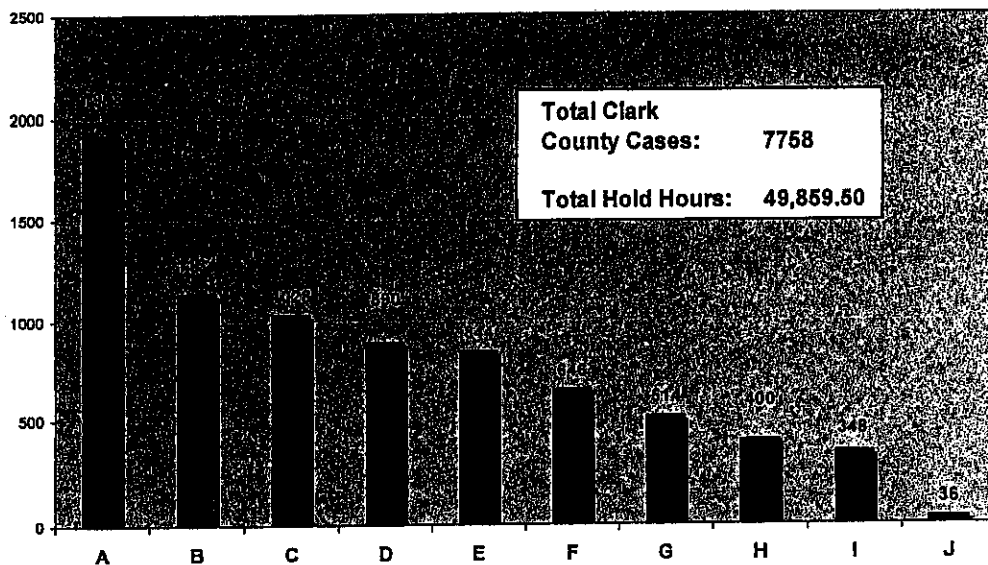
Subcommittee to Study Mental Health Issues

September 27, 2002

- The issue of dealing with mental health patients' needs has been an issue the hospital community has been challenged with for some time, but over the last couple of years, it has become even more of a challenge as we have seen a reduction of mental health inpatient capacity decreasing rather than increasing along with increases in demand for service. Many meetings have been held over the last couple of years amongst the hospital community, including private psychiatric hospitals and with representatives from State Mental Health Services.
- We concur with the comments today on the:
 - ✓ Need for funding
 - ✓ Need for additional bed capacity
 - ✓ Emphasis for psychiatric beds
 - ✓ Modification of the admission process to simplify, expedite and possibly eliminate the need for admission to acute care facilities prior to psychiatric facilities. NOTE: there has been some improvement, but more is needed.
- The challenges described today, as a result of the current situation, is real! I will not repeat them all, but want to emphasize a few from the hospital's perspective. The strain on the provider community compromises health care, not only for mental health patients, but also for all patients needing hospital Emergency Departments and inpatient care.
- The issues described by the law enforcement and ambulance services is real – particularly the problem confronted with when presenting mental health patients to hospital Emergency Departments.

- Hospitals are on divert [EXPLAIN] for all intents and purposes, on a daily basis and, while plans have been developed and implemented, we have reduced divert, but it is still a major problem.
- While the challenges of caring for mental health patients being treated in hospital Emergency Departments is not the only cause of divert, it is a major driving factor.
- Hospitals in Clark County are holding anywhere from 25-50+ mental health patients daily. Emergency Department capacity is already a problem.
- Mental health patients frequently require more personnel than the average Emergency Department patient. It compounds the problem we are already faced with – the health care workforce shortage, particularly in nursing.
- While hospital Emergency Department staff prepared to diagnose, stabilize, and treat, to a certain level mental health patients, they are not prepared or equipped for long-term or ongoing care.
- Bottom line: this environment is not in the best interest of the patient and, at the same time, the patient's legal rights are occasionally challenged.
- NHA is concerned with any consideration of reduction of the state budget addressing mental health services. We, in fact, feel additional funds need to be allocated to address problems associated with meeting Nevada's mental health needs. NHA is very much interested in supporting your efforts now and into the 2003 Legislative Session.
- We would be happy, at a future hearing, to present in detail the challenges the hospital community faces in its effort to care for mental health patients and some potential strategies, which could help address the challenges in meeting the mental health patients' needs.
- The current situation cannot continue. It is straining the system to the point that we would suggest that Nevada is on the verge of a public health crisis.

Clark County Acute Care Hospitals: ER Psychiatric Cases
January 1, 2002 to October 6, 2002



From January 1st, 2002 to October 6th, 2002, Clark County Hospitals responded to at least 7,758 psychiatric cases in their emergency departments. This number can only be considered an estimation, as many hospitals were unable to provide full patient counts for the full extent of this time period. The actual number would be substantially higher.

These hospitals have a collective ER bed capacity of 335 beds. For this 279 day timeframe, there was an average of approximately 28 psychiatric patients presenting daily at emergency rooms throughout Clark County. This balances out to approximately 3 patients per hospital; however, as the chart indicates, an even distribution of patients did not occur, thus placing more of a strain on Clark County's larger facilities.

With an average of 28 patients daily, one can expect that approximately 12% of available ER beds will be occupied at some time by psychiatric patients. Given the special care that psychiatric patients require, this puts a severe strain on available resources, especially considering Nevada's worsening nursing shortage. These cases also have an impact on a hospital's diversion status, meaning that more acutely injured or sick patients may be required to wait for bed availability.

Clark County's hospital emergency rooms are charged with the responsibility of being the front line providers for all sick and injured patients; however, psychiatric cases require special sensitivity and a wide variety of resources that our Emergency Rooms are simply not equipped to provide. If a psychiatric patient has been cleared of any immediate health risk, he or she should be transferred immediately to the appropriate psychiatric facility to receive the necessary and appropriate care.



"Effective advocacy for Nevada's Hospitals"

PSYCHIATRIC TRACKING TOTALS

Hospitals	Adults	Peds	HOME	LAW	Monte Visa	LVMH (STATE)	OTHER	DISPOSITION NOT DOCUMENTED	HOLD HOURS (24 HR)
Boulder City 9/13 - 10/05/02	2	0	1	0	0	0	1	0	0
Desert Springs 9/11 - 10/06/02	65	2	18	0	3	16	0	30	900.5
Lake Mead 9/13 - 10/05/02	54	0	12	0	2	11	14	15	118.5
Mountain View 9/14 - 10/06/02	31	0	17	0	1	5	6	2	442
St. Rose de Lima 9/13 - 10/06/02	28	0	3	0	0	7	1	17	368
St. Rose Dominican 9/12 - 10/06/02	35	1	4	0	2	6	1	23	428.5
Summit 9/12 - 10/06/02	40	3	21	0	2	3	2	15	158
Sumise 9/12 - 10/06/02	72	15	38	0	7	26	3	13	1004
UNO 9/01 - 10/1/02	175	0	91	0	2	75	0	7	2390
Valley 9/10 - 10/06/02	120	2	46	0	1	54	21	0	1954.5
TOTALS	622	23	251	0	20	203	50	122	7764

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REVISED PSYCHIATRIC TRACKING TOTALS

Hospitals	Adults	Peds	Home	Law	Monk	LVMH	Other	Disposition	Hold
					Vista	(State)		Not Documented	Hours (24 HR)
Boonville 3/22/02 - 7/02	10	0	1	0	0	1	0	8	233
Des Moines 3/22/02 - 7/02	325	2	76	0	14	49	6	182	4797.25
Lebanon 3/22/02 - 7/02	235	15	159	2	1	15	0	73	435
Marion 3/22/02 - 7/02	116	16	47	0	18	20	0	47	1996.5
St. Joseph 3/22/02 - 7/02	96	9	9	0	10	17	2	67	1210.5
St. Rita 3/22/02 - 7/02	43	11	18	0	3	22	1	10	601
St. Vincent 3/22/02 - 7/02	240	15	73	0	19	26	4	133	1289
St. Vincent 3/22/02 - 7/02	207	93	137	0	20	35	5	103	1963
UMMC 3/22/02 - 7/02	392	0	0	0	57	326	9		11,531
Wendy 3/22/02 - 7/02	473	3	245	0	20	102	109		6936
TOTALS	2137	164	705	2	162	613	139	623	50,992.25

*Not indicated until 7/5/02, numbers reflected in "Home" may include "Law" before that date ** Includes releases to facilities not mentioned or inside the hospitals