



## WPA/WACEP EMERGENCY PSYCH TASK FORCE

**Membership:** Physician leaders from the Wisconsin Psychiatric Association (WPA) and the Wisconsin Chapter of the American College of Emergency Physicians (WACEP).

**Aim:** Utilize leadership of both state psychiatrists and state emergency medicine physicians to address issues pertaining to quality of care, patient safety, and external stakeholder satisfaction. In addition to projects and work products, the task force also aims to be a primary source of subject matter expertise to law makers and those associated with policy oversight.

### Specific Topics of Interest:

- 1) **Medical Clearance for those in a mental health crisis:** our task force has already created a white paper (for publication in the Wisconsin Medical Journal) and a related medical clearance form (The WI SMART form) to improve the experience of the patient, the emergency department, and law enforcement.
- 2) **Medical Clearance process for Milwaukee County:** minimal issue compared to the other 71 counties since Milwaukee possesses a Psychiatric emergency room that police can transport patients directly to (not requiring a separate medical clearance in most cases).
- 3) **Availability and Tracking of both Inpatient Beds and Outpatient Resources:** benchmarking with other states as to best practices to have these tracking mechanisms be not only accurate in real time but also a mandatory item for health systems to collaborate with all parties.
- 4) **Increase in parity of psychiatric resources:** interest in advocacy for all hospitals to assist in providing care to those in need, regardless of symptoms or demographics. Inherent in this is that focus should not solely be upon inpatient care. A full continuum of resources (emphasis on longitudinal outpatient assistance) is necessary to reduce the patient flow through inpatient hospital units (or state facilities).
- 5) **Formation of consensus pertaining to the handling of Emergency Detentions:** address the significant variability in how these holds are placed....as well as how the physicians making disposition decisions interact with the county leadership in a collaborative fashion.
- 6) **Regional Psychiatric Emergency Rooms:** this is the endeavor with the most size effect, range, and sustainability. These facilities are run by physicians/nurses and they not only provide treatment but also can serve as a receiving facility for 51.15 cases so that there is not overload upon Winnebago. The addition of even two regional psychiatric ERs (to complement the larger version in Milwaukee) can significantly improve many items (diversion options, decreasing inpatient psychiatric costs, decreasing emergency department volume/cost, decreasing boarding in medical settings, maximizing professional psychiatric resources, allowing county funding to address “upstream” issues, providing respite treatment, keeping crisis care closer to the patient’s home, and minimizing law enforcement time and transport).
- 7) **Emergency Risk Protection Orders (ERPOs):** focus on these legal interventions to address the escalating public health issue of firearm deaths, specifically due to suicide.

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