Testimony before the
Senate Health and Human Services

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Good morning, Chairman Vitale (pronounced Vy – tal – ee) and members of the Committee.

My name is Dennis McGill. I have been a practicing emergency physician for the past eighteen years….both at Robert Wood Johnson/New Brunswick, and currently as director at Somerset Medical Center in Somerville.

Thank you for the opportunity to speak this morning on behalf of 700 emergency physicians across this State, as immediate past president of the NJ Chapter of the American College of Emergency Physicians.

The care of the psychiatric patient in the emergency department has become an increasingly critical problem in New Jersey, and across the nation. The decline in the services offered in the community has, unfortunately, resulted in a dramatic increase in the number of ED visits and an increasing length of stay of psychiatric patients in our emergency departments.

Let me give you a sense of a very typical day in any ER throughout the State….

A patient is brought to the emergency department by the police, concerned family, referred by a school, or they voluntarily walk in. By law, a medical screening exam is done by an emergency physician. We determine if there is a substance abuse issue, any chance that an overdose was involved, examine for any injuries, and make sure there is no underlying medical condition that is causing or contributing to their psychiatric symptoms. This process can be as brief as 30 minutes or as lengthy as 4-6 hrs if extensive testing is required.

Once we have concluded the patient has no medical conditions they are deemed "medically cleared" and a psychiatric screening is arranged.

The psychiatric screening is done by a certified psychiatric screener, who determines if the patient needs to be hospitalized. If hospitalization is determined to be necessary, a psychiatrist completes the evaluation and makes the final recommendations. Then the process begins … to find a suitable psychiatric bed.

Finding a bed in this State is a challenge to say the least. I am sure you will hear from the screeners, who must make dozens of calls to facilities – which are limited – only to find out that they don't take the uninsured, or only have beds for those with certain insurance.

The delays are significant and the frustration great!

I practice at Somerset Medical Center, which has a four bed psychiatric screening unit, contiguous with the ED and staffed by the county with certified psychiatric screeners. They have a psychiatrist available on site or via telepsychiatry. **You would think, perhaps, that suburban Somerset is immune to the problems I describe. No so.**

On a recent weekend, for example, we had a shift where we were holding **nine patients that were waiting Psychiatric disposition.**

We had a 49yo waiting 58 hours for placement…a 85 yo waiting 56hrs for placement…four pts waiting 20-40hrs and three patients who were in the midst of being medically cleared prior to their Psychiatric screening.

The 49yo had a history of substance abuse and was depressed. Due to his dual diagnosis -- and lack of insurance -- a charity bed needed to be located that could address his needs. **It took 2 and ½ days to find a faculty that would accept him.**

The 85 yo was sent from a Nursing Home with escalating agitation and aggressive behavior toward the NH staff. She had a number of chronic medical conditions that were stable … but none the less very few facilities were willing to take her … **three days later a bed was found.**

The four patients waiting 20-40 hrs were already deemed in need of in-patient hospitalization and bed availability was limited. The search for a spot for them was underway.

The three new patients were all part of a normal day's evaluation process, and ultimately two of them needed admission. This is a normal weekend – on any given day, we are holding 2-10 psych patients waiting placement in an appropriate facility.

So what happens during those three days of sitting in an Emergency Department? First, their psychiatric issues cannot be addressed. They are in a small psychiatric screening room with no ability to shower, no ability to begin needed therapy. They are given acute medication to keep them calm and they are part of the ED census.

They require constant psychiatric watch … a tech must sit with the patient one on one.

That is one less tech that can function for the other 140+ patients that will be coming through the door that day. There is consistent nursing care that needs to be provided over long periods of time.

Emergency departments are set up to care for and stabilize acute and emergent patients. Valuable nursing resources are being consumed. Limited physical space is being occupied … space that can't be used for new ED patients … which increases the turn around times and can delays the evaluation of new patients.

There are also significant safety issues that are present for the psychiatric pts being boarded … both for the staff providing their care and for the other ED pts which are being exposed to the acutely ill psych patient.

The problems are real and widespread – with lengthy holds in every emergency department in the State. The solutions are multi-faceted and costly. And while budget constraints are significant, this is not a problem that can be ignored any longer.

We urge the committee to tackle this tough problem facing the entire New Jersey community. We recognize that these three bills aren't the panacea that we would like, but they represent an important first step as we move towards shedding a bright light on the problem.

Thank you for the opportunity to raise your awareness of the crisis we all face and am happy to answer any questions.