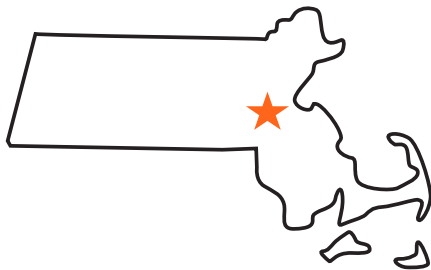


The Community Hospital Acceleration, Revitalization, and Transformation (CHART) Program



Beth Israel Deaconess – Milton Hospital



Total Investment
\$2,509,231

Phase 1 HPC Investment:
\$261,200

Phase 2 HPC Investment:
\$2,000,000

Phase 2 Focus Area: Reducing emergency department (ED) boarding among patients with behavioral health needs

Phase 2 Target Population: ED patients with a length of stay over 8 hours who are referred to South Shore Mental Health for a behavioral health crisis evaluation

Phase 1 Capacity Building: Beth Israel Deaconess-Milton Hospital (BID-Milton) improved language access by translating hospital materials, and hiring a patient navigator to provide interpreter services for patients who spoke Vietnamese.

Phase 2 Care Model: The interdisciplinary BID-Milton Care Integration (CI) team provided ED patients with behavioral health needs with services including crisis evaluation, insurance verification and care transition management, medication management, music therapy, faith counseling, mental health interventions, peer services, and familial counseling and support. Upon discharge, the CI team developed care plans to expedite future treatment if patients returned to the ED, ensure greater patient and staff safety, and facilitate timely access to appropriate services.

Key Transformation Achievements:

- Instituted new staffing models or processes to integrate behavioral health and medical care
- Provided enhanced referrals to address health-related social needs
- Enhanced relationships with community partners through embedded staff and/or other shared team model

36%

reduction in length of stay for long-stay ED behavioral health patients

3.55

interactions between the patient and CHART staff on average for each behavioral health ED visit

Patient Story



An adolescent patient had a long ED stay for behavioral health needs while awaiting an inpatient treatment bed. The patient had an incomplete medical history and had not followed treatment recommendations after past hospitalizations.



The CI team connected the patient to music therapy, counseling, a school advocate, and a neuro-psych evaluation.



The CI team also provided information to the patient's family about the patient's care needs and assistance identifying providers that accepted the patient's insurance.



Since being connected to services, the patient has not sought care in the ED again.

“The program adds value because it normalizes practice for an otherwise non-medicalized population of patients within the emergency department. Consistent protocols...are used with all behavioral health patients to professionalize care. It increases safety for patients and staff and improves flow in the ED.”

- Project Manager

About CHART

The Massachusetts Health Policy Commission (HPC) launched the Community Hospital Acceleration, Revitalization, and Transformation (CHART) program in 2014, which invested approximately \$70 million in 30 community hospitals. Profile information comes from multiple sources, including contract documents, program updates, and data submissions by awardees to the HPC (see Data Sources and Methods for additional details).