Story of Fairview Behavioral Intake and EMTALA

In 2015, the year before I started at Fairview Range Behavioral Health as a Psychiatric Registered Nurse, I learned that the Charge RN's on this unit were responsible for updating the State Mental Health Bed Tracker. This tool was developed by the State of Minnesota, The MN Hospital Association, and NAMI MN to help Emergency Departments see bed availability and place patients across the state. Charge RN's were trained to follow EMTALA Laws, evaluate the unit milieu, contact the on-call Psychiatrist or Psychiatric Nurse Practitioner, and evaluate the individual patient for placement based on these variables. This important screening is within a Registered Nurse's scope of practice, however, it takes time. Charge RN's have a patient assignment in addition to this screening and other Charge duties. To do a good job in all these areas, they asked for a decreased patient load. Always mindful of profit margins, Fairview Range Leadership denied this request and in response, the director of Fairview Behavioral Health, Paula Pennington, and Dr. Simon from Fairview Riverside decided to create Behavioral Intake to delegate this responsibility onto (cheaper) non-licensed staff. Behavioral Intake Staff, who never actually worked with patients or in these units, were supposed to be trained to take on this screening role, to update the State of MN Mental Health Bed tracker, and supposed to be trained to follow the law. What has happened with Fairview Behavioral Intake is very different from this plan. RN staff in Fairview Behavioral Health systemwide were advised by policy to not share our open bed status with other hospitals directly. Instead, we are to direct all ER inquiries to Fairview

Behavioral Intake (This was to prevent possible EMTALA violations).

In 2016, I had just started at Fairview Range after working 10 years at St. Luke's Behavioral Health Unit in Duluth, MN. As a Clinical Educator there, I had helped develop the patient screening tool still used by Charge RN's at St. Luke's. I brought this background with me as I started at Fairview Range Behavioral Health. There is a nationwide crisis due to the lack of Behavioral Health beds available. Fairview Range had just added a 15 additional mental health beds to their 19 bed unit. During this time, I was stunned when nurses were being mandated to stay home and the North Unit was closed due to the lack of patients. This is not even remotely possible due to lack of need, so I started checking the State Mental Health Bed Tracker every day I was working. I found that we were listed as having ZERO bed availability when we actually had the capacity to take up to 15 or 18 patients! After speaking to Management and learning that other Iron Range Hospitals had also complained to Fairview Leadership, in response Management directed Charge RNs to update the State Mental Health Bed Tracker to reflect accurate bed availability and we immediately started getting patients from the entire state of MN. SEP About two years ago, Charge RNs were told we could no longer update the State Mental Health Bed Tracker and this would be again be the responsibility of Behavioral Intake. We started getting fewer and fewer patients from Duluth and other ER's in Northern MN. I brought up my concerns with Fairview Range Management at monthly Labor/Management meetings. Ironically, I was told that Fairview Range wanted to get rid of Behavioral Intake but that it was not possible due to some contract obligations. We started getting more and more patients from the Twin

Cities Fairview system, we learned that Iron Range patients were being sent to far off destinations in North Dakota or even as far away as Eau Claire, Wisconsin. We started hearing distressing stories from our patients; when needing Mental Health services, they had resorted to getting rides from family or friends, even driving themselves, taking Ubers or taxis get to the Fairview Range ER, so they would not be sent to some far away mental health unit when they are in crisis. I also started hearing from nurses at other hospital ER's that they were always told by Behavioral Intake that Fairview Range had no beds. As a result, many MNA nurses from ER's in Duluth and Northern MN told me that their hospitals pretty much gave up trying to send patients to Fairview Range Behavioral Health.

Due to these reports, the Social Work Supervisor at Fairview Range Behavioral Health, Deb Overby, started making calls to Iron Range hospital ER's asking them to contact her, the Unit Supervisor Derek DeSold, or the Nursing Shift Supervisor to bypass and work around Fairview Behavioral Intake.

This helped for a while, but then St. Joseph's and Fairview Southdale closed their behavioral health units. Behavioral Intake ignored the pleas from our supervisors to admit local patients and did not send the local referrals through to our providers. I overheard one of these calls regarding a patient in the Cook, MN ER. Shift Supervisor Kate told Behavioral Intake to send the Cook ER referral to the Behavioral Health on-call provider. Two hours later, I asked the on-call provider, Nicole Gandberg, if she received a call from Behavioral Intake about the patient in the Cook ER. She told me, "No." I asked our new Medical Director, Dr. Rebman, "Why aren't getting a patient from the Cook ER

that is 30 miles away?" He told me that Fairview ER's in the Twin Cities Metro had 36 Mental Health patients boarding in their ER's and these patients were taking priority. I explained forcefully that this is illegal and that I was going to call the Cook ER and inform them to file an EMTALA complaint. Dr Rebman made a call to leadership at Fairview Riverside and Behavior Intake telling them to accept the patient from the Cook ER. Dr Rebman told me that we were going start doing our own screening as soon as it could be set up. That was four months ago. In these four months, we have had up to two thirds of our patients being from Fairview ER's in the Twin Cities Metro. I often see the Mental Health Bed Tracker set at zero when we have 4-6 beds open. Our shift supervisors routinely hold beds for the Fairview Range ER, which is illegal. Monday, July 25th, I had a nurse from Fairview Grand Itasca ER in Grand Rapids (which is 23 miles away) call me to see if we had beds at noon. I told her that we had 4 beds over the weekend and admitted two patients from the Twin Cities area. We had discharged two patients Monday morning. She told me they had three mental health patients boarding in their ER all weekend. One of the patients was boarded in the ER for 4 days, was very psychotic, and was extremely difficult to manage. I immediately called the on-call provider who spoke to Grand Itasca staff and admitted the three patients bypassing Behavioral Intake. Sunday, July 31st we received a call from the Red Lake Reservation ER with a patient to be admitted. They had called Behavior Intake many times and were told that Fairview Range had zero beds. We had three discharges the day before and could take up to four patients that Sunday. The shift Supervisor Peggy told me that they are not taking any admits other than the Fairview Range ER until after 1500. She said

Behavioral Intake would call them to refer this patient to the on-call provider. This never happened. Instead, a patient from a Twin Cities Fairview ER was admitted and one from Grand Itasca. We still had two beds, plenty of staff, and the capacity to take the patient from Red Lake.

Mental Health patient's who are sent far away from home are harmed by:

1) Being far away from their support systems and most likely not going to get visitors.
2) Transportation, often difficult and expensive, must be arranged to get the patients back to their home after hospitalization.
3) Social workers are not familiar with the available resources in these far away communities making referrals to outpatient care more difficult.
4) If the patient needs civil commitment, it is more difficult for social workers and providers to navigate processes from the counties that all have different processes for civil commitment.
5) When mental health patients are admitted to a familiar hospital they experience less fear and crisis during their transition to inpatient care. I personally know most of the chronically mentally ill people from northern Minnesota after 18 years working in the acute behavioral hospitals. Familiar faces and settings deescalate patients, leading to better outcomes.

In conclusion, Mental/Behavioral Health patients are vulnerable and deserve to be cared for as close to their home communities as possible. Emergency Departments throughout MN are overwhelmed by having to care for mental health patients whom they

are not equipped to handle for long periods of time and may have to board for days. Rural emergency rooms are even less equipped to handle mental health crisis and the mental health beds available in rural MN are far less than those in the Twin Cities metro. If there is no current need within the CMS defined service area, then accepting patients from across the state is fine. Fairview Leadership has maintained a strong hand in orchestrating bed availability and patient placement. Fairview Leadership actively made the shortage of mental health beds even worse by closing St. Joseph's Hospital and Fairview Southdale Behvioral Health Units in order to demonstrate scarcity and obtain state funding to open a new, stand alone, FOR PROFIT Mental Health Hospital. Run by the notorious Acadia Behavioral Health, this new hospital is designed to be EMTALA-proof as it will have no Emergency Department. For 18 years, I have given my heart, soul and voice to people living with mental health challenges. To witness corporate healthcare use these people as pawns with no regard for their well-being, but to maximize corporate profit wounds me to my core. These are my people and I implore Law Enforcement and both State and Federal Regulators to intervene on their behalf, to put a stop to the exploitation, neglect, and abuse of vulnerable mentally ill people.