

Accommodation of Patients at the Proposed Mental Health Hospital

ADDITIONAL INFORMATION SOUGHT ON SPECIFIC PROCESSES AND PROCEDURES

On August 2, 2022, staff from the Minnesota Department of Health and officials from both Fairview Health Services and Acadia Healthcare discussed several issues and details of the proposed mental health hospital in Saint Paul, Minnesota so that MDH could effectively evaluate specific aspects of the proposal. The issues related primarily on the following two issues: (1) treatment capabilities of the proposed facility, and (2) how the intake and assessment area would differ from a hospital emergency department. The following is a list of requested information on proposed treatment capabilities as well as the ability to accept transfers and unexpected transfers at the facility.

MDH requests that Fairview Health Services and Acadia Healthcare document their responses in writing, ideally by August 8, 2022.

Proposed Hospital Treatment Capabilities

- Materials submitted to date by Fairview and Acadia have stated that the specialized psychiatric hospital would focus on one service line thereby forgoing costly medical and personnel overhead expenses to treat medically intensive acute care needs of other physical health conditions. In a recent correspondence, Acadia also mentioned that the hospital would provide ‘integrated medical care’ staffed by internal medicine doctors and primary care teams. To align our understanding with actual, documented plans we ask for the following detail.
 - Please provide the detailed staffing plan for:
 - All five identified units that include information on the number and type of advanced practitioners in each area, and whether they are psychiatric or other medical staff
 - The intake and assessment area. Please indicate if staff are specifically psychiatric or other medical staff.
 - Application materials indicate a plan to have at least one security officer 24 hours a day, and to adjust as needed. Please confirm if this is still the plan.
 - Please provide a statement on whether the following services would be available onsite, or a detailed description on how services would be provided to patients while admitted through contracted services, including whether these services would be billed separately from the hospital stay:
 - Laboratory services including, both specimen collection and testing, in the intake and assessment area, and for the inpatient units

- Radiology services including x-ray and advanced diagnostic imaging (computerized tomography, magnetic resonance imaging, or nuclear medicine)
- Other medical equipment necessary for patients including intravenous therapies, nasal gastric or other types of feeding tubes, oxygen, telemetry, transfusions, or any additional medical needs (please specify which would and would not be available)
- Please indicate if you will have separate seclusion or other specialty rooms for inpatients, including how many rooms are planned, and which unit(s) will have these spaces.

Ability to Accept Transfers and Unexpected Patients at the Facility

- The new facility would be required to accommodate patients that walk up or are delivered by ambulance and law enforcement.
 - What percent of admissions, or daily volume at the hospital, do you anticipate would be planned admissions, transfers from other hospital emergency departments, or unexpected arrivals?
 - We are seeking some input on this question from the regulatory team, but based on your understanding, is the intake and assessment area in the new hospital subject to EMTALA?
 - Please clarify whether the facility would offer screening and provision of basic medical care including oral alcohol withdrawal, wound care, pain management, and other continuation of outpatient medications.
 - Please clarify whether the facility would have psychiatric observation and stabilization capability and be held out, or advertised, to the public as providing treatment for emergency psychiatric care.
 - Will the facility accept patients from emergency medical services (EMS) and law enforcement for voluntary and involuntary treatment irrespective of the patient's reasons for involuntary detention or previous psychiatric history? Please describe guidelines or protocols for the new hospital that could be used by EMS to help determine if their patients' medical needs exceed the hospital capacity; for example, specific medical conditions or levels of acuity for patients that could not be accommodated.
 - Please provide a description on any differences in how the new facility would operate the 24-hour intake and assessment from the emergency psychiatric assessment & healing (emPATH) unit in place at M Health Fairview Southdale Hospital.
- Large health care systems that operate in Minnesota often transfer patients within their system. There might arise a situation at the new facility where a patient requires timely medical treatment at a nearby hospital, either within or outside of the Fairview system.

ACCOMMODATION OF PATIENTS AT THE PROPOSED MENTAL HEALTH HOSPITAL

- Will inpatient beds be held for patients transferred for medical stabilization that still require inpatient mental health care?
- What percent of beds at the new facility do you expect to be serving patients *outside* of the Fairview system?
- What is the timeline for establishing bed capacity – across the distinct units – after licensing is complete as well as during and after the accreditation process. Please provide any information on what factors will affect this timeline?
- Please share with us architectural drawings in order for MDH to review the plant layout, especially as it concerns the intake/assessment unit, relative to the street system.

Minnesota Department of Health
PO Box 64882 St. Paul, MN 55164-0882
651-201-4520
health.hep@state.mn.us
www.health.state.mn.us/health/economics

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