TESTIMONY OF
Yale-New Haven Hospital
SUBMITTED TO THE OFFICE OF THE HEALTHCARE ADVOCATE
October 17, 2012

My name is Sabina Lim, I am a Psychiatrist and Executive Director of Yale-New Haven Psychiatric Hospital (YNHPH), which is the primary site of adult and adolescent inpatient and outpatient psychiatric services at Yale-New Haven Hospital. In addition to the Psychiatric Hospital, Yale-New Haven Hospital provides a broad spectrum of psychiatric services, including inpatient and outpatient services for children, electroconvulsive therapy, and psychiatric consultation-liaison services. On 9/12/12, the former Hospital of St. Raphael was acquired by Yale-New Haven, and in FY12, Yale-New Haven and St. Raphael's collectively had over 4,300 inpatient psychiatric hospitalizations and nearly 40,000 outpatient psychiatric visits, serving children, adolescents and adults from throughout Connecticut, New England, and New York. Yale-New Haven Hospital is now the largest provider of psychiatric services in Connecticut, and I am testifying today on behalf of Yale-New Haven Hospital and the patients and families we serve.

Yale-New Haven strives to provide not only compassionate care, but patient and family-centered care. In 2011, we created one of the nation's first Patient and Family Behavioral Health Advisory Councils, comprised of former patients and family members whose loved ones have been treated at YNHPH. Every day, we learn more and more about our patients' experiences through our hospital and the health care system, and it has been an eye-opening journey. Patient and Family Centered Care is not simply about providing compassionate care, but about fully integrating patients' and families' perspectives into the design and provision of psychiatric services, from the individual provider to the system level. With the guidance of our Patient and Family advisors and feedback from many other patients, we are beginning to re-structure many of our elements of care, from basic admission procedures, the content of therapeutic group programming, to the discharge experience.

But part of the challenge in fully operationalizing a patient and family-centered model of care is the sheer volume and scope of the need for mental health services in Connecticut. In FY12, the now joint campuses of Yale-New Haven and St. Raphael's had over 8,000 psychiatric ED visits. And despite our now over 130 inpatient beds, patients have to wait unacceptably long periods of time for admission, due to the 100% occupancy of these beds nearly every day. This is despite an intensive and systematic focus at YNHPH to provide the highest quality care in the most timely manner through standardization of practices and procedures. Moreover, we believe that inpatient hospitalizations and ED visits are just a small piece of the spectrum of mental health care, and the primary goal is not to discharge patients, but to pave the way for the next part of their therapeutic journey with the resources to fully support and empower them in their paths to wellness and recovery. However for many of the patients we serve, particularly for those individuals with both co-morbid psychiatric and substance abuse/dependence diagnoses, there are often long waits and economic limitations to accessing such services. And even when community wraparound services are available, many patients simply do not have a viable housing option to return to which would allow them to fully utilize these services. Earlier this year, we reviewed all adult patients at YNHPH during a 6-week period that remained in the hospital at least an additional week solely due to a lack of appropriate housing, awaiting therapeutic/residential placement, and/or lack of appropriate clinical treatment services in the community. These patients collectively stayed in the hospital 260 days over and above what was needed for assessment and acute treatment. That is a collective 7 months spent in the hospital due to a lack of appropriate housing, psychosocial, and/or treatment services in the community to assist these patients in their continued recovery.

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These numbers confirmed our qualitative experience; indeed, the circumstances of these patients were not unusual and were typical reasons for continued hospitalization for many other patients, whose stays ranged from a few days to weeks and sometimes months at a time. Patient-centered care in the hospital is what we strive for, but most patients should not and do not want to live in a hospital. When a fundamental challenge is timely access to and availability of community resources and services, it is clear that patient and family-centered care, as well as a standardization of care processes and access to services should infuse the entire system. Most here today either have a personal or professional treatment relationship with a person with mental illness, or have experienced mental illness themselves. Even for those here who have not, many of us have had the experience of being stuck waiting hours in an airport or within an airplane. Consider how frustrating it was to wait, even for those few hours. Now imagine waiting days, weeks, or even months in a hospital, waiting for your next destination, not for vacation, not to return to the comforts of home, but to continue to recover from a serious illness. Hospitalization is an essential element in patient care, but it must be available in a timely manner and too much of it may actually be counter-therapeutic.

Yale-New Haven Hospital recognizes that we must pro-actively find solutions to some of the challenges discussed today, and we are collaborating with a community partner to create an innovative temporary housing program to allow patients who no longer require inpatient care to live in an open, supported, therapeutic environment. There are many patients' and families' perspectives here today, and I ask you to consider the perspective of a former patient of YNHPH who wrote upon discharge from the hospital, "Today, I leave with a plan and a purpose. It's a new and unfamiliar life for me, a life in which I begin to love myself, for the first time". This is a poignant reminder of our collective, immense responsibility and ability to create change for both individuals and the system as a whole. For this patient, and for all patients and families experiencing mental illness, we must assertively and creatively collaborate to empower and assist them at every stage of their treatment and recovery.

On behalf of Yale-New Haven Hospital, and the patients and families we serve, thank you for providing an opportunity to testify on this important issue. I would be happy to address any questions that you may have.