1. What is proactive CL psychiatry?

Proactive CL psychiatry defined
Proactive CL psychiatry is an interdisciplinary model of inpatient CL psychiatry that incorporates systematic screening for mental health concerns, early clinical intervention and clinical integration with primary teams. Its goal is to enhance the value that CL psychiatry provides to patients, clinicians, and healthcare systems by facilitating efficient care and improving outcomes.

- **Interdisciplinary model**: Proactive CL psychiatry functions as a mental health team that works together to provide comprehensive mental health care in the general hospital.

- **Systematic screening**: Patients admitted to specific medical settings are screened systematically for evidence of active mental health concerns—especially those that might compromise care delivery. This can be done manually, aided by algorithms within the electronic medical record, or a combination of these. This screening draws upon the mental health expertise of the proactive CL team members and enriched by ongoing daily conversations with primary medical and nursing services.

- **Early clinical intervention**:Patients identified by the screening process are discussed with primary teams to determine the level of mental health care provided. This can include (a) no intervention recommended, (b) “curbside” recommendations without formal consultation, or (c) formal psychiatric consultation.

- **Integration with primary teams**: The proactive CL psychiatry team coordinates closely with primary services in real-time, often between clinicians of corresponding expertise (physician to physician, nurse practitioner to advanced-practice provider/nursing, social worker to social worker/care coordinator).

**Target population**
- Medically hospitalized patients with psychiatric illness, personality disorders, substance use disorders, and neurocognitive disorders
- Challenging patient/family behaviors that interfere with efficient and effective care delivery
- Patients who are aggressive, suicidal or homicidal—especially those with a safety (“1:1”) sitter
- Patients being prescribed psychotropic medications
- All transfers from or anticipated to psychiatric settings
### 2. Who is on a proactive CL psychiatry team?

<table>
<thead>
<tr>
<th>Team member</th>
<th>Roles</th>
</tr>
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</table>
| **Attending psychiatrist** | **Medical director**  
- Oversees clinical care and supervises daily rounds  
- Coordinates with primary service line leadership  
- Performs formal consultations  
- Assumes medicolegal responsibilities such as psychiatric commitments or capacity assessments (per jurisdiction and hospital policy)  
- Staffs consults performed by trainees (as needed) |
| **Psychiatric nurse practitioner** | **Primary point of contact for primary teams**  
- Triage consultations and oversees daily care work flow  
- Leads the development of nursing behavioral care plans  
- Performs formal consultations  
- Assists with screening process |
| **Clinical social worker** | **Team coordinator**  
- Collaborates with medicine social worker and care management  
- Routinely evaluates patients with psychiatrist or nurse practitioner  
- Works with families, community resources, and other collateral  
- Coordinates mental health aftercare  
- Assists with screening process |
| **Clinical nurse specialist** (optional) | **Behavioral and systems specialist**  
- Creates tailored behavioral care plans  
- Provides hands-on training to nursing to manage challenging behaviors (e.g., modeling de-escalation, environmental approaches)  
- Identifies system-level contributors to care inefficiencies  
- May provide care recommendations based on training and expertise  
- May contribute to hospital policies on behavioral management |
| **Service administrator** (optional) | **Team administrator**  
- Reviews administrative team needs in collaboration with medical director  
- Supports healthy team dynamics  
- Organizes regular team meetings for institutional or other updates relevant for team functioning  
- Helps to align team priorities with institutional missions |
| **Clinical health psychologist** (optional) | **Psychological and behavioral specialist**  
- May focus on specific populations or conditions (e.g., multimodal pain management, adjustment to medical illness, CBT modules, mindfulness)  
- May provide neuropsychological testing  
- May provide patient, family, or staff education |
| **Psychiatric and medical trainees** (optional) | **Medical students, residents, or consultation-liaison fellows**  
- Roles as assigned by curriculum  
- Care overseen and staffed by psychiatric attending |
3. Where can I read more about proactive CL psychiatry?

* Primary data or systematic review of primary data on proactive CL psychiatry.

**News and reviews on proactive CL psychiatry**


**Team-based proactive CL**


**Embedded psychiatrist proactive CL**


*2. Muskin PR, Skomorowsky A, Shah RN. Co-managed Care for Medical Inpatients, C-L vs C/L Psychiatry. Psychosomatics. 2016. (note, this model differs from others presented here by employing co-management)


**Computer algorithms for screening**


**Ongoing research**

4. What does a business improvement plan/return on investment analysis look like?

<table>
<thead>
<tr>
<th>A Current Year Total</th>
<th>B Year 1</th>
<th>C Year 2 - Incremental</th>
<th>D Year 3 - Incremental</th>
<th>Full Impact of Request Annual after 3 years</th>
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<tbody>
<tr>
<td>Baseline Request</td>
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<td>w/ Request</td>
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<tr>
<td>Professional</td>
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<tr>
<td>Technical</td>
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<tr>
<td>Net Patient Service Revenue</td>
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<tr>
<td>Contract &amp; Other Revenue*</td>
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<tr>
<td>Total Revenue</td>
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<tr>
<td>Physician Salaries</td>
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<td>Associate Provider Salaries</td>
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<tr>
<td>Support Staff Salaries</td>
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<tr>
<td>Employee Benefits</td>
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<tr>
<td>Medications &amp; Medical Supplies</td>
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<tr>
<td>Professional Liability</td>
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<td>Occupancy</td>
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<td>Other Expenses</td>
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<td>Total Expenses</td>
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<tr>
<td>Statistically Allocated Expenses</td>
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<tr>
<td>Contribution Margin</td>
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*Consider potential reduction in nursing turnover/on-boarding, Department of Public Safety costs, sitter costs, etc.

Column A: Enter the financial performance of the relevant portion of your business. This can be the entire organization or a single department.
Columns B–D: Enter the incremental impact of the change proposed for yrs 1-3. Cost savings should be entered as an expense credit vs. revenue.
# Project Charter

## Problem Statement

## Project Scope

**In Scope:**

**Scope Exclusions:**

## Resource Plan

**Project Lead(s):**

**Project Sponsor(s):**

## Team Members/Communication

<table>
<thead>
<tr>
<th>Contact Information for Project Lead:</th>
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<tbody>
<tr>
<td>Name:</td>
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<td>Email:</td>
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<td>Phone:</td>
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## Measurement

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<th>Goal</th>
<th>Metric</th>
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## Project Plan/Milestones