

Resources in this packet	Page
1. What is proactive CL psychiatry?	1
2. Who is on a proactive CL psychiatry team?	2
3. Where can I read more about proactive CL psychiatry?	3
4. What does a business improvement plan/return on investment analysis look like?	4
5. Program charter template	5
Resources available on the Proactive CL Psychiatry SIG webpage	
1. Executive summaries and business plans	
2. Detailed job descriptions	
3. Example advertising and outreach materials	
4. Electronic medical record (EMR)-related resources	
5. Goals & objectives for trainees on-service	

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?

Team member	Roles
Attending psychiatrist	Medical director <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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

1. Desan P, Zimbreaan P, Lee H, Sledge W: [Proactive psychiatric consultation services for the general hospital of the future](#). in Integrated Care in Psychiatry: Redefining the Role of Mental Health Professionals in the Medical Setting. Edited by Summergrad P, Kathol R. New York, Springer; 2014.
2. Sledge WH and Lee HB. [Proactive Psychiatric Consultation For Hospitalized Patients, A Plan for the Future](#). *Health Affairs*. May 28, 2015.
2. Lagnado L. [Hospitals Test Putting Psychiatrists on Medical Wards](#). The Wall Street Journal. April 25, 2016.
3. Desan PH, Lee HB, Zimbreaan PC, Sledge WH. [New Models of Psychiatric Consultation in the General Medical Hospital: Liaison Psychiatry Is Back](#). *Psychiatr Ann*. 2017;47:355-361.
- *4. Oldham MA, Chahal K, Lee HB. [A systematic review of proactive psychiatric consultation on hospital length of stay](#). *Gen Hosp Psychiatry*. 2019;60:120-126.
5. Oldham MA, Chahal K, Lee HB. [Collaborative Care Meets Hospital Medicine](#). *Psychiatric Times*. Nov 14, 2019.

Team-based proactive CL

- *1. Sledge WH, Gueorguieva R, Desan P, Bozzo JE, Dorset J, Lee HB. [Multidisciplinary Proactive Psychiatric Consultation Service: Impact on Length of Stay for Medical Inpatients](#). *Psychother Psychosom*. 2015;84:208-216.
- *2. Sledge WH, Bozzo JE, White-McCullum BA, Lee HB. [The cost-benefit from the perspective of the hospital of a proactive psychiatric consultation service on inpatient general medicine services](#). *Health Econ Outcome Res Open Access*. 2016;2:1-5.
- *3. Triplett P, Carroll CP, Gerstenblith TA, Bienvenu OJ. [An evaluation of proactive psychiatric consults on general medical units](#). *Gen Hosp Psychiatry*. 2019;60:57-64.

Embedded psychiatrist proactive CL

- *1. Desan PH, Zimbreaan PC, Weinstein AJ, Bozzo JE, Sledge WH. [Proactive psychiatric consultation services reduce length of stay for admissions to an inpatient medical team](#). *Psychosomatics*. 2011;52:513-520.
- *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)
- *3. Bui M, Thom RP, Hurwitz S, Levy-Carrick NC, O'Reilly M, Wilensky D, Talmasov D, Blanchfield B, Vaidya V, Kakoza R, Klompas M, Stanley E, Gitlin D, Massaro A. [Hospital Length of Stay With a Proactive Psychiatric Consultation Model in the Medical Intensive Care Unit: A Prospective Cohort Analysis](#). *Psychosomatics*. 2018.
- *4. Bronson BD, Alam A, Schwartz JE. [The Impact of Integrated Psychiatric Care on Hospital Medicine Length of Stay: A Pre-Post Intervention Design With a Simultaneous Usual Care Comparison](#). *Psychosomatics*. 2019.

Computer algorithms for screening

1. Finn CT, Thakur D, Shea KM, Riblet NBV, Lee HB, Heng G, Scott R, Gardner TS, Randlett S, LaRock T, Siriwardana N, Green G, Torrey WC. [Electronic Medical Record Reporting Enhances Proactive Psychiatric Consultation](#). *Psychosomatics*. 2018.

Ongoing research

1. Walker J and Sharpe M. [The HOME Study](#). The Oxford Psychological Medicine Centre.

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

	A	B		C		D		Full Impact of Request Annual after 3 years
	Current Year Section Total	Year 1		Year 2 - Incremental		Year 3 - Incremental		
	Baseline	Request	w/ Request	Request	w/ Request	Request	w/ Request	
Professional			\$ -		\$ -		\$ -	\$ -
Technical			\$ -		\$ -		\$ -	\$ -
Net Patient Service Revenue	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contract & Other Revenue*			\$ -		\$ -		\$ -	\$ -
Total Revenue	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -
Physician Salaries			\$ -		\$ -		\$ -	\$ -
Associate Provider Salaries			\$ -		\$ -		\$ -	\$ -
Support Staff Salaries			\$ -		\$ -		\$ -	\$ -
Employee Benefits			\$ -		\$ -		\$ -	\$ -
Medications & Medical Supplies			\$ -		\$ -		\$ -	\$ -
Professional Liability			\$ -		\$ -		\$ -	\$ -
Occupancy			\$ -		\$ -		\$ -	\$ -
Other Expenses			\$ -		\$ -		\$ -	\$ -
Total Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Statistically Allocated Expenses								
Contribution Margin	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

*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

--

Business Case/ROI

--

Project Scope

In Scope:

Scope Exclusions:

Measurement

Goal

Metric

Goal	Metric

Resource Plan

Project Lead(s):

Project Sponsor(s):

Team Members/Communication	

Contact Information for Project Lead:
Name:
Email:
Phone:

Project Plan/Milestones
