

Streamlining Behavioral Health Admissions: A Process Improvement Initiative to Enhance Internal Workflow Efficiency

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Abstract: Background: Emergency Department (ED) overcrowding significantly impacts healthcare delivery, particularly for behavioral health patients requiring specialized care. The organization operates two standalone behavioral health hospitals serving the Baltimore/Washington region, addressing delays in patient transitions from EDs to appropriate behavioral health beds. Objective: To optimize the intake process for general admissions to behavioral health beds by identifying inefficiencies, implementing process improvements, and reducing patient wait times while enhancing operational efficiency and patient satisfaction. Methods: The Operational Excellence team utilized Value Stream Mapping (VSM) methodology to analyze current workflows and implement targeted improvements. Key initiatives included: redesigning patient waitlist queue processes using EMR integration, centralizing referral decision-making through a new "Screening Provider" role, implementing a stoplight communication system for admission capacity management, standardizing discharge notification processes, establishing daily management huddles, launching an ambulette transportation service, and creating specialized shift coordinator roles with comprehensive training protocols. Results: Implementation of the intervention resulted in significant improvements in emergency department throughput, enhanced care coordination workflows, and optimized patient flow processes, leading to measurable reductions in wait times and improved overall operational efficiency. Conclusions: The systematic application of process improvement principles to behavioral health patient flow demonstrates the effectiveness of interdisciplinary collaboration in healthcare transformation. This initiative successfully enhanced patient experience, operational efficiency, and access to care for an underserved population through innovative workflow redesign and stakeholder engagement.

Keywords: Patient flow, Emergency Department, Behavioral health, Process improvement, Healthcare quality.

INTRODUCTION

Background

As demand for behavioural health services continues to rise, ensuring streamlined access to treatment is critical for delivering effective patient care. One significant challenge contributing to this need is the persistent overcrowding in Emergency Departments (EDs), a widespread issue that affects hospitals across the country. The inability to facilitate patient flow from the ED severely hinders the delivery of timely and adequate care (Benneh, 2025).

The organization operates two standalone behavioral health hospitals in the Baltimore/Washington region and is the largest private, nonprofit provider of psychiatric services beds in Maryland with over 400 licensed beds. The majority of our admissions come from other hospital emergency departments with a smaller number coming from our Psychiatric Urgent Care or other outpatient services. Given that emergency department wait times in Maryland are approximately 1.5 hours above the national median, optimizing the intake process and improving patient flow, we aim to enhance access to behavioral health services, reduce ED congestion, and ultimately improve the overall quality of care for our patients.

Leadership has identified opportunities to enhance the consistency and efficiency of the intake

process for admissions. Streamlining this process will help reduce patient wait times and strengthen care transitions, ultimately improving overall patient access and experience.

To address these challenges, optimizing the intake process for general hospital admissions to behavioral health beds is crucial for improving operational efficiency, enhancing patient satisfaction, and achieving better treatment outcomes. This study aims to implement actionable strategies grounded in process improvement techniques (Babu & Suthari, 2024).

The Specific Objectives of This Work Include:

Identifying inefficiencies and bottlenecks within the current intake process for general hospital admissions to behavioral health beds.

Implementing process improvement methodologies to effectively streamline the intake process.

In collaboration with the Operational Excellence team, leadership initiated a patient care access and flow mapping improvement project that brought together stakeholders from admissions, provider services, nursing, and support teams. This collaborative effort aimed to analyze the current state of patient care access and flow while envisioning an ideal future state (Rubinstein, 2025).

As a result of this initiative, the teams involved in care transitions successfully reengineered the process and implemented targeted improvement strategies, leading to significant enhancements in access and flow. Notably, these efforts reduced patient wait times in the Emergency Department following the initial request for admission. This transformation underscores the importance of interdisciplinary collaboration in optimizing patient care pathways and improving overall service delivery (Gollapudi, 2024).

METHODS

The Operational Excellence team utilized the Value Stream Mapping (VSM) methodology to identify and implement enhancements aimed at improving patient throughput to bed. Through this approach, the team recognized 13 key initiatives that facilitated a more efficient intake process and streamlined patient flow.

To outline the significant improvements achieved, the following initiatives were prioritized:

Patient waitlist queue process: As a key outcome of our initiative, we undertook a comprehensive redesign of the intake process. This redesign involves integrating requests into a patient waitlist using the EMR and Patient Flow platform (Altera). Our objective is to develop a system that serves both as a visual representation of patient status for the entire admissions team and as an effective communication tool by providing the most current information to referring facilities upon request.

To achieve this, we established a structured order based on admission status, allowing staff to quickly access and sort data for timely responses. For example, one of the columns within the system is designated for ED referrals. If an ED staff member contacts us to add another patient to the queue, our team can sort the data by this column to determine if we are awaiting information on other patients already in the queue.

Additionally, when the ED requests an update on a previously referred patient, our staff can utilize the “categorization column” to promptly inform them of the status, indicating that there are patients ahead of their referred patient waiting for admission for any specific service line and will be notified once a bed becomes available.

This approach not only enhances operational efficiency but also improves communication and transparency with referring hospitals, ultimately leading to better patient flow and experience.

Centralized decision-making on referrals: Through collaboration with medical leadership, we refined the inclusion and exclusion criteria for patient referrals, enabling a more streamlined approach to the intake process. Additionally, we established a new role titled “Screening Provider,” which shifted the decision-making process from a decentralized model to a centralized one.

This transition allowed for more efficient and timely evaluations of referrals, significantly accelerating patient movement through the intake process. By consolidating decision-making authority within this designated role, we enhanced accountability and consistency in the referral assessment process, ultimately facilitating quicker patient admissions and improving overall service delivery.

New Admissions/Stoplight Approach: To enhance the decision-making process regarding new patient admissions, we removed admission decision authority from individual units while still ensuring their input, particularly in cases involving high-acuity patients or staffing shortages. We developed a “stoplight” communication approach that fosters two-way dialogue between the screening provider, admissions shift coordinator, and unit leadership before a unit can accept new patients.

This communication system allows units to be categorized into either “green”, “yellow” or “red” status based on their current capacity and challenges.

Green Status: Unit is on green status and will follow normal admissions procedures where the screener will approve patients and the admissions shift coordinator gets them assigned to any or upcoming vacant bed.

Yellow Status: When a unit is designated as yellow due to acuity or staffing challenges, the screening provider collaborates with either the service chief or unit manager to pre-screen potential admissions on a case-by-case basis, incorporating the unit’s insights into the decision-making process.

Red Status: If a unit is placed on red status, it indicates that they are unable to accept new admissions due to significant acuity or staffing challenges. Under this status, new admissions are blocked, and this status can only be approved by the chief operating officer (COO), chief nursing officer (CNO), or chief medical officer (CMO).

This structured approach not only improves communication and collaboration but also ensures

that units can effectively manage their capacity while maintaining high-quality patient care.



Fig. 1: Behavioral Health Unit Stoplight Communication System

Discharge Process: To improve the discharge process, we established a clear expectation for units to notify the bed board manager as soon as a patient leaves, ensuring that admissions can promptly prepare to admit the next patient to the newly vacant bed. This initiative aimed to build accountability at the unit level and was championed by the CNO. Our target was for units to inform the bed board manager within 30 minutes of a patient's departure.

Additionally, we observed that one of our campuses had implemented an effective system for predicting upcoming discharges 24 to 48 hours in advance, with a special practice on Fridays to forecast discharges up to 72 hours ahead. We adopted this practice as a standard procedure across both facilities.

Recognizing the common challenge of achieving compliance with the target of discharging patients by noon, we formed a subgroup to address this issue. By analyzing historical data, we identified units with discharge compliance rates below 50% of meeting the noon deadline. The subgroup developed a series of tactics focused on standardizing processes, improving communication, and enhancing data tracking to address these compliance challenges effectively.

Daily Management Huddle: To effectively operationalize changes and monitor performance, we established a daily management huddle that incorporates multidisciplinary representation (Admissions leadership, unit leadership, nursing leadership, screening provider, etc.). In these huddles, each unit is responsible for reporting any significant challenges encountered in admitting new patients and providing updates on their upcoming discharges.

Key performance indicators (KPIs) like census, discharges, admissions etc, from the previous and current days are shared during these sessions, offering a comprehensive overview of operational performance. The team engages in discussions regarding plans and priorities for the upcoming day, ensuring alignment and readiness across all units.

Additionally, potential risks and issues are identified and addressed, fostering a culture of awareness and proactive problem-solving among team members. This coordinated communication approach not only enhances collaboration but also improves overall efficiency within the intake process and patient flow. **Ambulette Service:** In response to transportation challenges faced by patients ready for admission, the organization demonstrated innovation by launching an

Ambulette service. This initiative was designed to address the common issue where patients are prepared for admission but lack reliable transportation options. A significant challenge for the admissions team was that, despite patients being ready, notifications to the referring ED often occurred around midday, leading to delays in admissions until the next day due to ambulance availability.

To tackle this issue, the team conceived the idea of utilizing our own transportation staff and fleet to ensure that patients could be transported the same day when they met those criteria.

We collaborated with the compliance team to establish criteria for the Ambulette service, which included ensuring that patients are stable, voluntarily seeking admission, and located within a 25-mile radius of the campus. This approach not only improves patient flow but also enhances the overall efficiency of the admission process.

Shift Coordinator/Training: We realigned our focus for ED outreach efforts to specifically target patient population for available or open bed types rather than all bed types. To facilitate the changes effectively, we introduced a new role, the "Admissions Shift Coordinator," who functions as a liaison between providers and admissions coordinators. This position acts like an air traffic controller, responsible for assigning cases to the admissions coordinators and ensuring smooth transitions throughout the admission process.

Recognizing the complexity of these simultaneous changes, we developed a comprehensive training manual. This resource serves as a reference for staff, providing guidance and support as they navigate the new processes and roles.

This structured approach not only enhances operational efficiency but also empowers staff with the tools they need to adapt to ongoing changes effectively.

Process Step	Key Innovation	Decision Point	Outcome	Impact
1. ED Referral	EMR Integration (Altera)	Auto-Queue Patient	Patient in waitlist	Improved Tracking
2. Screening	Centralized Screening Provider	Clinical Assessment	Approve/Decline	Consistent Decisions
3. Unit Status Check	Spotlight System Green/Yellow/Red	Green: Direct Yellow: Review Red: C-Suite Approval	Appropriate pathway	Safe Capacity Management
4. Bed Assignment	Shift Coordinator Role	Current or Upcoming vacant bed.	Assign/Queue	Efficient Flow
5. Transport	Ambulette Service	Criteria Met	Same-day admission	Reduced Delays
6. Admission	Daily Management Huddle	Patient Admitted	Ongoing Monitoring	Quality Care

Key Result from VSM Implementation	
Notable Occupancy rate increases	Reduced ED wait time
Dramatically reduced discharges notifications delays	Enhanced care Coordination workflows

Fig. 2: Streamlined Behavioral Health Patient Journey

RESULTS

The implementation of the process improvements has yielded substantial operational enhancements across multiple key performance areas. Most significantly, a notable increase in occupancy rates was achieved when comparing pre- and post-implementation stages for transferring patients from the ED to behavioral health beds. Concurrently, discharge delay notification time to the bed board was dramatically reduced, representing a significant improvement in communication efficiency between units and bed management. This enhanced discharge

coordination created a positive cascading effect throughout the system, contributing to substantial reductions in ED wait times following initial admission requests. These interconnected improvements demonstrate the effectiveness of our systematic approach to healthcare operations, resulting in enhanced patient flow, reduced bottlenecks, and markedly improved overall operational efficiency that benefits both patients and staff across the care continuum. The results underscore the power of collaborative process improvement in transforming healthcare delivery for behavioral health patients.

Key Learning Objectives

- Enhancing Patient Flow:
 - Attendees will gain insights into statements to inpatients that significantly increase patient flow from the ED beds, with real-world examples demonstrating successful implementation.
- Collaboration Across Departments:
 - The document will highlight the importance of fostering collaboration among various departments and stakeholders to reimagine workflows and create efficiencies that benefit the entire healthcare system.
- Reducing Delays and Improving Efficiency:
 - Readers will explore methods to reduce discharge delays and notification times, learning how these improvements can directly impact patient wait times and overall operational efficiency.
- Transforming Patient Experience:
 - The paper will emphasize the role of process improvement in enhancing the patient experience, illustrating how operational changes can lead to better service delivery and patient satisfaction.
- By the end of this article, readers will be equipped with actionable strategies and insights to implement in their own organizations, driving continuous improvement in their health systems.

CONCLUSION

The innovation of this initiative resides in the application of core improvement principles to processes that have often been overlooked, particularly within a historically underserved patient population. By creating a collaborative forum for key stakeholders, we have been able to reimagine and simplify workflows, ultimately enhancing both patient experience and system efficiency. This initiative serves as a compelling example of cross-department collaboration aimed at improving patient flow and access to services, demonstrating the positive impact of collective efforts in healthcare transformation.

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