

# TENNESSEE

## ABOUT THE BED REGISTRY PROJECT

To assist states in transforming their mental health systems of care, the Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) created the Transformation Transfer Initiative (TTI). Twenty-three states received funding of up to \$150,000 to establish or expand comprehensive psychiatric crisis bed registry systems through a program administered by National Association of State Mental Health Program Directors (NASMHPD). This report highlights the work of one state. For the complete report on all 23 state bed registry projects, visit <https://www.nasmhpd.org/content/tti-2019-bed-registry-project-report>.

“Bed registries” refer to regularly updated web-based electronic databases of available beds in behavioral health settings. Beds for adults and/or children can include public and private psychiatric hospitals, psychiatric units in general hospitals, crisis stabilization units (short and long term), crisis respite centers, residential settings, social detox centers, and recovery homes.

Many states are seeking to improve their coordination of crisis services by making web-based bed registries accessible to front line crisis counselors in local behavioral health agencies, mobile crisis teams, crisis call centers, and hospital emergency departments.

The types of settings included in bed registries extend beyond public and private psychiatric hospitals. This broad use of bed registries aligns with

a 2015 SAMHSA study in which state mental health authorities (SMHAs) reported bed shortages in psychiatric hospitals in their states.<sup>1</sup> These shortages have resulted in waiting lists for inpatient treatment, overcrowding, consumers hospitalized further distances from their homes, and greater reliance on hospital emergency departments. To address shortages, states have expanded the use of crisis services to divert individuals away from inpatient beds, increased the availability to private hospital beds, reduced demand by increasing community-based care (such as Assertive Community Treatment) and improving the speed and effectiveness of transitions from hospitals back to community care to reduce the overall census and prevent re-hospitalizations.

Ideally, access to an up-to-date database of available crisis beds help providers quickly find and secure treatment for clients in appropriate settings, reducing delays or extended stays in emergency departments.

SAMHSA’s *National Guidelines for Mental Health Crisis Care: A Best Practices Toolkit*<sup>2</sup> identifies the three core elements needed to transform crisis services (<https://crisisnow.com/>) and recommends the use of bed registry technology to support efficient connections to needed resources. Several states are working towards instituting a comprehensive crisis system and consider bed registries as essential tools to coordinate care across services.



*“Hospital systems that used the bed registry saw a reduction in their emergency department boarding.”*

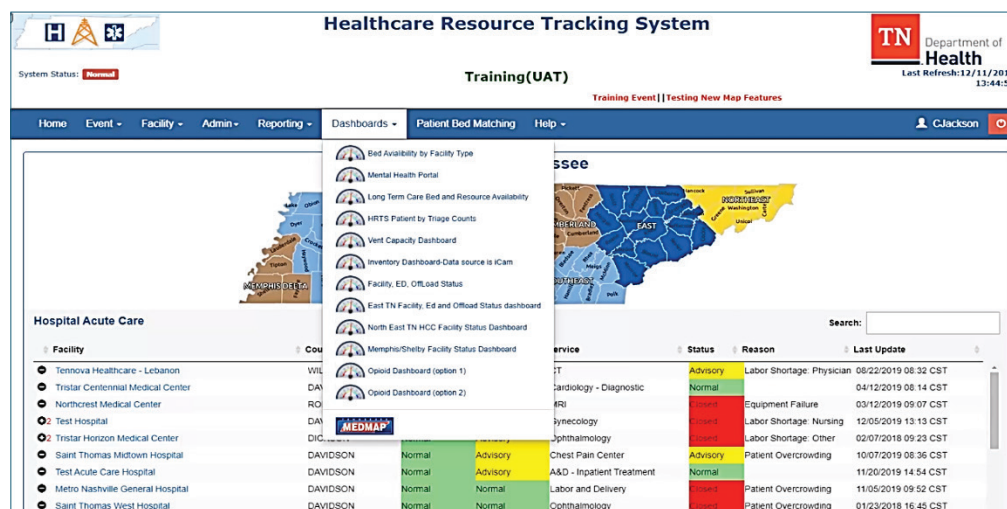
—Laura Young,  
Chief Nursing Officer, TDMHSAS

## TENNESSEE’S BED REGISTRY

### Current approach and need for change:

The Health Department’s Office of Emergency Preparedness oversees the Hospital Resource Tracking System (HRTS) that lists bed availability in 49 inpatient health facilities including mental health. HRTS was first launched in 2006 and has recently undergone changes to improve its utility including those that accommodate mental health treatment. The mental health portal in HRTS is accessed 40 times per day by providers seeking placements, but the data on bed availability is not consistently updated. To improve the reliability of data, the TN Department of Mental Health and Substance Abuse Services (TDMHSAS) in partnership with the Department of Health, have been meeting with hospital systems to encourage their participation. TDMHSAS has also been developing an electronic communication bridge that allows recently installed electronic health records systems to automatically update bed availability in real time at state hospitals. A second innovation, the Patient Bed Matching System (PBMS), will allow referral sources to submit HIPAA compliant information to inpatient facilities. PBMS was mostly completed, but work paused during the pandemic. The project is expected to be launched in 2022 as the state recovers from the pandemic and staff return to normal duties.

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Training screen of Tennessee's HRTS dashboard

**Type of bed registry:** HRTS is a search engine designed primarily to coordinate health and behavioral health care during emergencies. The PBMS *referral system*<sup>3</sup>, currently in development, will augment the HRTS to support electronic referrals for behavioral health beds. The HRTS dashboard displays the status of health care facilities across the state during a simulated emergency. A drop-down menu allows sorting by bed type.

**Planning partners:** The statewide HRTS system planning partners are representatives of mobile crisis teams, hospital associations, and emergency rooms.

**Crisis system beds to be included in the registry:** Psychiatric units in general hospitals, psychiatric hospitals, and state hospitals serving adults and/or children that are licensed in the state are listed in HRTS. Participation is not mandatory.

**Registry development vendor:** Tennessee developed and operates HRTS to manage healthcare facility bed, service, and asset availability. NetSmart is the electronic medical record vendor for the state hospital system.

**Access to the registry:** Access is limited to mobile crisis teams, crisis stabilization units, hospital emergency departments, psychiatric units in general hospitals, psychiatric hospitals, state hospitals, and relevant state health department and mental health department staff have access to HRTS.

**Refresh rate and entry process:** Manually entered at least daily in HRTS. The interface supporting automatic

updates between the registry and the state hospital's electronic health records system is expected to be completed in 2022.

### Meaningful metrics:

- 75% or more of facilities with mental health inpatient beds will report availability daily.
- Hospital boarding as reported by mobile crisis teams.

**Impact of the COVID-19 pandemic on the bed registry:** TDMHSAS was in the process of rolling out the PBMS referral system and integrating the EHR system to provide real time updates to HRTS, but work paused during the pandemic.

**System oversight:** The TN Department of Health's Office of Emergency Preparedness oversees the HRTS bed registry, and through collaboration both TDOH and TDMHSAS manage the patient bed matching project.

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<sup>1</sup> Substance Abuse and Mental Health Services Administration, Funding and Characteristics of Single State Agencies for Substance Abuse Services and State Mental Health Agencies, 2015. HHS Pub. No. (SMA) SMA-17-5029. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2017.

<sup>2</sup> <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

<sup>3</sup> Referral network websites provide regularly updated information on bed availability, support users to submit HIPAA compliant electronic referrals to secure a bed, and support referrals for behavioral health crisis and outpatient services to and from service providers who are members of the referral network.