Joan Carson, RN, CEN
P.O. Box 21
Huntington, VT 05462

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Mental Health Hearing

My name is Joan Carson. I am a registered nurse and have worked in the UVM Medical Center Emergency Department for 33 years. I've seen many changes in the care of patients in the time I have been in the ED, most of which have been positive, including faster evaluations, better management of different diseases, and improved communications between hospitals and clinicians. I have loved my job from the first day I began working.

Over the last several years, however, there have been changes negatively affecting patients and staff. The closing of the state hospital after Tropical Storm Irene and the opiate crisis are two major factors contributing to these changes but we also must face the fact that mental health support has been woefully insufficient for many years before these events.

The new reality of care in the Emergency Department is that multiple patients (up to 14-16 patients) are being housed in our 44-bed unit for up to 2 weeks or more while waiting for placement in a psychiatric unit someplace in the state. These patients, who are in crisis, sometimes agitated and violent, sometimes despondent and despairing, are confined to a small examination room for long periods of time, monitored by a "constant observer." Because it is a busy emergency department, their safety and the safety of others requires significant restriction on their movement.

Definitive care is necessarily limited to management of symptoms with medication, rather than providing the needed therapeutic environment and resources these patients desperately need. The intention of all the staff is to provide the best care possible, but care is necessarily diverted from boarding psychiatric patients to the acutely ill patient when the Emergency Department is busy.

In addition, patients who are seeking care for sudden illness or injury are being relegated to hallway stretchers because the rooms are being tied up for days and weeks by psychiatric patients. The staff is forced to care for critically ill patients under less than ideal conditions. It's not uncommon to see patients holding emesis basins, vomiting, with no privacy other than a partial curtain. The hallways become crowded with staff, procedure carts and visitors, making navigating through the ED difficult.

In the "old days," we had a waiting list of qualified nurses interested in working in the department. Today, our nurses are leaving to find jobs in less stressful and more satisfying environments. We have lost many of our most experienced nurses, techs, and physicians due to burnout, concerns for safety and lack of job satisfaction. Their reasons for leaving center around the toll it takes when we can't give the care we know our patients deserve and expect. Those of us who remain come home, worrying about our patients, questioning how we could do a better job, angry that our raised concerns are not being heard, and despairing for solutions and support.

Over 20 years ago, I was a patient in crisis, having taken an overdose of antidepressants requiring resuscitation and care by my peers in the Emergency Department and a prolonged hospitalization in a psychiatric unit. I credit the amazing nurses who worked hard to keep me alive and the nurses in the psychiatric unit for helping me see that my life was worth living. Had I needed to get care this year, would I have had the same outcome, given the conditions today.

There is no question in my mind that our psychiatric patients have been marginalized and their needs ignored for many years. There have been voices that have raised the alarm but these pleas have gone unheard. We are now seeing the results of decades of neglect. The solution is not to build "holding" units in our emergency departments. This is merely a stopgap solution for this crisis. Instead, our state must face the responsibility of providing for our most vulnerable patients.