



Integrated Medical and Psychiatric Care Unit (IMAP)

IMAP provides comprehensive, integrated inpatient care for patients with serious co-occurring mental and physical health conditions that require hospitalization.

WHAT IS IT?

The IMAP is an inpatient 12-bed, locked unit designed to treat adult patients, ages 18 years and older, with active medical and active psychiatric conditions that require inpatient stabilization.

DID YOU KNOW?

Denver Health's IMAP Care Unit is the first unit of its kind in Colorado. While we know our community needs this type of care, only 2.7% of US hospitals have a unit like IMAP.

In the IMAP Care Unit, patients receive specialized, efficient care that meets their physical and mental health needs at the same time.

SERVICES

Daily diagnostic evaluation and treatment by a Hospitalist and Adult Psychiatrist

- Telemetry
- Supplemental oxygen
- Intravenous medications
- Oral medical titration
- Voluntary nasogastric or gastric tube feeds
- Blood products
- Hemodialysis
- EEG
- Individual psychotherapy
- Group therapy and psychoeducation
- The unit is capable of treating patients on voluntary and involuntary court order for mental health stabilization

STAFFING

This unique unit is made possible through a collaborative team of medical and psychiatric providers, including:

- Dedicated Program Director and RN Manager
- Charge RN
- Daily rounds from Internal Medicine Physician and Adult Psychiatrist
- Med-Surg and Psychiatric experienced nurses
- CNAs
- Psychology
- Care Management
- Behavioral Health OT
- Medical and Psychiatric Pharmacists

ADDITIONAL CONSULT SERVICES AVAILABLE FOR IMAP PATIENTS:

PT, RT, RD, Speech therapy, Wound Care, Addiction, Cardiology, Infectious Disease, Neurology, Surgery, Neurosurgery, Gastroenterology, Rheumatology, Pulmonology, Nephrology, Chaplain, Endocrinology, Dental, ENT, Ethics, Obstetrics/Gynecology, Hematology/Oncology, Ophthalmology, Palliative Medicine, Toxicology



IMAP Admissions

GOAL

Provide timely, comprehensive care for medically and psychiatrically complex patients including intensive psychotherapy, occupational therapy and physical therapy.

CONTACT

For IMAP admissions, contact the Denver Health Transfer Center at **855-602-5280** or visit denverhealth.org/for-professionals/refer-a-patient

- Co-morbid chronic medical/psychiatric diagnosis does not qualify
- Key question to determine IMAP admission from the ED: “Would this patient require psychiatric hospitalization even if no acute medical issue?”
 - If no, then admit to Medicine only
- IF admission is denied, a note should be placed in the chart explaining reasons why the patient is not a candidate.

INCLUSION CRITERIA:

- Decompensated mood disorder (ie. severe MDD, mania) + active medical issue
- Decompensated psychotic disorder (ie. schizophrenia, meth-induced) + active medical issue
- Decompensated trauma-based disorder + active medical issue
- Legal: can accept both Voluntary and Involuntary MHH/STC/LTC
- Telemetry / continuous pulse oximetry
- Supplemental O2
- Blood products for hemodynamically stable patients
- Drips: heparin, octreotide, PPI, D5 water, TPN (not better served in an ICU)
- Wound care, including wound vac
- IV antibiotics
- Feeding tubes if stable and have already achieved sustained rate managed by RD
- Hemodialysis (if emergent requires ICU admission on weekends/holidays)
- EEG monitoring
- Respiratory precautions i.e. COVID-19 isolation + active psychiatric issue
- Need for PT/OT/Speech + active psychiatric issue
- Dementia with acute decompensation—not anticipating initiating SNF or guardianship (Discussed on a case-by-case basis)

EXCLUSION CRITERIA:

- Underlying dementia with need for LTC placement
- Delirium without additional psychiatric decompensation
- Dementia with chronic behavioral or psychiatric symptoms (Discussed on a case-by-case basis)
- Acute detoxification with agitation or DT only
- **Catatonia requiring ECT for non-Kaiser insured patients**
- Acute TBI recovery (these patients will remain on Neurosurgical service)
- ICU level of care (>4 hours NIPPV, q 1hr glucose monitoring, ventilator support, vasopressor support)
- HHFNC supplemental O2 for any condition other than COVID-19 infection
- Acute detoxification requiring Narcan gtt
- Traction
- New tracheostomy management
- Acute surgical or perioperative management
- Eating disorder patients who meet one of the following:
 - Without accepted outpatient treatment including Registered Dietician
 - Who require court-ordered refeeding
 - Who are awaiting ACUTE admission without an active psychiatric issue
- Intellectual or developmental delay alone plus active medical issue (admit to Medicine)
- Foreign body ingestion only (EGD can be performed in ED or admit to Medicine)
- Need for chemotherapy
- Need for negative pressure room (i.e. TB)
- In custody (admit to CCMF)