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Problem

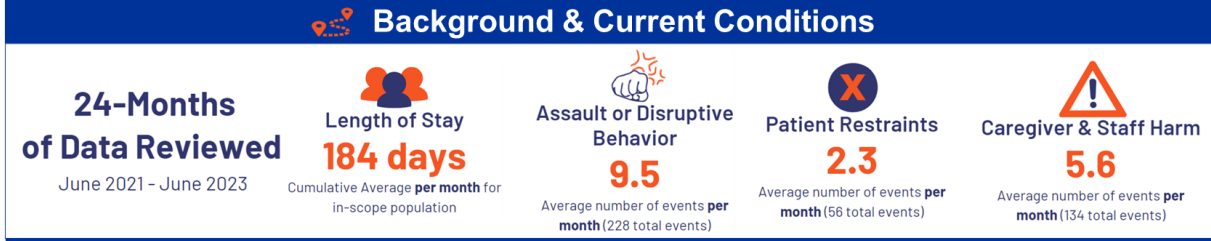
UMMMC identified a lack of an effective system to **identify, plan & coordinate care** to address the complex needs of pediatric patients with behavioral health and/or social needs that are anticipated to board in the hospital for >5 days. The lack of an effective system resulted in longer LOS and patients, caregivers, and families experiencing harm and/or negative outcomes.

Scope

✓ **Included:** Behavioral health patients ≥5 to <19 years old with a LOS ≥5 days located in pediatric care areas (inpatient, ED, and EMH)
 ✗ **Excluded:** Patients outside of identified age range and/or without an active behavioral, social, or mental issue affecting LOS

Countermeasures

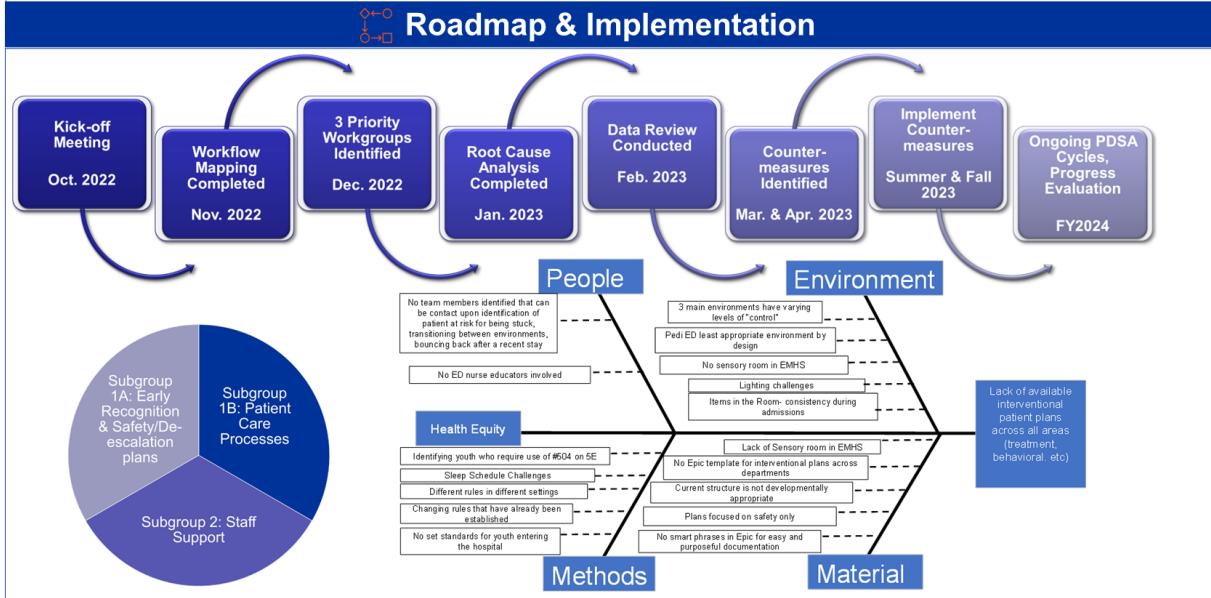
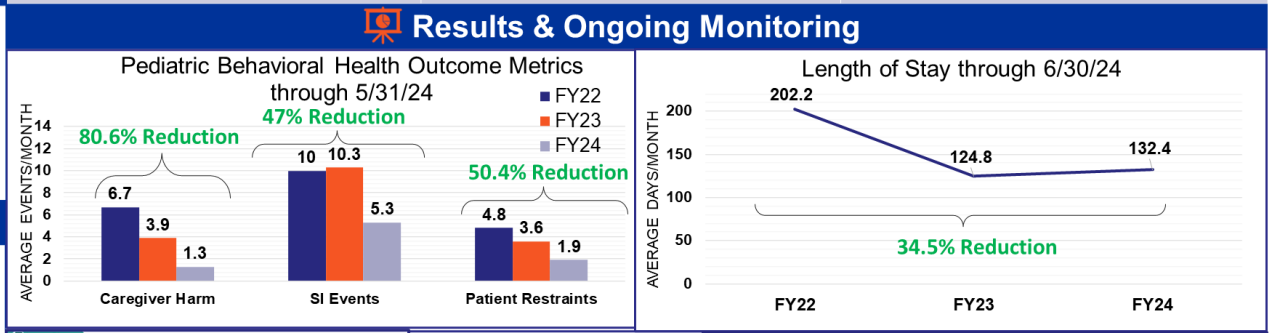
Team #1A: Early Recognition & Safety/De-Escalation Plans	Team #1B: Patient Care Processes	Team #2: Staff Support
Early recognition criteria developed & tested	Trauma Informed Care (TIC) Organizational Assessment completed	Pedi. Behavioral Health Rapid Response (Pedi-BRRT) Program developed
Epic functionality investigated; new build required, & rollout of electronic plans for targeted population completed	Results assessed & education developed	Staff & Provider Education of Pedi-BRRT Program
Outside behavioral health plans requested	Ongoing TIC education outlets	Rollout of Pedi-BRRT Program



Goals

By the end of FY24, reduce:

- Monthly average **LOS** for the identified patient population by **20%**
- Average number of Safety Intelligence (SI) reported **patient incidences** of harm/aggression by **10%**
- Average number of **Caregiver harm events** related to patient aggression by **20%**



Long Stay Patient Screen

Time taken: 6/28/2023 17:57 Responsible: Macro Manager

Risk Factors for Long Term Stay Pediatric Behavioral Health Patient

Type of Long Stay: [CBAT/Inpatient Level of Care] [DCF Placement/DCF Residential] [Other Long Term Residential]

Diabetes that is unstable/requires complex management: 3=Yes 0=No

Developmental/intellectual disability that impacts ADLs: 3=Yes 0=No

Aggression outside of the home setting: 3=Yes 0=No

History of swallows: 3=Yes 0=No

Weight greater than 350lbs: 3=Yes 0=No

History of restraints: 3=Yes 0=No

Chronic or severe suicidality: 3=Yes 0=No

History of elopement or high elopement risk: 3=Yes 0=No

Active substance use or need for SUD/dual diagnosis unit placement: 3=Yes 0=No

Insurance (out of state or uninsured): 3=Yes 0=No

- ### Deliverables
- Long LOS Screening Tool in Epic
 - Safety/De-Escalation Plan in Epic
 - Trauma Informed Care Education
 - Pediatric Behavioral Health Rapid Response Team
 - Pediatric Behavioral Health Metric Dashboard

Pedi. Behavioral Health Metric Dashboard

UMass Memorial Health

Pediatric Workplace Violence Events Reported in SI

Safety/De-Escalation Plan Flowsheet

Escalation Triggers: [Escalation Trigger #1] [Escalation Trigger #2] [Escalation Trigger #3]

Warning Signs: [Warning Sign #1] [Warning Sign #2] [Warning Sign #3]

Things That Make You Feel Better: [Things That Make You Feel Better #1] [Things That Make You Feel Better #2] [Things That Make You Feel Better #3]

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References:

- Cushing AM, Liberman DB, Pham PK, et al. Mental health revisits at us pediatric emergency departments. JAMA Pediatr. 2023;177(2):168-176.
- Piao J, Huang Y, Han C, et al. Alarming changes in the global burden of mental disorders in children and adolescents from 1990 to 2019: a systematic analysis for the Global Burden of Disease study. Eur Child Adolesc Psychiatry. 2022;31(11):1827-1845.
- Manuel MM, Yen K, Feng SY, et al. The burden of mental and behavioral health visits to the pediatric ED: A 3-year tertiary care center experience. Child Adolesc Ment Health. 2023;28(4):488-496.
- Wolff JC, Maron M, Chou T, et al. Experiences of child and adolescent psychiatric patients boarding in the emergency department from staff perspectives: Patient journey mapping. Adm Policy Ment Health. 2023;50(3):417-426.

Acknowledgement: We thank and acknowledge the entire Child Advocacy Team who shared their expertise and dedicated time to assess, improve, implement and monitor the workflows involved in the patient care process for pediatric behavioral health boarder patients.