

Improving the Quality of Pediatric and Adolescent Psychiatric Emergency Care

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BACKGROUND

- Nationwide there has been an increase in pediatric visits to emergency departments (EDs) for acute psychiatric care
- Problematic due to:
 - Inadequate ED staffing
 - Lack of pediatric psychiatry staff
 - Lack of appropriate space
- Has resulted in unnecessary hospital admissions, especially among poor and minority children

OBJECTIVES

- To develop and evaluate effective comprehensive outpatient clinical services for children
- To develop and evaluate and inpatient evaluation and brief stabilization unit for children in psychiatric crisis (C-CPEP)

DESCRIPTION OF INTERVENTIONS

- Reorganization of existing outpatient clinics (2001)
 - Co-location of mental health services in community-based primary care clinics
 - Allows for local, culturally competent care
- Home-based crisis intervention services (2001)
 - Available for patients and family members identified in ED
 - Allows for acutely ill patients to receive high intensity outpatient follow-up
- Establishment of C-CPEP unit (2004)
 - Assessment and stabilization unit for children less than 18 years presenting to the ED in psychiatric crisis
 - Staffed 24 hours/day, 7 days/week by child/adolescent psychiatrists, psychologists and psychiatric nurses
 - Patients can be evaluated and monitored for up to 72 hours

RESULTS

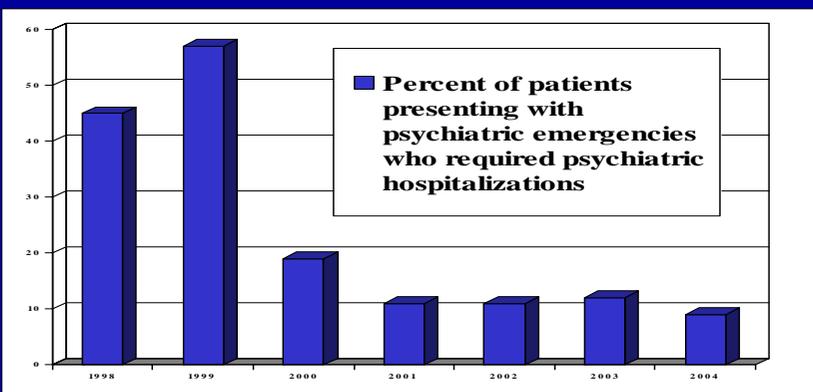
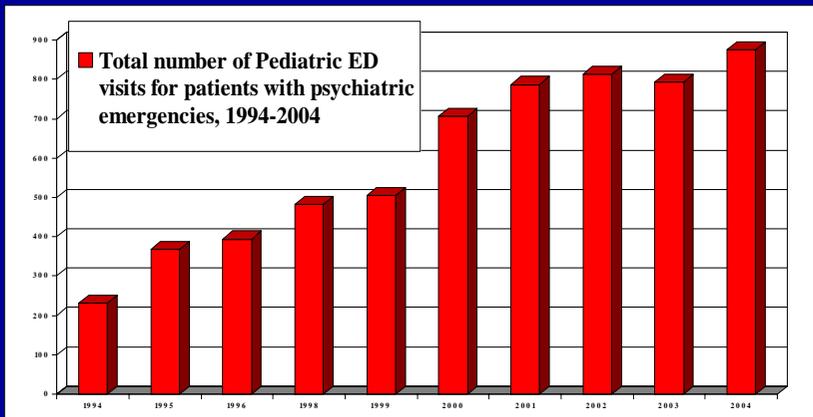


Table 1. Proportion of Patients Requiring Mechanical Restraints Pre and Post- CPEP

	Charts Reviewed	Number Restrained	Percent Restrained
Pre-CPEP	273	13	4.4%
Post-CPEP	783	3	0.4%

Table 2. Decrease in Mean ED length of stay, Pre and Post- CPEP

	Charts Reviewed	Mean ED Length of stay	Percent Reduction
Pre-CPEP	273	10.3 hours	-----
Post-CPEP	783	5.2 hours	50%

EVALUATION OF INTERVENTIONS

- Chart review of randomly selected ED visits pre-intervention (1999-2001) and post-intervention (2004-2005)
- Outcomes measured:
 - Psychiatric hospital admission rates
 - ED length of stay
 - Use of physical/chemical restraints
- Pre and post-intervention data compared

CONCLUSION

- Development of intensive outpatient mental health services and an inpatient stabilization unit led to dramatic decreases in:
 - Psychiatric hospitalizations
 - ED length of stay
 - Use of physical restraints
- Among children and adolescents presenting to a single institution in psychiatric crisis

LIMITATIONS

- Single institution, findings may not be generalizable to other populations or other institutions
- Retrospective chart review, unable to assess for use of restraints if not documented in chart
- No control group, can not account for nationwide decreases in psychiatric inpatient admissions over same time period

IMPLICATIONS

- Replication of this model could improve the quality of mental health services for children and adolescents

ACKNOWLEDGEMENT

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