

ED STOP Suicide QI Collaborative

Fireside Chat on

*Safe and patient-centered care for
children with mental and behavioral
health conditions who are
experiencing ED boarding*

3/23/2023



EIIC
EMSC Innovation and
Improvement Center

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ED STOP Suicide QI Collaborative

Fireside Chat: February 16, 2023

- Welcome!
- Attendees remain on mute
- Nurses and social workers **MUST** put first and last name in chat for CE
- Stay until the end for info on obtaining CE, contacts hours, and to complete the session evaluation poll
- Fireside chat is being recorded and posted online along with slides
- Feel free to put questions in Q&A



Continuing Education – Contact Hours

Physicians – MOC Part 4	Nursing Professionals	Social Work/Other Professionals
25 points MOC part 4 credits available if all requirements are met	Enter first and last name in chat feature	This event is approved for 1 continuing education credit hour
<ul style="list-style-type: none"> - Regular participation in collaborative sessions and fireside chats - Collect, analyze, review data with local ED site team 	Scan QR code or click link to complete session evaluation by 1700 (Pacific) on date of presentation to be eligible for 1 contact hour	This event is approved for 1 continuing education credit hour
<ul style="list-style-type: none"> - Collect, analyze, review data with local ED site team - Design and implement PDSA cycles for QI project with local ED site team 	Questions? Contact Robin Goodman at robin.goodmanrn@gmail.com	
Approved through the University Hospitals Rainbow Babies & Children’s portfolio with the American Board of Medical Specialties (ABMS)	BRN CE Provider: Pediatric Liaison Nurse Los Angeles County. Provider approved by the California Board of Nursing, Provider #15456 – 1 contact hour	Credit hours are approved by Office of Professional Development. Steve Hicks School of Social Work, the University of Texas at Austin
Complete attestation form, acquire EIC internal signatures, submit to ABMS	See final slide and chat for code/link	See final slide and chat for link



Intervention Bundle Guide: #3

ED-based Interventions

100% of sites participating in this bundle will have established a clinical care pathway for children who screen high-risk for suicide



Quality Measures:

Measure 1: Presence of a clinical pathway for pediatric patients determined to be at high-risk for suicide that includes recommendations for diagnostic testing, de-escalation, chemical/physical restraint, and patient/family considerations when/if boarding

Measure 2: Presence of a standardized order set for clinical management of children who screen high-risk for suicide

Measure 3: Presence of a quality review process to evaluate order-set utilization among children who screen high-risk for suicide

Measure 4: Percentage of pediatric patients at high-risk for suicide with order-set compliance





Who We Are



Joyce Li, MD, MPH
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- Pediatric emergency medicine physician
- Assistant Professor of Pediatrics and Emergency Medicine Harvard Medical School
- Director of the New England PECC Collaborative
- Leader of New England Behavioral Health Toolkit



Ashley Foster, MD (Ashley.Foster@ucsf.edu)

- Emergency medicine and pediatric emergency medicine physician
- EMSC Scholar and Cincinnati Children's Hospital Intermediate Improvement Science Series graduate
- Published research in pediatric agitation, pharmacologic restraint, disparities in delivery of mental health care
- Steering committee member of the New England Behavioral Health Toolkit

Poll Questions 1, 2, and 3

Objectives

After participating in this presentation, attendees will be able to:

- Review patient-centered resources for children while they are experiencing ED boarding
- Discuss different available tools for improving the quality of care and safety for children while they are experiencing ED boarding
- Discuss real life examples of implementing these tools





MENTAL HEALTH ED BOARDING





Needs Assessment

- Qualitative study of New England Pediatric Emergency Care Coordinators (PECCs)
 - ED staff experience of caring for pediatric patients with mental health conditions in the emergency department setting
 - Barriers to care
 - Resources needed



Suggested Resources

Patient resources	Caregiver resources	ED staff resources	ED administration resources
Educational packets	Set expectations	Set staff expectations	Observer training
Comprehensive care plan	How to approach the unengaged caregiver	Training programs for general psychiatrists	Shift rounds
Agitation algorithm	Caregiver coping	Nursing education	Telehealth
Sleep recommendations	How to Incorporate caregiver into team	How to talk to the caregiver(s) about the ED visit	Pediatric mental health Bill of Rights
Primary therapist telehealth visits in ED	Template policy regarding caregiver presence		How to work with lack of space (rooms, bathroom)
			How to start meds in ED

New England Regional Behavioral Health Toolkit

New England EMS for
Children

State EMSC Webpages

New England Regional
Behavioral Health Toolkit

**Activity Resource
Packet**

**Toolkit Steering
Committee**

**Pediatric Behavioral
Health Video and
Podcast Series**

**Comprehensive Care
Bundle**



Thank you for your interest in the New England Regional Behavioral Health Toolkit!

With the increasing amount of pediatric behavioral health conditions presenting to emergency departments with increasing lengths of stay in the ED, our goal is to provide a toolkit to help assist with the care of pediatric patients who present for a behavioral health complaint and are awaiting placement or further evaluation.

We are excited to roll out our first three resources - the Activities Resource Packet, the Behavioral Health Training video series and the Comprehensive Care Bundle - which can be found in the menu to the right!

The Activities Resource Packet contains a no cost self-care activities binder for patients and caregivers. This binder includes several coping exercises including breathing, relaxing, mindfulness, and gratitude practices. The activities are self-guided and can be done at any time.

The Behavioral Health Training video series contains a series of videos covering topics including introduction to pediatric behavioral health conditions, coping and common triggers, psychiatric medications and more.



Age-Appropriate Activities Safe for Patients with Mental Health Conditions

Contents

- Activity binder
 - Free, self-guided
- Purchasing guide
- Scripting and advertising material
 - Introductory Video

Activity Resource Packet



This packet contains a self-care, no-cost activities binder and ED resource guide for patients with behavioral health conditions.

The goal of this resource packet is to give you age appropriate activities that can be done in the ED setting for pediatric patients with a behavioral health condition. In this packet, you will find two resources and supporting advertising material: 1) a no cost self care activities binder that ED staff and caregivers can use with patients while they are boarding, 2) an ED staff purchasing guide for additional age appropriate, safe items and activities you can purchase for your patients, 3) advertising material including a draft email template and poster to help inform your staff about this resource. Please watch the brief video below for a walk through of all the items in this resource packet.



Distraction Activities By Age/Development Preschool (3-5yrs)

- Coloring Pages/Large sized Crayons
- Stickers
- Simple iSpy Books
- Playdoh (does contain wheat/gluten)
- Memory Games, Candyland
- Puzzles
- Imaginary Play Items
- Movies/Shows
- Velvet art

Before giving any items to behavioral health patients it is important to discuss limitations and restrictions with care team.



Only for select pts deemed safe to participate

- Water Coloring Painting, Block Legos

School Age (6-12yrs) *also applicable for adolescent patients

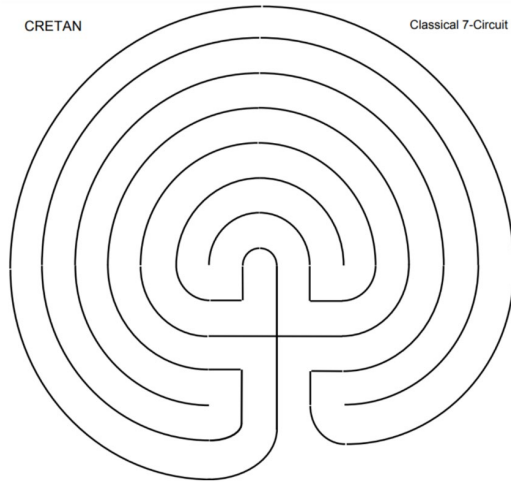
- Detailed Coloring Pages/Large sized Crayons
- Sudoku*
- Word Searches*
- Deck of Cards*
- Board Games*
- Mad Libs
- Origami*
- Sticker by Numbers
- Stress Balls, Playdoh (contains wheat/gluten)
- Movies/Exercise for kids DVDs
- Painting Projects



Only for select pts deemed safe to participate

- Video Games, Markers, Legos





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Self-Care Binder

Contents

- Communication Boards
- Mindfulness/Gratitude
- Stretching/Breathing



Vermont Initiative

Vermont Program for Quality in Health Care

- Nonprofit organization that created kits and self care binders and distributed to the 13 EDs in Vermont
- High satisfaction with kits by staff; staff reports that families like the kits



Comprehensive Care Bundle

- Bundle of tools to improve patient safety and satisfaction for children with behavioral health conditions who are boarding
- À la carte
- Modification of existing resources to ensure generalizability
 - Expert consensus of ED staff through modified Delphi method
 - Parent/caregiver feedback about resources



Contents of Comprehensive Care Bundle

SAFETY

- ED safety room checklist
- ED behavioral health intake form
- Daily behavioral health tracking
- ED behavioral health safety rounds
- Core principles of behavioral healthcare information sheet
- Behavioral health handoff

PATIENT-CENTERED CARE

- Coping tool
- Daily schedule
- What to expect in the ED



ED Safety Room Checklist

Room Safety Checklist Room #: _____

Patient in safe room? YES NO

If "NO" please proceed:

Items for removal

- Trash Can: Date/time completed _____ Initials of who completed _____
- Oxygen tank: Date/time complete _____ Initials of who completed _____
- Chairs: Date/time completed _____ Initials of who completed _____
- Supply cart: Date/time completed _____ Initials of who completed _____
- Computer: Date/time completed _____ Initials of who completed _____
- All removable cords:
Date/time completed _____ Initials of who completed _____

Items to be secured in patient room with zip ties (if unable to be removed)

- Any non-removable cords
Date/time completed _____ Initials of who completed _____
- Suction Date/time completed _____ Initials of who completed _____
- Ophthalmoscope/Otoscope
Date/time completed _____ Initials of who completed _____



Behavioral Health Intake Form



BEHAVIORAL HEALTH INTAKE FORM

This is a communication tool to ensure that all necessary safety precautions and screening has occurred. This checklist should be filled out when the patient first arrives and should be updated after mental health evaluation and as needed during their stay. It should be kept with the patient so that ED staff can use it as a reference tool for that patient. Please place check marks next to items as they are completed and complete form as instructed.

Prior to patient placement into room:

Clear room of potentially unsafe items (refer to Room Safety Checklist*)

- *Please fill out date, time and staff initials when room cleared of hazards*

Date/Time _____ Individual Completing _____

Garage Door Down (if using a designated "safe" room)

Within the first (golden) hour of arrival:

Patient placed in safe room

Patient changes into hospital gown or hospital safety gown

Collect Primary Information Intake

- **Past Medical Hx (e.g. asthma, depression):**

- **Chief Complaint:** _____

- **History of Present Illness:**



What to Expect in the ED



What to expect during your Emergency Department (ED) stay for a Behavioral Health condition

The goal of this sheet is to explain what to expect during your ED stay.

What happens when we arrive to the ED?

- After you arrive to the ED, you will meet with an ED staff member in triage who will ask you questions about you and your child.
- If your child takes medications, please make sure to let the nurse know.
- When a room is available, you will be taken back into the main ED and assigned a nurse and a doctor.
- Please understand that the evaluation process can take some time. We know that you are dealing with a difficult situation that can be scary and overwhelming.
- Your child's safety is our top concern

After you arrive in the ED room

- After you arrive to your ED room, the nurse and physician will meet with you to understand what brought you to the ED today. They will likely ask you similar questions to the triage staff but in greater detail so they can also understand what brought you to the ED today.
- In order to keep your child safe, there are several steps that we take to keep your child safe
 - Safety watch-An ED staff member or security personnel will be actively monitoring your child during their ED stay. In order to monitor your child, the door to your room will need to either stay open during their stay or will need to be locked with a video monitor to ensure their safety while they are awaiting a mental health evaluation.
 - Belongings-Your child will be asked to change into hospital pajamas and their belongings will be secured and searched.
 - Bathroom- When your child needs to use the bathroom, they will need to be accompanied by staff to ensure their safety and the door may need to be kept slightly open.

Daily Behavioral Health Tracking

ED Staff to place X for item that occurred during their shift Ideally to be reviewed and filled out on every shift	Date/time	Date/time	Date/time	Date/time	Date/time	Date/time	Date/time	Date/time	Date/time	Date/time	Date/time	Date/time
CONSTANT OBSERVER: stays inside room at arm's length unless otherwise specified												
Care Companion												
Security												
Required gender of observer? M or F												
TOILET: with observation												
Staff IN bathroom												
Visualize Pt thru ajar door												
SHOWER: with observation												
Parent in BR observing												
Staff IN BR w/ shower head and controls visible												
Not appropriate at this time												
DIET: *after meals, confirm all utensils/sharp edges removed from room*												



The Coping Tool



We would like to make your child's stay with us a safe and therapeutic experience. This is an information gathering tool that can help your emergency team best take care of you/your child. Please answer as many questions as possible.

Name in Medical Record : _____ Preferred Name: _____

Information Source:

- Patient
- Parent/caregiver
- Care team
- Other _____

Please circle all that make you sad, mad, scared, or other feelings:

TOUCH



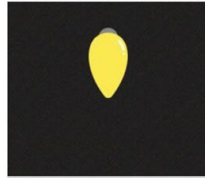
Being touched



Large groups of people



Bright lights



Lights off

SEE

HEAR



Loud noises

OTHER



Being hungry



Being sleepy

Anything else that makes you feel upset? _____

What happens to my body when I am angry, scared, or upset? Please check all that apply.

- | | |
|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> cry | <input type="checkbox"/> swearing |
| <input type="checkbox"/> clench teeth | <input type="checkbox"/> racing heart |
| <input type="checkbox"/> loud voice | <input type="checkbox"/> breathing hard |
| <input type="checkbox"/> red/hot face | <input type="checkbox"/> clenched fists |
| <input type="checkbox"/> laughing/giggling | <input type="checkbox"/> upset stomach |
| <input type="checkbox"/> being mean | <input type="checkbox"/> shaking or tapping |
| <input type="checkbox"/> jumping up and down | <input type="checkbox"/> stamping feet |
| <input type="checkbox"/> hitting | <input type="checkbox"/> pacing |
| <input type="checkbox"/> sleeping a lot | <input type="checkbox"/> sleeping less |

Anything else that makes you angry or scared? _____

What helps you feel better? Please check all that apply.

- | | |
|---------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> writing or drawing | <input type="checkbox"/> looking at pictures |
| <input type="checkbox"/> fidget tools | <input type="checkbox"/> listening to music |
| <input type="checkbox"/> games | <input type="checkbox"/> singing or humming |
| <input type="checkbox"/> toys or blocks | <input type="checkbox"/> quiet time |
| <input type="checkbox"/> stress ball | <input type="checkbox"/> counting to ten |
| <input type="checkbox"/> special blanket or cloth | <input type="checkbox"/> hugging a stuffed animal |
| <input type="checkbox"/> getting a hug | <input type="checkbox"/> reading |
| <input type="checkbox"/> deck of cards | <input type="checkbox"/> puzzles |
| <input type="checkbox"/> medication | <input type="checkbox"/> music |
| <input type="checkbox"/> walking (if safe) | <input type="checkbox"/> showering (if safe) |

Anything other activities that help you feel better? _____

The Coping Tool





Your Daily Schedule

Today's date: _____

Your nurse today is: _____

Your medical provider today is: _____

Time	Activities Scheduled	Activities Completed
7-9 am	Breakfast time Morning self-care Create goal for the day Check-in with nurse (or mental health provider, if available)	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
9-11 am	Team safety review Movement/exercise activities* Activities*	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
11 am-1 pm	Lunch time Quiet/rest time	<input type="checkbox"/> _____ <input type="checkbox"/> _____
1-3 pm	Movement/exercise activities* Activities* Snacks available	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
3-5 pm	Review goal for the day Check-in with nurse (or mental health provider, if available)	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
5-7 pm	Dinner time Activities*	<input type="checkbox"/> _____ <input type="checkbox"/> _____
7-9 pm	Evening self-care Sleep/relaxation activities* Bedtime	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Created by: Jessica Ranford and Madeleine Thorns

Daily Schedule



Source: New England Behavioral Health Toolkit

Behavioral Health Handoff Tool

- **I** - Illness Severity
- **P** - Patient Summary
- **A** - Action List
- **S** - Situational Awareness
- **S** - Synthesis



Behavioral Health Safety Rounds



BEHAVIORAL SAFETY REVIEW

Suggested twice daily rounds in the Emergency Department to ensure safe and patient-centered care for pediatric patients who present with behavioral health emergencies

Additional notes:

WHO PARTICIPATES-
please fill in ideal providers who should participate in safety review for your ED



Time of Review
Whenever a safety review has occurred, please check one of the checkboxes and fill in the date and time that the review occurred.

Date _____ Time _____

Date _____ Time _____

What is discussed on Safety Review



- Patient's preferred name/preferred pronoun
- Reason for visit
- Diagnosis
- Visual room safety check
- Identify, discuss any issues from previous shift
- Updates on placement/disposition
- Refer needs back to bedside nurse
- Review individual coping strategies
- Review restrictions (ex: phone permission)

Created by Ashley Foster

Core Principles of Behavioral Healthcare



Core Principles of Behavioral Healthcare

- Our goal is to treat everyone with dignity, respect, and mutuality, to provide the best possible patient care, to assist recovery and to protect patient and family rights
- Safety of patient, patient caregiver(s), and medical staff are a priority
- Open communication among all staff about consistent approach to patient care
- Ask the caregiver what works and doesn't work for the patient
- Check if patient has existing behavioral support plan in the medical record
- Start with least restrictive approach to agitation; approach varies based on level of agitation, potential for violence, and developmental level

Environmental and Sensory Strategies

Employ these techniques immediately

- Remove any potential objects that could cause injury
- Minimize noise and unnecessary activity
- Play low music
- Play a favorite TV show
- Consider using a safety room (if possible)
- Dim lights (if possible)

Behavioral Strategies

- Use age-appropriate directions and explanations
- Try verbal redirection
- Consider distraction techniques
- Set reasonable limits
- Explain expectations of behavior in simple concrete terms
- Consider early involvement of child life specialists (if available to your ED)

Communication Strategies

- Ask open-ended questions and allow patient to respond
- Provide one-to-one verbal support
- Remain neutral and calm
- Avoid power struggle

Created by Ashley Foster and Jennifer Schlebusch

For more information and access to all the tools discussed during this talk, please visit the website:

New England Regional Behavioral Health Toolkit

<https://emscimprovement.center/state-organizations/new-england/new-england-behavioral-health-toolkit/>



**Please Complete
Session Evaluation Poll
Before Exiting**

Thank You!



Nursing - CE Hours

Links in Chat

Session Evaluation Poll Next!

- Enter your first and last name in the chat if you have not done so already
- Scan the QR code to complete the session evaluation by 1700 (Pacific) on 3/23/2023 to be eligible for CE hours



RN CE Provider: Pediatric Liaison Nurses Los Angeles County. Provider approved by the California Board of Registered Nursing, Provider # 15456, for 1 Contact Hours

If you have any questions, please contact Robin Goodman at robin.goodmanrn@gmail.com



Social Worker - CE Hours:

https://utexas.qualtrics.com/jfe/form/SV_1Am0n93gDoh7iyG