The Role of Psychiatric Occupational Therapy in Improving Quality of Care for Behavioral Health Patients in the Pediatric Emergency Department:

A Proof of Concept

Kimberly Rodriguez MS, OTR/L, Michele Scala, MS, BSN RN, Monika Bauman, MS, BSN RN

Department of Psychiatry , University of Maryland

Photo & Graphics Group

University of Maryland School of Medicine

Background:

The Pediatric Emergency Department (PED) at the Downtown Campus of University of Maryland Medical Center, services children from birth to 21 years of age who are seeking emergent medical and psychiatric services. Those ages 5-17 who specifically seek psychiatric services and are deemed in need of an inpatient bed have lengthy stays waiting placement in the PED due to lack of psychiatric inpatient bed availability. As a result patients can end up "boarding" multiple days in a setting that provides minimal therapeutic interventions to help them progress towards stabilization.

This environment, similar to many pediatric emergency departments across the system, is not adequately equipped to board behavioral health patients. There are only two rooms that are deemed psychiatric safe, free of ligature risks and designed to prevent self harm opportunities. Behavioral health patients are therefore isolated to environments with minimal stimulation while awaiting psychiatric treatment (Figure 1). Additionally this creates a lack of safe space for patients to de-escalate if they are experiencing a behavioral crisis while in the PED, which can result in an increased need for physical or chemical restraints. Given that the PED is not a locked space, the elopement of these patients from Medical Center is also a large challenge and concern.

Psychiatric Occupational Therapy (Psych OT) was introduced for behavioral health patients in hopes of improving quality of care for this population within the environmental restrictions of an emergency services setting.

Figure 1. Designated Psychiatric Room in Pediatric Emergency Department

Mission and Goals:

- Improve quality of care for behavioral health patients
- Promote safety for both patient and staff
- Promote continuity of care for patients transitioning to inpatient services
- Initiate therapeutic intervention targeting goals of self regulation, self expression and stress management
- Create behavioral plans to limit challenging behaviors, by instead offering opportunities for positive behaviors and engagement while awaiting placement
- Strengthen the skills of emergency department staff and improve confidence in working with a behavioral health population

Interventions and Methods:

Direct Patient Intervention

- Implementation of Psychiatric OT services for 60 day during proof of concept pilot.
- Provision of individual and group services daily for patients ages 5-17 awaiting inpatient bed placement.
- Sessions focused on improving skills in the performance areas of communication, stress management, self management, time management and hygiene through participation in various functional activities.
  - Expressing emotions and making personal needs known in an appropriate way.
  - Identifying adaptive coping skills and practicing use of them.
  - Increasing impulse control and self-regulation.
  - Improving self concept and sense of self-worth.
- Identifying and sharing relevant patient triggers and creating plans to assist with de-escalation.
- Encouraging participation in safety planning and Social Work re-evaluations that could lead to discharge.
- Observing response to treatment and providing details to PED team
  - Ex: Informing Psychiatric Nurse Practitioner of symptoms observed to aide with the initiating and titrating of medications.

Educational Sessions for PED Staff

- Provided education on trauma informed care, following the Attachment, Self-Regulation and Competency (ARC) Model.
- Provided strategies and techniques for how to best support patients with challenging behaviors.
- Role modeled de-escalation strategies when patients actively in crisis.
- Shared education regarding environmental modifications to improve staff safety.

Environmental Modifications

- Medical room transformed into treatment space.
- Additional space created for use during de-escalation of patients experiencing a behavioral crisis
- Use of weighted chairs placed in designated psychiatric spaces.
- Staff education regarding removal of medical equipment and unneeded items from designated psychiatric rooms.

Figure 2. Medical Room Changed to Treatment Space

Results:

- Post pilot data was collected through review of patient records in EPIC.
  - 49 behavioral health patients received direct Psych OT intervention
  - **There were zero recorded uses of behavioral restraints on these patients during the pilot period.**
  - **Additionally zero UMMS Safe reports were submitted by staff.**
- Qualitative data was collected in a post survey from twenty two interdisciplinary PED staff, including registered nurses, attending physicians and behavioral health consultants.
  - 89.9% of staff reporting, "feeling more satisfied with the support being offered to the behavioral health patients."
  - 73.7% of staff feeling "more confident and safer in managing behavioral health patients."

Conclusions:

- The presence of psychiatric occupational therapy assisted in the reduction of behavioral escalations for patients awaiting an inpatient psychiatric admission.
- Psych OT direct patient interventions and environmental modifications assisted in creating a more therapeutic and safe environment for all patients housed in the PED.
- Behavioral health patients were provided opportunities to initiate skill building in areas of communication and self regulation earlier, allowing them to better cope with an extended wait time and associated stressors.
- Reports of increased confidence when working with behavioral health population by the PED staff.
- Due to significant and imminent need in the PED setting for support with management of this population, this pilot study was conducted on a small scale and with a short duration. Future studies are needed to further collect data regarding the therapeutic value of Psych OT in the pediatric emergency setting.