Healthcare Organization Commitment

Contact Details

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Commitment Details

Commitment Name
Providing Triage and Intervention to Primary Psychiatric Patients Presenting to the Emergency Department

What Patient Safety Challenge does your Commitment address?

How Many Hospitals Will This Commitment Represent
1

Commitment Summary
Suicide remains the second leading cause of death in children and adolescents ages 10 – 24
years. To provide specialized screening, behavioral health interventions, linkage to care, and follow-up phone calls to pediatric patients presenting to the Emergency Department (ED) with primary psychiatric diagnoses.

Commitment Description & Detail
Due to both the lack of resources and the fractured nature of the pediatric mental health system, many families utilize Emergency Departments when their children present a psychiatric crisis. Many of these children are treatment naïve and may not have received any psychiatric services previously. The literature shows that these children stay in the Emergency Room longer than children with primary medical diagnoses. Reasons for the long wait primarily included a lack of available resources for inpatient care (particularly for pediatrics) and difficulty in getting psychiatric screens done, often leading to boarding in the ED. The Joint Commission issued a Quick Safety report in December 2015 (issue 19) on alleviating boarding of psychiatric patients in the ED reporting that boarding leads to increased psychological stress on patients already in crisis, delays in receiving mental health treatment, and severe impacts on other patients needing emergency care as the beds are not being released.

In response to this crisis, CHOC is piloting a program to add specifically trained mental health triage staff to the ED to allow for quicker access to a mental health evaluation, to increase the ability to provide mental health treatment to the child and family in the ED, to recommend and assist family in accessing appropriate outpatient services if warranted, and to provide follow-up phone calls in one week in order to ensure families have been able to access recommended services. The mental health triage team works closely with a county behavioral health crisis assessment team to coordinate services and recommendations for treatment.

Action Plan
1.) Identified and hired a licensed psychologist who had previous training in implementing an intensive mental health intervention in ED’s along with a licensed social worker who also had experience in acute psychiatric crises 2.) Training provided by the Orange County Healthcare Agency to allow staff access to county based services (to make appointments and recommendations) 3.) Adjust EMR to allow for specialized charting and tracking of patients 4.) Mental health team will see patients as soon as they are roomed and begin evaluation and intervention, will make appropriate recommendations to the family, and will work with the medical team to provide clearance for the patient when possible or to find inpatient placement if warranted 5.) Receive additional training in intensive mental health intervention designed for patients with psychiatric disorders who present in the ED from Dr. Wharff, Boston Children’s Hospital 6.) Provide ongoing education and consultation to medical staff in ED regarding service and how it works 7.) Staff provide coverage 8 hours per day, 6 days per week at present.

Commitment Timeline
Began in April 2016. Acceptance by families and patients has been high. Acceptance by medical staff has also been high. Data being gathered includes, length of time in ED,
percent transferred to inpatient psychiatric unit, percent discharged home, patient engagement in treatment at one week follow-up call, returns to ED within 1 month, hospitalization in psychiatric unit within 1 week of discharge, and suicide attempts within 1 week of discharge.