

## Clinical Problem

Behavioral health patients experience extended boarding times in our Emergency Department with fewer therapeutic interventions than they would receive if placed on an inpatient psychiatric unit during that time.

## Background

- Boarding behavioral health patients don't have access to the same therapeutic treatment modalities as on an inpatient unit, making length of stay a problem in terms of both throughput and provision of quality care to this population.
- Delays can occur in the disposition of an admitted behavioral health patient if the elements required for transfer have not been adequately anticipated by nursing staff.
- Weekday Psychiatry faculty rounding has been demonstrated to reduce length of stay for patients in the emergency department.

## Clinical Question

Does the use of interdisciplinary rounding between psychiatry and ED nursing staff for boarding BH patients effect the following outcomes of interest?

- Length of stay
- Use of hard physical restraints
- Quality of care

## Intervention

Daily interdisciplinary rounding was implemented between psychiatry team and emergency department nursing staff for any behavioral health patient boarding in the emergency department.

## Discussion

Since implementing rounding between the psychiatry team and ED staff, nurses have acknowledge they are more informed about the plan of care for the patients and have been able to provide non-basic therapeutic interventions. Nurses have also stated that rounding with the psychiatric team has not been consistent with 37.5% stating it never happens and the combined same percent stating it happens about half the time or more. This might suggest why change has not been significant. While there were cases where the interdisciplinary rounding was beneficial, overall data suggests it has not reduced the length of stay or use of violent restraints. Additional changes have been implemented in correspondence with interdisciplinary rounding, so it is hard to assume that any changes have occurred uniquely as a result of interdisciplinary rounding.

## Implications for Emergency Nursing Practice

- Since results were ambivalent, the focus on moving forward will be on consistency instead of additional resources.
- By focusing on the consistency of daily interdisciplinary rounding, we expect to see a positive change in the data.

## References

- Blumstein H, Singleton AH, Suttentfeld CW, et al. Weekday Psychiatry Faculty Rounds on Emergency Department Psychiatric Patients Reduces Length of Stay. *Academic Emergency Medicine*. 2013; 20(5):498-502.
- Nicks BA, Manthey DM. The Impact of Psychiatric Patient Boarding in Emergency Departments. *Emergency Medicine International*. 2012. doi:10.1155/2012/360308.
- Warren MB, Campbell RL, Nestler DM, et al. Prolonged length of stay in ED psychiatric patients: a multivariable predictive model. *American Journal of Emergency Medicine*. 2016;34(2):133-139. doi:10.1016/j.ajem.2015.09.044mconnor

## Results

