Purpose
To identify past or current literature, which need more research, using a
scoping review method, about emergency department holds and
psychiatric patients consisting of the evaluation of patient outcomes,
satisfaction and equity of care that would provide future direction for
implementation.

Background
- It is already known that shorter boarding times from the emergency
department to a psychiatric unit have positive patient outcomes such as a
decrease in readmissions, increase in patient satisfaction and
efficiency in appropriate treatment.
- Define the term boarding.
  - “the practice of holding admitted patients in the ED until an inpatient
    bed becomes available”
- Epidemiology
  - 40% of patients seen in the ED require hospitalization
  - Men and women are seen equally
  - Most common diagnosis: mood disorders, schizophrenia, alcohol
dependence
- Barriers to boarding related to patient outcomes
  - Insurance types, admittance to outside facilities, psychiatric
diagnosis

Results

- The most common question within the research articles
  asked is LOS longer for psychiatric patients, and what
  determinants/characteristics cause a longer boarding time in
departments
  - Krafl et al. (2021), Stephens et al. (2014), and Yoon et al.
    (2020) found things such as insurance type, psychiatric
diagnosis, and the next step of treatment all affected length of
stay
  - Mukherjee, D., & Saxon, V. (2019), and Miske et al. (2017)
    found that when community mental health treatment such as
local psychiatric units close, the length of stay for
patients who need inpatient hospitalization face a longer
boarding time
  - Flowers et al. (2018), Hsu & Chan, (2018), Zhu et al. (2016),
    Pearlmutter et al. (2017), and Nolan et al. (2015) found that
patients with psychiatric disorders had longer boarding times
  - LOS varied, some research showing between 3-6 hours
while others found up to 17-23 hours
  - The most common theme was insurance types
  - Government insurance, as well as no insurance at all, would
lead many to longer wait times
  - Studies have found that a psychiatric diagnosis led to prolonged
boarding in emergency rooms
  - Substance use disorder, as well as thought disorder
diagnoses prolonged LOS.
  - Lack of community mental health resources led to increased
crowding and longer LOS within emergency departments.

Implications for Practice
- The stigma of psychiatric illness has led to the shortage of
mental health resources available to those in crisis
- This leads to prolonged wait times in emergency rooms
- ED staff can become overwhelmed. It is important to create
more resources to assist this staff to better care for psychiatric
patients, and their specific needs compared to medically
compromised patients
- More community resources, such as crisis intervention
management would take the pressure off ED resources
- Specialized psychiatric providers are needed to take pressure
off emergency room staff
- Futures implications that would benefit all parties involved
include trained psychiatric staff that can take care of medically
cleared psychiatric patients
- Providing education and learning opportunities for ED staff can
improve the quality of care given to psychiatric patients during
their LOS

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