

Boarding Barriers for Psychiatric Patients in Emergency Departments

Presenters: Emmeline Martin, BSN, RN & Alison Rossano, BSN, RN

Faculty Advisor: Dr. Diana Dedmon, DNP, APRN, FNP-BC

College of Nursing - The University of Tennessee Health Science Center - Memphis, TN

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.

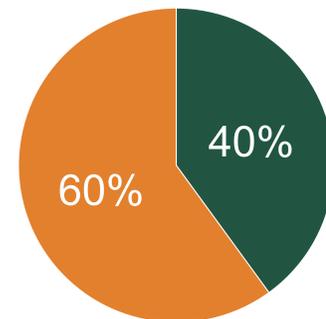
Results

X (copy symbol as needed)	1	2	3	4	5	6	7	8	9	10
Level I: Systematic review or meta-analysis										X
Level II: Randomized controlled trial	X	X			X	X			X	
Level III: Controlled trial without randomization			X				X			
Level IV: Case-control or cohort study								X		
Level V: Systematic review of qualitative or descriptive studies										
Level VI: Qualitative or Descriptive study, CPG, Lit Review, QI or EBP project				X						
Level VII: Expert opinion										

- **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 emergency departments**
 - Kraft 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 Misek 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), Pearlmuter 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.

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



■ Require Hospitalization
■ Do Not Require Hospitalization

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**
 - Future 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

Methods

- **Eligibility Criteria**
 - Excluded: medical comorbidities, ages younger than 18, without approval from the IRB or informed consent
 - Included: focus on those 18-40 years old, within the past 10 years, all gender and races
- **Information Sources and Search**
 - UTHSC online library primarily through "CINHAL" database and one article from "PubMed"
 - Search strategy: "boarding", "boarding times", "emergency department", "psychiatric", and "length of stay."
- **Data Charting Process and Items**
 - Themes were organized using SharePoint.
 - Items included: authors, date of publication, aims/purpose, methodology, sample, interventional details, and the key findings in each article.
 - Focus: specific aims to identify the patient's length of stay, experience and barriers to timely treatment or transfer to another facility
 - Assumptions: insurance status and type of behavior or psychiatric diagnosis presented directly impacted barriers to discharge or transfer.
- **Synthesis of Results**
 - Methods to synthesize results included grouping articles into themes, identifying the study population and its level of significance to barriers and themes which assisted with the research results.

References

- Flowers, L. M., Maass, K. T., Melin, G. J., Campbell, R. L., Novotny, P. J., Westphal, J. J., Nestler, D. M., & Pasupathy, K. S. (2018). Consequences of the 48-h rule: A lens into the psychiatric patient flow through an emergency department. *The American Journal of Emergency Medicine*, 36(11), 2029–2034. doi:10.1016/j.ajem.2018.03.016
- Hsu, C. C., & Chan, H. Y. (2018). Factors associated with prolonged length of stay in the psychiatric emergency service. *PLoS one*, 13(8), doi:10.1371/journal.pone.0202569
- Kraft, C. M., Morea, P., Teresi, B., Platts-Mills, T. F., Blazer, N. L., Brice, J. H., & Strain, A. K. (2021). Characteristics, clinical care, and disposition barriers for mental health patients boarding in the emergency department. *The American Journal of Emergency Medicine*, 46, 550-555. doi:10.1016/j.ajem.2020.11.021
- Mukherjee, D., & Saxon, V. (2019). "Psychological boarding" and community-based behavioral health crisis stabilization. *Community Mental Health Journal*, 55, 375-384. doi:10.1007/s10597-018-0237-9
- Misek, R. K., Magda, A. D., Margaritis, S., Long, R., & Frost, E. (2017). Psychiatric patient length of stay in the emergency department following closure of a public psychiatric hospital. *The Journal of Emergency Medicine*, 53(1), 85–90. doi:10.1016/j.jemermed.2017.03.032
- Nolan, J. M., Fee, C., Cooper, B. A., Rankin, S. H., & Blegen, M. A. (2015). Psychiatric boarding incidence, duration, and associated factors in United States emergency departments. *Journal of Emergency Nursing*, 41(1), 57–64. doi:10.1016/j.jen.2014.05.004
- Pearlmuter, M. D., Dwyer, K. H., Burke, L. G., Rathley, N., Maranda, L., & Volturo, G. (2017). Analysis of emergency department length of stay for mental health patients at ten Massachusetts emergency departments. *Annals of Emergency Medicine*, 70(2). Doi: 10.1016/j.annemergmed.2016.10.005
- Sadock, B. J. Sadock, V. A. & Ruiz, P. (2015). *Kaplan and sadock's synopsis of psychiatry: behavioral science/clinical psychiatry*. (11th ed.). Philadelphia, PA: Wolters Kluwer.
- Stephens, R. J., White, S. E., Cudnik, M., & Patterson, E. S. (2014). Factors associated with longer length of stay for mental health emergency department patients. *The Journal of Emergency Medicine*, 47(4), 412–419. doi:10.1016/j.jemermed.2014.04.040
- Yoon, J., Bui, L. N., Govier, D. J., Cahn, M. A., & Luck, J. (2020). Determinants of boarding of patients with severe mental illness in hospital emergency departments. *The Journal of Mental Health Policy and Economics*, 23(2), 61–75.
- Zhu, J. M., Singhal, A., & Hsia, R. Y. (2016). Emergency department length-of-stay for psychiatric visits was significantly longer than for nonpsychiatric visits. *Health Affairs*, 35(9), 1698–1706. doi:10.1377/hlthaff.2016.0344