

## Best Practices: Pediatric Emergency Department Psychiatric Boarding

The Emergency Department (ED) is an overwhelming place for many children, families, and caretakers as they navigate the challenges of accessing psychiatric care. This situation has been exacerbated with the strains put on the behavioral health system by the COVID-19 pandemic. The number of youths awaiting placement has increased dramatically and the number of days these youths remain in EDs awaiting inpatient psychiatric beds or other services has also increased. It is not uncommon to have youth waiting two weeks or more for a placement. The following is a resource guide of best practices that organizations can implement when working with pediatric patients and their families or caretakers during psychiatric boarding in the ED. This guide was prepared by participating Massachusetts Health & Hospital Association (MHA) members and the Parent and Professional Advocacy League (PPAL).

The recommendations, below, are intended to be advisory in nature. All hospitals should interpret these recommendations consistent with hospital policy and applicable law. Individual hospitals may have different practices that meet the needs of their patient population, and with respect to the special needs of pediatric patients experiencing psychiatric care needs. These guidelines were developed prior to the most up to date COVID-19 infection control directives. As COVID-19 protocols change periodically, the most current infection control policies promulgated by the individual hospital, the Department of Public Health, and/or the Centers for Disease Control and Prevention should be followed.

### Ensuring the safety of the care environment

1. Offer children and teenagers who board for longer than 24 hours, and their caretakers, access to personal care and hygiene supplies such as:
  - ✓ Plans for showering and access to private locations to address other activities of daily living (ADLs)
  - ✓ Access to clean hospital gowns/scrubs on a regular basis
  - ✓ Access to a safe and private (as possible) sleeping location with a bed or adapted sleeping lounge chair, clean sheets, blankets, and pillows. If possible, similar access for parents and guardians should be offered when requested, when appropriate, and when available
  - ✓ Allowing caretaker(s) to charge their phones and other devices when safe and appropriate
2. Minimize exposure to ED events that can be traumatizing by:
  - ✓ Boarding children and teens in rooms
    - distanced from trauma rooms, as feasible
    - distanced from adult behavioral health patients, as feasible
  - ✓ Closing patients' room door, as safe and feasible

## Providing patient, family, and caretaker support resources

1. Recognizing that parents and guardians have varied responsibilities, a visitation plan with the family/guardian should be developed, including flexible visitation hours to allow caretakers to leave and return to work, home, or care for other dependents without complications.
2. Work with parents on a communication plan so they can be contacted with urgent updates, including alternatives for communications during their work hours:
  - ✓ Phone number, email, and guardian's preferred contact availability
  - ✓ Identifying a secondary guardian/caretaker who can give consent when needed
  - ✓ Explaining next steps so parents know what to expect when contacted
  - ✓ Providing doctor's notes if appropriate for parents who may need it for their employer
3. Provide activities during boarding. Examples include:
  - ✓ Creating an activity cart or packages of coloring books, crayons, card games, sensory items, and other age-appropriate, developmentally appropriate, and clinically appropriate toys
  - ✓ Allowing children and teens to watch television under appropriate supervision and with appropriate safeguards for ligature risks
  - ✓ Permitting children and teens to contact their family/caretaker(s) in a private setting within a reasonable time upon request
  - ✓ If available, assigning child life activities professionals and/or occupational therapists to support the youth awaiting placement and offer training/supervision to ED staff
4. Offer additional refreshments, meals, and snacks outside of regular mealtimes.
5. Share contact information for social support or counseling services on a case-by-case basis.
6. Support nursing staff with clinical training for children and teens who have special needs, including using the [MCPAP for ASD-ID](#) consultation line.
  - If available at the facility, offer outpatient services in the ED for appropriate patients. Contact the patient's health plan, as some may cover outpatient services delivered in the ED or via telehealth.
  - If available at the facility, offer Applied Behavior Analysis/Occupational Therapy (ABA/OT) for patients with Autism Spectrum Disorder (ASD) / Intellectual and/or Developmental Disability (IDD) needs.
  - Virtually join partial hospitalization programs (PHP) for group sessions, if offered at that facility. Contact the patient's health plan, as some may cover virtual PHP services.
7. Work with a patient's on-going community therapists, primary care physicians, or other established providers.
8. Work with patients to attend scheduled telehealth outpatient appointments in the ED when appropriate. Contact the patient's health plan, as some may cover telehealth appointments with the patient's outpatient providers while the patient boards.
  - Develop a plan to allow appropriate access to secure and safe devices for telehealth appointments

9. Compile support resources for family/caretaker(s) whose children will board at home.

### **Fostering open communication to support patients, families, and caretakers**

#### ***During the initial assessment:***

1. Offer language in family/caretaker(s) preferred language.
2. Provide accessibility services for visual and hearing disabilities.
3. Contact primary care, family physician, or outpatient behavioral health provider when applicable.
4. Explain the diagnosis, interventions, and treatment options by:
  - ✓ Simplifying medical terminology when applicable
  - ✓ Describing medications to caretakers if the patient is given any
  - ✓ Setting expectations for boarding and waiting times

#### ***While boarding:***

1. Check in every 24 hours with families and caretakers about updates and changes to the patient plan.
  - ✓ Manage expectations on use of electronic devices
  - ✓ Explain the role of 1:1 patient care assistant when applicable
2. Check in with onsite family or guardians every shift to update them in relation to the ongoing referral process.
3. Encourage family/caretaker(s) to call payers about expediting admissions.

#### ***Upon discharge or transfer:***

1. Explain discharge plan to families and caretakers.
  - a. If transferring to inpatient level care:
    - ✓ Explain next steps and what to expect at the new facility, including completing necessary paperwork
    - ✓ Provide contact information
  - b. If boarding at home:
    - ✓ Work with Emergency Services Programs (ESPs) in their creation of an alternative safety plan for family/caretakers while child is boarding at home
    - ✓ Provide contact information for emergencies
2. Provide a copy of discharge plan in the preferred language of family/caretaker(s), if feasible.

### **Additional Resources for EDs**

- > [MCPAP for ASD-ID](#)
- > [Network of Care Massachusetts](#)

## Pediatric and Adolescent Mental Health Family Support and Advocacy Resources

Families across Massachusetts use pediatric mental health services for a spectrum of care. There continue to be challenges accessing the care that patients and families need right now. These resources are intended to offer patients and families information on opportunities to participate in advocacy and to obtain support. These are by no means required; they are only if they are of interest.

### **PPAL: Parent/Professional Advocacy League**

Grassroots family organization dedicated to improving access to mental care for children and adolescents. Offers opportunities for family advocacy, education, and support.

Contact:

- > [Ppal.net](http://ppal.net)
- > <https://ppal.net/support-request/>
- > [info@ppal.net](mailto:info@ppal.net)
- > 866-815-8122

### **Boston Children’s Hospital Office of Government Relations and the Children’s Advocacy Network**

Works with policy decision-makers at the local, state, and national levels to uphold Boston Children’s Hospital’s mission of providing exceptional clinical care, advancing research, and training for the next generation of pediatric providers. The office works to develop sustainable and systemic solutions to child health concerns including mental health and encourages family involvement.

Contact:

- > [childrenshospital.org](http://childrenshospital.org) (About Us > Government Relations)
- > [CAN@childrens.harvard.edu](mailto:CAN@childrens.harvard.edu)
- > 617-919-3055

### **Children’s Mental Health Campaign**

Statewide network that advocates for pediatric mental health care. Encourages family involvement.

Contact:

- > <https://www.childrensmentalhealthcampaign.org/>
- > [CCELO@MSPCC.ORG](mailto:CCELO@MSPCC.ORG)

### **Health Care For All Helpline**

Offers a free multilingual Massachusetts-based consumer helpline for health insurance questions.

Contact:

- > [hcfama.org/health-insurance-help/](https://hcfama.org/health-insurance-help/)
- > 1-800-272-4232

### **Mental Health Advocacy Program for Kids (MHAP for kids)**

A public interest law firm that offers representation to low-income residents having difficulty accessing or paying for needed medical services, including mental health services.

Contact:

- > [healthlawadvocates.org](https://healthlawadvocates.org)
- > 617-338-5241, or call toll free at 855-218-2519

### **Massachusetts Hand Hold**

A guide for families navigating the process of caring for their child's mental and emotional well-being. This organization was created by mental health and child development experts in partnership with parents.

Contact:

- > [handholdma.org](https://handholdma.org)