

Brief Psychotherapeutic Intervention in Pediatric Acute Settings (BPI-PAS): Implementation of a Multidisciplinary Approach in a Dedicated Pediatric Psychiatric Emergency Department and its Effect on Stress Management

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BACKGROUND

- In the United States, there is growing concern about the number of pediatric individuals needing mental health care that has only been heightened by the COVID-19 pandemic.
- Currently, pediatric emergency departments rarely offer therapeutic interventions or protocols for patients awaiting evaluation or placement.

OBJECTIVES & AIM

To implement an interprofessional program based on known best practices of mindfulness, building resilience, improving well-being, and identifying and practicing coping skills for youth arriving to the Behavioral Health ED (BHED) for crisis evaluations.

SMART Aim: Within 3 months, > 75% of BHED patients will receive at least 1 stress reduction intervention, and perceived effectiveness will be rated 3 or greater on 1-5 Likert scale.

METHODS

- Site description: Rady Children's Hospital BHED is a 6-bed locked unit with an open milieu for patients aged 3-17 that typically spend 24-28 hours awaiting disposition
- Measures: # Patients receiving at least 1 intervention; patient rating scales of value of intervention in improving behavior skills.
- Surveys and Questionnaires: each participating patient offered items measuring value and usefulness of interventions and satisfaction
- Baseline: No interventions currently exist. Baseline = 0.
- Cycle #1** – Trained BHED staff, obtained staff feedback, added additional and alternative group activities, collected metrics

TEAM MEMBERS

- Primary Leader – Dr. Ekta Patel, MD
- Project Leader - Tanya Ngo, MS4
- Project Co-leader - Dr. Joshua Feriante, DO
- Nursing staff
- Behavioral Health Aids
- Child and Adolescent Psychiatry Fellows
- General Psychiatry Residents
- Medical students
- QI Consultant: Erin Fisher. MD, MHM

RESULTS

Key Driver Diagram

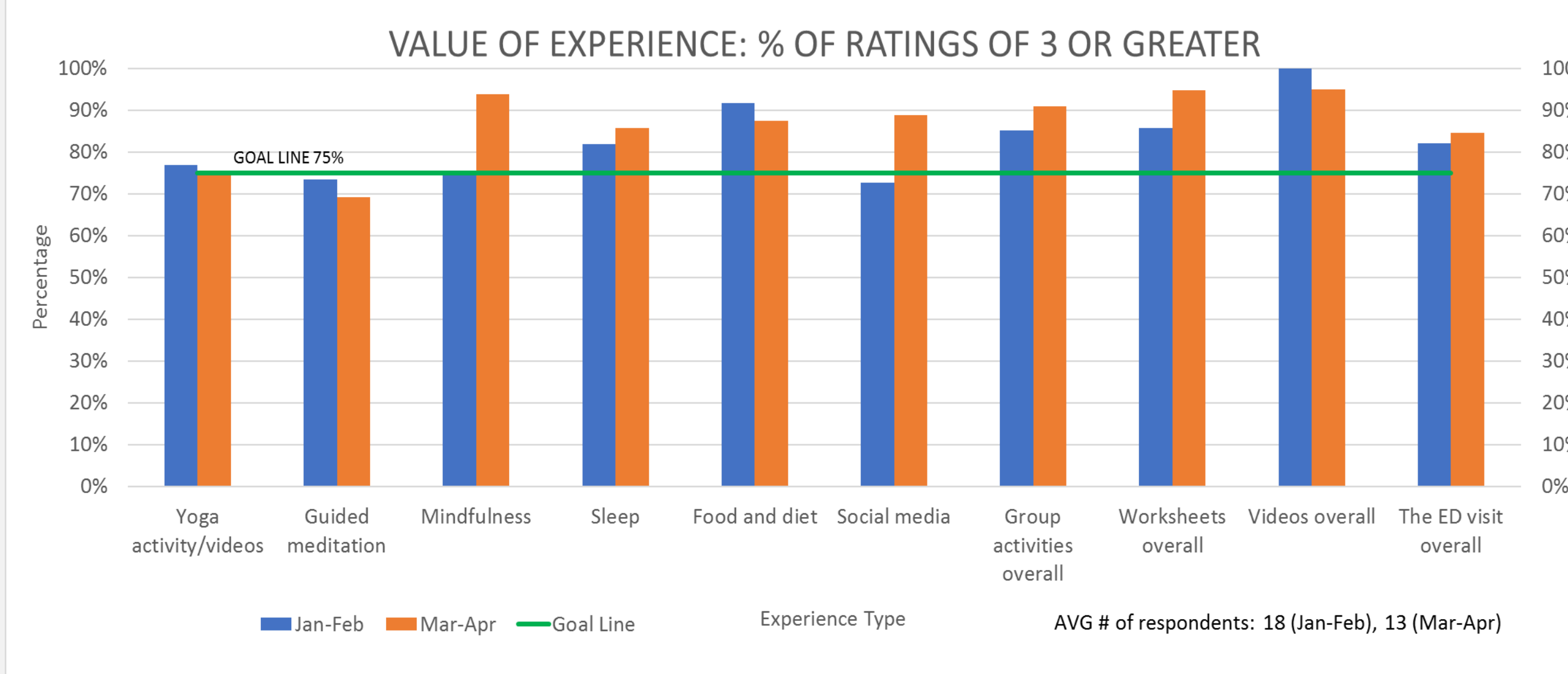
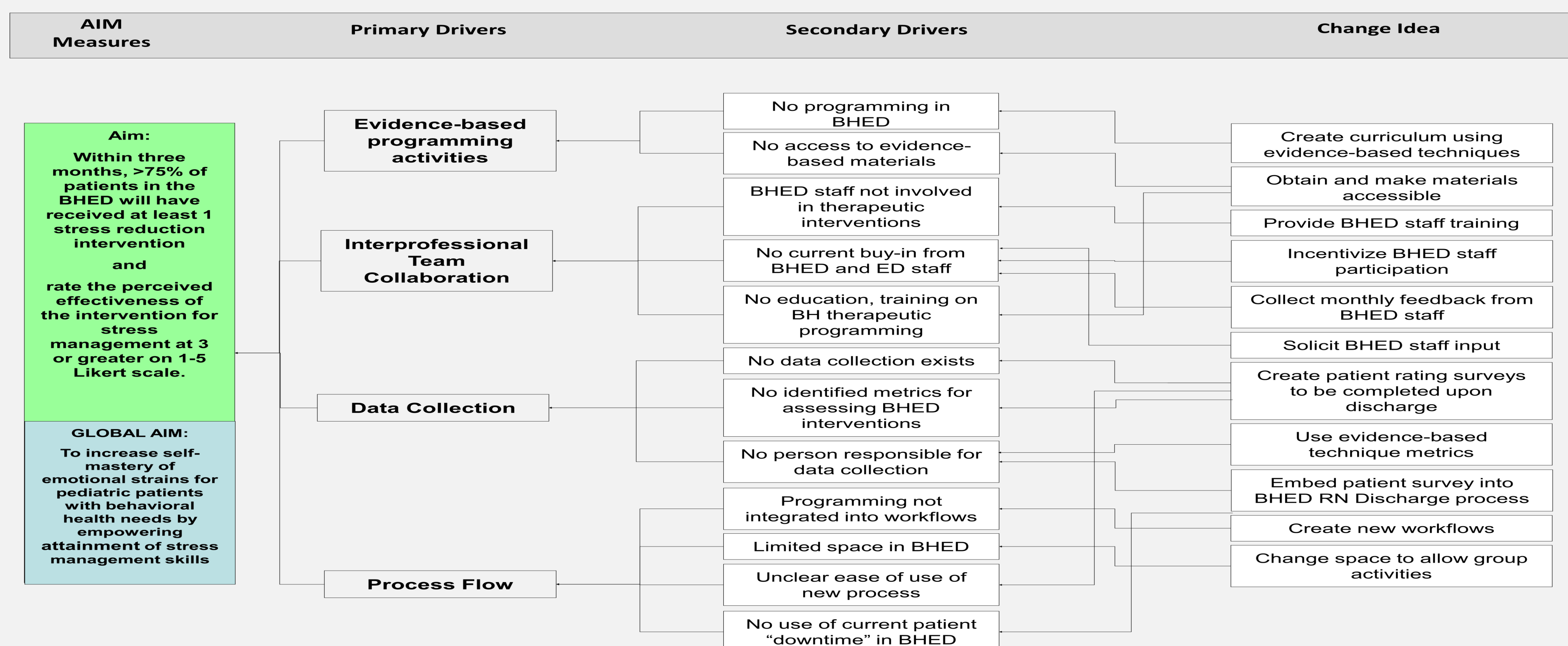


Figure 1a. Patient reported value of experiences PDSA Cycle 1. X-axis = experiences. Y-axis = % of respondents rating the experience 3 or greater.

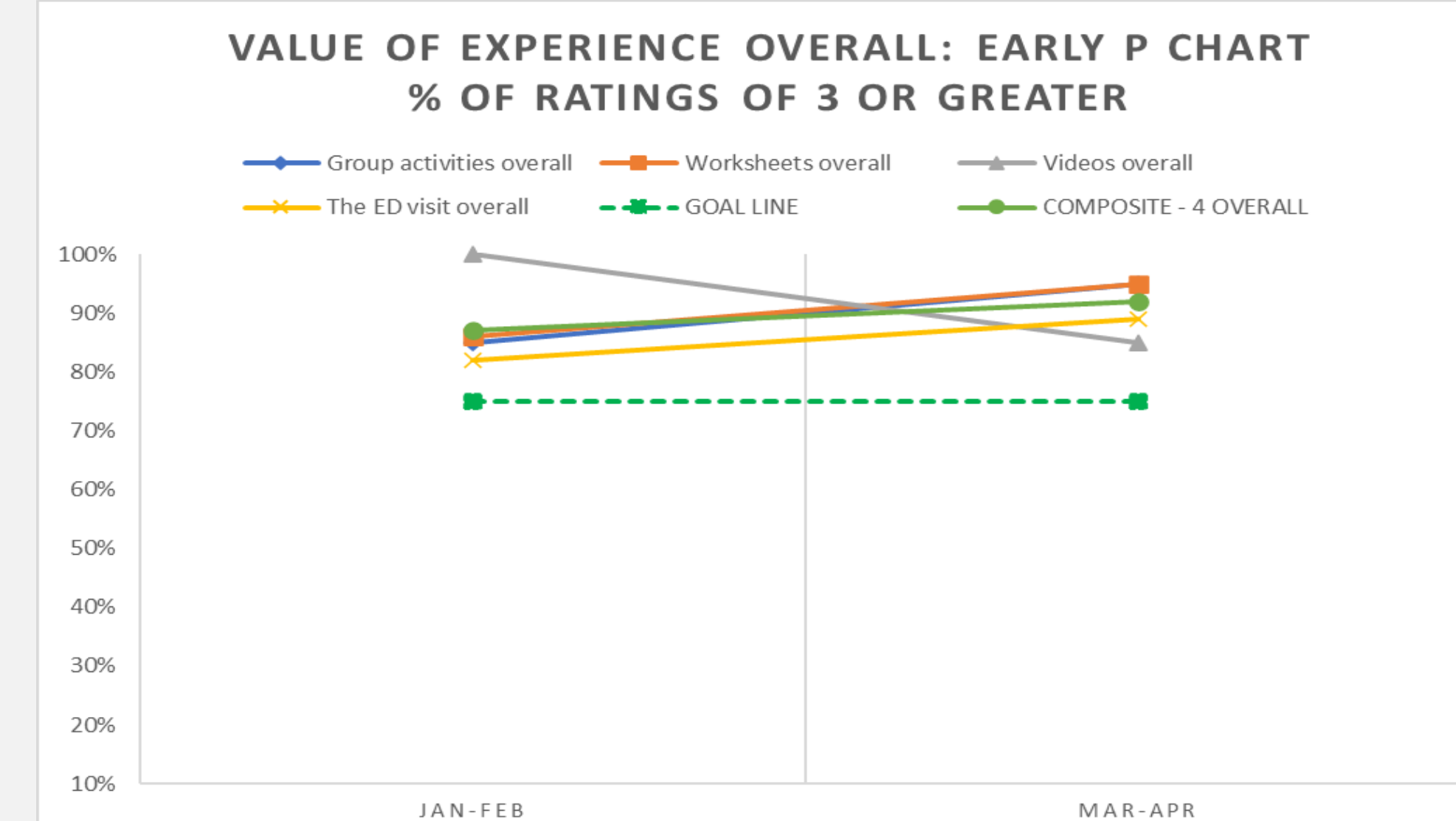


Figure 1b. Early P chart of "overall" questions. Y axis = % of respondents rating the overall experiences at 3 or greater. UCL and LCL would be added when next cycle completed, using composite data.

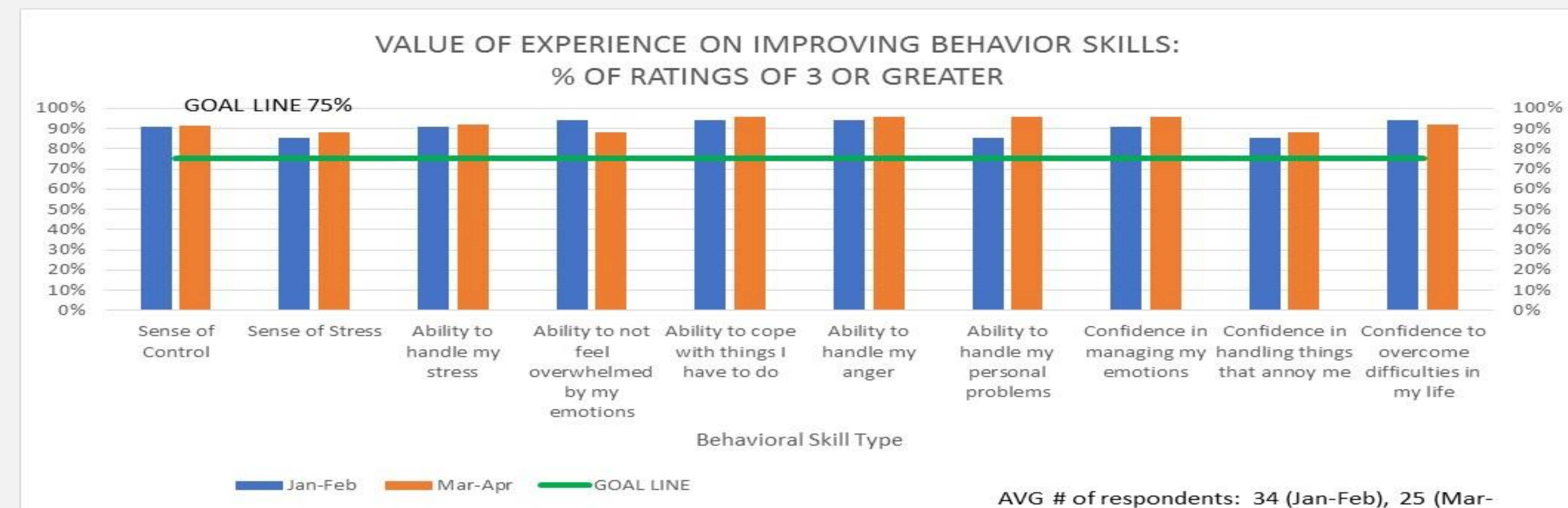


Figure 2. Patient reported value of experiences on Improving Behavior Skills: PDSA Cycle 1. X-axis = Behavior skills targeted. Y-axis = % of respondents rating the experience 3 or greater in impact on improving each behavior skill.

RESULTS

Percentage of participants (Jan-April 2023):

- Total patients: n = 445, 34.8% of patients discharged before participating
- Total potential participants: n = 248 (Jan-Feb = 121, Mar-Apr = 127)
- Completed surveys: n = 55, (Jan-Feb, 25.6%; Mar-Apr, 18.9%)

Ease of use: All interventions were rated 3.24 (1-5 scale) however only substance use and addiction worksheets received consistent ratings of 3 or higher. Mindfulness worksheets received the highest percentage (27%) of "5" ratings.

Ratings by category for ratings 4-5 only: Group (67%, 63%), Worksheets (39%, 50%), Videos (53%, 46%), ED visit (57%, 68%).

ASSESSMENT

We met our second SMART aim but not our first after one cycle of improvement

- A rating of 3 or greater was given for almost all interventions by 75% or more of the patients (Fig 1a) and ease of use ratings were positive (results above).
- Patients felt that the interventions improved ability to attain behavior skills needed handle stressors (Figure 2)
- % of Patients rating overall experiences at higher rates of 4-5 (results above) suggests the interventions are valuable.
- While no unique intervention was performed between Jan-Feb and Mar-Apr data, it is likely the team improved on offering and implementing processes, which may have resulted in some of the higher value ratings between these time periods.
- Additional effort needed to have patients fill out surveys

NEXT STEPS

- Complete second PDSA cycle and analyze collected feedback from both patients and staff
- Explore potential automation of survey production and collection
- Ensuring the quality of sessions offered by BHAs and nursing staff
- Reduce barriers to staff participation in offering to program daily

We hope to expand upon our findings by retrospectively analyzing patient demographic data and important outcome metrics such as length of stay, rates of hospitalizations, and repeat presentations to the ED.

LIMITATIONS

- Project is ongoing and sustainability cannot be assessed