

Beating the Behavioral Health Boarding Blues: Decreasing Emergency Department Boarding Time

Denise Brennan MSN, RN, CNL Nancy M. Robin MEd, RN, CEN
Joanne Kane AD, RN, CEN Altagracia Gomez BSN, RN
Miriam Hospital, Providence, R. I.

Purpose

Our total number of behavioral boarding hours in November 2013 averaged 1088 hours per month

An approach was needed to improve care and services while reducing behavioral health boarding hours



The goal of this project was to decrease monthly boarding hours to below 743 hours

Design

Quality Improvement Project

Setting

Teaching, urban emergency department with 61,000 visits



Participants

All ED RN's, ED Nursing Leadership, ED Physicians, Psychiatry Consultants
Organizational Steering Committee

Relevance/Significance

The high prevalence of mental health issues within our state creates challenges with access



Many patients present to the ED versus an appropriate behavioral health setting

These patients were identified by the organization as a population at risk

When beds in the community are unavailable for this population they board in the ED until an appropriate placement is found

This nurse driven solution demonstrates a holistic view of the care environment

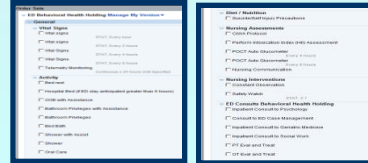
Methods

Boarding hours impact ED flow, resource and bed availability



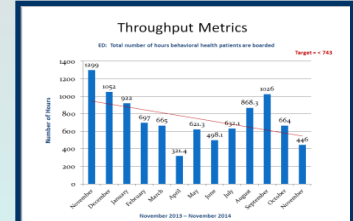
Time for an innovative, collaborative approach

Sustainable changes included daily rounding, pharmacy and dietary support, standardized behavioral health order sets and guidelines which included activities of daily living, home medication management, chronic disease management and consults



Our system partnered with community behavioral health organizations and system affiliates with inpatient resources, targeting underutilized affiliate capacity, consult availability and transfer processes

Results/Outcomes



Average of 653 hours per month as of November 2014, meeting the target of <=743 hours

Implications

There is a behavioral crisis which affects ED's

With ED nurses at the bedside advocating for improved care, ED leadership partnering with organizational affiliates and coordinating with behavioral health centers, innovative ideas can flow and boarding hours can be decreased

Contact Information
dbrennan@lifespan.org
nrobin@lifespan.org