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Breaking New Ground: An Innovative Approach to Standardizing Behavioral Health Onboarding Education in the Pediatric Emergency Department

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Background

- The COVID-19 Pandemic has compounded the already existing challenges of the pediatric mental health crisis leading to a national emergency in pediatric mental health (Cutler et al., 2022).
- Inpatient and partial inpatient placement facilities for pediatric patients is in high demand with low availability causing a shift of patients/families seeking mental health care in the emergency department (ED).
- Baystate Children’s Hospital ED registers approximately 33,000 patients between the ages of 0-22.
- With the high volume of behavioral health patients, the ED was seeing a daily average of 94 hours of boarding between July and December 2023.
- Additionally, staff injuries related to violence from behavioral health patients increased and the assistance from the security team with escalating or violent patients (Code Yellow) was at an all-time high.
- Staff have expressed their lack of training for the care of the pediatric behavioral health patient in the ED.
- Due to the increase in the pediatric behavioral health patients, staff expressed the lack of standardized education and the concern that they did not have the correct training to safely care for the pediatric behavioral health patient.

Objective

- The goal of this educational project was to standardize the onboarding education on the care of the pediatric behavioral health patient in the ED to increase staff knowledge, reduce staff injuries, and reduce code yellow calls.



Methodology

- The Nurse Educator completed a needs assessment to evaluate the current education, and it was evident there was a knowledge gap.
- The behavioral health onboarding class was developed and implemented collaboratively with a pediatric specific psychiatric RN and the pediatric ED educator.
- Using innovative teaching techniques including continuous assessment of the staff through role playing and a problem-solving emphasis using real world de-escalation scenarios, the facilitators flexed and adapted to the needs of the staff.
- Using real-world scenarios, staff were able to use skills from trauma-informed care and de-escalation techniques to manage a violent escalating pediatric patient.
- Staff actively practiced applying restraints in a safe environment without the added pressure of being in a high-stress situation.
- A post training survey was given to staff for evaluation of knowledge, competence, and effectiveness of the course.



Pictured: Hayley Schuster RN, Verniece Davis BRT, Alexis Folk BRT

Outcomes

- Staff surveys demonstrated an improvement in knowledge and competence in providing safe and effective care to the pediatric behavioral health patient.
- Additionally, staff reported confidence in identification of escalating patient behaviors and use of de-escalation techniques.
- Since the implementation of this class in February 2023, the pediatric ED has decreased staff injuries from violence by 50% (20 reported cases to 10 reported cases).
- Code yellows calls (as defined above) decreased by 60% (104 activations to 41 activations).

Conclusion

- New staff lack standardized education providing care for the behavioral health patient in the pediatric emergency department.
- Nurse Educators are faced with identifying those gaps in knowledge and finding innovative, creative ways to provide education for our current and future staff members. Caring for the pediatric behavioral health population in the ED is uncharted territory which led to our current education.
- This standardized approach has fused past experiences with the future of the emergency department.

References

- Cutler, G. J., Bergmann, K. R., Doupnik, S. K., Hoffmann, J. A., Neuman, M. I., Rodean, J., Zagel, A. L., & Zima, B. T. (2022). Pediatric mental health emergency department visits and access to inpatient care: A crisis worsened by the COVID-19 pandemic. *Academic pediatrics*, 22(6), 889–891. <https://doi.org/10.1016/j.acap.2022.03.015>