Abstract Title: Providing Enhanced Care Coordination Services for Pediatric Emergency Department Mental Health Patients

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Purpose/Research Question:
The rate of children presenting to pediatric emergency departments (PED) for mental healthcare has been rising for several years. Care of these children is complex and utilizes limited PED resources. Literature has shown care coordination (CC) improves outcomes for medically complex children and may improve the care of children with mental health (MH) concerns. The objectives of this pilot quality improvement project are to determine the feasibility of CC for PED MH patients by measuring the impact of CC on social worker (SW) efficiency and connectivity of discharged patients.

Review of literature: Optimal outcomes for children with special needs require the collaboration between multiple systems to address the medical and non-medical needs that impact the child and family (AAP, 2014-policy statement).

Methods:
Children visiting the PED, with a MH chief complaint, September through November 2015, were recruited for enrollment into CC. Inclusion criteria included up to 18 years of age and living in the geographic area serviced by CC. Children with established CC and those requiring psychiatric admission were excluded. CC was provided by a CC social worker within 48 hours of discharge. CC staff tracked all services provided. Outcome measures included efficiency, defined as total number of children cared for by PED-SW and length of stay (LOS); connectivity, defined as number of children engaged in CC and communication of the discharge plan to community providers. These measures were compared to the same time period in 2014. Community providers were categorized as primary care providers (PCP), school and MH service providers.

Results:
Total PED volume was 4% lower in 2015 (14434) vs. 2014 (15072), with 18% more patients presenting to the PED with MH chief complaints in 2015 (934) vs. 2014 (790). PED-SW cared for 70% more MH patients in 2015 (218, 23%) vs. 2014 (128, 16%). Average LOS for PED-SW patients remained unchanged (3 hours).

PED-SW identified that 32% (69/218) of their MH patients met criteria and those were referred to CC. Despite multiple attempts 33% (23/69) did not engage in CC. Further screen excluded 5 additional patients. One month following the pilot program 59% (41/69) were actively enrolled. To communicate the care plan for the 41 enrolled patients CC staff connected (phone calls, emails, faxes) with community providers 339 times. For each enrolled child there was an average of 2.7 connections to schools and 2.9 connections to MH providers. All (100%) of available PCPs were connected.

Conclusion:

CC for PED mental health patients appears to be feasible. PED social worker efficiency improved as demonstrated by increased patients seen and similar LOS compared to the same time period last year without CC. Patients/families engaged with CC and connectivity to PCP, school and MH providers was ensured. Further studies should determine the cost effectiveness and relative patient benefits/outcomes when MH patients are enrolled in CC prior to discharge from a PED.