Hospital boarding: A Qualitative Study of Healthcare Quality for Youth Awaiting Psychiatric Placement

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Introduction

Following initial evaluation and management youth requiring inpatient mental health treatment are often held in the emergency department or admitted to an inpatient medical unit until inpatient psychiatric placement becomes available. This practice is referred to as boarding. Although the prevalence of boarding is increasing nationally, little research has examined the quality of healthcare delivery during the boarding period.

Approach

- Interviews focused on experiences and perspectives related to mental health boarding and perceived opportunities to improve quality of care during the boarding period.
- Interviews were continued until thematic saturation was reached; they were recorded, transcribed verbatim, and analyzed to identify emergent themes using a general inductive approach.

Results

- Interviews were conducted with 19 nurses, physicians, child life specialists, nursing assistants and care managers.
- All participants expressed strong emotional responses related to challenges with current processes of care and a desire for change in the standards of care.
- Emerging domains and associated themes aligned with Donabedian’s Structure-Process-Outcome framework for quality improvement

Table 1. Quality domains: emergent themes and representative quotes

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<thead>
<tr>
<th>Domain</th>
<th>Quality domains: emergent themes and representative quotes</th>
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<tr>
<td>A. Clinical training and education</td>
<td>The concept of psychiatric boarding can be explained by the fact that many different things and everyone kind of does their part, but no one gets fully owned. It's hard because like, no one group can be the definitive person for all psychosocial, clinical, the stuff that's going on. It's going to have to be a team effort, and I guess that's kind of the line where we need to be a more and more of a strategy.</td>
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<td>B. Composition of healthcare team</td>
<td>We have to maintain their safety, which means keeping them safe, in a secluded room, there are airlines, they have very little things for entertainment that we can offer them to keep them safe and they can't get any therapeutic intervention.</td>
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<tr>
<td>C. Physical environment</td>
<td>&quot;We need to make the same safety, which means keeping them safe, in a secluded room, there are airlines, they have very little things for entertainment that we can offer them to keep them safe and they can't get any therapeutic intervention.&quot;</td>
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<td>D. Policies/protocols</td>
<td>&quot;It's the (free) patient's job ends up being really volatile. I've been in situations where we have kids waiting for an inpatient bed for days and then the psych team says, 'Okay, we're ready.' And then you can go home then you go back if it's not set up indicated for you. And again, having the whole mental health and psych team involved in the boarding process is really helpful. Working with children, sometimes comes in with a lot of anxiety. I think it's really helpful to get them to the next place or, 'Let's get them to the next place' or, 'If you can't do it, let's get them to the next place.'</td>
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<td>E. Logistics of inter-hospital transfer</td>
<td>&quot;Logistically, it's a little bit hard to have an ambulance at 10:00. And then the ambulance doesn't show up until the kids and nurses and the other crossbones of staff is really hard to call and transfer them.&quot;</td>
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Limitations

- Single setting study- results may not be transferable to other institutions
- Interviews with parents of patients are ongoing and analysis pending

Conclusions

This qualitative study illustrates several opportunities for quality improvement for youth experiencing mental health boarding. The conceptual model emerging from this analysis can be applied to implement and evaluate quality improvement endeavors to support this vulnerable pediatric population (Figure 1).

Next Steps

- Completion of analysis of parent interviews
- Dissemination of results at national and regional conferences

Figure 1. Psychiatric Boarding Models of Care

Figure 2. Conceptual Model for Quality Improvement in Psychiatric Boarding