

Addressing the Issue of Boarding Psychiatric Patients in the Emergency Room:

a Psychiatric Doctor of Nursing Practice as one Solution.

Stephanie King, MSN, PMHNP-BC, CRNP

Evidence based practice demonstrates that the practice of boarding psychiatric patients in the emergency department is not in the best interest of patients (Emergency Nurses Association, 2011). As part of a potential practice change, I would like to examine the potential role of a doctoral prepared psychiatric nurse practitioner in the emergency department and how this could be part of a comprehensive process change model to address the issue of psychiatric patient boarding in the emergency department and issues this practice creates.

When I began considering a potential clinical problem to address in the doctoral program, I wanted to identify a topic of relevance not only to my current practice setting, but to practice settings throughout the country. My area of interest for continued practice is advanced clinical practice in the psychiatric setting. I currently practice as a psychiatric nurse practitioner in the outpatient psychiatric department of a community hospital. Our practice consists of both inpatient and outpatient psychiatric services as well as consultation liaison services. It was not difficult to identify one of the more challenging issues facing our department; the issue of boarding psychiatric patients in the emergency department. Our hospital, like many hospital systems, has identified the need to address not only the practice of boarding psychiatric patients and why this occurs, but ways to make mental health services more available, ways to manage psychiatric patients in the emergency room, and ways to better support the emergency room staff by increasing mental health education and awareness. While we have identified these issues, we have not been able to create practice change to adequately address them.

As in many emergency departments, psychiatric patients often use our emergency department as a last resort for services. In 2007, 12 million emergency department visits involved a diagnosis related to mental health disorders, substance abuse or both (Emergency

Nurses Association, 2011). A frequent complaint of our emergency department staff is how they feel unprepared to adequately meet the needs of psychiatric patients that present there for help. This issue is exacerbated when these patients are boarded for long periods due to lack of inpatient psychiatric beds. This issue is not unique to our hospital system. A 30% decline in inpatient psychiatric beds over the past two decades has contributed to boarding psychiatric patients at a level that is double that of other emergency department-admitted patients (Emergency Nurses Association, 2011). This issue affects not only our staff and hospital system, but hospitals throughout the country as well. The use of a psychiatric nurse practitioner prepared at the doctoral level in the emergency department may be one way to potentially address these issues. By improving our practices we can potentially improve the quality of care that psychiatric patients receive in the emergency department.

Reference:

Emergency Nurses Association. (2011). *Public Policy Agenda 2011/2012*. Des Plaines: Emergency Nurses Association.