



2020 LEAD Capstone Poster Session

Developing a Care Pathway for Children with
Autism Spectrum Disorder in the Pediatric ED

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Abstract

- Pediatric emergency departments have become the de facto location for evaluation and treatment of children with Autism Spectrum Disorder (ASD) who are experiencing a mental health crisis
- With a prevalence of 1 in 59 children, and a high percentage of those having some other psychiatric comorbidity, this represents an enormous — and likely growing — burden on pediatric emergency departments
- Implementing a care pathway for these children with a focus on appropriate discharge planning and minimizing length of stay will be critical to effectively meeting the needs of these children and their families



Objectives

- Characterize the challenges associated with caring for children with ASD in the pediatric ED setting
- Identify barriers to discharge for these children, which result in unnecessary boarding in the ED
- Develop a care pathway that provides for appropriate medical and psychiatric evaluation, with a focus on appropriate discharge planning
- Optimize our use of state-supported services provided through the respective Local Intellectual and Developmental Disability Authority, (previously MHMRs), given the lack of access to hospital-based higher level of care
- Grow existing relationships and form new ones with local community health organizations to help families gain access to services including crisis stabilization, respite, and in-home attendant care and behavioral support



Background Information

- Generally, there has been an increase in the use of pediatric EDs for mental health care
 - Children with ASD are 9x more likely to have a psychiatric-related pediatric ED visit
- Children with developmental disabilities may be experiencing a behavioral crisis due to an underlying medical issue, for example constipation or pain
 - Because of this, a medical evaluation is warranted, particularly for children with minimal verbal language or low intellectual functioning that may limit their ability to communicate to caregivers
- When an appropriate medical evaluation has been completed and no physical cause for agitation is identified, discharge planning is problematic
 - If the child continues to be agitated, the family may not be able to safely manage the child at home
 - Inpatient psychiatric units typically are not able to provide care for lower functioning children with aggressive behaviors
- As a result, many children remain in the ED waiting for the unmanageable behaviors to decrease, difficult given the overstimulating environment, or frankly for the family to grow tired of being in the ED
 - Psychiatric boarding in the ED is over 2.5x more likely for children with ASD compared to neurotypical peers
 - Length of stay is often not measured in hours for children with ASD, but days, and maybe even weeks



Specific Aims

- Improve the quality of care provided as well as the patient experience in the ED for children with ASD and their families
- Decrease length of stay in the ED, preparing for appropriate discharge once an appropriate medical workup has been completed
- Reduce utilization of ED resources by connecting families with the organizations that will provide the supports and services needed to safely care for their children at home



Project Plan

- Form a working group comprising representatives from involved parties, including the ED, Psychiatry, and Social Work
- Develop a protocol to be initiated on admission to the ED that will accomplish the following:
 - Provide the primary team with important information about the child's emotional and behavioral functioning
 - Gather relevant information that will help develop an appropriate discharge plan
 - Identify the respective Local Intellectual and Developmental Disability Authority, and characterize the child's existing services
 - Evaluate the severity of a child's behaviors
 - Qualify the degree of caregiver stress
 - Provide access to appropriate behavioral support while the child is in the ED
- Develop metrics by which the success of the intervention can be assessed
 - Length of stay in the ED for children with diagnosis of ASD who have a related psychiatric presentation
 - Return visits within an appropriate time period, ED utilization



Proposed Budget

- Necessary resources may include the following:
 - Consultation with ABA therapist specializing in managing severe behaviors, 0.5-1FTE
 - Dedicated Social Work involvement, 0.2FTE
- Implementation of the care pathway will require coordination of ED, Social Work and Consult Liaison Psychiatry services



Innovation and Significance

- The significance of this project will be to optimize the quality of care provided in the ED to children with ASD, thus furthering the mission of Children's Health to make life better for children
- Providing optimized care and discharge planning on an initial admission may reduce the frequency of future ED visits and improve the utilization of care services at all levels



References

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