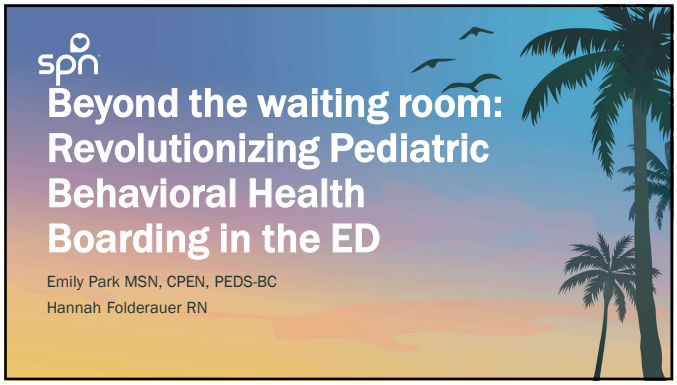
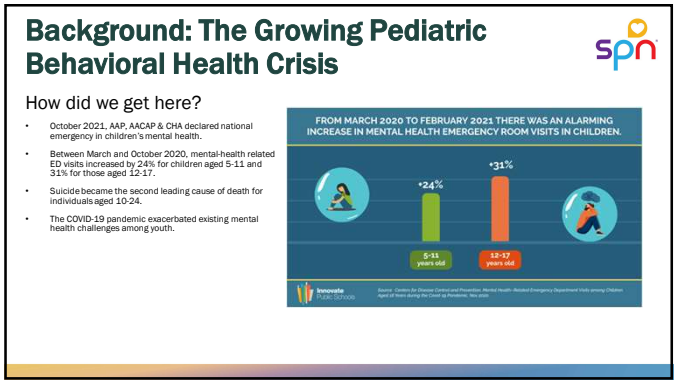

SPN 36TH ANNUAL CONFERENCE
A BRIGHTER FUTURE
Starts Here
APRIL 27 – APRIL 29, 2026
Renaissance Orlando at SeaWorld | Orlando, Florida

1


Beyond the waiting room: Revolutionizing Pediatric Behavioral Health Boarding in the ED
Emily Park MSN, CPEN, PEDS-BC
Hannah Folderauer RN

2


Background: The Growing Pediatric Behavioral Health Crisis
How did we get here?
October 2021, AAP, AACAP & CHA declared national emergency in children's mental health.
Between March and October 2020, mental-health related ED visits increased by 24% for children aged 5-11 and 31% for those aged 12-17.
Suicide became the second leading cause of death for individuals aged 10-24.
The COVID-19 pandemic exacerbated existing mental health challenges among youth.
FROM MARCH 2020 TO FEBRUARY 2021 THERE WAS AN ALARMING INCREASE IN MENTAL HEALTH EMERGENCY ROOM VISITS IN CHILDREN.
+24%
+31%
5-11 years old
12-17 years old

3

Drivers for Change-Inpatient & System Strain

- Only ~8,300 pediatric psych beds in the U.S.
- Children waiting days to weeks for psychiatric placement.
- Boarding in EDs and inpatient units leads to unsafe conditions and gridlock.
- Staff burnout, family frustration, and system-level moral distress.

4

Bridging the Gap-Pediatric Behavioral Health Holds

BEHAVIORAL HEALTH BOARDERS AREN'T JUST "MEDICALLY CLEARED"—THEY'RE STILL IN CRISIS.

TRADITIONAL EDS AND MED-SURG UNITS AREN'T DESIGNED FOR PSYCHIATRIC STABILIZATION.

PEDIATRIC NURSES AND PROVIDERS OFFER DEVELOPMENTALLY ATTUNED CARE.

OUR MODEL ADDS STRUCTURE, SAFETY, AND SUPPORT WHILE PRESERVING FLOW.

5

Pediatric BHH Criteria

- 17 years of age or younger
- Presenting with a behavioral health complaint (e.g., suicidal ideation, depression)
- No current concerns for violence or aggression
- No current need for physical or chemical restraints
- Medically cleared by ED provider
- Evaluated by a mental health clinician and/or psychiatry
- Signed voluntary agreement

6

Pediatric BHH-Process

- Patients remain as ED patient class to avoid delays in placement
- Staff are cross trained to Peds ED and Peds inpatient unit so the competencies are transferrable across unit
- Transitioned to a private room for increased privacy and comfort
- Continuous monitoring by nursing staff
- Partnership with psychiatry, social work, and psych occupational therapy for daily visits
- Daily therapeutic schedules
- Designed to reduce stress and support families

7

Pediatric BHH Process-Cont.

Providers must see the patients in the ED and communicate with MHC if patient is appropriate to board

Provider can upgrade or downgrade level of observation

Critical thinking- Is patient safer in the Peds ED or Peds Inpatient Unit

Pediatric Psych safe rooms

Patients are not permitted to have their cellphones	Parent belongings are restricted from the room	Visitor restrictions apply	Meal tray modifications

8

Volumes and Results

Total*	Ages	Total LOS (hours)	Avg LOS
120	11-17	4524 hours (equaling 188 patient days)	2.5 days

*data from 3/2025-3/2026

9

How can you bring this to your unit?

Start with your Why

- Quantify your BH boarding population
- Look at LOS, ED impact, and safety events
- Use your own data to build urgency

Engage the Right Stakeholders Early

- ED leadership
- Peds/inpatient leadershiop
- Psychiatry and behavioral health
- Case management/social work
- Security and risk
- Your Team!!

Define Clear Inclusion Criteria

- Who is appropriate for this model
- Who is not (just as important)
- Keep it concise to ensure staff buy in

Leverage Your Existing Resources

- Cross-train staff instead of building new teams
- Use existing inpatient space when possible
- Partner with services already involved
  - Psych, OT, SW

Standardize The Process

- Clear workflow from ED to Inpatient space
- Defined OBS levels (1:1, 1 hr safety rounds, etc.,) and escalation pathways
  - Your facility may already have this
- Consistent communication between teams

Start Small and Scale

- Pilot with a small group of patients
- Track outcomes early
  - Utilize PDSA cycles
- Adjust before expanding

10

Bring it on' home

Key Takeways

- Not the solution BUT a safer, more therapeutic, bridge
- Environment and Pediatric Expertise Matter
- Improves flow and patient experience
- Structure=Sustainability
- Adaptable to other settings

Contact Information

Emily Park

Nurse Manager Peds ED/Inpatient

UM BWMC

Emily.park@umm.edu

11

References

American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, & Children's Hospital Association. (2021). *A declaration of a national emergency in child and adolescent mental health.*

American Academy of Pediatrics. (2023). *Pediatric mental health emergencies in the emergency department.*

Emergency Nurses Association. (2022). *Care of pediatric patients with behavioral health needs in the emergency care setting.*

American College of Emergency Physicians. (2021). *Pediatric mental health boarding in the emergency department.*

Children's Hospital Association. (2023). *Pediatric mental health crisis and ED boarding trends.*

12