NAVIGATING THE LOCAL SYSTEMS OF CARE CHALLENGES FOR PATIENTS WITH AUTISM SPECTRUM DISORDER IN CRISIS

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Introduction

- Children with Autism Spectrum Disorder (ASD) are nine times more likely to be psychiatrically hospitalized than typically developing children[1].
- Despite this, families of children with ASD in crisis often encounter challenges obtaining acute care resources.
- General Child and Adolescent Psychiatry (C&A) inpatient units often do not have the resources to care for this population. There is a significant shortage of specialized Neurobehavioral Unit (NBU) inpatient beds.
- As a result, many children with ASD in crisis have extensive ED wait times, board on the medical floor, or get discharged to outpatient care[2].

Objectives

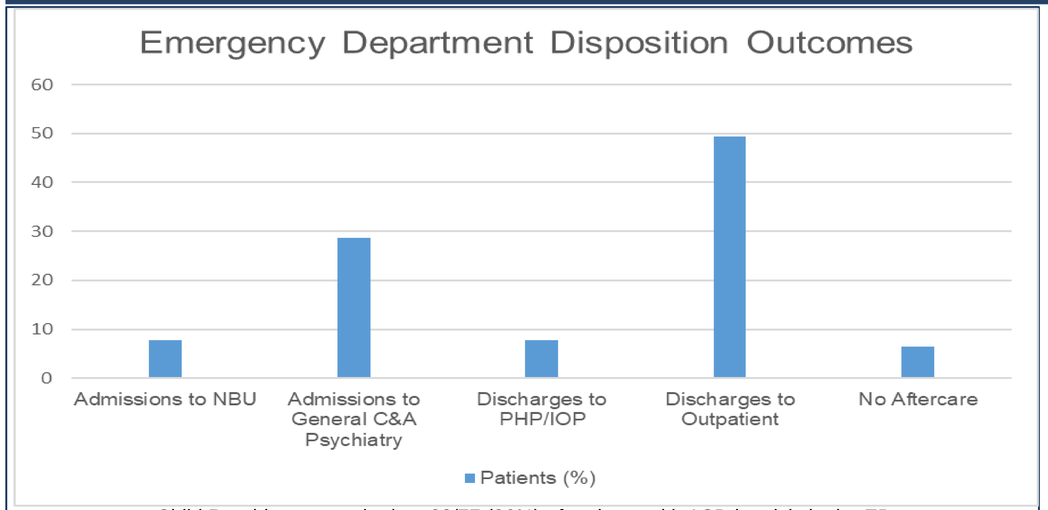
- To identify the volume of patients with ASD who presented to the Johns Hopkins Hospital (JHH) Pediatric ED from July 2016-July 2018 in a mental health crisis
- To identify the average ED length of stay, disposition outcomes and discuss potential interventions

Methods

- A retrospective chart review of patients was conducted using EPIC Slicer Dicer
- The following search terms were used: Age less than 18, location in the JHH Pediatric Emergency Department, diagnosis of Autistic Disorder, and chief concern of behavioral problems, agitation, aggressive behavior or psychiatric evaluation

Total Number of Patients:	Patients Admitted:	Patients Discharged:	Average ED Length of Stay:
77	28/77 (36.3%)	49/77 (63.6%)	2.2 days

Results



- Child Psychiatry consulted on 28/77 (36%) of patients with ASD in crisis in the ED

Case examples of variability in management and disposition outcomes in children with ASD who presented to the ED:

Case I:
14 year old male with Autism Spectrum Disorder presenting with concerns about aggression (assaulting a teacher, resulting in police being called). Patient threatened to take police officer's gun and shoot officer, as well as blow up the school.

Past Psychiatric History:
- No previous inpatient admissions
- 3 ED visits in the past 11 days
- No current outpatient providers for medication management
- No home medications
- No outpatient therapy

Hospital Course:
- No psychiatric consultation
- No medications given
- Recommendation was discharge home
- New referral for outpatient care given

Length of Stay in ED:
- 1 day

Case II:
11 year old male with Autism Spectrum Disorder presenting with concerns about aggression (assaulting parents and therapist, requiring three security guards to de-escalate and bring patient to the ED).

Past Psychiatric History:
- Two previous hospitalizations
- Several ED visits since age 4
- Has an outpatient psychiatrist
- Home medications include Aripiprazole and Clonidine
- Has an outpatient therapist

Hospital Course:
- Psychiatric consultation received
- Medication recommendations given
- Initial recommendation for Inpatient NBU
- Final disposition admit to General C&A Psychiatry Unit (due to lack of NBU bed)

Length of Stay in ED:
- 11 days

Potential Interventions to Improve Outcomes

Immediate:	Intermediate:	Long Term:
Psychiatric consultation and medication management in the ED	Referrals to PHP/IOP	Increase in specialized NBU inpatient beds
Safety planning and crisis intervention resources (mobile crisis teams)	Specialty clinics (CARD), resources for families (Autism Speaks)	Increase in C&A inpatient units with additional resources to support this patient population

Conclusion

- This data reveals variability in ED disposition despite high levels of acuity across patient encounters. Many children with ASD in crisis are discharged, while others experience lengthy ED wait times, all due to a lack of resources.
- Psychiatric consultation with medication recommendations, safety planning and referrals to intermediate levels of care may be helpful interim solutions.
- Ultimately, more inpatient neurobehavioral unit beds are necessary to provide acute crisis stabilization.
- There is a significant need for advocacy by mental health professionals to address this systems of care problem.

References

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