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## Background

- Lack of hospital and community programs for children with behavioral health (BH) diagnoses leaves the emergency department (ED) as a buffer zone (Saidinehad et al., 2023).
- EDs are often the first contact for a pediatric patient in a BH crisis.
- BH patients receive high-risk medications for their diagnosis, including clonidine, guanfacine, and clozapine.
- Potential negative side effects if prescribed incorrectly include agitation, suicidal ideation, and self-harm.

## Purpose

- To develop and pilot an innovative care delivery model led by ED BH Nurse Practitioners (NPs), aiming to enhance safe BH medication management and ensure that patients receive appropriate medications while awaiting psychiatric placement using a daily huddle.

## Methods

- This quality improvement project used a Plan-Do-Study-Act (PDSA) methodology; feasibility was determined Spring 2025 with a 2-week PDSA cycle.
- A 13-question pre-implementation survey was sent to assess knowledge and confidence of providers.
- A 3-week PDSA of the huddle was completed in Fall 2025.
- A 12-question REDCap survey was disseminated to ED NPs and Pharmacists asking how the huddles went, barriers, and the patients needing medication/medical intervention during the shifts.
- A post-implementation survey was sent out March 2026.

Theme	Quotes
Dose clarification	<i>Clonidine formulation was wrong on a medication history, 3 kids didn't have a medication history filled out, dose clarifications.</i>
Agitation Plan	<i>Many patients were here through the weekend but all needed agitation plans...</i>
Medication Reconciliation	<i>Typically, estimate spending between 1-2 hours on medication reconciliation; however, sometimes longer depending on patient volume and complexity.</i>

Table 1. Themes Emerged from the Huddle

## Amount of Time Spent Preparing for the Huddle

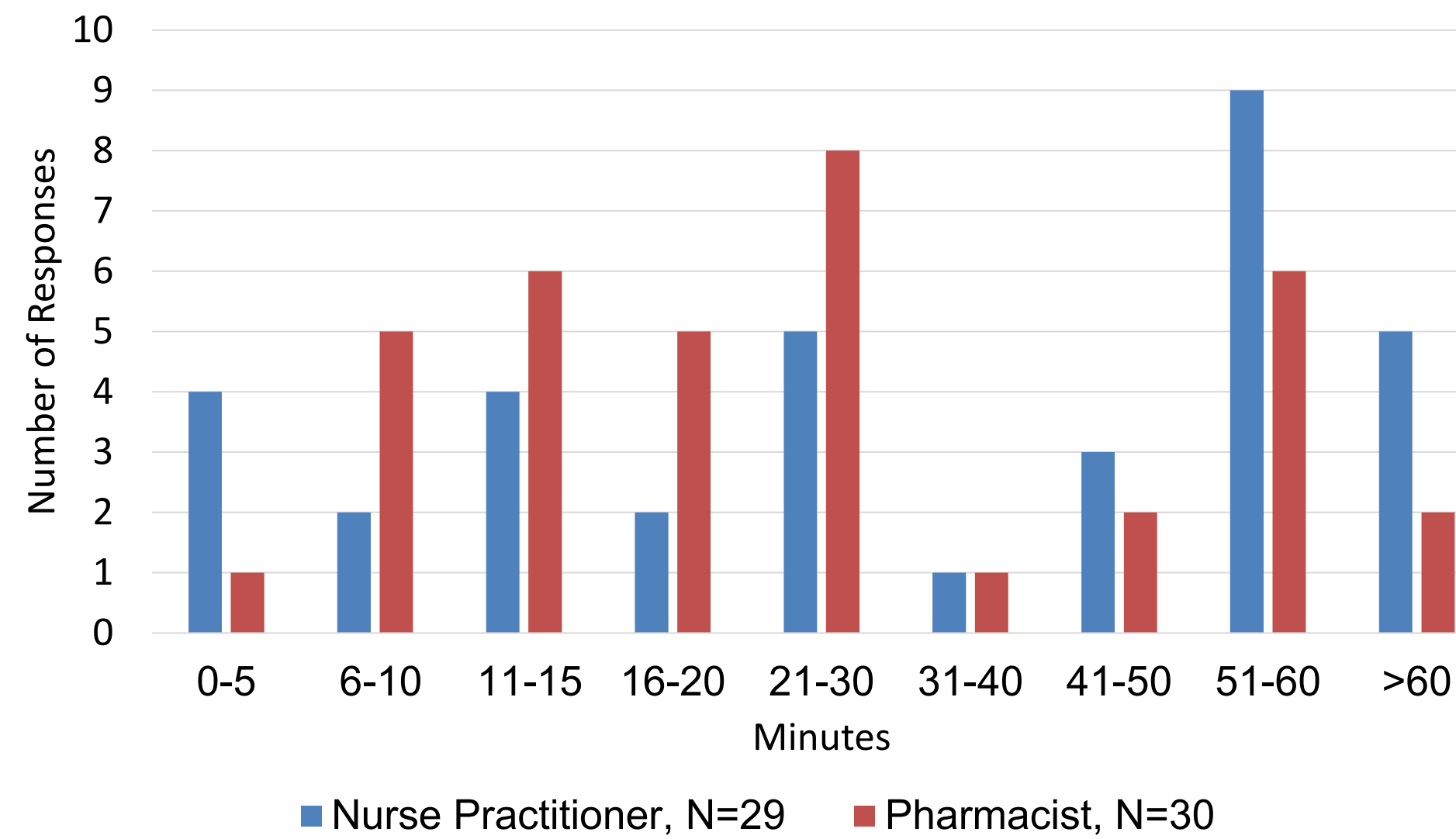


Figure 1. Time Spent Preparing for the Huddle

## Patients Identified Requiring Behavioral Health Medication Follow-up During the Huddle, N=38

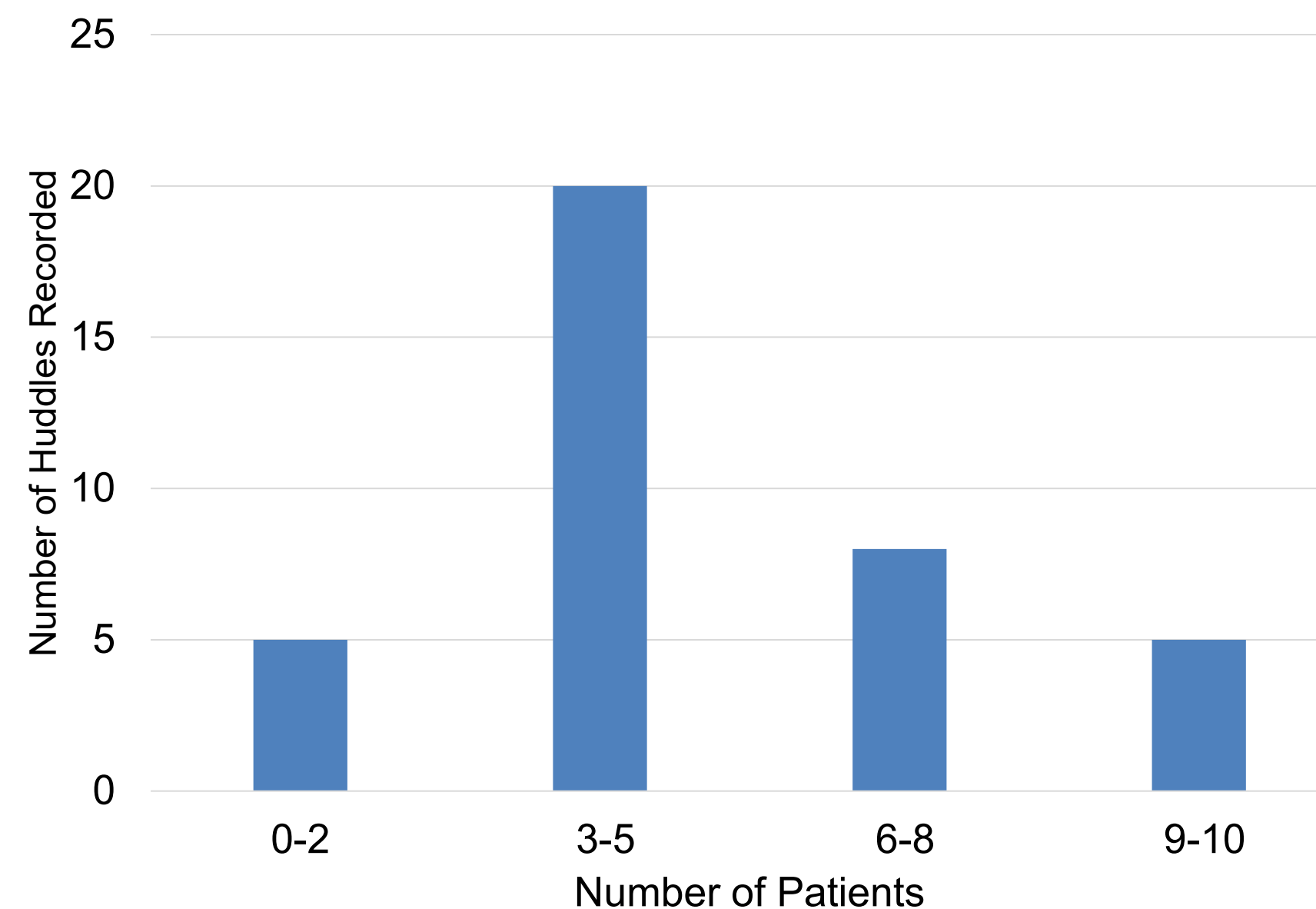


Figure 2. Number of Patients Identified Requiring Behavioral Health Medication Follow-up During the Huddle

## Results

- The huddle occurred 31/34 days.
- The mean time in minutes spent preparing for the huddle was 42.4 for NPs and 3.7 for pharmacists (Figure 1).
- The mean number of patients requiring daily BH medication follow-up was 5.1 (Figure 2).
- When asked to share any other information about the BH medications that required follow-up, several themes emerged: dose clarification, agitation plan, and medication reconciliation (Table 1).
- Anecdotally, NPs and Pharmacists felt safer with the daily huddle for medication safety.

## Implications/Next Steps

- A standardized, daily medication huddle, led by healthcare providers, is feasible and can significantly improve medication safety (Figure 3).
- This mitigates the risk of withdrawal, behavioral escalations, and potentially, physical and chemical restraints, while enhancing patient, family, and staff satisfaction.
- When NPs practice to the full extent of their expertise and advanced education, their clinical leadership can drive implementation of medication safety initiatives and education within interdisciplinary teams.
- The post-implementation survey was sent out in March 2026 to understand how the huddle has influenced knowledge and confidence.
- Next, we will examine the clinical and demographic characteristics of the pediatric ED boarding BH patient population to identify gaps and provide interventions to continue to improve medication safety.

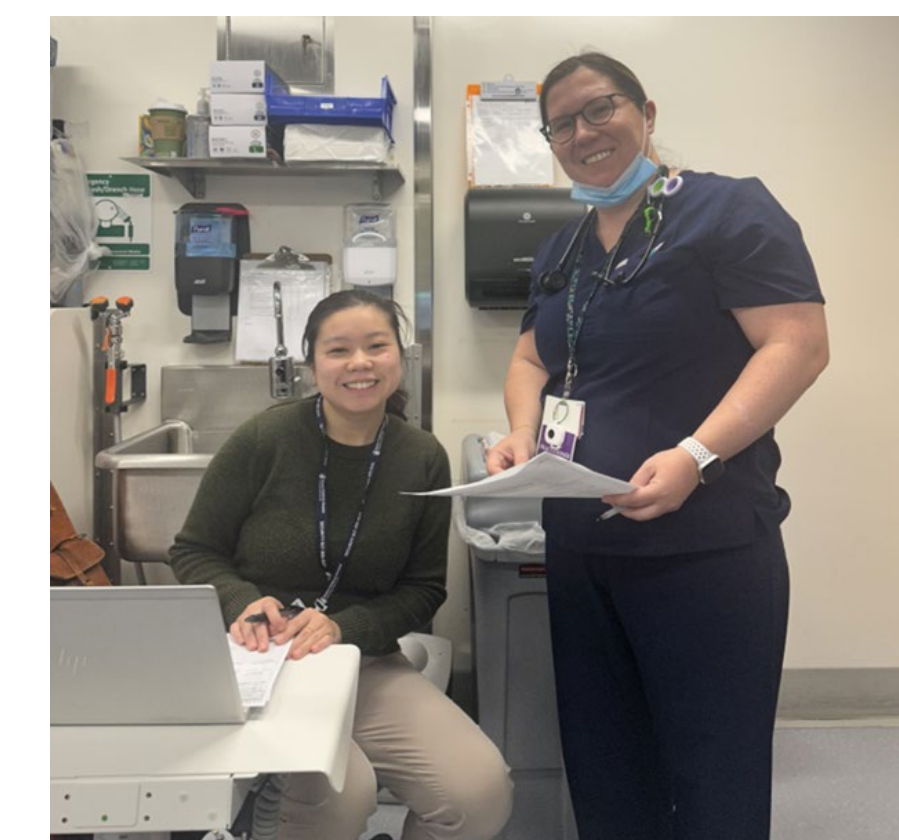


Figure 3. ED NP and Pharmacy Student

## References

