




## Psychiatric Urgent Care for Kids

A photograph of a child's playroom. In the foreground, there is a blue exercise ball. To its right is a colorful mat with red, green, and purple sections. In the background, there is a trampoline with a blue frame and red handles. The room has several windows with white frames, and a blue curtain is visible on the left. The floor is covered with a grey carpet.

# Psychiatric Urgent Care for Kids

What we knew at the time:

- 4<sup>th</sup> Q 2018, 294 children seen in the ED
- Average LOS 20 hours, up to 31 days
- 82% of the children seen are sent home without a plan
- Numbers were increasing as well as the intensity of behaviors.
- Many of the children go to the ED directly from local schools



# What is PUCK?

PUCK is a child and family centered, recovery oriented, trauma informed approach that is designed to keep children out of the Emergency Department while providing a therapeutic environment that offers the right level of care.

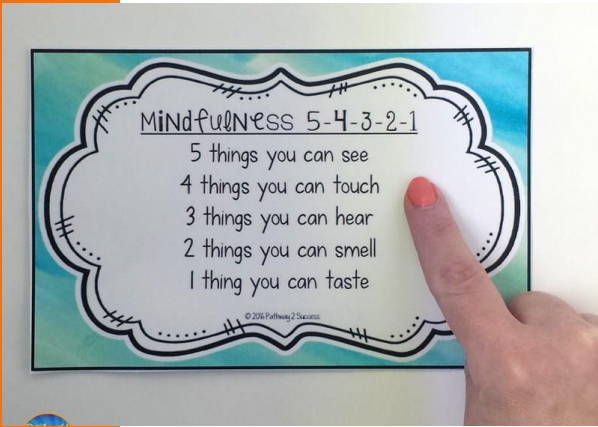
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**A child is in  
PUCK, now  
what?**

- Masters level Assessments/observation completed by clinicians
- Psychiatric Consultation
- Consultation to sending school
- Information, referral and follow up
- consultation
- Immediate intake
- Crisis plan development
- Parent/family meetings



The availability of sensory tools allow for learning new coping skills.



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- Almost 8 year old girl
- Since beginning of school-banging head, dysregulated, not able to attend or participate, increasing over the first 10 days of school
- FES to Urgent Care
- Parent engaged
- Psychiatric consult with PCP and resulted in an immediate medication change
- Full intake for services completed by parent
- Follow up next day with on-site school observation and check in with staff
- She was able to attend and participate in group.



# Anticipated Outcomes



- Reduce ED admissions by 20%.
- Reduce the average length of stay in the ED by 50%.
- Reduce cost of unnecessary ED admissions
- Improve the patient experience as reported in patient satisfaction data.

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## What we know now:

- 40% reduction of ED utilization
- Children are receiving the right level of care
- 100% parents would recommend PUCK to family or friends.
- Only 23% of children in crisis were seen in the ED.
- Cost savings TBD







# Testimonials

- “My son felt ok in his own skin for the first time in such a long time. Instant access allowed him to access all services that he needed that day. The crew at PUCK treated me and my son with respect and understanding and gave us real help that day!” -Parent
- “We have changed our policy at school and we no longer send kids to the Emergency Room, we call FES to access PUCK.” -Monument Elementary School
- “When a child scored high on the Columbia Suicide Scale, our policy was to send the to the ED, we now call Emergency Services to access PUCK.” -SVMC Pediatrics
- “There is no doubt other communities in Vermont, and surrounding areas, will use the PUCK program as a model helping to establish a youth crisis program in their respective areas.” -Chief Paul Doucette, Bennington PD



Dolls were made in collaboration with the Vermont Arts Exchange, a local Arts Education program and the Vermont School for Girls, a residential school. The dolls are available for any child who came to PUCK to take home with them.