Improving the care pathway for patients with mental health conditions presenting to the Emergency Department

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Background

- Achieving **parity of esteem** between mental and physical health conditions is a key priority within the NHS at present
- The NCEPOD Treat As One report has identified there is a long way to go before this is achieved within the acute care system (1)
- An example of this can be seen in the Emergency Department (ED) at Guy's and St Thomas' NHS Foundation Trust
- The Trust introduced a **Mental Health Integrated Care Pathway** (MHICP) proforma in 2014 to standardize mental health care in the ED, which includes a **Mental State Examination (MSE)** and management/referral pathways
- Despite this implementation, **MHICP and MSE usage in October 2016 was 27% and 17% respectively**

Aim

To **improve the documentation** of **Mental State Examinations** (MSE) and use of the **Mental Health Integrated Care Pathway** (MHICP) in St Thomas' Emergency Department to **90%**

Method

- 2 Plan Do Study Act (PDSA) cycles with audit before and after
- Cycle 1:
  - **Posters** in prominent positions throughout department
  - **Education** sessions
  - **Reminder messages** read out during morning and evening handover

- Cycle 2
  - Physical **copies of the MHICP** placed in all **Majors drawers**
  - **Refined poster**
  - Handover messages and education continued

Figure 3: The poster from PDSA Cycle 2, refined to communicate key points

Results

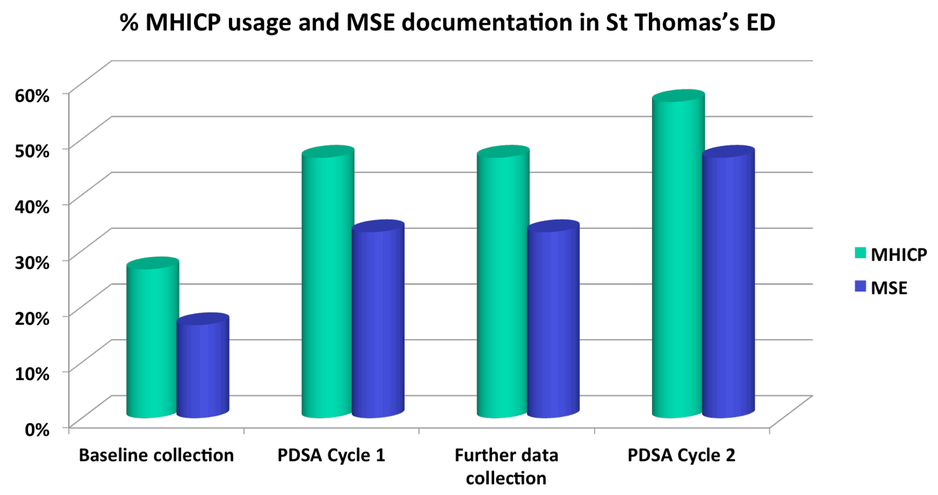

Figure 2: MHICP and MSE usage throughout the project

- Over the two PDSA cycles **MHICP usage** improved from **27%** to **57%**, while **MSE completion** improved from **17%** to **47%**
- The improvement was maintained without active intervention between cycles
- There were 4 runs in the run charts for the MSE and MHICP, indicating our interventions were effective

Conclusions

- **Education and practical changes were successful** in improving MSE completion rates and MHICP usage, although we did not meet our original target

- Part of the remaining deficit appears to be due to a mixture of human and systemic factors
  - Direct referrals to Liaison Psych from GP's and Triage
  - Junior members of ED team more efficient at standardized documentation

Recommendations

To achieve parity of esteem in the acute setting:

- MSE/MHICP usage should be **re-audited more often**
- The **MHICP should be included** within the **main clerking proforma**
- There should be **better ownership** of the **organization** of MH care pathways

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References

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