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

Results

- 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