

# EMERGENCY CARE COMMUNITY OF PRACTICE

## Mental Health–Emergency Care Interface Project 2004–2006

Project aim: To improve mental health care for people presenting to emergency departments

### What was the project method?

The project used a 'Community of Practice' model and the best available evidence to improve care for mental health presentations to emergency departments.

### What is a Community of Practice?

'Communities of Practice' are networks that increase and promote the sharing and use of information and problem solving. They support the collaboration between people who share common interests, perform similar tasks and share similar problems.

### What were the areas of focus?

- Improving triage of mental health presentations to emergency departments.
- Development of agreed medical assessment or medical clearance protocols.
- Sedation for acute agitation in mental health presentations.

### What is best practice?

#### Mental health triage protocol

A specific mental health triage protocol to prioritise the care needs based on observed or reported behaviours is recommended in evidence-based guidelines developed by the *National Institute for Health and Clinical Excellence UK (NICE)* and the *New Zealand Guideline Group (NZGG)*.

#### Medical assessment or medical clearance

Agreed medical assessment criteria provide timely and safe referral to appropriate mental health services for people at low risk of an organic basis for their presentation. A consensus statement on medical clearance has been developed by the *Massachusetts College of Emergency Physicians (US)*, which states: "routine diagnostic screening and application of medical technology for the patient who meets the low medical risk criteria is of very low yield".

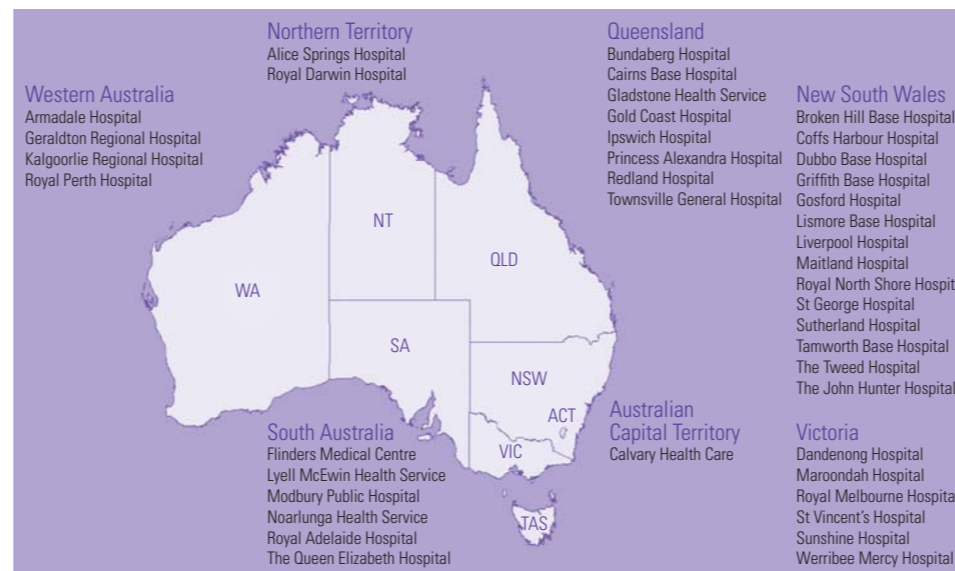
#### Sedation for acute agitation

The following recommendations are summarised from the 'Clinical Policy: Critical Issues in the Diagnosis and Management of the Adult Psychiatric Patient in the Emergency Department' guidelines developed by the *American College of Emergency Physicians*:

- Use a benzodiazepine or a conventional antipsychotic for the initial drug treatment.
- If rapid sedation is required, consider droperidol instead of haloperidol.
- For the patient with known psychiatric illness for which antipsychotics are indicated, use an antipsychotic as effective monotherapy for both management of agitation and initial drug therapy.
- Use a combination of an oral benzodiazepine and an oral antipsychotic for agitated but cooperative patients.
- The combination of a parenteral benzodiazepine and haloperidol may produce more rapid sedation than monotherapy in the acutely agitated psychiatric patient in the emergency department.

### Who was involved?

41 project teams from across Australia, with joint representation from emergency departments and mental health services enrolled in the project.



### What were the project indicators?

- 90% of people who present to an emergency department with a mental health problem are discharged within four hours.
- Reduce 'Did Not Wait' rate for people who present to the emergency department with a mental health problem to 3% or less.
- Reduce unscheduled re-presentations to the emergency department for people with a mental health problem within 72 hours by 50%.

### Summary of results

Wave 1	Wave 2
Variation in discharge within four hours was reduced across the 20 sites. <ul style="list-style-type: none"> <li>• The minimum value observed increased from 2% in September 2004 to 23% in July 2005.</li> </ul>	Six rural sites met the 90% target in one or more months. One of those sites met the target in six of the 12 months.
There was a significant reduction in the percentage of mental health patients who did not wait to be seen after triage ( $p < 0.05$ ) from 7.9% to 4.4%. Variation in performance reduced over time from 21% in September 2004 to 16% in July 2005. <ul style="list-style-type: none"> <li>• This effect equates to a reduction in the number of those who do not wait by over 500 patients in the 12 month period.</li> </ul>	Six sites met the 3% target in the first month of the project. 13 sites met the 3% target in one or more months; of those sites one met the target in 11 months.
11 sites met the 3% target in one or more months; five sites met the target in four or more months.	
Six sites met their representation target for one month and only one site met their target consistently in 10 months.	One site met their target consistently in all 11 months post baseline, with a further five sites meeting their target in five or more months.

### Project teams: In their own words

#### Key achievements

- > Improved communication and understanding of issues between mental health and emergency departments.
- > Better referral processes and capacity of sites to address mental health needs.
- > Increased staff confidence and competence in the assessment and management of mental health presentations in emergency departments.

#### What worked?

- > Access to information through the project website.
- > NICS' support of project teams.
- > A reason for mental health services and emergency departments to work collaboratively to improve care for mental health presentations.

#### What were the barriers?

- > The 'separateness' of mental health and emergency services.
- > Increasing demand on mental health and emergency services.
- > Organisational restructure with loss of key drivers, executive sponsorship and functioning project teams.
- > Lack of time and other competing priorities.
- > Lack of spread, and the impact was limited to project enthusiasts.
- > Limited understanding of mental health issues.
- > Issues with manual data collection and accuracy of data.
- > Lack of project funding.
- > Rotation of staff.

### Next steps

Improving care for people with mental health problems presenting to emergency departments continues to be an area of focus for the NICS Emergency Care Community of Practice Program.

For more information, visit the NICS website: [www.NICSL.com.au](http://www.NICSL.com.au)

The National Institute of Clinical Studies (NICS) is Australia's national agency for improving health care by helping close important gaps between best available evidence and current clinical practice. NICS is funded by the Australian Government.