

“ARE THEY MEDICALLY FIT?” - Clinical Audit on the Physical Assessment of Mental Health Patients in A&E

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WHY THIS TOPIC?

Poor referrals

Lacking in information, physical and mental

Patients not medically fit/assessed

Incidents of severely medically unwell patients

Trigger Incident

- A patient was seen at A&E and referred to MHLT.
- Seen by MHLT Nurse who organised to admission
- On admission patient found to be septic and rushed to A&E
- Required medical admission for urgent treatment on ICU

AIMS

1. Review the practice of triage and medical assessment of patients presenting to A&E with Mental Health symptoms.
2. Compare practice vs Royal College of Emergency Medicine (RCEM) guidelines
3. Identify issues and systemic vulnerabilities

GUIDELINES

Royal College of Emergency Medicine (RCEM):

1. Patients should have physical observations measured and recorded within 15 minutes of arrival or triage
2. There should be documented evidence that abnormal vital signs (if present) were acted upon in all cases
3. Patients should have risk assessment completed in ED, for **both physiological and psychological risk**

METHODOLOGY

Inclusion Criteria

First 100 patients referred to MHLT from Bolton A&E starting from 25/11/19.

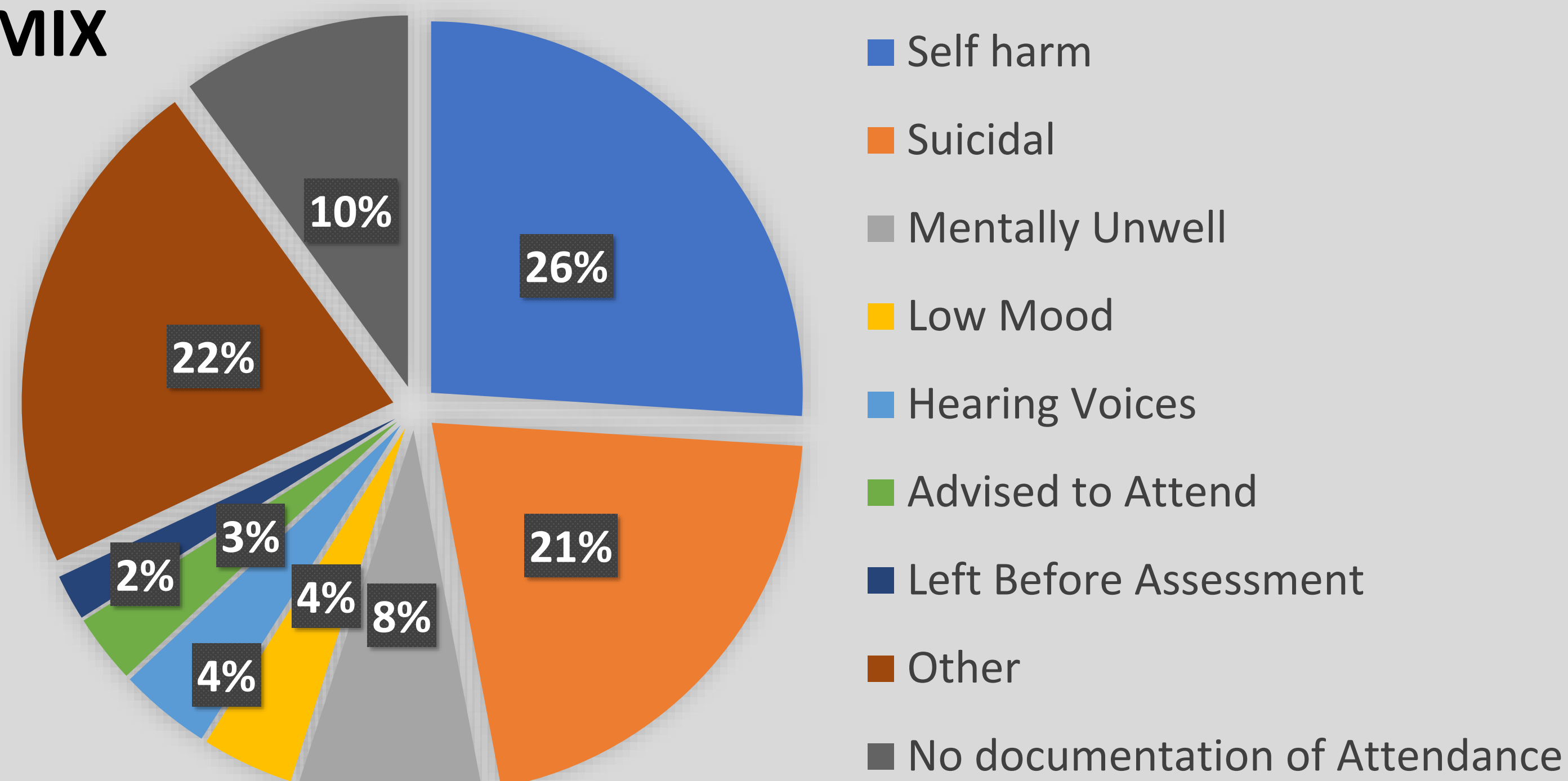
Data collection tool

EPR (RBH online system – scanned A&E notes)

Data analysis

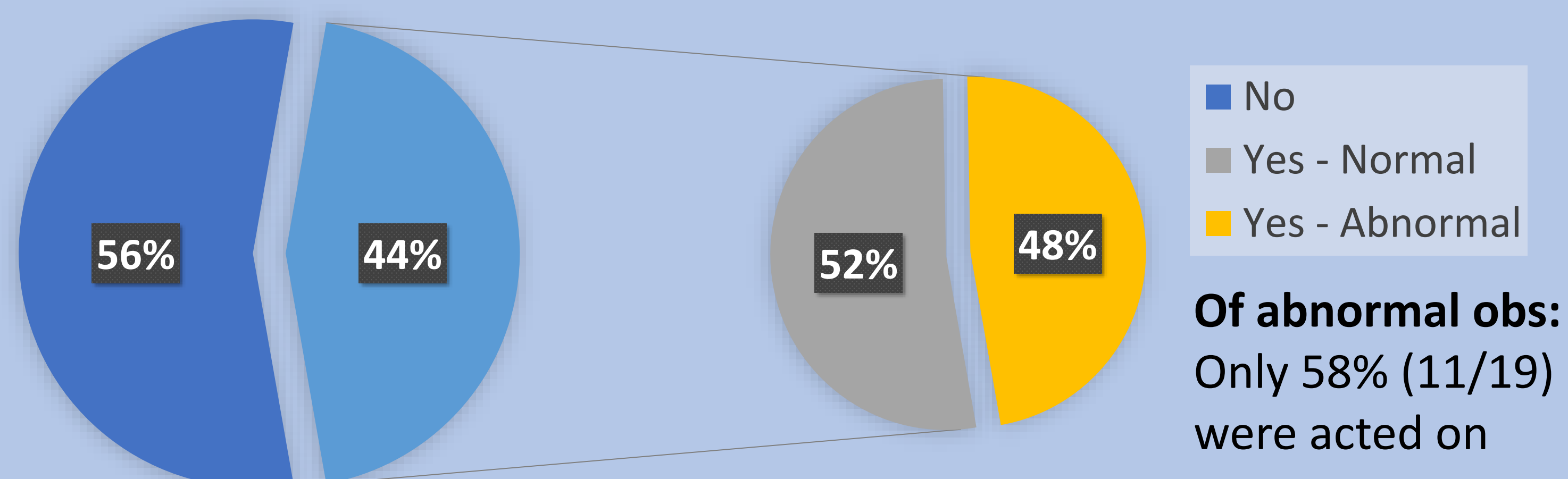
Results were inputted using anonymised Google Forms and analysed using Microsoft Excel

CASE MIX



MAIN FINDINGS

1) + 2) Were physical observations measured and recorded?



3) Was a physiological risk assessment completed and documented?

Mostly single phrases from triage with **no history or further assessment**

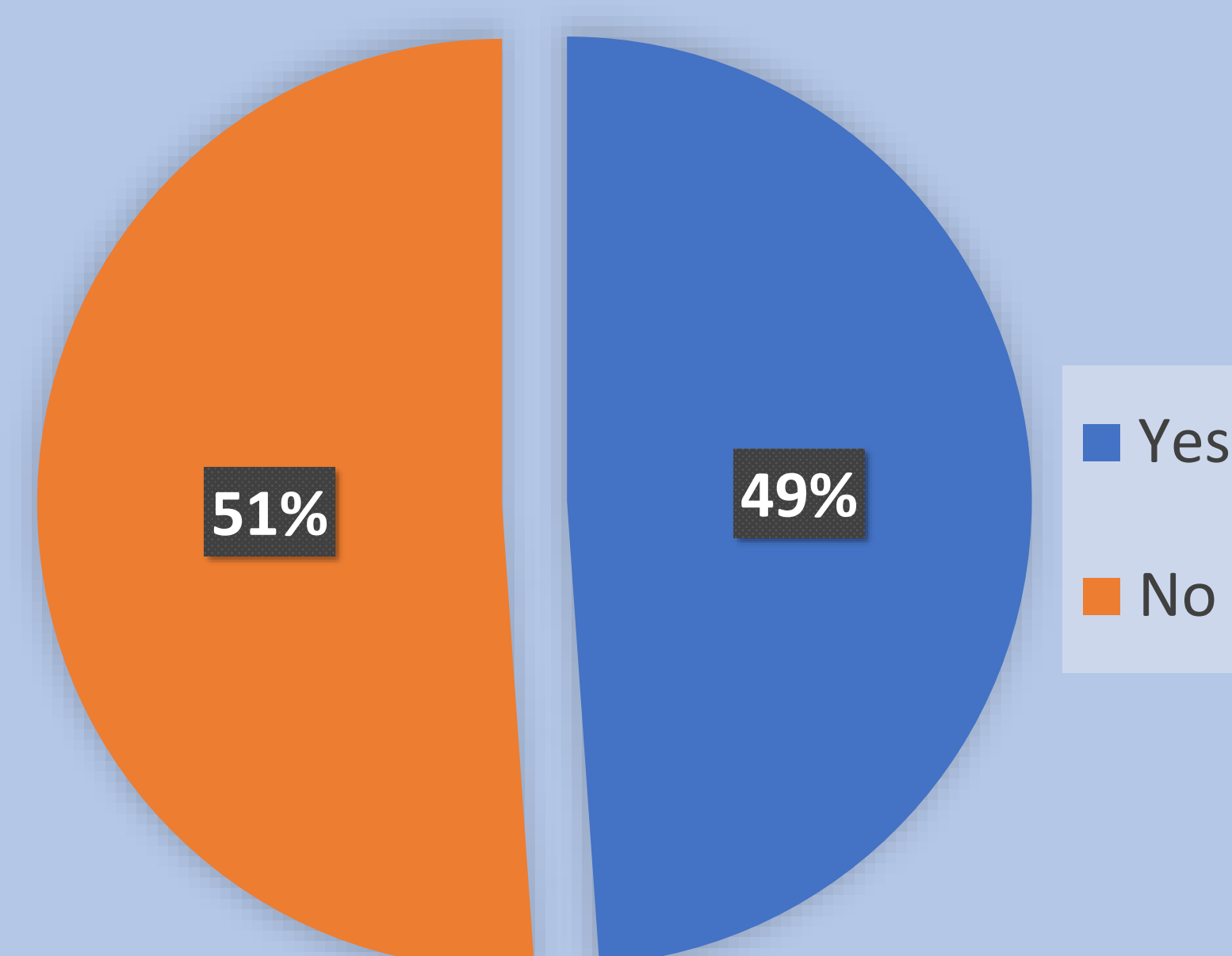
- “Mentally Unwell”
- “Self Harm”
- “Suicidal”

Few included **rough risk assessment summary**

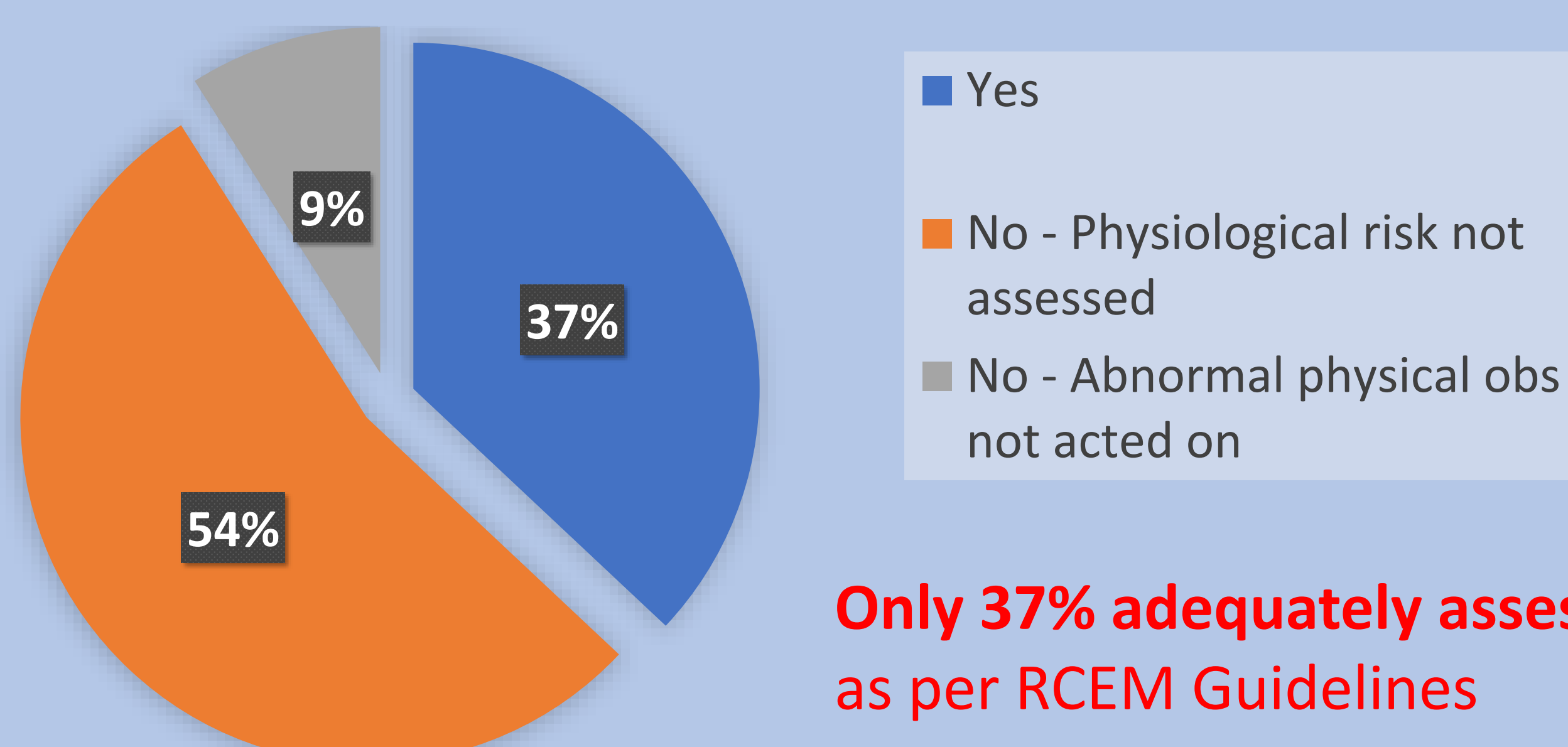
- “Suicidal, denies any self harm”

Rarely had **doctor review**

- Unless overdosed



Summary: Was the patient effectively physically assessed and treated in A&E?



Only 37% adequately assessed as per RCEM Guidelines

NEAR MISSES

1. Patient triaged as “Suicidal thoughts”
 - No further history taken and recorded
 - No physical obs or examination
 - **Missed paracetamol OD picked up by MHLT**
 - **Bloods, obs, medical admission, and parvolex**
2. Patient triaged as “Suicidal”
 - No further, no obs or examination
 - **On assessment by MHLT patient stated “I feel so ill I want to die”**
 - **Type 1 Diabetic found to have significantly raised BM – urgent medical assessment in Resus**
 - **Notes then lost**

CAVEATS

1. **Documentation** - May have happened, but not written down
2. **Patients** - Don’t always tell the (whole) truth
3. **Physical obs** - proxy measure for audit
 - Lack of clear guidelines from RCEM
 - Not always necessary
 - Sometimes refused
4. **“Medically Fit should not delay Mental Health Assessment”**

CONCLUSIONS - SYSTEMIC ISSUES IDENTIFIED

1. **No clear routine of physical (or mental) risk assessment and documentation**
 - No clear guidelines/common practice standards
 - Little chance to opportunistically find physical illness
2. **Hands off approach when ‘Mental Health’**
 - Assumption of physical wellness with no exploration
 - ?Due to ED pressures
 - ?Role of stigma

CONCLUSIONS - POSSIBLE SOLUTIONS

Proforma?

- Enforce history and assessment
- *But long and annoying*

Insist on physical assessment?

- For opportunity to identify physical problems
- *But often unnecessary and wastes resources*

Teaching?

- Induction
- Yearly e-learning
- *Already too much induction and e-learning and ?effectiveness*

YOUR IDEAS APPRECIATED

REFERENCES

Mental Health in Emergency Departments; RCEM, 2019
Vital Signs, National Quality Improvement Project; RCEM 2019

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