Mental Health Triage Form Use in Emergency Department Clerking – Audit at Royal Cornwall Hospital

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Background

Patient attendances to A&E at the Royal Cornwall Hospital (RCH) in June 2021 increased by 51.2% compared to June 2020.[2] Psychiatric patients accounted for 2% of attendances to A&E at RCH in June 2021.

In keeping with recommendations from the Royal College of Emergency Medicine, Psychiatric Liaison at RCH provide a Mental Health Triage Form (MHTF) to the Emergency Department to improve clerking and triaging of patients with mental health presentations.

This audit is part of an audit cycle to assess the extent to which the form is being used, and what information is recorded when using the form versus not. Results of this audit help guide measures in place to increase usage.

Methods

A retrospective audit of clinical records of 125 mental health cases attending ED at RCHT during June 2021, which were referred to Psychiatric Liaison.

NHS numbers were identified, and ED records were reviewed on Maxims (online patient records). Each attendance was assessed to determine presence or absence of the triage form.

Where the form was present, information was recorded on whether each question was answered. Where the form was not present, other ED notes were used to determine whether the same information was collected.

Cases where ED documents were missing from online records were also recorded.

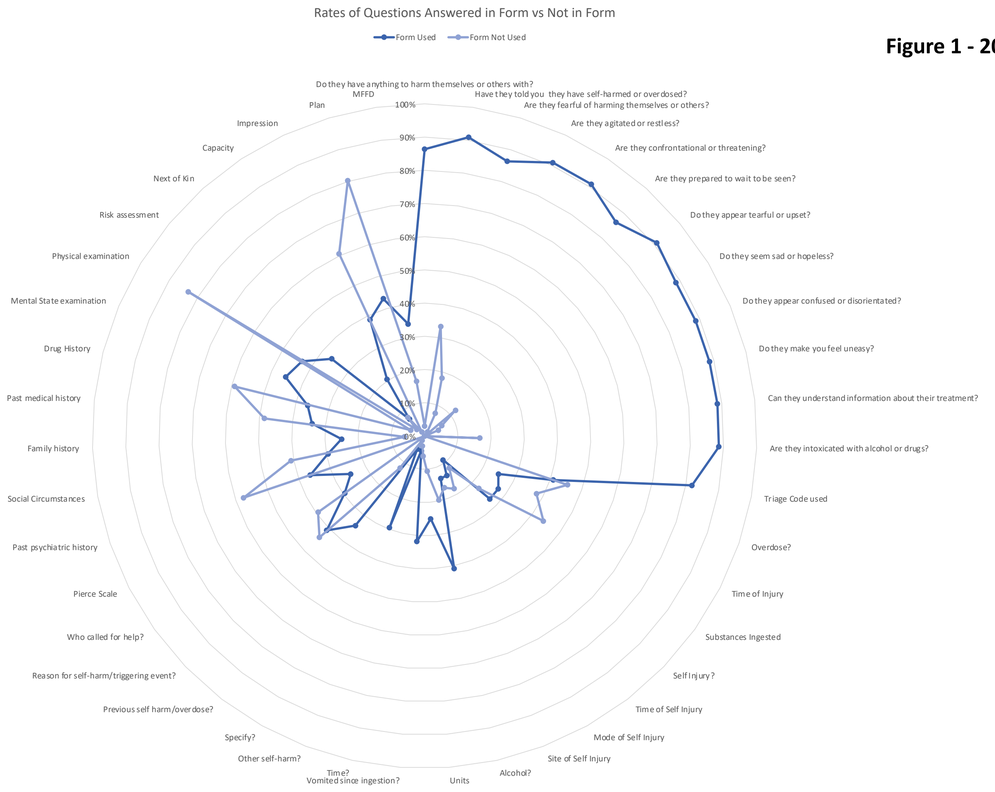

Figure 1 - 2021

Figure 2 - 2020

File within 3rd spine

Place patient sticker **within** this box

NHS
Royal Cornwall Hospitals
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Emergency Department
- Mental Health Triage & Assessment Form

Please use form for all patients presenting with self harm or mental health difficulties.	PLEASE ASSESS, RECORD AND ACT ON THE TRIAGE CODE BY CONSIDERING THE QUESTIONS BELOW	
Please establish from the patient:		
Does the patient have anything with them that they could harm themselves or others with?	Yes	No
Has the patient told you that they have self harmed or overdosed?	Yes	No
Has the patient indicated that they are fearful of harming themselves or others?	Yes	No
When selecting the appropriate triage code for this patient, please consider the following:		
Is the patient agitated or restless?	Yes	No
Is the patient confrontational or threatening?	Yes	No
Is the patient prepared to wait to be seen?	Yes	No
Does the patient appear tearful or upset?	Yes	No
Does the patient seem sad or hopeless?	Yes	No
Is the patient appearing confused or disorientated?	Yes	No
Does the patient make you feel uneasy?	Yes	No
Are you concerned that the patient is unable to understand information about their treatment?	Yes	No
Is the patient intoxicated with alcohol or drugs?	Yes	No

TRIAGE CODE S0	**TRIAGE CODE S1**	**TRIAGE CODE S2**	**TRIAGE CODE S4**
Presentation: No acute distress or agitation No behavioural disturbance Emotional problems Chronic symptoms Social crisis Cooperative, compliant Clinically well	**Presentation:** No aggression or agitation. Cooperative but evidence of distress. Can give clear history. History of mental health disorder.	**Presentation:** Moderate behaviour disturbance/severe distress. Agitated /restless. Suicidal intent. Psychotic symptoms or mood disturbance. Unlikely to wait for treatment. Deliberate self harm.	**Presentation:** Violent behaviour. Making immediate threats to harm self or others. Extreme agitation or restlessness. Bizarre/disorientated behaviour. High absconding risk.
Management: *Intermittent observation* *Consider re-triage if presentation changes* *Discuss with Psych Liaison*	**Management:** *Intermittent observation* *Consider re-triage if presentation changes* *Discuss with Psych Liaison*	**Management:** *Advise not to leave in waiting room.* *Environmental factors* *Inform security* *Continual observation.* *Alert Psych Liaison at triage.*	**Management:** *As S2 -* *Consider risk to patient & others.* *Immediate medical review.* *Defusing techniques.*

TRIAGE CODE	**Consider re triage if presentation changes. Intoxication by drugs and alcohol may cause escalation in behaviour.**
Clinician (print name):	**Position:**
Signature:	**Date and time:**

Place patient sticker **within** this box

Assessment

Date:	Doctor:
Time seen:	Attendances in last 3 months:

History

Overdose

Time of ingestion: _____

Substances ingested: _____

Self injury

Time of self injury: _____

Mode of self injury: _____

Site of self injury: _____

Alcohol taken at time? Yes ☐ No ☐ Units: _____

Vomited since ingestion? Yes ☐ No ☐ Time: _____

Other self harm? Yes ☐ No ☐ Specify: _____

Previous self harm / overdose? _____

Reason for self harm / triggering event: _____

Who called for help? _____

When determining degree of intent, consider: (Pierce scale)

Isolation	Final acts in anticipation	Premeditation
Predictable outcome	Timing	Suicide note
Reaction to act	Lethality - patients beliefs	Precaution against rescue
Stated intent	Acting to gain help	Death without medical treatment

Past psychiatric history
Previous self harm / Alcohol / Drug problems / Known mental health issues
Ask Home Treatment Team to check Electronic Health Records

Drug history

Family history

Social circumstances
Social situation / Employment / Dependent children / adults

Past medical history

Drug history

Results

The form was used in 44 out of 125 patients (35%). 15 patients (12%) had missing ED documentation on online records.

Where the form was used, there was an 25% average increase in information recorded. Over half of the questions on the MHTF were answered more when the form was used compared to when it was not used.

Questions relating to the patients 'Triage Code', which are used to determine the level of observation, urgency of referral, and appropriate place of assessment, had the highest rates of improvement using the form.

There were 5 domains (wait to be seen, feeling uneasy, concerns over understanding, Triage Code, and Pierce Scale) in which no information was recorded when the form was not used.

Conclusions

Overall use of the Mental Health Triage Form during June 2021 has reduced to 35% in comparison to 46% use during June 2020. This implies that patients attending ED with psychiatric presentations might not be adequately assessed prior to referral to Psychiatric Liaison.

The form increases documentation of psychiatric-specific history in most domains recommend by the Royal College of Emergency Medicine, with specific benefits to triaging patients according to risk prior to review. Use of the form and answering these questions helps determine urgency of referral to the Psychiatric Liaison department, which in turn leads to timely assessments.

Following this audit, the Psychiatric Liaison department will continue to attend the induction of ED doctors and nurses to increase awareness of the Mental Health Triage Form amongst ED staff.

This audit cycle will be repeated to assess efficacy of changes made to departmental teaching and induction, and to highlight any difficulties arising with use of the form.

References

1. Hospital Accident & Emergency Activity - NHS Digital
2. Statistics: A&E Attendances and Emergency Admissions - NHS England
3. Mental Health in Emergency Departments - A Toolkit for Improving Care [Internet]. Royal College of Emergency Medicine