An Updated Quality Improvement Project to Establish On-Call Guidelines for Evaluation of Psychiatric Patients in the Emergency Department

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Introduction

With the number of patients being admitted to the Emergency Department for psychiatric assessment increasing over the years, the importance of minimizing a patient's length of stay in the Emergency Department is crucial for optimal treatment[1]. Research has shown that many psychiatric patients can wait for days to receive disposition and care[1,2,3]. While some of the delay may be due to various barriers, such as bed availability and insurance issues, part of the delay may be attributed to the length of time required to make a proper disposition[1]. Assessing and evaluating psychiatric patients in the Emergency Department setting is a collaborative process between individuals of multiple roles and specialties, including Emergency Medicine providers, Psychiatry providers, social workers, and nurses. It is important to have effective communication between all parties. One intervention that may simplify the communication process would be to implement a standard set of guidelines indicating the information needed to be obtained prior to discussing a patient case with the on-call psychiatry resident physician. Although this study was originally initiated in 2020, the study was restarted in 2021 due to significant changes that had occurred that would have influenced the study results. These changes included the use of an Emergency Department at a different facility, social worker staff changes, resident physician staff changes, and changes implemented in the evaluation and treatment process as a result of the COVID-19 pandemic. With identification of the problems that arise during the disposition making process using a survey completed by the social workers in the Emergency Department who communicate with psychiatry resident physicians who are not physically in the Emergency Department, changes can be implemented to reduce patients' wait time for treatment and to make the overall evaluation process more efficient[4].

Methods

A survey was distributed to the evening shift behavioral health assessment team (BHAT) social workers in the Emergency Department. The survey was to be completed by the social workers after they discussed a patient's case with the on-call psychiatry resident. The survey included the following questions.

(1A) While precepting with the resident physician, how many times did the resident ask a question regarding information that you ALREADY HAD, but did not initially present? 0 1 2 3 4 5 6 7 8 9 10+

(1B) What information did the resident request? Please circle all of the following that apply.

*Collateral information *Patient's medications *Patient's medical status/If the patient was medically cleared *Patient's medical conditions *Labs and vital signs with results *Any specific legal matters associated with the patient *Any specific social matters associated with the patient *Is Child Protective Services involved for minors? *Is the patient being referred from a group home? *How the patient arrived to the Emergency Department *Other – please specify

(2A) While precepting with the resident physician, how many times did the resident ask a question regarding information that you DID NOT already have, requiring you to gather more information (ex. going back to the patient to ask for more information, asking the Emergency Department staff for more information, needing to look up more information from the patient's records, etc)?

0 1 2 3 4 5 6 7 8 9 10+

(2B) What information did the resident request? (Options provided were the same as those given in Section 1B)

(3) In total, how long did it take (in minutes) from the time you initially precepted with the resident to the time the resident had all the information needed in order to precept with the attending physician?

0-5 6-10 11-15 16-20 21-25 26-30 31-35 36-40 41-45 46-50 51-55 56-60

(4) What suggestions do you have to improve the process of evaluating patients and precepting?

References

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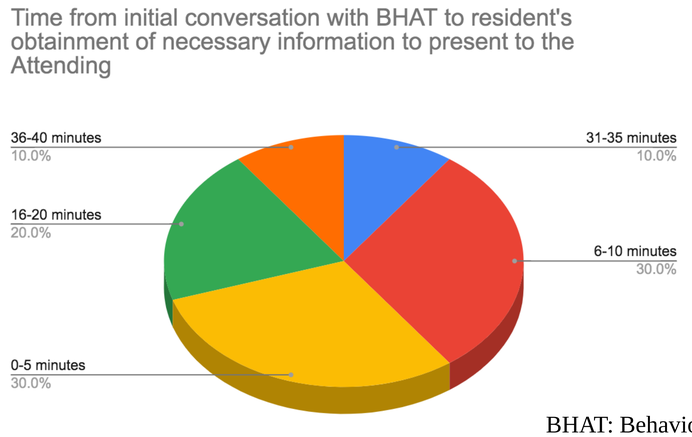
Results

With the study currently in progress, survey results are still being gathered. The following results have been collected from over the course of one month.

- Surveys completed: 10
- Number of times the psychiatric resident requested additional information that the social worker already had: 5 times for 3 different patients
- Number of times the psychiatric resident requested additional information that the social worker did not have: 1
- Information requested by resident: details regarding collateral information, trauma status, contents of hallucinations, family's level of safety with patient returning home
- Suggestions for improvement: None



BHAT: Behavioral Health Assessment Team

Discussion, Limitations, and Future Plans

Compared to the survey used in the original study, the survey for this study was designed to be simpler by providing multiple choice options to select from instead of having free response options. A fourth question asking for suggestions to improve the patient evaluation and precepting process was also added with a free response option to the revised survey for further collaboration. The revised surveys were anonymous in order to encourage staff to provide honest responses, whereas the original survey was not anonymous. One of the current major limitations is related to the number of surveys being completed. Over the course of one month, ten surveys were completed, despite a greater number of psychiatric patients having been evaluated in the Emergency Department during the evening on-call shifts. Another limitation is that some of the surveys filled out were not fully completed. It is possible that the new Emergency Department location that the psychiatric patients are being seen at requires the social workers to fulfill additional obligations that they may not have had to do at the previous Emergency Department that they were working in last year. Future studies should consider having other members of the collaborative team, such as psychiatry residents, complete surveys in order to obtain information and avoid significantly increasing other team members' workload. After a set of established guidelines have been implemented, follow-up surveys can be given to evaluate if there is any improvement in the disposition evaluating process.

Conclusion

Although limited data has been obtained so far, the wide range in the amount of time needed to discuss a patient's case between social workers and psychiatry residents suggests that there is room for improvement in the evaluation process. Establishing and implementing a set of guidelines for team members to follow when obtaining and providing information, particularly between social workers and psychiatry residents, may decrease the time needed to obtain information, avoid delays in determining disposition, and decrease patient length of stay in the Emergency Department.