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

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Introduction

While on-call, psychiatry residents receive reports from Behavioral Health Assessment Team (BHAT) social workers regarding patients presenting to the Emergency Department with psychiatric issues to determine appropriate disposition plans. Because a standard set of questions to ask and labs to obtain does not exist, BHAT social workers and psychiatry residents periodically have instances during which the desired information is not clearly communicated. This leads to inefficiency, as further evaluations must be conducted to gather additional information. Previous research has looked at patient length of stay in the emergency department and found that length of stay was longer for psychiatric patients compared to non-psychiatric patients, with many individuals waiting for care and disposition for hours to days\(^1,2\). In order to make a more efficient process of reporting patient evaluations to the resident physician, a standard set of guidelines will be created after surveying BHAT workers and identifying issues that delay disposition planning, which will ideally result in improved evaluation and resident physician, a standard set of guidelines will be created after surveying BHAT workers and identifying issues that delay disposition planning, which will ideally result in improved evaluation and reduced wait time\(^3\). After these guidelines have been implemented, further evaluations will be conducted to determine if there is improved efficiency in the on-call process by looking at the time spent giving report to the resident physician and the number of subsequent evaluations needed to obtain missed information.

Methods

A survey was distributed to the BHAT workers in order to identify issues that delayed disposition planning. This was done in order to develop a set of guidelines for the BHAT workers to streamline communication with the on-call residents. The following questions were given for the BHAT workers to complete after presenting each patient.

(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?

(1B) What information did the resident request?

(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.)?

(2B) What information did the resident request?

(3) In total, how long did it take 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?

Results

As this is an ongoing pilot study, survey results are in the process of being obtained with the plan to implement established guidelines after more data has been gathered. Results have been collected from over the course of a month. From the current survey responses, some of the major issues identified include:

1. Getting collateral information from patient’s family and friends
2. Determining patient’s current medications
3. Evaluating patient’s current medical status
   - Is the patient medically cleared?
   - Does the patient have any medical conditions?
   - Have all of the labs and vital signs been done with results?
4. Identifying various legal and social matters associated with the patient
   - Is there Child Protective Service involvement for minors?
   - Is the patient being referred from a group home?
5. Average length of time to precept was 17 minutes with a range of 8 to 45 minutes per patient.

Conclusion, Limitations, and Future Plans

After further collection of data, a set of general guidelines will be established based on survey responses with plans to give a follow up survey to determine if the guidelines improved efficiency. This second survey will also look at the number of times BHAT workers are required to obtain additional information and the length of time spent on disposition planning.

Current limitations of the study identified include potential underreporting from BHAT workers, as they may not feel comfortable providing accurate and honest answers and inconsistent completion of surveys.

References


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