Introduction

There is a shared recognition that caring for patients with urgent mental health needs is a priority for improvement. Patients presenting to Emergency Departments (EDs) should be assessed and treated correctly, quickly, safely and have access to timely and appropriate follow-up care. The College of Emergency Medicine is a signatory to the Mental Health Crisis Care Concordat and the audit outlined below is part of the College’s actions towards developing and improving care for mental health patients.

The information provided below is now final (14th August 2014). It has been amended from the original version published on 9th June 2014 following feedback from the pilots.

Background

Service provision for patients with mental health issues can be very challenging to resolve. Frequently ED and mental health are provided by discrete organisations, and offering a seamless service to the patient can seem impossible. Much of the commissioning structure for mental health is based around different geographical and logistical domains when compared to acute services. This often results in suboptimal or absent services to patients attending the ED with mental health needs.

In February 2013 the College published clinical standards for the care of mental health patients in the ED. The standards were developed by consensus and based on guidance published by NICE and the Royal College of Psychiatrists. The standards are being audited for the first time.

Objectives

The objective of the audit is to identify current performance in EDs against clinical standards and show the results in comparison with other departments in order to facilitate quality improvement. The audit will focus on:

- The initial assessment by ED staff.
- The assessment by mental health staff.
The facilities where the patient was seen.

This audit complies with the HQIP assessment framework for national audits and addressees the following domains of the NHS Outcomes Framework:

- Domain 2 ‘Enhancing quality of life for people with long term conditions’
- Domain 3 ‘Helping recovery from episodes of ill health’
- Domain 4 ‘Ensuring the people have a positive experience of care’
- Domain 5 ‘Treating and caring for people in a safe environment and protecting them from harm’.

Participation

All Emergency Departments in Acute Trusts/ Health Boards in England, Ireland, Northern Ireland, Scotland and Wales are invited to participate. This audit is listed in the Department of Health (England) Quality Accounts for 2014/15, which require providers in England to report on their participation in identified national clinical audits.

Reports will be made available by ED and by Trust/Health Board to participants. Each report will identify performance in comparison with CEM/PLAN standards. An overall report will be made publicly available.

Inclusion criteria

Patients must meet the following criteria for inclusion:

- Patients aged 18 years and older who presented at your ED having intentionally self-harmed (either self-injury or self-poisoning) and required an emergency mental health assessment by your organisation’s specified acute psychiatric service.
- Up to 50 cases from 1st January 2014 to 31st December 2014.
- Only include a patient’s first attendance within the audit period.

Do NOT include:

- Any patient under 18 years of age.
- Any patient who was unable to undergo a mental health examination or risk assessment in the ED due to their physical condition (e.g. unconscious).
- Any patient who was admitted to an in-hospital ward or ITU for medical treatment.
- Any patient who had previously attended due to self-harm within the audit period (first attendance only to be included).
- Any patient who left the ED before any of the assessments outlined in the CEM standards could be done (i.e. if some assessments were completed before patient left please include in the audit – if no assessments were done before patient left do not include).

Explanation of inclusion criteria: The audit does not include patients admitted to a medical ward as they are usually seen by the mental health team on the ward, and the audit is focused on patients who require psychiatric assessment whilst in the ED.
Methodology

Data collection: Cases should be selected from ED/hospital records. We recommend the audit is conducted retrospectively, but EDs can audit prospectively if they wish. The audit will not collect any patient identifiable information. Data can be entered on to the online data collection system between 1st August 2014 and 31st January 2015.

Sample size: A maximum of 50 cases can be submitted.

Data submission: Data must be submitted to the College using the online data collection platform at https://cem.l2s2.com. EDs who have registered will be sent access details. EDs should decide internally who will undertake data collection and quality improvement actions following the audit.

Standards

The audit will ask questions against the standards published by the College in February 2013:

1. Patients who have self-harmed should have a risk assessment in the ED
2. Previous mental health issues should be documented in the patient’s clinical record
3. A Mental State Examination (MSE) should be recorded in the patient’s clinical record
4. The provisional diagnosis should be documented in the patient’s clinical record
5. Details of any referral or follow-up arrangements should be documented in the patient’s clinical record
6. From the time of referral, a member of the mental health team will see the patient within 1 hour
7. An appropriate facility is available for the assessment of mental health patients in the ED

Additional questions relating to facilities will be asked against the Psychiatric Liaison Accreditation Network (PLAN) standards for safe assessment rooms:

- Be located to, or within, the main Emergency Department or Acute Medical Unit
- Have a door which opens both ways and is not lockable from the inside
- Have an observation panel or window which allows staff from outside the room to check on the patient or staff member
- Have a panic button or alarm system (unless staff carry alarms at all times)
- Only include furniture, fittings and equipment which are unlikely to be used to cause harm
- Not have any ligature points.

(Note: Whilst not mandatory for accreditation, PLAN highly recommends that assessment facilities should have with two doors to provide additional security. All new assessment rooms must be designed with two doors).
**Definitions**

**Standard 1:** Factors that should be recorded in an initial risk assessment include, but are not limited to:

- asking specifically about suicidal intent and acts
- safeguarding concerns
- assessing risk of repetition
- assessing risk of potential harm to others.

ED is defined as a Type 1 Emergency Department (including CDU/observation wards run by ED staff).

**Standard 2:** A history of the patient’s previous mental health issues should be taken by an ED clinical practitioner* and should include asking about:

- the presence, absence and number of previous episodes.

**Standard 3:** Factors that should be recorded in an initial mental state examination taken should include, but are not limited to:

- mental capacity
- level of distress (patient should be specifically asked about hopelessness)
- presence of mental health problems
- willingness to remain for further psychosocial assessment.

**Standard 4:** A provisional diagnosis regarding the patient’s mental state should be documented in the patient’s clinical record.

**Standard 6:** Mental Health team refers to clinical practitioners working for your organisation’s specified acute psychiatric service (e.g. liaison psychiatry). This standard is based on the Royal College of Psychiatrist guideline ‘Liaison psychiatry for every acute hospital’ (CR183, December 2013) which states: ‘Services should aim for a maximum response time of 1h for emergency referrals’.

**Standard 7:** Appropriate facility refers to safe assessment rooms as defined by the PLAN standards.

* Doctor, nurse or other health professional who normally works in the ED
Identifying patients for inclusion

The following ICD10 codes may assist with identifying suitable patients:

<table>
<thead>
<tr>
<th>ICD10</th>
<th>Description</th>
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<tbody>
<tr>
<td>X60 – X84 (inclusive)</td>
<td>Intentional self-harm - purposely self-inflicted poisoning or injury or suicide (attempted)</td>
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How to register

To participate in this audit please complete and return the registration form before 1st August 2014. Download the form here: [REGISTRATION FORM 2014/15](#). Forms should be returned by e-mail to audit@collemergencymed.ac.uk

A fee is charged for participation in CEM audits. Please see the registration form for details.

Audit timeline 2014/15

- 9/6/2014 – Registration for 2014/15 audits opens
- 30/6/2014 – Audit pilot completed
- 28/7/2014 – Final audit questions published
- 15/8/2014 – Data collection opens
- 31/1/2015 – Data collection closes
- June 2015 – Reports published

References

1. [Mental Health Crisis Care Concordat: Improving outcomes for people experiencing](#)
2. [Mental Health Crisis](#) (HM Government, Feb 2014)
3. [Self-Harm, NICE Quality Standards (QS34, June 2013)](#)
5. [Mental Health for EDs – A toolkit for improving care](#) (CEM, Feb 2013)
6. [Liaison psychiatry for every acute hospital: Integrated mental and physical healthcare](#) (RCPsych, CR183, Dec 2013)