

Bridging the quality chasm in emergency mental healthcare, with access to the mental health EPR in the emergency department

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Abstract

Background: The Mental Health Information System (MHIS) was implemented on June 29th 2016 for liaison psychiatry staff access in the Emergency Department (ED) of an urban university tertiary referral hospital. This ED sees in excess of 55,000 patients a year and approx. 4% are mental health related cases. The MHIS is a mental health electronic patient record (EPR) system, which holds the entire primary mental health record, for a cohort (approx. 30%) of patients who present to this ED for emergency psychiatric services annually. The mental health records for the rest of those presenting are paper based files, which would be unavailable in the ED setting.

Objectives: The primary objective of this research is to investigate if access to the mental health EPR at point of care in the ED, presents opportunities for more personalised, patient centred quality care.

The researcher also sought to validate anecdotal reports around the efficiencies afforded to clinicians, patients, and service.

Design & Measures: A mixed methods study, cross sectional in design, and based on data relating to referrals to the liaison psychiatry services within the ED setting. The qualitative aspect of this study involves interviews with liaison psychiatry staff to gain an understanding of their experience working with both cohorts of patients (those with and without an MHIS EPR) and the difference access to MHIS makes to their work processes. Datasets for both cohorts were also analysed to see if any measurable impact on various milestones, such as assessment duration, length of stay, and also the decision to admit, were observed.

Results: It was agreed that an MHIS EPR offered many opportunities for enhanced service delivery. More quality time with the patient, improved patient provider relationships and less restricted more personalised planning were reported. The quantitative study also showed a significant reduction in psychiatric admission when an EPR was available with significant efficiencies in follow up administrative procedures also observed.

Conclusion: Yes opportunities for a more personalised and patient centred care and enhanced service provision are presented by access to the mental health EPR at point of care in ED.