

Development of Processes for Mental Health Patients

Presenting to the Emergency Department Requiring Medical Inquest Warrant

Leah C. Ashworth DNP, RN, FNP-BC, AACC

Structured Abstract

LOCAL PROBLEM

In a rural emergency department (ED) in KY mental health patients presenting to the ED, specifically those requiring inpatient referral and medical inquest warrant (MIW), have an increased length of stay (LOS) outside of quality ED metrics. The facility's processes were identified as having a quality issue.

PROJECT PURPOSE

The purpose of the project was to develop a plan and provide appropriate tools to effect meaningful interventions when a mental health patient requiring inpatient referral or MIW presents to the local ED. Additionally, the options for changing policies and procedures in the ED were explored to align community resources for mental health patients and improve inpatient referral from the ED to the in-hospital mental health unit.

METHODOLOGY

The Neuman systems model was utilized as a framework for developing primary, secondary and tertiary prevention strategies to improve the quality of mental health services for clients presenting to the ED. The setting included the ED in a 295-bed regional hospital in a rural community located in south central Kentucky. Analysis began of the current processes of mental health clients presenting to the ED requiring MIW, inpatient transfer to other mental health facilities, or inpatient transfer from ED to in-hospital mental health unit. ED staff education was initiated regarding safety stabilization plan as an option for low risk suicide ideation patients versus MIW referral. Development of an inpatient mental health resource manual that aligns community resources for inpatient referral was developed.

The stakeholder interview process and cross tabulation of data revealed future ideas that include re-locating the space in the ED allotted to mental health clients, mental health beds closed for maintenance issues given priority to re-open, establishment of a hospital security team, mental health nurse practitioner to cover the hospital and ED for intake, and improvement of the discharge processes of a mental health patient presenting to the ED who does not meet inpatient criteria. The discharge process and alignment of community resources for a mental health patient presenting to the ED who does not meet inpatient criteria, but is in crisis, has allowed the integration of the inpatient project with another outpatient mental health ED project. The goal of the project integration is to improve overall quality of mental health services for clients who present to the ED with mental health exacerbation.

RESULTS

Number of MIW referrals pre intervention was 37 and post intervention was 32 with a reduction of 5 referrals in one month. LOS of MIW patients pre intervention was 331.7 minutes and post intervention was 323 minutes with a reduction of 8.7 minutes in average LOS. Feedback from ED stakeholders on the mental health resource manual was positive and similar for the other stakeholders. Feedback from law enforcement regarding decreasing MIW patients, for which they are required to transport, is positive. Feedback from Adanta recognizes a decrease in MIW referral.

IMPLICATIONS FOR PRACTICE

Educating ED stakeholders regarding MIW guidelines and the option of utilizing safety stabilization plan shows a positive trend of decreasing MIW referrals. Aligning a community's resources to address a problem is a positive approach and shows a trend of decreasing MIW LOS. Extensive interviewing of stakeholders with cross tabulation of data identifies and gives consensus on specific areas that can be improved. Expanding interprofessional relationships improves community minded problem solving. Empowering, educating, and allowing staff nurses ownership in problem solving improves outcomes.

Keywords: emergency department (ED), medical inquest warrant (MIW), length of stay (LOS), Neuman systems model, safety plan

Team Leader: Dr. Cyndi Cortes

Team Member(s): Leah Ashworth, Kelli Venters, and April Thannoli