A QIP on the completion of the AMHT Form in the Emergency Department in SaTH

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REASON WHY?

There are a vast number of patients presenting to SaTH Emergency Department experiencing episodes of ill mental health. Completion of the adult mental health triage booklet is a crucial part of clerking, but it was noted that this paperwork was often not being completed, and if it was then it was not to an acceptable standard. There are many problems that could arise due to this; risk of harm to the patient, risk of harm to staff and members of the public and the risk of absconding. Recognising this, as a team we set out to find the means to improve how this essential form of documentation was being utilised.

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

I aim to improve completion of the adult mental health triage form in SaTH ED by 20% by 31/05/2023 through the use of a poster, which will highlight the necessity of completion as well as serving as a reminder for staff to complete paperwork in the *correct* manner.

PLAN

I initially discussed this scenario with my clinical supervisor. In conversation, we came to find that the poor completion rate was only noted through word of mouth.

Therefore, I planned to determine the actual rate of completion, to see if there truly was a lapse in how often the booklet was being completed.

If this were to be the case, I planned to implement an intervention. This intervention would be education focussed, serving as a reminder for staff around ED to complete the booklet when clerking patients presenting with a suspected mental health illness. This intervention would have to be eye-catching, informative and present in clinical areas where mental health patients typically reside. I wanted to avoid having the intervention being a saturated form of information, as this could potentially lead to staff ignoring the intervention due to sheer information overload.

Following this, I planned on determining whether the intervention made, led to a significant change in completion rate of the AMHT booklet and create plans for the continuation of this project for future clinicians to review.

DO

In my initial audit cycle, I created a questionnaire and printed multiple copies out. With help from colleagues, we placed them in key areas around ED in both the Shrewsbury and Telford sites. This questionnaire was intended to be completed for any patient presenting with a suspected mental health issue and would be attached to patient notes. It contained questions relating to whether the AMHT form was completed, and whether it was completed to an acceptable standard.

On a daily basis, we reminded staff to complete the questionnaire in handover and had also asked the ED coordinator to send a mass e-mail out to all ED staff. I collected the completed questionnaires, collating the results at the end of the week.

I then created a poster. The poster was eye-catching, colourful and informative. It contained a succinct, step-by-step plan that outlined what specifically needed to be done when a mental health patient presents to ED (referencing completion of the AMHT form). With aid from my colleagues, we were able to hang this posters up in the same key areas around ED.

After some time, I wanted to re-audit and determine whether the intervention had led to a statistically significant change in the completion rate of the AMHT form. Therefore, we repeated the initial steps of printing questionnaires out and distributing them and I collated the results at the end of the second audit cycle.

The only problem I had encountered was that staff were forgetting to complete the questionnaire as instructed. This was due to the nature of frequent rotation of staff in ED – there may be a completely different workforce on any two consecutive days. To combat this, I incorporated time prior to ,and after my shift, to discuss my plans with the new staff and remind them to complete the questionnaire where appropriate.

Fortunately, as my initial plan was thorough and due to the nature of my aim being specific, measurable, achievable, relevant and time-bound – I did not have to change my plan drastically.

STUDY

Prior to Poster		After Poster		Improvement?
Entries vs Form Completed	50.00%	Entries vs Form Completed	57.14%	Yes
Form Completed vs Correctly Completed	85.71%	Form Completed vs Correctly Completed	68.75%	No
Entries vs Matched Observation Time	50.00%	Entries vs Matched Observation Time	50.00%	No
Entries vs trying to leave and inappropriate behaviour	71.43%	Entries vs trying to leave and inappropriate behaviour	10.66%	Yes
Average time between triage vs form being filled in	2.68 hours	Average time between triage vs form being filled in	1.71 hours	Yes

As data evidences, there has been a 7% increase in completion of the adult mental health triage form following creation and implementation of the MH poster. However, although there has been an increase in frequency of completion, this has been met with a significant decrease in successful completion of the form - with 85.71% of the form being completed successfully prior to the poster, and 68.75% being successfully completed afterwards. Unchanged, was the observation time for the MH patients, where only 50% of the patients were being observed at the correct frequency stated in guidance / on the MH poster. However, perhaps observation of the patient was more frequent than anticipated, but those observations were not clearly documented - as there was a significant reduction in the amount of inappropriate behaviour exhibited by MH patients (71.43% → 10.66%). With a reduction in the amount of time between presentation of the patient presenting and the forms being completed, it can be said that the implementation of the poster is slowly becoming part of the standard process that staff members are following when a patient presents - ensuring this form is completed as soon as possible.

I did expect the completion rate of the form to increase, as shown above, but this was not of the 20% that I initially aimed for. I did not anticipate that the percentage of correctly completed forms to decrease. On analysis, I likely put this down to time-constraints in ED – with staff being aware that they have to complete the form but not necessarily taking the time to correctly complete the form. Furthermore, as I was not present during night shifts, I would not have been able to remind staff and be a figure of answers for any questions that staff may have had when completing the form. To add, I was not present around Telford ED to do the same – further adding to confusion that staff may have had, or simply just not being aware that this project was ongoing.

ACT

From the results, it's clear that our intervention has had an, albeit small, impact on the completion rate of the AMHT form.

I took the limiting factor of length of audit cycles, as being the reason as to why the change may not be as significant as expected.

However, after discussing with staff, the general view has been that having a visual aid that is clear and concise, is very useful as a reminder. Staff passing by are instantly attracted to the bright colours and the strategic placement in key areas in ED. It also picks on the fact that there is a grey-area of "not knowing what you don't know" and this serves as a means of informing staff of a potential gap in knowledge, that can be minimised.

After having completed my audit cycles, I was able to discuss the findings with my clinical supervisor. We agreed that adoption of this poster and keeping it in areas can only aid with clinical management of mental health patients; in attempt to reduce the risk of harm coming to the patient, staff and other members of the public.

Having a form that clearly depicts the patients face, body and their clothing, as well as previous mental health service involvement and diagnoses can help us tailor their experience in ED. For example, patients with a formal diagnosis of anxiety can be recognised and managed in a particular manner, and this may be significantly different to how a patient with a formal diagnosis of paranoid schizophrenia or dementia may be managed. This can only improve their experience in ED and minimise harm, as well as improve clinical outcomes.

It was also clear that this project can be picked up by further clinicians in the future; who may be able to re-audit my results and determine whether the poster was in fact significantly positive over a longer time-period – or whether an alternate means of reminding staff may be required.

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