

FREQUENT PSYCHIATRY ATTENDEES TO EMERGENCY DEPARTMENT (ED):

Why do they present and what can be done to reduce their attendances? - A quality improvement initiative

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Aims

- To establish the number of patients who present mostly in ED.
- To identify their diagnosis.
- To see how many of them are getting or got DBT.
- Subsequently, to discuss each case with their treating consultant to implement a joint shared care plan.

Introduction

- Frequent attendees with psychiatric issues to the Emergency Department (ED) constitute a small subgroup of patients, yet they are responsible for a disproportionate number of visits and thus claim considerable resources.

- The achievement of this study was to identify patients who are the most frequent attendees to the ED in University Hospital Waterford (UHW) in 2019 with a psychiatric presenting complaint and to see whether specific joint care plans can be implemented by patient's treating CMHTs, Liaison Psychiatry and ED staff in future to try to avoid unnecessary ED presentations.

- Previous study has shown that frequent attendees group is heterogeneous and tend to have multiple problems. They have a combination of physical and mental health problems. Cognitive impairment, psychosocial difficulties, homelessness, social isolation, alcohol problems and substance misuse are all common¹.

- Finally, frequent attendance is a behaviour rather than a diagnosis.

Methods

All ED presentations to Psychiatry from 01/01/19 to 31/12/19 were examined in the ED Liaison Psychiatry database. All CAMHS patients under 18 were excluded.

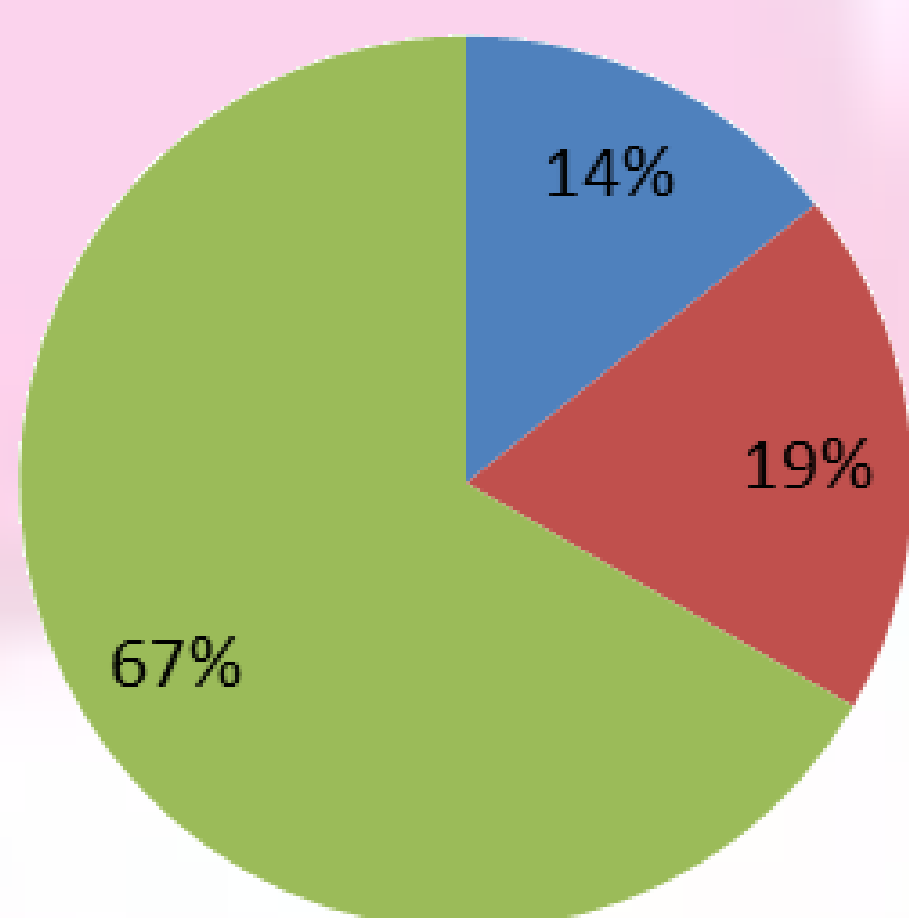
For the purpose of this study, we defined a "frequent attendee" as a patient having 6 or more presentations to ED during the study period.

Patients' diagnosis and whether there were co-morbid personality disorders were examined.

The number of their inpatient admissions was also examined.

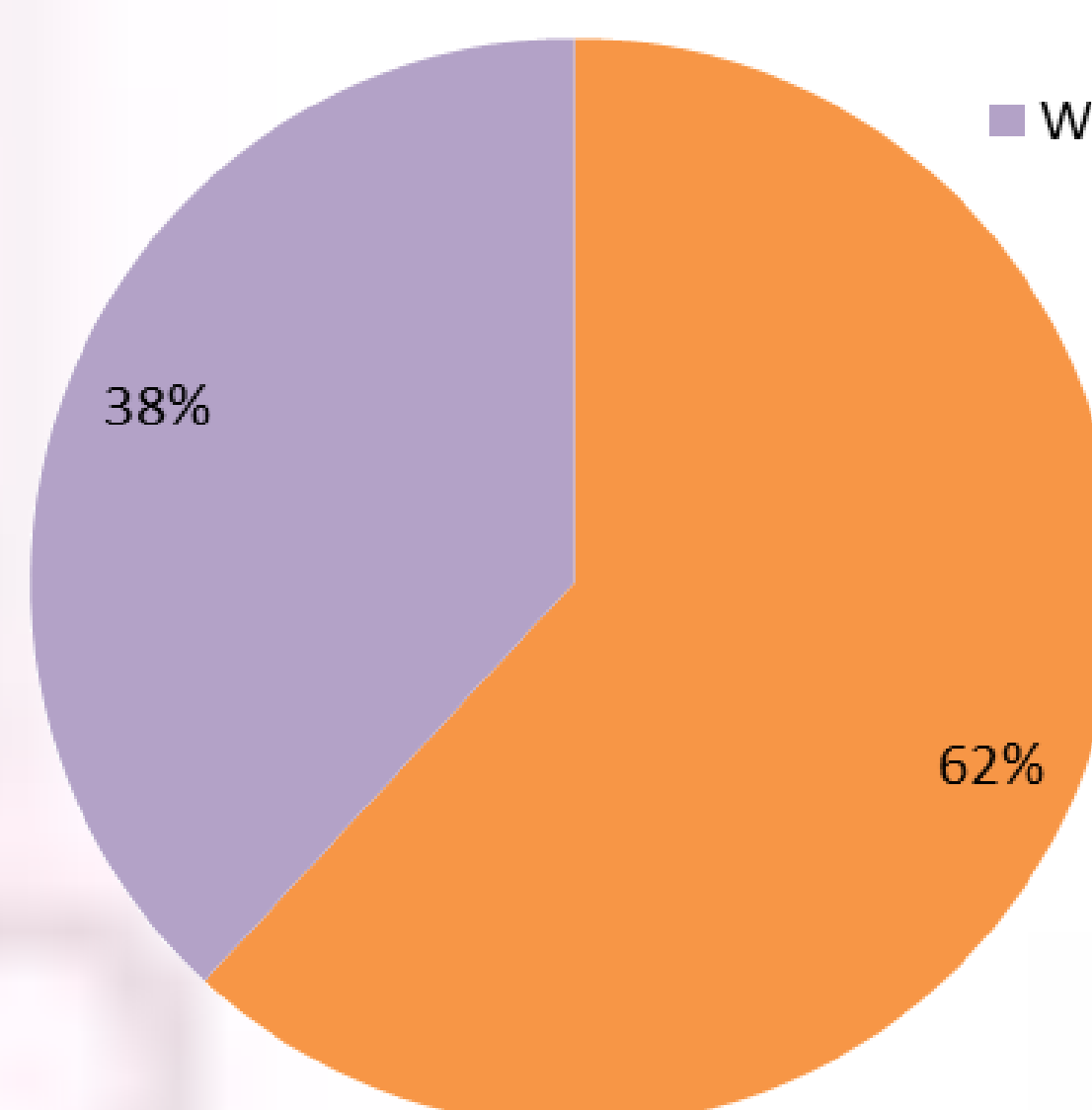
Diagnosis of frequent attendees

■ Axis 1 ■ Axis 2 ■ Axis 1 + 2



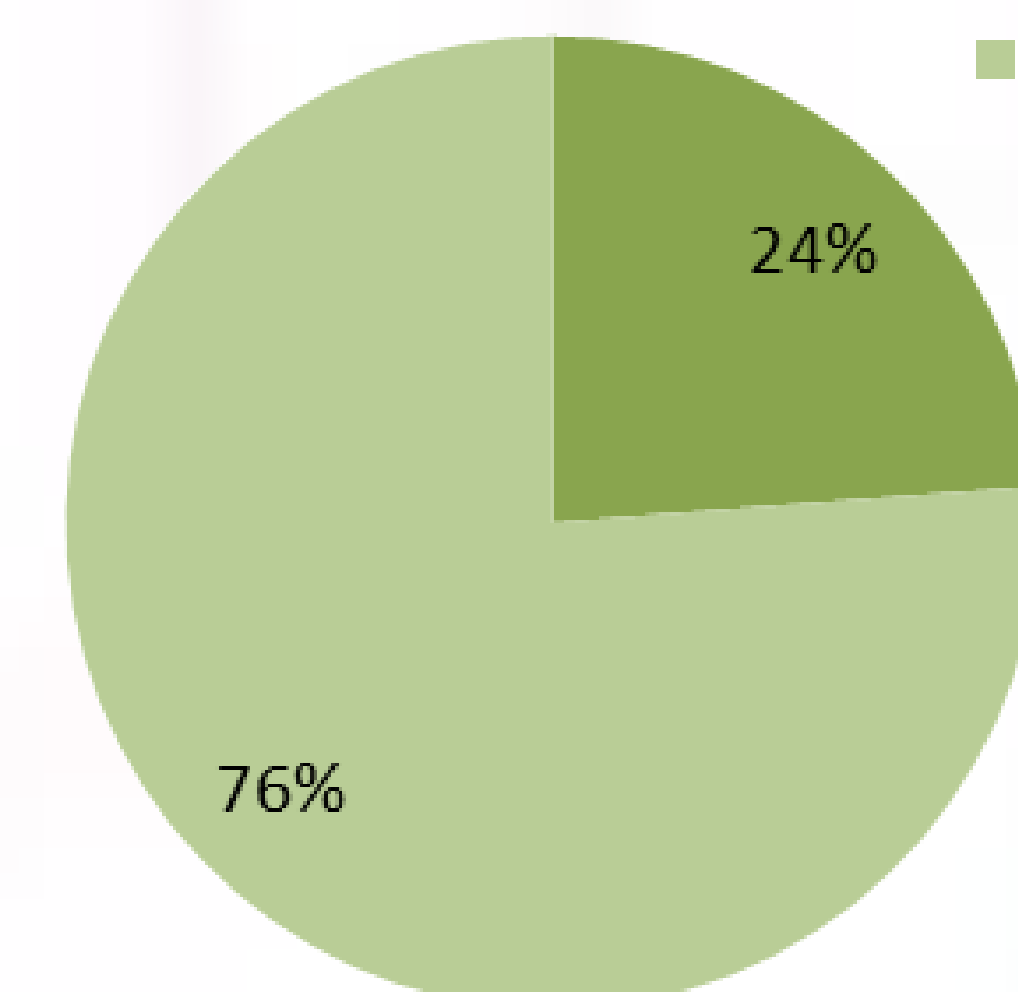
EUPD in frequent attendees

■ With diagnosis of EUPD
■ Without diagnosis of EUPD



DBT in frequent attendees

■ Attending DBT
■ Not attending DBT



Conclusions

A small number of patients (21) with predominantly Axis II diagnoses are responsible for a disproportionate number of annual psychiatric ED presentations (12.3%). These patients have a major impact in terms of consumption of ED and Liaison Psychiatry resources.

With the information gathered, meetings with the CMHTs about the individual frequent attendees have been organised with a plan to discuss each case with their treating consultant, identify the individual patient care needs and implement a joint shared care plan from ED, Liaison Psychiatry and CMHTs perspective. This will hopefully reduce the number of inappropriate ED presentations.

It would be important to prioritize resources for patients suffering of EUPD as they are high users of ED and we would like to redirect them to more appropriate treatment modalities, if possible, as DBT.

Since commencing this study, of the 21 patients one died for natural causes and one has returned to his original catchment area in the UK.

The same patient cohort will be re-audited in January 2021.

References: ¹Williams et al (2001)

Results

There were a total of 1738 psychiatric presentations to ED in UHW in 2019. CAMHS presentations were excluded (181) leaving a total of 1557 adult ED presentations.

21 patients who had 6 or more ED presentations accounted for 191 of the total number of adult ED presentations for 2019 (12.3%).

Of these 21 patients: 3/21 patients (14%) had an Axis 1 only diagnosis. 4/21 patients (19%) had an Axis 2 diagnosis only. 14/21 patients (67%) have both Axis 1 and Axis 2 diagnosis.

The most common diagnosis was that of EUPD that was found alone or as co-morbidity in 13/21 patients (62%).

5/21 patients (24%) are attending or had attended DBT in the past.

These 21 patients accounted for a total of 46 in-patient psychiatric admissions. All of the patients except one had more ED presentations than psychiatric in-patient admissions

Percentage of frequent attendees

■ Adult presentations in 2019: 1557

■ Most frequent ED presentations from 21 patients: 191

