SELF-HARM AND INTOXICATED PATIENTS – (SHIP) PATHWAY

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Why the need for it …?

- South Western Sydney
  - Population projected to reach 1.06 million by 2021
  - High rates of unemployment, school drop-out rates
  - Nearly 4000 homeless people and 10 000 in crowded dwellings
  - Higher rates of self-reported psychological distress
  - Higher rates of smoking and substance abuse
Why the need for it …? (2)

- Liverpool Hospital
  - Major referral centre with MH facility (90 beds)
  - Large volume of MH patients with concurrent substance abuse and criminal history
  - Psychiatry Emergency Care Centre (PECC) referrals range from 200-300 a month (PECC has 6 beds)
  - No toxicology department
Why the need for it ...? (3)

- Commonly encountered patients in ED:
  - Drug overdose with self-harm intent
  - Ongoing drowsiness
  - Needs medical clearance
  - Intoxicated – unable to clarify intent/mental status
  - Agitated patients requiring iatrogenic sedation
Why the need for it ...? (4)

- Emergency Department
  - Crowded, bed blocked
  - MH issues often disrupting the environment of ED
  - ED staff responsible to find a suitable admitting team - often difficult to find an accepting physician
  - Medical conditions may be masked
Previous Policy

- Admitting team depended on overdose agent:
  - Sedatives – Neurology
  - Risk of arrhythmia (mainly Tricyclics) – Cardiology
  - Hepatotoxic (mainly Paracetamol) - Gastroenterology

- Late 2013: 0.5 fte staff specialist added (to 3.0 fte)
  - Allowed 24/7 on call Acute Medicine/MAU consultant
  - Duty hours: 8– 8pm weekdays, 10-6pm weekends and public holidays
SHIP Pathway

Aim:
- To streamline the admission process in ED
- Pathway developed by ED, Acute Medicine, Psychiatry and Drug and Alcohol
- Social Work involved later (re homelessness and care of children)
- To provide coordinated care by these disciplines
- To expedite transfer out of ED and improve ETP performance for this group of patients
Phase I – in late 2013

Pathway to MAU or Medical Ward (if no bed on MAU)

Patients needing ICU/HDU not accepted in Phase 1
Inclusion Criteria in Phase 1

- Medically **stable** intoxicated or overdosed patient, with expression of self harm/suicidal ideation

- Intoxication/sedation requires observation on a medical ward until sober/unsedated before psychiatric assessment can be completed
Exclusion Criteria in Phase 1

- Requiring ICU/HDU management for medical instability or risk to airway (eg opiates requiring Naloxone)
- Requiring cardiac monitoring (eg for Tricyclic overdose) – refer to Cardiology
- Requiring NAC infusion for Paracetamol overdose – refer to Gastroenterology
- Evidence of moderate-severe end organ damage (liver failure/encephalopathy) – refer to Gastroenterology or relevant specialty
- Evidence of significant head injury – refer to Neurosurgery
- Persistently aggressive or disruptive patients after initial treatment in ED (such patients should generally be admitted under Mental Health)
Phase II – in early 2015

SHIP (SELF HARM INTOXICATED PATIENTS) Pathway to ICU/HDU

Intoxicated patient (16 years and over) in ED with expression of self harm / suicide

Medical assessment by ED medical staff

INCLUSION criteria:
- intoxicated or overdosed patient, with expression of self harm/suicidal ideation or actual overdose, who has respiratory, cardiac and/or neurological instability requiring admission to ICU/HDU
- patient requiring Naloxone for opioid overdose, considered at risk of further respiratory depression after review by ICU

EXCLUSION criteria:
- requiring cardiac monitoring (eg for Tricyclic overdose) – refer to Cardiology
- requiring NAC infusion for Paracetamol overdose – refer to Gastroenterology
- evidence moderate-severe end organ damage (liver failure/encephalopathy) – refer to Gastroenterology or other relevant specialty
- evidence of head injury – refer to Neurosurgery or other relevant specialty
- requiring admission to ICU/HDU for reasons other than intoxication – refer to relevant specialty

Added patients needing admission to ICU/HDU for intoxication
Additional Inclusion Criteria

- Intoxicated or overdosed patient, with expression of self harm/suicidal ideation or actual overdose, who has respiratory, cardiac and/or neurological instability requiring admission to ICU/HDU

- Patient requiring Naloxone for opioid overdose, considered at risk of further respiratory depression after review by ICU

- So long as the reason for admission to ICU/HDU is the intoxication
How it works for each patient

- Initial Psychiatry team assessment by PECC CNC or Registrar and Drug and Alcohol CNC review (limited due to intoxication/sedation)
- If already scheduled on arrival under Section 20/22 (ambulance or police), ED medical staff assess for reschedule under Section 19
- If rescheduled under Section 19 (medical practitioner), 1:1 special (security or nurse) is required
- PECC is advised by ED medical staff of admission before transfer to ward
- If patient arrives after hours Drug and Alcohol advised next morning by phone call
If patient admitted under Acute Medicine/MAU

- Patient usually medically cleared within 24 hours
- Assessed by Psychiatry and Drug and Alcohol Service
- Can either be discharged or admitted under MH
- Frequent delays in access to a MHU bed

If patient admitted to ICU under Acute Medicine/MAU:

- When medically cleared, patient transferred to a general ward (not to MAU) under Acute Medicine/MAU
- Assessed by Psychiatry and Drug and Alcohol Service
- Can either be discharged or admitted under MH
- Frequently discharged directly from ICU/HDU
Has it worked?

- Has streamlined the admission process in ED
- Efficient medical review and clearance
- Efficient psychiatry, drug and alcohol review (no consult form required)
- Some improvement in length of stay and NEAT performance – patients often remain in ED (under the care of Acute Medicine) due to bed block (limited data)
SURVEY OF ED STAFF

Are you a doctor or nurse?  
Doctor  
Nurse  (Circle each answer)

Has the SHIP pathway streamlined the journey of SHIP patients through ED?  
Not at all  
Slightly  
Most likely  
Most definitely

Does this pathway save time for emergency department doctors?  
Not at all  
Slightly  
Most likely  
Most definitely

How does the effectiveness of this pathway compare to other NSW hospitals you have worked in?  
Worse  
Much the same  
Better  
Much better

If you worked at Liverpool Hospital before 2013, how does the effectiveness of this pathway compare to processes before it was implemented?  
Not Applicable

Worse  
Much the same  
Better  
Much better

Please rate ease of access for these patients to assessment/admission by Acute Medicine/MAU Department?  
Deficient  
Average  
Pretty good  
Excellent

Please rate ease of access for these patients to assessment by PECC/Mental Health Service?  
Deficient  
Average  
Pretty good  
Excellent

How familiar are you with the inclusion and exclusion criteria of the pathway?  
Not at all  
A little  
Fairly well  
Quite well
Survey Results

- 35 respondents: 20 Doctors, 15 nurses
- 29/35 respondents felt
  - SHIP pathway most likely streamlined the admission process
  - The pathway saved time for ED staff
  - The pathway was more effective compared to other NSW hospitals
  - Acute Medicine/MAU staff were readily accessible
Where to from here?

- Enhanced toxicology input in Acute Medicine
  - Our experience is that few patients require this after initial call by ED to Poisons Centre

- Establishment of full general medicine unit in 2018 may allow recruitment of specialist with Toxicology/Clin Pharm training

- Telemetry beds in MAU to reduce need for Cardiology beds
  - Planned for MAU adjacent to ED (uncertain when)

- Formal review of LOS in ED and LOS under Acute Medicine
  - 2012/13 compared to 2015/16
Questions