Closing the loop:
Integrating emergency care plans into electronic patient record for psychiatric presentations to the Emergency Department

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**Background:**
Standard Operating Procedure of the National Clinical Care Programme (NCCP) for the Assessment and Management of Patients Presenting to Emergency Departments following Self Harm states: "an Emergency Care Plan (ECP) that addresses clinical needs and risks should be formulated and documented". Copies of the ECP should be given to the patient, their GP and where appropriate, their carer (1).

From January 2016, the Psychological Medicine Service (PsychMed) in St James’s Hospital undertook a Quality Improvement project to create an integrated ECP for the hospital’s Electronic Patient Record (EPR).

Quality improvement projects aim to raise the standard of care that people with mental health needs receive by helping providers, users and services increase the quality of care they provide (2). The PDSA Cycle (Plan, Do, Study, Act) is a commonly used Quality Improvement model. It is a systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a process or product (3).

**Aim:**
To develop a secure, easily accessible and user-friendly technological interface for an ECP document. This allows our service to provide patients with a copy of their ECP, whilst also ensuring clinicians can quickly and easily view a solution-focused summary of previous consultations, should the patient re-present to the emergency department.

To utilise quality improvement processes to bring about a meaningful and sustainable change.

**Methods**

1. **Plan**
   - Redrafting and refining ECP for improved interface
   - Planning to extend ECP to out of hours service

2. **Do**
   - Identified Stakeholders (ED, IMS, PsychMed)
   - Researched ECPs from other hospitals
   - Discussed desired components of ECP with Stakeholders

3. **Study**
   - Drafted Care Plan Document
   - IMS generated prototype electronic ECP
   - Piloted prototype ECP

4. **Act**
   - Conducted weekly feedback meetings
   - Identified challenges for implementation

**Results:**

- **Patient assessed in ED**
- **Decision to Discharge to outpatient/GP care**
- **Completed emergency care plan**
- **Given to Patient**
- **Sent to GP**
- **Saved in Electronic Record**

**Conclusions**
This project shows the potential benefit of using technology to improve care delivery. It also serves to highlight the importance of a collaborative, consultative, approach to Quality Improvement in order to achieve positive outcomes in service development.

**References**

2) College Centre for Quality Improvement, Royal College of Psychiatrists, U.K. www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement
3) The Deming Institute. www.deming.org/theman/theories/pdsacycle