

How do we reconcile the differences in the literature?

Zun, LS, Leiken, JB, Scotland, NL, et. al: A tool for the emergency medicine evaluation of psychiatric patients (letter), *Am J Emerg Med*, 14:329-333, 1996.

Protocol for the Emergency Medicine Evaluation of Psychiatric Patients

- Team of state of Illinois psychiatrists and emergency physicians met to develop a consensus document in 1995
- Coordinate transfers to a State of Illinois Operated Psychiatric Facility (SOF)
- Psych admission must meet 3 criteria
 - Evidence of severe psych illness
 - Clinically indicated evaluation of any suspected medical illness
 - Medical problems, if present, must be sufficiently stable to allow safe transport to and treatment at the SOF.

Medical Clearance Checklist

- | | Yes | No |
|--|-----|----|
| 1. Does the patient have new psychiatric condition? | | |
| 2. Any history of active medical illness needing evaluation? | | |
| 3. Any abnormal vital signs prior to transfer? | | |
| 4. Any abnormal physical exam (unclothed)? | | |
| 5. Any abnormal mental status indicating medical illness? | | |

If no to all of the above questions, no further evaluation is necessary.

If yes to any of the above questions go to question #6, tests may be indicated.

Prospective Medical Clearance of Psychiatric Patients

Zun, LS, Downey, LA: Prospective evaluation of medical clearance. *Primary Psychiatry*. 2008:15:59-64.

- Assessed accuracy of medical clearance protocol
- Used at four test Chicago EDs that transfer a large # of patients to a State of Illinois Operated Psychiatric Facilities.
- Applied prospectively to all patients presenting with psychiatric complaints for 6 months
- Audited # of patients sent back to ED before and after use of the protocol

Prospective Medical Clearance

Results

- 19.2% had new psychiatric condition
- 13.4% had a hx of medical problems
- 1.5% had abnormal vital signs
- 7.3% had abnormal physical examination
 - 5.6% had abnormal mental status
- 53.6% had labs done
 - 44.4% had abnormal labs
- 16.7% had x-rays
 - 14.6% had abnormal x-rays
- No significant difference in patients sent back to ED before and after the use of the protocol due to inadequate clearance

Application of a Medical Clearance Protocol

Zuby, LS, Downey, LA: Application of a medical clearance protocol. *Primary Psychiatry*. November 2007;65-69.

- Before and after application of the medical clearance protocol based on 50% of hospital charges.

	Before	After	Significance
Labs	\$241	\$161	F=10.189, p=.002
Radiology	\$93	\$167	ns
EKG	\$120	\$118	ns
Total	\$359	\$219	F=7.983, p=.006

Use of a medical clearance protocol reduces the number and cost of testing (ANOVA F=7.894, p=.006)

What do the experts say?

Lukens, TW et al: Clinical Policy: Critical issues in the diagnosis and management of adult psychiatric patient in the emergency department. *Ann Emerg Med* 2006;46:79-99.
APA Practice Guidelines on Psychiatric Evaluation of Adults

- ACEP Guidelines
 - Routine testing laboratory testing of all patients is of very low yield and need not be performed.
 - In adult ED patients with primary psychiatric complaints, diagnostic evaluation should be directed by the history and physical examination.
- APA Guidelines
 - Psychiatrist may need to request or initiate further general medical evaluation to address diagnostic concerns that emerge from the psychiatric evaluation.
 - Psychiatrists and emergency physicians sometimes have different viewpoints on the utility of laboratory screening.

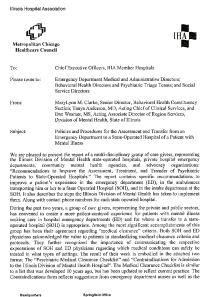
Testing

Where we are at today?

- Illinois Hospital Association mediated a discussion between the emergency physicians and state psychiatrists
- State operated facilities have limited resources
- EDs did not want to chase Abn labs
- Compromise
 - Labs
 - Blood count
 - Electrolytes
 - Drug screen
 - Pregnancy test
 - ETOH?
- State not to require any further testing

IHA Letter to ED MDs and State Psychiatrists

- Medical leadership at the Division of Mental Health has reviewed and approved both forms.
- ...SOH physicians will not request additional tests simply on the basis of an abnormal value.
- That is, the ED physician will perform follow up tests on the basis on his or her clinical judgment.



Where we are at today

- Agreement was undermined by state medical directors without knowledge of others
- Queuing of patients
 - Ambulances
 - EDs on hold
 - Fax and re-fax
 - Call and call again
- Priority for accepting transfers
 - Those hospitals without psychiatric units
 - Those hospitals with psychiatric units
