EMERGENCY ROOM POLICIES AND PROCEDURES AFFECTING THOSE WITH SCHIZOPHRENIA

For The Local Advisory Committee of The
World Psychiatric Association Global Project on Stigma and Schizophrenia

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Sub-Committee on
Health Care Professionals Target Group

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Background

This Sub-Committee identified three (of the many) target groups in the health care field for focus in the current campaign. These represented areas where there was thought to be a significant negative effect due to stigma and where there was some belief that an intervention would have a good chance for success. The groups selected for targeting were emergency room (ER) personnel, medical students, and senior policy makers. The latter two will be discussed elsewhere. The present paper is concerned only with ER personnel, and in particular, those who set ER policy and procedures.

Input from Sub-Committee members resulted in a consensus that those with schizophrenia (and, in fact, most mental illnesses) were treated less well, and with less respect, than other patients presenting at local ER's. Concerns revolved around longer waiting times, lacking privacy when discussing personal matters with ER staff, overhearing pejorative comments about themselves that mocked their mental illness, and generally being treated with disrespect. As a consequence, a decision was taken to survey the Calgary and Drumheller ER's in order to evaluate their policies and procedures in terms of these just-noted issues. Ultimately, the information will be used to assist in the development of a set of standards pertaining to the services provided for the mentally ill in hospital emergency departments.

Methods

ER Selection

Four ER's were surveyed, comprising all ER's in Calgary[1] and Drumheller. The hospitals were the Drumheller General Hospital, Foothills Medical Centre, Rockyview General Hospital, and the Peter Lougheed Centre.

Respondents

In the case of the Calgary, responses were provided by the respective Patient Care Managers for each of the three ER's. In addition, the Program Manager responsible for psychiatric emergency services for the Calgary Regional Health Authority commented on all three ER's. Thus, the Calgary data were based on two opinions for each hospital. In the case of the Drumheller hospital, five ER staff (three nurses & two physicians) provided responses. It should be noted that the Calgary respondents were managers with ER responsibilities, while the Drumheller respondents were ER practitioners. The two types of respondents may well have different opinions in cases where judgement (as opposed to factual reporting) is involved.

[1] The Alberta Children's Hospital in Calgary was not surveyed as very few of their patients would present at emergency with schizophrenia

The Questionnaire
The questionnaire (see Appendix A) was designed to elicit information on matters thought by the Sub-Committee to be highly relevant to the treatment of people with schizophrenia. These included privacy, security (for patients & staff), policies on patient rights and the use of restraints, staff training in mental health and crisis management, waiting times and patient/family satisfaction with services.

Questionnaires were completed by the respondents at their leisure and mailed or faxed to the research team.

Results

Note: Coded answers from each respondent can be found in Appendix B.

Privacy/Security
The responses suggest that the ER's at the Peter Lougheed Centre and the Rockyview General Hospital have adequate rooms for the provision of secure and private services for their mentally ill patients, but the Drumheller General Hospital and the Foothills Medical Centre do not. Upcoming planning and development activities may improve the situation at the Foothills Medical Centre .

All of the Calgary hospitals report having good access to security staff, but the Drumheller General Hospital appears to have such staff only available during restricted hours and without ready access in any case.

Patient Rights
Policies governing patient rights are formalized for all the Calgary hospitals, but apparently not at the Drumheller General Hospital. In no case is a statement of rights presented to patients with schizophrenia (or their families) as a matter of course. The Peter Lougheed Centre will provide this upon patient request.

The Calgary hospitals have a policy on the use of restraints, but the opinion is mixed among the respondents for the Drumheller General Hospital.

Training
All the ER's in the Calgary hospitals reportedly provide onsite psychiatric staff who had received specific training in the handling of mental health emergencies. However these individuals are not available at all times. For the Peter Lougheed Centre, such staff are onsite for 60 hours per week (one week = 168 hours). The figure is 112 hours for both the ROCKYVIEW GENERAL HOSPITAL and the Foothills Medical Centre. In all cases, specialists are on call at all times. Continuing Medical Education in this topic area is not required, although some is offered in Calgary.

ER staff in Calgary, although not always formally trained in psychiatry/mental health, will have received some expertise in the handling of mental health crises as part of their formal education. They may be selected for this attribute by the Calgary hospitals who also require inservice in this area. However, the respondents for the Drumheller General Hospital provided the opinion that their staff are not well prepared. Notably, inservice is not required at the Drumheller General Hospital.

Satisfaction

According to the respondents, none of the hospitals have data that would deal with the question of whether psychiatric patients have to wait longer for services than others, although a study is about to be conducted in Calgary. Several respondents noted that all patients are treated equally, and that there should thus be no differences.

Similarly, no data were presented that reflected client satisfaction with services. The consensus appeared to be that no such data exist, although one respondent noted that a number of "local" studies might have been conducted in the past.

Planned Improvements

The aforementioned Foothills Medical Centre planning review notwithstanding, none of the respondents noted the existence of any firm plans to address any of the ER issues noted above.

Additional Respondent Comments

Among the Calgary respondents, there was a stated belief that ER Psychiatry is neglected to some degree by "mainstream" psychiatry/mental health and marginalized by the ER departments. The resource issue that was identified pertained to "backing up" in ER's due to non-ER beds being full. One respondent pointed out that members of her Psychiatric ER team are "excellent". The Drumheller General Hospital respondents almost unanimously identified a need for more staff and more training.

Discussion and Recommendations

While the differences across the hospitals are important and interesting, in many aspects, they are not the most important issue in the long run. Rather, what is important is whether or not psychiatric patients in emergency departments are treated appropriately. A key to this is the adoption of acceptable standards and practices by each hospital with an emergency room. Perhaps the best way to achieve this is to have suitable questions added to the accreditation process that each hospital in Alberta is engaged in on a regular basis. To this end, preliminary discussions have been held with the Canadian Council on Health Services Accreditation, which is the accrediting body that surveys all Canadian hospitals. Furthermore, appropriate staff from both the Drumheller and Calgary Regional Health Authorities have requested copies of this report as an aid to their

approach to future accreditation reviews. In support of this, the items from our ER survey have been recast in the CCHSA questionnaire format in order to facilitate this kind of use (see Appendix C).

It should be noted that we received very good support and cooperation from the emergency room staff at all the hospitals that we approached. They would be very interested in feedback from us on this activity.

Thus, our recommendations are:

1. That the ER guidelines as formulated in Appendix C be sent to the CCHSA for consideration for adoption by that body and for inclusion in their survey instrument.

2. That we provide copies of our findings and recommendation to the participating ER directors in Drumheller and Calgary, the Managers of Patient Care for the Calgary Regional Health Authority and Health Authority #5, and the Provincial Mental Health Advisory Board.

APPENDIX A

World Psychiatric Association Anti-Stigma Campaign

EMERGENCY ROOM QUESTIONNAIRE

The World Psychiatric Association is leading an international health campaign to reduce the stigma associated with schizophrenia. Calgary and Drumheller were chosen by an international committee to be a pilot site for the implementation of this campaign, which includes the development of materials for use in other jurisdictions worldwide.

One of the areas identified was emergency room services. The goal for this part of the campaign is that persons with schizophrenia and other mental illnesses will be viewed as being as important as those with physical illness.

We would appreciate your help in reviewing Emergency Room service in your region by providing the following information for your Emergency Department.

- Is adequate, safe, secure space, ensuring reasonable privacy, available for the examination and interview of psychiatric patients and their families?

- Is security staff available?

- Is there a written statement of patient rights in your hospital? If so, how and when is it provided to psychiatric patients who present at the ER?

- If restraints are used, is there a policy in place? (Please provide copies, if available).

- Do you provide on-site staff who are trained in managing mental health emergencies?

  If yes (circle one):

  a. At all times
  b. At specified hours only
  c. On call only

  A combination of the above (please provide details)

- Are your Emergency Room medical staff trained in managing mental health crises?

    ◊ Are they required to participate in CME in this area?

    ◊ How does this compare with requirements, training, and qualification in other areas of medicine?

- Are your other staff (e.g. nurses) trained in managing mental health emergencies?

    ◊ If trained, how did they receive the training?

    ◊ Is there any in-service requirement in this field?

- If you have data on whether wait times differ in any way from those with other illnesses or conditions, please provide the most recent results.

- If you have data on patient (mental health) and family satisfaction with your Emergency Room services, please provide a copy of the most recent results. Please include data, if possible, drawn from patients with other illnesses. Is such data collected on a regular basis?

- Do you have plans for any changes in the above areas?

- Do you have any comments pertaining to the care of the mentally ill in Emergency Departments?

THANK YOU. Please return to Dr. Gus Thompson, Local Advisory Committee. FAX to 403 492-0364; or mail to Public Health Sciences, 13-103F CSB, University of Alberta, Edmonton, AB T6G 2G3 [Phone 403 492-8753]

APPENDIX B

Emergency Room Survey Data

Calgary

QUESTION	PLC	RGH	FMC	Comments
Secure Room	Y	Y(-)	Y	
CRHA Mgr	Y	Y	Y(-)	
Privacy	Y	Y	Y	
CRHA Mgr	Y	Y	N	
Security Staff	Y	Y	Y	
CRHA Mgr	Y	Y	Y	
Patient Rights Exist	Y	Y	Y	
CRHA Mgr	Y	Y	Y	
Patient Rights Avail	Y(on request)	? NR	N	
CRHA Mgr	Y(-)	Y(-)	Y(-)	
Restraint Policy	Y	Y	Y	
CRHA Mgr	Y(UR)	Y(UR)	Y(UR)	
MH Trained Staff?	Y (ALL)	Y(112 hrs/wk)	Y	FMC restr/on call
CRHA Mgr	Y(60 hrs/wk)	Y(112 hrs/wk)	Y(112 hrs/wk)	24 hr on call for all
Crisis trained?	Y	NR	Y	
CRHA Mgr	Y	Y	Y	
CME Required?	N	NR	N	
CRHA Mgr	N	N	N	Offered, not requ'd
Trng vs other Spec	NR	NR	NR	No one responded
Other Staff Trained	Y (in service)	Y (hired with)	Y (in service)	
CRHA Mgr	?	?	?	
Others inserv req.	Y	Y	N-encouraged	
Data re wait times	NA	NA	NA	FMC encouraged
CRHA Mgr	NA	NA	NA	Study being done
Data re Pt Satisf.	NA	NA	NA	
CRHA Mgr	NA	NA	NA	Some past studies
Planned changes?	N	N	Y	FMC inservice +
CRHA Mgr	N	N	Y	FMC planning rev

Comments

- Stds of care vary between sites & according to ER physician/resident/on call psychiatrist, workload at time.
- ER Psychiatry neglected by psychiatry (Mental Health), and is marginalized by the ER Depts. (whether schizophrenia or other MI's)
- "They [Pts] receive very good care ... Psych ER Team .. are excellent"
- "They tend to remain in our ER, sometimes longer than necessary, if there are no beds to accommodate [them?]"
- MH Pts "... are triaged and prioritized accordingly... If a critical, unstable patient arrives who requires resuscitative efforts that patient will be seen first"
- "Challenge of space requirements, $ for personnel."

Drumheller

QUESTION	NURSE 1	NURSE 2	NURSE 3	PHYSICIAN 1	PHYSICIAN 2	Notes
Secure Room	N	N	N	N	N	
Privacy	N	N	N	N	N	
Security Staff	N (64 HRS)	Y(-)	N+	N	N+ (Nights)	
Patient Rights Exist	N	Y	?	N	N	
Patient Rights Avail	N	NR	?	N	N	
Restraint Policy	N+	Y	Y	Y	N	
MH Trained Staff?	d(N+)	d(NR)	b(NR)	c(on call)	b/c (NR)	Occ Avail
Crisis trained?	N	N	N	N	N	
CME Required?	NR	N	Y(-)	?	N	
Trng vs other Spec	?	?	NR	same	NR	
Other Staff Trained	N	N	NR	N	N	
Others insev requd	N	N	N	N	N	
Data re wait times	NA	NA	NA (feel =)	NR	NA	
Data re Pt Satisf.	NA	NA	N	NR	NA	
Planned changes?	N	N	N	N	N	

- "Require more staff, more training, & more time. Having nurses/physicians specifically trained would ... probably decrease admissions & patient stay times & possibly overuse patient ER visits"
- "Inadequate training, difficult to access appropriate health care professionals. Need more human resources & physical structures in this area."
- "We have a RPN on staff who does see patients once admitted. Need more qualified staff for ER".
- "We are inadequately staffed and trained there [sic?] ER mental crisis. Also getting patients to help appropriately is very difficult" [to get appropriate help?]
- "We do what we can"

NR = No Response
UR = Under Review
NA = Not Available