

SUMMARY

DEVELOPMENT OF EMERGENCY CARE PSYCHIATRIC CLINICAL FRAMEWORK

By default, the emergency department (ED) has become the “portal to the community” and the entry point where most patients are introduced to the health care system. It is also a logical place to expedite needed reform to ensure universal access to essential health care services. Historically, ED nurses have felt unprepared to provide adequate care for patients with mental illnesses, and are well aware of the increasing challenges the disparities in our health care system have brought for persons with substance use and psychiatric/mental health disorders. The Emergency Nurses Association (ENA) believes health care providers have a unique opportunity to make unprecedented change in the care of patients with mental illness in the ED.

On July 28, 2008, ENA convened a stakeholders meeting in Washington, D.C. with the primary goal of developing a consensus document on the care of patients with mental illnesses in the ED. Additional stated objectives of this stakeholders meeting included (1) developing and promoting guidelines for practice, including strategies regarding boarding patients with mental illnesses in the ED, and (2) developing measures to ensure that patients with mental illnesses receive quality care. During that meeting, it was decided that a “clinical framework” needed to be a separate document from the consensus principles statement under review and that a work group would be formed to develop the framework.

ENA hosted a work group conference call on November 25, 2008. The goal was to develop a consensus statement that would aid our health care workers but, more important, provide the quality care that all our patients deserve. The following organizations participated in this project:

American Academy of Emergency Medicine
American College of Emergency Physicians
American Nurses Association
American Psychiatric Nurses Association

Emergency Nurses Association
International Society of Psychiatric-Mental
Health Nurses
National Association of State Mental Health
Program Directors

Two other organizations indicated that they wished to participate in the discussion, but were unable to attend the conference call: the American Association of Emergency Psychiatry and the American Psychiatric Association.

During the November call, the work group reviewed a document containing the clinical statements extrapolated from the discussion held at the consensus stakeholder meeting on ED Care of Patients with Mental Illnesses. The members of the work group worked toward achieving consensus on (1) principles of practice and care and (2) clinical evaluation guidelines for care of emergency patients with mental illnesses and/or substance abuse. By the end of the call, the work group had completed a draft consensus statement consisting of an introductory statement of the problem, defined principles for the

practice and emergency care and clinical evaluation guidelines for the assessment and treatment of emergency patients with mental illnesses and/or substance abuse, and an addendum of defined terms and cited references.

The draft was subsequently reviewed by the participants on December 17 during a web-based conference call to confirm the document captured the essence of the discussion and to provide any editorial changes. The document is to serve as a resource and call to action for emergency care leaders – in collaboration with mental health partners and community leaders – and provides guidance for the clinical evaluation and treatment of emergency patients with mental illness and/or substance abuse.

The attendees agreed to run the attached final framework – dated February 1, 2009 – through the approval process of their various organizations. A conference call will be held in the beginning of April 2009 to receive status reports on how the Emergency Care Psychiatric Clinical Framework is faring through organizational approval, to address any concerns that have surfaced, and to discuss the next steps relative to an official release. The consensus principles statement is still in development and will be sent to all stakeholders who participated in the July 2008 meeting at a later date.

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