

VICTORIAN EMERGENCY DEPARTMENT - MENTAL HEALTH TRIAGE PROJECT

August 2005 – March 2006

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National Institute of Clinical Studies (NICS) & Victorian Department of Human Services:
Victorian Emergency Department Mental Health Triage Project Report

NICS is Australia's national agency for improving health care by helping close important gaps between best available evidence and current clinical practice. NICS is funded by the Australian Government.



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Improving Triage for Mental Health Presentations in Victorian Hospital Emergency Departments

1. Introduction

While mental health presentations account for a relatively small percentage of all emergency department presentations (4-5%), it is important that all clinicians working within the emergency department have the required skills in the initial assessment and management of common mental health problems they are likely to encounter to ensure prompt, high quality care.

There has been some concern that a number of clinical staff in emergency departments may lack the confidence or skills to deal with the needs of people with mental health problems, often due to limited training in mental health presentations and low levels of exposure to people with mental health care issues in their undergraduate training.

The triage process within hospital emergency departments is guided by the Australasian Triage Scale (ATS) developed by the Australasian College of Emergency Medicine (ACEM). The ATS provides a standardised approach for assessing the urgency of care required for each person presenting to a hospital emergency department. Despite its usefulness, there have been concerns that the ATS descriptors are limited and not sufficient for the assessment and triage of patients with mental health problems. This may lead to inappropriate delays in their assessment and management, contribute to deterioration in a person's mental state or behaviour, possibly creating disruption in the emergency department, or prompt people to leave without being properly assessed.

Improving clinicians' skill in the initial assessment and triage of patients with mental health problems is an important strategy for contributing to improved care and decreased length of stay in the emergency department^{1,2}.

In 2000, Barwon Health implemented an enhanced emergency department triage tool based on a model developed by the South East Sydney Area Health Service (SESAHS)³. Barwon Health introduced the enhanced triage tool to assist in the initial assessment and management of mental health presentations in the emergency department, demonstrating a range of improvements. These included:

- Improved collaboration between the emergency department and mental health service to improve time to mental health intervention if required
- An increase in confidence of triage nurses triaging mental health presentations
- The development of ongoing education programs to train emergency department staff in the assessment and immediate management of mental health presentations
- The development of protocols and processes to streamline the care for mental health presentations to the emergency department.

¹ Emergency department mental health triage scales improve outcomes Broadbent M.¹; Jarman H.; Berk M. *Journal of Evaluation in Clinical Practice*, Volume 10, Number 1, February 2004, pp. 57-62(6)

² Patient satisfaction with psychiatric services provided by a Melbourne tertiary hospital emergency *Journal of Psychiatric & Mental Health Nursing*, Volume 10, Number 3, June 2003, pp. 351-357(7)

³ De Guio A, Bolton C, Fry M et al (1998). *Training Manual for Non-Mental Health Trained Staff to work with Mental Health Patients*. Area Mental Health Program; South Eastern Sydney Area Health Service



2. The Victorian Emergency Department Mental Health Triage Project

2.1 Project Aim

The aim of the Victorian Emergency Department Mental Health (ED MH) Triage Project was to improve the emergency department triage process for people presenting with a mental health problem to ensure a timely and appropriate response by supporting emergency departments and specialist mental health services to work together.

2.2 Background

This project was initiated by the Victorian Department of Human Services (DHS) Emergency Access Reference Committee (EARC) and its Mental Health Sub-Committee as part of a broader strategy to improve care for people with mental health problems across all health sectors. This initiative in part was a response to:

- The recommendations from the Victorian Auditor General's Report on Managing Emergency Demand in Public Hospitals⁴,
- A forum convened by DHS in November 2004 to discuss and share interventions to improve care of mental health presentations to the emergency department with representation from emergency clinicians, mental health clinicians, general practice, and ambulance services,
- The improvements demonstrated by Barwon Health following the introduction of a triage tool to assist in the assessment and triage of mental health presentations to the emergency department.

2.3 Scope of the Project

The project consisted of two parts, the first being the development of an ED MH Triage tool in consultation with the EARC Mental Health Sub-Committee. The second part of the project was the implementation of the ED MH triage tool across 15 metropolitan and 5 regional emergency departments in Victoria.

The project key deliverables included the:

- Development of the ED MH Triage tool to be endorsed by the EARC Mental Health Sub-Committee of DHS
- Introduction of the ED MH Triage tool across the nominated metropolitan and regional health services, which would also include:
 - support for sites to develop local education program
 - support for sites to review or develop policies and protocols for the management of mental health presentations based on the triage category.

⁴ Victorian Auditor General's Report on Managing Emergency Demand in Public Hospitals May 2004



2.4 Participating Health Services

DHS allocated \$10,000 to each of the nominated hospitals to support project co-ordination and staff training. In addition Barwon Health Service received \$10,000 to provide consultancy to NICS for the development of the ED MH Triage tool and educational material.

Participating sites:

Austin Health	Mercy Werribee Health
Ballarat Health Service	Northern Health
Bayside Health	Peninsula Health
Bendigo Health Care Group	St Vincent's Health
Eastern Health (3 sites) <ul style="list-style-type: none"> • Box Hill Hospital • Maroondah Hospital • The Angliss Hospital 	Southern Health (3 sites) <ul style="list-style-type: none"> • Casey Hospital • Dandenong Hospital • Monash Medical Centre
Goulburn Valley Health Service	Western Health (2 sites) <ul style="list-style-type: none"> • Sunshine Hospital • Western Hospital
Latrobe Regional Hospital	
Melbourne Health	
Barwon Health (<i>Project Consultancy</i>)	

2.5 Project Outcomes

NICS to provide a report to DHS on project implementation across the participating health services that includes information on:

- The implementation of the endorsed ED MH Triage tool
- The support provided for the participating project teams to develop local education and training programs; and,
- The review or development of policies and processes to streamline care for mental health presentations to the emergency department

2.6 Project Timelines

It was acknowledged from the outset that the timelines for this project were short and that the longer term effectiveness of this project would be monitored through the routine collection of DHS emergency services key performance indicators.

Project planning: August 2005 – September 2006

- Development of the ED MH Triage tool in consultation with the EARC Mental Health Sub-Committee
- Development of training material to support the implementation of the triage tool
- Planning of the project launch workshop
- Enrolment and contact with health service project teams



Implementation period: October 2005 – April 2006

- Project launch workshop, October 2005
- Mid-project facilitators meeting, December 2006
- Final project facilitators meeting, April 2006
- Site visits, October 2005 – March 2005
- Project team support, October 2005 – April 2006



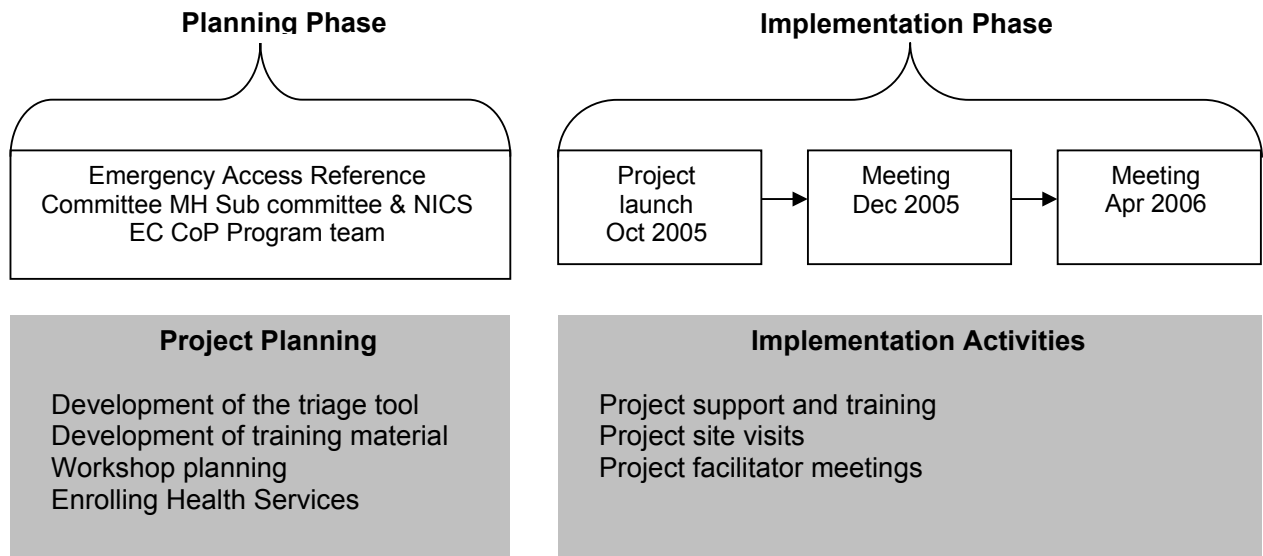
3. NICS Expertise

DHS approached the National Institute of Clinical Studies (NICS) to undertake the Victorian ED MH Triage project. NICS has expertise in the implementation of evidence based practice in emergency departments. In 2003-5 NICS managed the Mental Health Emergency Care (MH-EC) Interface project, in which 41 hospitals participated nationally. The NICS management team gained a strong understanding and appreciation of the both emergency departments and mental health services through the MH-EC Interface Project, the aim of which was to improve care for people who present to the emergency department with a mental health problem.

The role of the NICS EC CoP Management team was to provide:

- training and skill development for the project teams in quality improvement methods, change management techniques and project management
- site visits to support the development of local educational programs
- forums to facilitate the sharing of resources and networking; and,
- project management support for participating teams.

3.1 NICS Implementation Model



Implementation projects that involve multiple key stakeholders across health settings generally require more time than projects whose scope is confined to a single unit or department. The success of the ED MH Triage Tool Project relied on the joint participation of emergency departments and mental health services. The implementation plan was designed to maximise the time available for the development of a collaborative approach to introduce the triage tool and the support for its implementation.



Key implementation activities included:

Training and skill development

The project was launched at a workshop in October 2005 attended by both mental health and emergency department clinicians from 19 of the 20 participating hospitals. The workshop was designed to provide an opportunity for the participants to:

- hear an overview of the project and its objectives ;
- gain an understanding of the Barwon Health experience and in implementing a tool to assist in the triage of mental health presentations in their emergency department; and
- develop practical skills in identifying barriers to implementation and basic project planning skills.

Development tools and supporting resources

In addition to the triage tool and training manual, an implementation guide (Appendix 2) was specifically developed for the ED MH Triage project teams to support the implementation process. It included practical tips on establishing a local working party and developing a training schedule.

Establishment of forums to support networking across project teams

A network approach was taken to encourage communication and the sharing of information between the project facilitators. The forums developed to support this network activity included:

- two-half-day project facilitator workshops, to provide the opportunity for sharing progress and information. The workshops also enabled the NICCS team to tailor the support required for the project teams.
- the establishment of a Yahoo group to enable the posting of resources on a common site that could be accessed through the internet to share information. This had limited success given several organisation's IT systems prevented access to public domain sites.
- group email; established to ensure continuity and consistent information was being provided to all project facilitators.

NICCS support of project teams

Monthly contact was made with the majority of project facilitators to check on progress and provide offers of support. Contact was difficult at two sites. Site visits were undertaken throughout the implementation period. The level of support required by the project teams varied, with up to four visits per site. The support provided was tailored to the needs of each site ranging from:

- individual consultation with project facilitators to assist in the implementation process
- provision of general information sessions to hospital groups; and
- provision of specific education sessions for emergency department staff.



3.2 Challenges to the implementation process

A number of barriers and challenges to the implementation of the ED MH triage tool were identified throughout the course of the project. These included:

- The capacity of individual sites to undertake the project varied in terms of workforce pressures and other competing priorities or projects e.g. hospital accreditation and other DHS funded projects.
- A number of sites identified areas where there was a need to review or develop new policies and protocols. However, these could not be completed within the project timeframe due the stakeholder consultation required and complexity of the issues e.g. introduction of code grey for security support.
- Project activity was interrupted by the Christmas and New Year period which required a concerted effort to refocus the project teams in order to have the triage tool implemented by February 2006. Project teams also reported a loss of focus due to the break.
- The project was funded from DHS. This funding was made available in October at the start of the implementation phase. Participating sites suggested that provision of funding prior to the project would provide the opportunity for organisations to plan for the allocation of resources to support the project from its outset.
- A small number of sites chose not to engage with the process and implemented the ED MH Triage tool without support of the NICS team. This made the progress of these sites difficult to determine.

3.3 Implementation Evaluation

NICS designed an evaluation to assess the impact of the implementation process. A pre and post implementation survey of triage staff was conducted. The questions were designed to assess the level of confidence the triage staff had in triaging mental presentations to the emergency department and whether the triage staff were aware of policies in place to respond to the care needs based on the allocated triage categories.

Pre and post implementation survey of Emergency Department Triage Nurses (Appendix 3)

The pre implementation survey was completed by 11 sites in October 2005 with a total of 266 responses. Only five sites completed the post implementation survey in April 2006 with a total of 102 respondents. The main purpose of the survey was to identify:

- if there had been any change in the confidence of the emergency department triage staff in triaging mental health presentations
- the level of education that had been provided to support emergency triage staff in the initial assessment and management of mental health presentation
- if the emergency depart triage staff were aware of policies and procedures to respond to the allocated triage categories for mental health presentations.

At the project facilitators workshop held on the 5th April 2006 feedback expressed by many sites the tool had only recently been implemented and that they felt more time was required to properly assess the impact of the tool and recommended follow up audit in six months.

Survey Results: Individual sites will receive a copy of their own survey results.

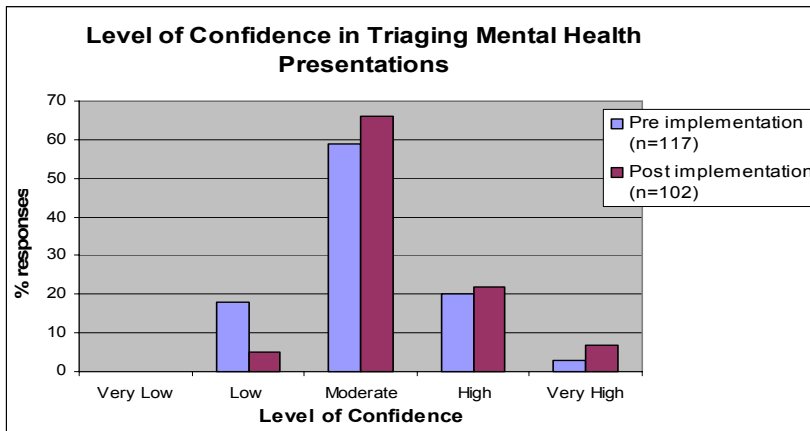


Figure 1: Response to the following question:

1. How would you describe your level of confidence in triaging people who present to the emergency department with a mental health problem?

Comment: As only five sites completed both pre and post implementation surveys, conclusions on change in confidence during the project are impossible. The results show a shift in the right direction. However, further data collection is necessary.

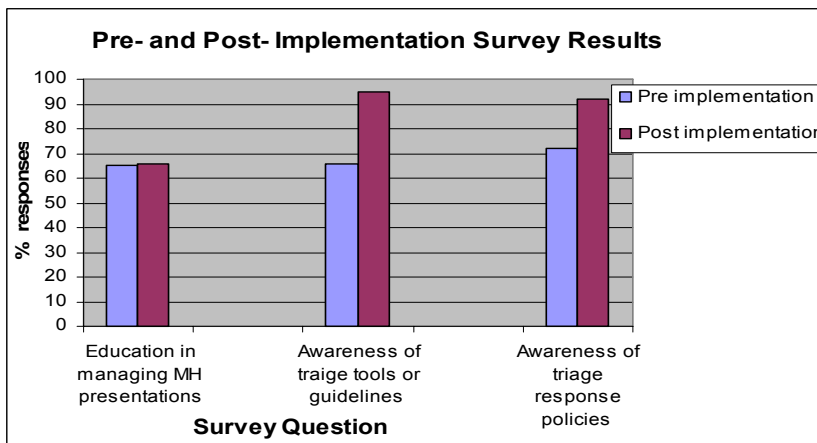


Figure 2: This figure shows the responses to the following questions:

2. Are there specific tools or guidelines currently in place to assist you in triaging people presenting with a mental health problem?
3. Are there policies and procedures in place within your emergency department to direct the appropriate response to each triage category?
4. Have you had any formal education in managing mental health presentations?

Comment: The results are based on the responses from 5 sites. The number of responses pre and post implementation to each question varied from 93 to 120. The results indicate an increased awareness of specific tools or guideline to assist in the triage process, and in policies to direct appropriate response to the allocated triage categories. There was no difference in the number of respondents reporting that they had received formal education in managing mental health presentations.



Survey of Emergency Department (ED) Directors, ED Nurse Unit Managers and Managers of Mental Health Services post implementation (Appendix 4)

In addition to the pre and post implementation surveys for the emergency triage staff, a short questionnaire was sent to the ED Directors, ED Nurse Unit Managers and Managers of Mental Health Services to gauge the impact of the ED MH Triage Tool implementation and level of satisfaction of project support provided to the teams by NICS.

Responses were received from: 9 ED Directors, 7 ED Nurse Unit Managers, and 3 Mental Health Service Managers (including one verbal response). The comments received included:

Comments from Emergency Department Directors:

- Not yet fully implemented, too early to tell.
- Clarified actions to be taken following the triage process.
- Good educational tool. We are about to look at data pre and post which will be sent to NICS for objective analysis.
- Provides guidance through structured decision support.
- Used to standardize triage and obtain review by mental health worker.
- Still in progress.
- The triage tool had no impact. Staff are quite aware of how to triage behavioral problems- problem is not at triage but downstream.
- Already implemented years ago.

Comments from Emergency Department Nurse Unit Managers:

- We have only recently begun using this. In-service sessions are started.
- The tool formalised current practice and allowed for a uniform approach from ED to ECAT staff.
- Great education tool for all ED staff. Positive feedback from staff.
- Our team facilitator provided an excellent in-service to ED and provided a greater awareness when triaging mental health patients.
- Discussion of the tool has enhanced education and assisted the process of entering actions required upon presentation.
- Revisited how and why we triage the way we do.

Comments from Mental Health Service Managers:

- Gives some guidelines to ED staff at Triage.
- Data reflects improvement in response and more accurate clinical information.
- Increased confidence, improved patient outcomes.
- Improved collaboration between MHS and ED staff.
- Highlighted education needs.
- Ability to prioritise psychiatric clinical needs.



4. Project achievements

Development of the ED MH Triage Tool and supporting resources

The Victorian ED MH Triage tool (Appendix 1)

The Victorian ED MH Triage tool was developed in consultation with and endorsed by the EARC Mental Health Sub-Committee of DHS Victoria. The tool was based on the model developed by the SESAHS Mental Health Service and subsequently enhanced by Barwon Health. The ATS descriptors for Mental Health presentations have been incorporated into the ED MH Triage Tool. The NICS EC CoP team also used information from other locally adapted versions of the SESAHS triage tool that were developed as result of the NICS Mental Health Emergency Care Interface project

The Victorian ED MH Triage Training Manual

In addition to the triage tool a training manual was developed in consultation with the EARC Mental Health Sub-Committee to provide educational support for individual clinicians and to be a resource for the development of local education programs. The training manual was based on the SESAHS Mental Health Training Manual. Copyright permission was granted from SESAHS to use the information in the development of the Victorian ED MH Triage Training Manual. The content of the Victorian ED MH manual provides guidance for training triage staff in the assessment of mental health presentations and includes practical information on communication techniques and relevant sections of the Mental Health Act.

Given the short timeframe for developing project tools prior to the implementation phase, the project teams were provided draft copies of the ED MH Training Manual to assist them in the development of local education programs. This was developed through the project, building upon experience of project teams.

The Victorian ED MH Triage Project Implementation Guide (Appendix 2)

A one page implementation guide was developed to provide step by step guidance to support those less experienced project facilitators through the implementation steps.

Introduction of the Victorian Emergency Department Triage Tool

At the end of the project implementation period in March 2006 the Victorian ED MH Triage tool had been introduced across 16 of the 19 nominated emergency departments.

- Southern Health was delayed in the implementation process as they were undergoing ACHS accreditation at the start of the implementation period. A project facilitator has since been employed with the intent of having an education program starting in April 2006 and the introduction of the triage tool across all three Southern Health sites by May 2006.
- Western Health elected to take an organisational approach and included the Williamstown Emergency Department in the project activities.
- Both Western and Northern Health took opportunities to introduce the triage tool to ambulance and police services in their regions to support a consistent approach with regard to the use of common descriptors and levels of acuity for mental health presentations.
- Austin and Bendigo Health Services have had additional uptake of the triage tool and training manual across community health settings.



Additional benefits reported by project facilitators

The final project workshop was held on the 5th April 2006, where 11 of the sites were represented, and facilitators provided feedback on what they regarded as the benefits arising from the project.

- Parallel mental health and physical assessments are being encouraged across sites.
- At Frankston Hospital the mental health staff are providing education to the post-graduate emergency nurse program.
- Referrals have improved with the use of descriptors when referring patients.
- Austin Health has adopted the triage tool in the community setting with two additional categories (6 & 7) added, in relation to a Community Mental Health response. This has been accepted and adopted by clinicians.
- At Western Health there has been work undertaken between the Emergency Department, Mental health Services, Police and Ambulance to develop a common form for the documentation of people requiring a Section 10 schedule of the Mental Health Act.
- A number of sites have reviewed policies related to violence, code grey and weapons search.
- The project has helped to distinguish roles between mental health service, psych liaison and ECAT at Maroondah Hospital.
- At La Trobe Hospital the emergency department education program now includes aspects of assessment and management of mental health presentations and is now incorporated into the orientation program for new staff.



5. Recommendations

The success of this project has provided a platform in which the collaboration between mental health services and emergency departments has been strengthened through a consistent approach to people presenting to the emergency department. The following recommendations are made based on feedback from site project facilitators. That:

1. A future follow-up survey be undertaken to assess the impact of both the ED MH triage tool and the education processes put in place to support the skills required by ED clinicians to assess and provide initial management of mental health presentations to emergency departments.
2. Future projects provide a formal planning stage for the participating organisations to assist in the early allocation of resources to support the implementation locally.
3. Future implementation projects recognise that the level of support required by project teams or project facilitators may vary dependent on previous skill and experience in implementation or projects.
4. In planning future projects that require review or the introduction of policies and processes across complex health care settings such as the emergency department and mental health service, consideration is given to providing an adequate implementation phase. Although keen to review current policies and protocols, sites expressed the view that this could not be accomplished within the implementation period of six months.
5. Processes are put in place to support ongoing collaboration across project sites to enable continued sharing of information and resources to improve care for mental health presentations to the emergency departments.

Key Messages for Implementation:

- Provision of a planning phase for participating sites to allocate the appropriate resources for the project
- Understanding the organisational capacity to undertake the project with regard to work force issues and other competing priorities
- Tailoring project support to meet the individual needs of the project teams
- Providing support for collaboration between the participating sites to encourage ongoing development and review of policies and protocols
- Ensuring a realistic time frame for review or development of policies and protocols and their implementation across complex health settings.



Appendix 1

Victorian Emergency Department Mental Health Triage Tool

TRIAGE CODE	DESCRIPTION	TREATMENT ACUITY	TYPICAL PRESENTATION	GENERAL PRINCIPLES OF MANAGEMENT
1	<p>Definite danger to life (self or others)</p> <p>ATS¹ states: Severe behavioural disorder with immediate threat of dangerous violence</p>	Immediate	<p>Observed</p> <ul style="list-style-type: none"> Violent behaviour Possession of weapon Self-destruction in ED Displays extreme agitation or restlessness Bizarre/disorientated behaviour <p>Reported Verbal commands to do harm to self or others, that the person is unable to resist (command hallucinations)</p>	<p>Supervision *Continuous visual surveillance 1:1 ratio</p> <p>Action</p> <ul style="list-style-type: none"> Alert ED medical staff immediately Alert Mental Health Triage or equivalent Provide safe environment for patient and others Ensure adequate personnel to provide restraint/detention based on industry standards <p>Consider</p> <ul style="list-style-type: none"> Calling Security +/- Police if staff or patient safety compromised. May require several staff to contain patient 1:1 Observation Intoxication of drugs and alcohol may cause an escalation in behaviour that requires management
2	<p>Probable risk of danger to self or others</p> <p>AND / OR</p> <p>Client is physically restrained in the Emergency Department</p> <p>AND/OR</p> <p>Severe behavioural disturbance</p> <p>ATS¹ states: Violent or aggressive (if) <ul style="list-style-type: none"> Immediate threat to self or others Requires or has required restraint Severe agitation or aggression </p>	Emergency Within 10 minutes	<p>Observed</p> <ul style="list-style-type: none"> Extreme agitation / restlessness Physically / verbally aggressive Confused / unable to cooperate Hallucinations/Delusions/Paranoia Requires restraint / containment High risk of absconding and not waiting for treatment <p>Reported</p> <ul style="list-style-type: none"> Attempt at self harm / threat of self harm Threat of harm to others Unable to walk safely 	<p>Supervision *Continuous visual supervision</p> <p>Action</p> <ul style="list-style-type: none"> Alert ED medical staff immediately Alert Mental Health Triage Provide safe environment for patient and others Use of defusing techniques (oral medication, time in quieter area) Ensure adequate personnel to provide restraint / detention Prompt assessment for patient recommended under section 9 or apprehended under section 10 of the Mental Health Act <p>Consider</p> <ul style="list-style-type: none"> If defusing techniques ineffective, revise category to category 1 as above. Security in attendance until patient sedated if necessary Intoxication of drugs and alcohol may cause an escalation in behaviour that requires management
3	<p>Possible danger to self or others</p> <ul style="list-style-type: none"> Moderate behaviour disturbance Severe distress <p>ATS¹ states: <ul style="list-style-type: none"> Very distressed, risk of self harm Acutely psychotic or thought disordered Situational crisis, deliberate self harm Agitated / withdrawn </p>	Urgent Within 30 minutes	<p>Observed</p> <ul style="list-style-type: none"> Agitated / restless Intrusive behaviour Confused Ambivalence about treatment Not likely not to wait for treatment <p>Reported</p> <ul style="list-style-type: none"> Suicidal ideation <p>Presence of Psychotic Symptoms</p> <ul style="list-style-type: none"> Hallucinations Delusions Paranoid ideas Thought disorder Bizarre / agitated behaviour <p>Presence of Mood Disturbance</p> <ul style="list-style-type: none"> Severe symptoms of depression Withdrawn / uncommunicative And / or anxiety Elevated or irritable mood 	<p>Supervision *Close observation * Do not leave patient in waiting room with no support person</p> <p>Action</p> <ul style="list-style-type: none"> Alert Mental Health Triage <ul style="list-style-type: none"> Insure safe environment for patient and others <p>Consider</p> <ul style="list-style-type: none"> Re-triage if evidence of increasing behavioural disturbance <ul style="list-style-type: none"> Restlessness Intrusiveness Agitation Aggressiveness Increasing distress Inform security that patient is in department Intoxication of drugs and alcohol may cause an escalation in behaviour that requires management
4	<p>Moderate Distress</p> <p>ATS¹ states:</p> <ul style="list-style-type: none"> Semi-urgent mental health problem Under observation and /or no immediate risk to self or others 	Semi Urgent Within 60 minutes	<p>Observed</p> <ul style="list-style-type: none"> No agitation / restlessness Irritable without aggression Cooperative Gives coherent history <p>Reported</p> <ul style="list-style-type: none"> Pre-existing mental health disorder Symptoms of anxiety or depression without suicidal ideation 	<p>Supervision *Intermittent observation</p> <p>Action Inform Mental Health Triage</p> <p>Consider</p> <ul style="list-style-type: none"> Re-Triage if evidence of increasing behavioural disturbance <ul style="list-style-type: none"> Restlessness Intrusiveness Agitation Aggressiveness Increasing distress Intoxication of drugs and alcohol may cause an escalation in behaviour that requires management
5	<p>No danger to self or others</p> <ul style="list-style-type: none"> No acute distress No behavioural disturbance <p>ATS¹ states: <ul style="list-style-type: none"> Known patient with chronic symptoms Social crisis, clinically well patient </p>	Non Urgent Within 120 minutes	<p>Observed</p> <ul style="list-style-type: none"> Cooperative Communicative and able to engage in developing management plan Able to discuss concerns Compliant with instructions <p>Reported</p> <ul style="list-style-type: none"> Known patient with chronic psychotic symptoms Pre-existing non-acute mental health disorder Known patient with chronic unexplained somatic symptoms. Request for medication Minor adverse effect of medication Financial/social/accommodation/ relationship problems. 	<p>Supervision *General observation</p> <p>Action</p> <ul style="list-style-type: none"> Alert Mental Health Triage Referral to treating team if case managed

***Management Definitions:**

Continuous visual surveillance	person is under direct visual observation at all times
Close observation	regular observation at a maximum of 10 minute intervals
Intermittent observation	regular observation at a maximum of 30 minute intervals
General observation	routine waiting room check at a maximum of 1 hour intervals

¹ Australasian College of Emergency Medicine (2002). Guidelines for the Implementation of the Australasian Triage Scale (ATS) in Emergency Departments
² South Eastern Sydney Area Health Service Mental Health Triage Guidelines for Emergency Departments
 NICS would also like to acknowledge existing triage tools provided by Barwon Health VIC and the work of the Mental Health Emergency Care Interface Project teams 2005





Appendix 2

Emergency Department Mental Health Triage Project Implementation Guidelines for Project Teams

Establish a working party

Working party should comprise of representatives from both the emergency department, mental health sector, NUM and/or ED Director, educator and executive sponsor.

Role of the working party is:

1. Discuss the Mental Health Triage Tool with regard to existing emergency department and hospital policies, procedures and protocols.
2. Determine timeframes, how long will the project last.
3. Design the education program for your particular hospital/department.
4. Plans for ongoing education for new staff.

Other considerations for the working party:

- Who is to be trained (all triage nurses – identify individuals), information sessions to other disciplines. Consider shift workers, for example, capturing the night duty teams?
- Where is the training to take place, is there a place within the emergency department or do you have to go elsewhere in the organization?
- What is the content of the training, where is the training to take place, how many sessions will you need?

Review triage tools in accordance with hospital policy and protocols

Look at the triage tool category by category with the working party to establish if “action” needs to be revised in accordance with tool, for example, do the actions in Triage Cat 1 fit within the policies and protocols of your organization. Decide if either needs reforming or reviewing.

Training schedule

- Who will be conducting the training sessions (consider mental health clinician and/or emergency department clinician).
- Look at the training manual content to determine if changes need to be made to accommodate your organization’s policy and/or protocols.
- Plan and development educational material, for example, Power Point presentations, handouts etc.
- Include an introduction session for all clinical staff working in the area or who may be affected by the triage tool.
- Who is going to maintain the training of the tool (long term sustainability).



Appendix 3

Victorian Emergency Department Mental Health Triage Project Pre and Post Implementation Survey for Emergency Department Triage Staff

- 1. How long have you worked in emergency nursing?
2. How long have you been a triage nurse?
3. Have you had any formal education in managing mental health presentations?

If yes, please specify:

- 4. How would you describe your level confidence in triaging people who present to the emergency department with a mental health problem?
5. Are there specific tools or guidelines currently in place to assist you in triaging people presenting with a mental health problem.

If yes, please specify:

- 6. Are there policies and procedures in place within your emergency department to direct the appropriate response to each triage category?

If yes, please specify:

Thank you for your participation in this survey.





Appendix 4

Victorian Emergency Department Mental Health Triage Project Post Implementation Survey for Emergency Department Directors, Nurse Unit Managers and Managers of Mental Health Services

1. Please identify your position

- ED Director
ED Nurse Unit Manager
MH Service Manager

2. In your opinion, has the Emergency Department Mental Health Triage Tool been useful to staff in your department?

- Yes
No

If yes, please specify: _____

3. In your opinion, do you feel there has been an improvement in the initial management of a person presenting to your Emergency Department with mental health problem?

- Significant
Moderate
Some
No change

4. In your opinion was the project team at your site well supported by the Project Management team from NICs

- Yes
No

Please provide any additional comments or suggestions on how NICs could improve the support offered to the teams _____

Thank you for your support in completing this survey
Please return your survey by fax on 03 8866 0499





Appendix 5

The NICs Project Team

Ms Robyn Potter

Project Officer

Victorian Emergency Department Mental Health Triage Project

National Institute of Clinical Studies

Ms Sue Huckson

Program Manager

Emergency Care Mental Health Triage Project &

Emergency Care Community of Practice Program

National Institute of Clinical Studies

Ms Margaret Ferma

Nursing Development Leader

Emergency Care Community of Practice Program

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Dr Michael Yeoh

Community Development Leader

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Ms Sue Daly

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