



RCEM

Royal College
of Emergency
Medicine

MENTAL HEALTH (SELF-HARM)

NATIONAL QUALITY IMPROVEMENT PROGRAMME

Information Pack

2022 - 2024

Published: October 2023



Quick guide to running an awesome QIP



Form your QIP Team

RCEM recommends a multidisciplinary QI team



Standards

[Click here](#) to find the standards.



Questions

[Click here](#) to find the questions.



Inclusion criteria

18 years and older are eligible.



Sample size

Recommended sample size: Please collect data on a minimum of 5 eligible cases per week.



Data entry portal

Log into the data entry site at <https://rcem.casecapture.com>



Data frequency

Recommended: enter cases each week.

Alternative: If your ED will find weekly data entry difficult enter data fortnightly instead.



Data Collection Period

Data should be collected on patients attending **from 4 October 2022 – 3 October 2024**

*For the interim reports data collection period, please see the [Data collection period](#) section for details.

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WELCOME

This document tells you everything you need to know if your Emergency Department (ED) wishes to participate in the 2022/24 RCEM national quality improvement program (QIP) on Mental Health (Self-Harm).

Introduction

Patients presenting to the ED with mental health needs make up around 5% of total attendances. They may have both physical and mental health needs to be met concurrently and some present with high risks of further self-harm and suicide.

In 2018 the Healthcare safety investigation branch (HSIB) published a report on the [provision of mental health care to patients presenting at the Emergency Department](#). A recommendation for RCEM was to improve and standardise the initial assessment of patients. This QIP is part of the ongoing response to this recommendation.

In 2022 RCEM published a revised toolkit for [Mental health in Emergency Departments](#) which includes clinical standards for the care of mental health patients in the ED. The standards were developed by consensus and based on guidance published by NICE and the Royal College of Psychiatrists.

- ED Mental Health Triage process
- Observation of patients at risk of further self-harm or absconding
- ED clinician assessment

This QIP will track the current performance in EDs against clinical standards in individual departments and nationally on a real time basis over a 2-year period. The aim is for departments to be able to identify where standards are not being reached so they can do improvement work and monitor real time change.

As well as the three standards above for individual patient care, there are organisational standards for each department to consider and an emphasis on working with mental health professionals to provide joint care and parallel assessment where possible. Departments may also use this 2-year QIP period as an opportunity to consider other ways of improving care of patients with mental health problems. This could be by collecting and responding to patient feedback, initiatives to reduce stigma, improving the ED environment or reviewing the care of patients who are agitated or aggressive.

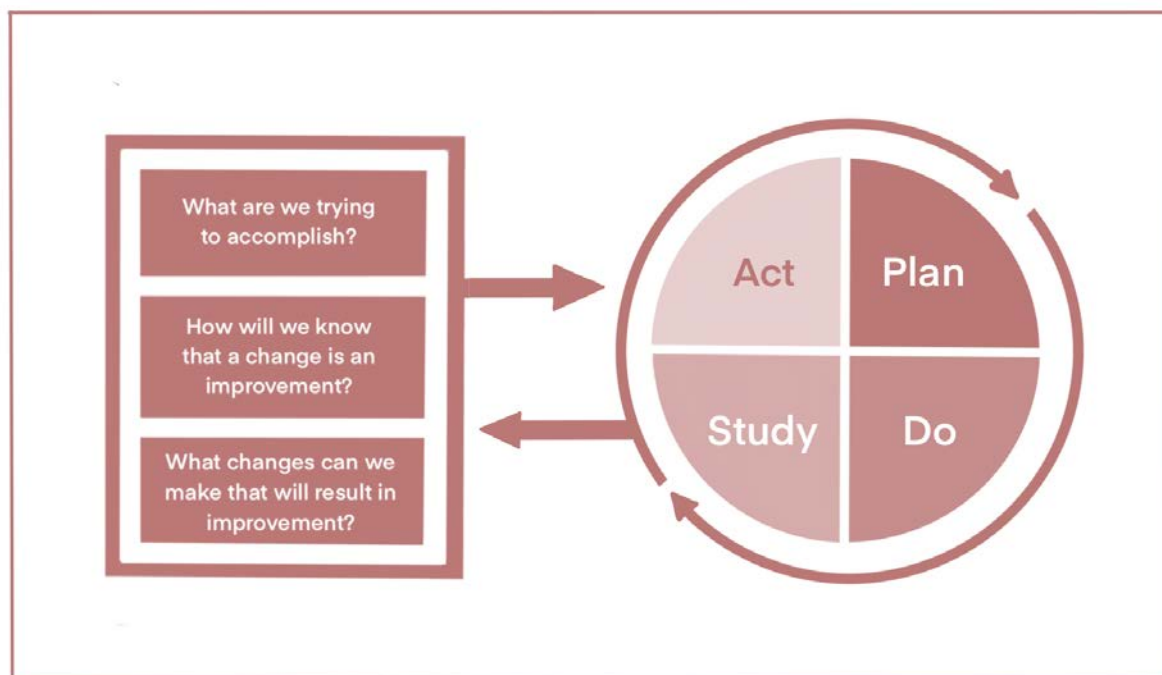
QUALITY IMPROVEMENT INFORMATION

The purpose of this QIP is to continually quality assure and improve your service whereby the patient benefits as an outcome of the programme. The RCEM system allows your team to record details of QIPs and see on your dashboard how each initiative affects your data on key outcome and process measures.

We encourage you to use this feature in your department. If you are new to QIPs, we recommend you follow the Plan Do Study Act (PDSA) methodology. The [Institute for Healthcare Improvement](#) (IHI) provides a useful worksheet which will help you to think about the changes you want to make and how to implement them.

Further information on ED quality improvement can be found on the [RCEM website](#).

The model for improvement (Institute of Healthcare Improvement)



OBJECTIVES FOR ALL RCEM QIPS

To identify current ED performance against clinical standards and previous performance

How RCEM supports you

Expert teams of clinicians and QIP specialists have reviewed current national standards and evidence to set the top priority standards for this national QIP
RCEM have built a bespoke platform to collect and analyse performance data against the standards for each ED

Show EDs their performance in comparison with other participating departments both nationally and in their respective country in order to stimulate quality improvement

How RCEM supports you

The QIP will be run over a 2-year period. The longer duration should allow better planning and effective iteration. This should lead to improved patient care. Participating ED's can see how they perform as compared to National mean. This should enable ED's revisit changes implemented and plan further PDSA cycles.

To empower and encourage EDs to run quality improvement (QI) initiatives based on the data collected, and track the impact of the QI initiative on their weekly performance data

How RCEM supports you

The RCEM platform includes a dashboard with graphs showing your ED's performance as soon as data are entered to benchmark against yourself.

The dashboard graphs are SPC charts (where applicable) with built in automatic trend recognition, so you are able to easily spot statistically significant patterns in your data.

The portal has built in tools to support local QI initiatives, such as an online PDSA template.

Once you have completed a PDSA template with your team, this is overlaid onto your dashboard charts so you can easily see the impact of your PDSA.

RCEM have also published a QI guide to introducing a range of excellent QI methodologies to enhance QI knowledge and skills.

STANDARDS

Organisational Standards

Standards	Grade	Reference
1. Each department should have a named Mental Health Lead.	F	
2. A policy in place for assessing and observing patients should be in place for those considered to be high or medium risk of self-harm, suicide, or leaving before assessment and treatment are complete.	F	Recommendations Self-harm: assessment, management and preventing recurrence Guidance NICE
3. EDs should have a policy which clearly states when patients can or cannot be searched. This should be compliant with relevant legislation. Searches which are for the clinical safety of the patient should be conducted by clinical staff rather than security guards.	D	Mental Health Toolkit – RCEM 2022
4. ED and mental health teams should have joint pathways which promote parallel assessment of patients with both physical and mental health needs. NICE guidance states that psychosocial assessment should not be delayed until after medical treatment is completed.	F	Side by side Consensus statement - 2020 Recommendations Self-harm: assessment, management and preventing recurrence Guidance NICE
5. Is there an appropriate area in ED available where patients with mental health problem could be observed? (i.e., A designated quieter/safer area than a regular cubicle)	A	Quality statement 5: Safe physical environments Quality standards NICE
6. Departments should follow their trust's policy for restrictive intervention and should follow guidance for Rapid Tranquilisation (NICE or their own guideline).	F	Restrictive interventions for managing violence and aggression in adults - NICE Pathways

7. EDs should have a policy for patients under the relevant policing and mental health legislation - including section 297 (Scotland), section 130 (Northern Ireland) or section 136 (England and Wales) to ensure safety, dignity, and timely management.	F	Mental Health Toolkit – RCEM 2022
8. An appropriate room should be available for the assessment and assistance of people with mental health needs within the ED. These should meet the standards of the Psychiatric Liaison Accreditation Network (PLAN).	F	Psychiatric Liaison Accreditation Network (PLAN) Quality Standards for Liaison Psychiatry Services – RCPSYCH 2020
9. An appropriate programme should be in place to train ED nurses, health care assistants, and doctors in mental health and mental capacity issues.	F	

Standards	Grade	Reference
1. Patients should have mental health triage by ED nurses/clinician on arrival to briefly gauge their risk of self-harm and/or leaving the department before assessment or treatment is complete.	F	Mental Health Toolkit – RCEM 2022 Recommendations Self-harm: assessment, management and preventing recurrence Guidance NICE Quality statement 2: Initial assessments Quality standards NICE
2. Patients at medium or high risk of further self-harm or of leaving before assessment and treatment are complete should be observed closely during the period that they are considered to be high-risk/medium-risk. There should be documented evidence of either continuous observation (1:1) or intermittent checks, interactions and care delivery (recommended every 15 – 30 minutes)	F	Mental Health Toolkit – RCEM 2022 Recommendations Self-harm: assessment, management and preventing recurrence Guidance NICE Quality statement 4: Monitoring Self harm Quality standards NICE
3. When an ED clinician reviews a patient presenting with self-harm, they should record a brief risk assessment of suicide and further self-harm.	F	Mental Health Toolkit – RCEM 2022

Clinical Standards

Grading explained

- F - Fundamental** This is the top priority for your ED to get right. It needs to be met by all those who work and serve in the healthcare system. Behaviour at all levels of service provision need to be in accordance with at least these fundamental standards. No provider should offer a service that does not comply with these fundamental standards, in relation to which there should be zero tolerance of breaches.
- D - Developmental** This is the second priority for your ED. It is a requirement over and above the fundamental standard.
- A - Aspirational** This is the third priority for your ED and is about setting longer term goals.

EQUALITY STATEMENT

The College is committed to assessing health inequalities relating to patient ethnicity and gender to support departments to provide high quality and equitable care to all.

We will be collecting ethnicity and gender data, monitoring them for systemic inequalities and reporting at the national level.

Our last attempt demonstrated difficulties collecting comprehensive ethnicity data with many reported as 'not specified' – We are exploring the cause of this to improve future data sets to increase the accuracy of ongoing analysis of such data

MEASURES

Process Measures

Process measures include capturing the times of the key moments in the patient's journey and overall quality of care delivered in the ED.	- Time to Mental Health triage (15 mins and 30 mins)
Mental health triage of patients presenting with self-harm takes time. This will include some time to gain a rapport, asking about risks of further self-harm, or wanting to leave, considering safeguarding and mental capacity issues.	- Evidence of observing patients at high and medium risk of further self-harm or absconding while in ED
See Mental Health (MH) toolkit for examples of MH triage and documentation of observations.	- Time to ED Clinician review following mental health triage
From the 2018 QIP feedback, it was apparent that getting this done ≤ 15 minutes was a challenge. For this reason, a decision was made to record mental health triage done ≤15 minutes and ≤ 30 minutes. Time to mental health triage refers to the start of the mental health triage process.	- Quality of brief risk assessment by the ED clinician
	- Time to review by Adult psychiatric liaison services in the ED following referral
	- Where possible 'parallel assessment' by both ED clinician and Adult Psychiatric liaison services
	- Evidence of compassionate and practical care: e.g. being offered

It is difficult to measure the quality of care of patients with a mental health crisis, for example have we taken time to listen to them, ask what might help them right now, explain what will happen etc? One question is included which will ask for a judgement of the reviewer if there is evidence of compassionate and practical care.

food and drink, pain relief, usual medication and explanation of what will happen

Outcome Measures

Outcome measures are difficult to measure in this cohort. EDs can determine their own outcome measures based on local need for improvement. some examples are: reduction in incidents, reduction in length of stay of non-admitted patients, reduction in patients absconding.

METHODOLOGY



Forming your QIP team

RCEM recommends forming a multidisciplinary QI team; to include consultants, trainees, advanced care practitioners (ACPs), specialty and associate specialist (SAS) doctors, nursing and, patient representatives and others to suit your local set up.



Data entry portal

You can find the link to log into the data entry site at www.rcem.ac.uk/audits (registered users only).



Inclusion criteria

Patients must meet the following criteria for inclusion:

- Patients aged 18 years and older
- Who presented at an ED having intentionally self-harmed (either self-injury or self-poisoning) **AND** had a referral made by the ED for emergency mental health assessment by your organisation's specified acute psychiatric service.
- Any patient re-attending due to self-harm within the QIP period can be included irrespective of whether they had been included or not previously



Exclusion criteria

Do not include:

- Any patient under 18 years of age
- Any patient who was unable to undergo a mental health examination or risk assessment in the ED due to their physical condition (e.g. unconscious)
- Patients who left before triage
- Any patient at the time of attending ED was an inpatient in a Mental health unit
- Any patient not requiring ED care and transferred off site for a mental health assessment immediately after triage



Sample size

Please collect a minimum of 5 randomised cases per week that meet the eligibility criteria.



Data entry frequency

Recommended: To maximise the benefit of the run charts and features RCEM recommends entering a minimum of 5 cases each week. This will allow you to see your ED's performance on key measures changing week by week. PDSA cycles should be regularly conducted to assess the impact of changes on the week-to-week performance.

Alternative: If your ED will find weekly data entry too difficult to manage, you may enter data fortnightly instead. The system will ask you for each patient's arrival date and automatically split your data into weekly arrivals, so you can get the benefit of seeing weekly variation if you spread the cases across the fortnightly. If you decide to enter data fortnightly, we recommend that you enter at least 10 cases fortnightly (5 cases from week 1 and 5 from week 2). You can then consider fortnightly cycles of PDSA with specific interventions and evaluate their impact by reviewing the trend over that time period.



Data collection period

Data should be collected on patients between 4 Oct 2022 – 3 Oct 2024

Specific QIP Year reporting period:

Year 1 Interim report period: 04 Oct 2022 – 03 Oct 2023

Year 2 Final report period: 04 Oct 2023 – 03 Oct 2024

Please note that these dates are different to the usual dates for RCEM QIPs to allow for staff adjustments to new departments during the August changeover period and to relieve pressures on services that have undergone reconfigurations as a result of the Covid-19 pandemic.

The programme length has been increased to allow time to understand your local service offering and establish areas of need. These can then be targeted with PDSA interventions and change monitored over enough time to embedded real change. Nationally we are aiming to improve sharing of best practice to facilitate idea development.



Data submission period

Data can be submitted [online](#) between 4 Oct 2022 – 3 Oct 2024.

Data submission period per QIP year:

Year 1 Interim report period: 04 Oct 2022 – 03 Oct 2023

Year 2 Final report period: 04 Oct 2023 – 03 Oct 2024

Each year's patient data must be entered within the same year's submission period. For example, all patient data collected in year 1's collection period must be submitted in the Year 1's submission period to be valid.

Any patient data submitted outside the submission period for it's collection year will be invalidated and the patient data may not contribute towards reporting.

It is recommended to enter data as close to the date of patient attendance as possible, and to review progress regularly. This will help your QI team spot the impact of intervention more promptly for refinement or disposal depending on the changes observed.

DATA TO BE COLLECTED

Organisational data

(please complete this section three times per ED- at the start of the QIP; One year after the start of the QIP; at the end of the QIP)

Q1	Does the ED have a named mental health lead?	<ul style="list-style-type: none">• Yes• No
Q2	Is there a policy in place for assessing and observing patients at medium/high risk of self-harm, suicide or leaving before assessment and treatment are complete?	<ul style="list-style-type: none">• Yes• No
Q3	Is there a policy in place which clearly states when patients can or cannot be searched?	<ul style="list-style-type: none">• Yes• No
Q4	Is there an appropriate room available for assessment and assistance of patients with mental health needs?	<ul style="list-style-type: none">• Yes• No
Q5	Is there an appropriate area in ED available where patients with mental health problem could be observed?	<ul style="list-style-type: none">• Yes• No
Q6	Does the ED have a policy of parallel assessment of physical and mental health needs where possible?	<ul style="list-style-type: none">• Yes• No
Q7	Is there a Policy in place for restrictive intervention including rapid tranquilisation?	<ul style="list-style-type: none">• Yes• No
Q8	Does the ED have a policy for patients under the relevant policing and mental health legislation? Including section 297 (Scotland), section 130 (Northern Ireland) or section 136 (England and Wales) to ensure safety, dignity, and timely management.	<ul style="list-style-type: none">• Yes• No
Q9	Is there an appropriate programme in place to train ED nurses, health care assistants, and doctors in mental health and mental capacity issues?	<ul style="list-style-type: none">• Yes• No

Clinical data – Attendance, Referral and Review

Q1.1	Reference (do not use patient identifiable data e.g. NHS or hospital number.)	
Q1.2	Date and time of arrival	<ul style="list-style-type: none">• dd/mm/yyyy• HH:MM
Q1.3	Date and time of mental health triage	<ul style="list-style-type: none">• dd/mm/yyyy• HH:MM• patient did not undergo mental health triage
Q1.4	Ethnic category	See Appendix 1 for ECDS category details
Q1.4.1	Gender	See Appendix 1 for ECDS category details
Q1.5	Date and time of ED clinician review:	<ul style="list-style-type: none">• dd/mm/yyyy• HH:MM• Not recorded• Not seen by ED clinician, referral direct to adult psychiatric liaison services• Did not wait (Will lead to Q2.4, Q2.8)
Q1.6	Date and time of first referral to Adult Psychiatric liaison services (or equivalent).	<ul style="list-style-type: none">• dd/mm/yyyy• HH:MM• Not recorded
Q1.6.1	Appears if date and time is provided in Q1.6 Who made this referral?	<ul style="list-style-type: none">• Triage nurse• ED clinician• Other clinician• Not recorded
Q1.7	Date and time of Adult Psychiatric liaison services review of patient in ED:	<ul style="list-style-type: none">• dd/mm/yyyy• HH:MM• Not recorded• Not applicable – Patient admitted before review by Adult Psychiatric Liaison to medical ward or shifted off site for mental health assessment following ED management / acceptable safe discharge plan by ED• Did not wait/Self-discharged (will lead to Q2.4, Q2.8)

Q1.8	Date and time of leaving ED (Discharged after ED and Adult Psychiatric liaison team review / admitted to ED SSU or ward / Transferred off site for mental health assessment):	<ul style="list-style-type: none"> • dd/mm/yyyy • HH:MM • Unknown (Patient did not wait & time entered not accurate)
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Clinical data - Assessment and Observation

Q2.1	This Qn appears if time provided in Q1.3 What was the patient risk level documented at triage, of further self-harm or leaving ED before further assessment and treatment.	<ul style="list-style-type: none"> • Low-risk • Medium-risk • High-risk • Not documented/recorded
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Q2.1.1	<p>This Qn appears if Q2.1 answered Medium-risk or High-risk</p> <p>Is there evidence of appropriate observation, interactions or care of the patient (for example continuous (1:1) or every 15 - 30 mins) during the period that they are considered to be high-risk/medium-risk?</p> <p>Note: The mental health toolkit recommends that security staff should not be used for observation. It should be performed by health care personnel</p>	<ul style="list-style-type: none"> • Yes - Good documented evidence of continuous or intermittent observation, interaction or care of the patient • Partially met – Some evidence of continuous or intermittent observation, interaction or care of the patient • No evidence – No recorded evidence of observation, interaction or care of the patient
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Definitions:

- a. **Continuous (1:1):** Person designated to observe the patient at all times, this is not the same as being in the line of sight of a nurse that has other duties. Continuous observation is for service users who carry an immediate threat and will need immediate access to other members of staff if needed.
- b. **Every 15 - 30 mins:** This level of observation, interaction and care is for service users who are at risk however do not represent an immediate risk to self or others.

Q2.1.1.1	Who were the observations carried out by? This Qn appears only if answered Yes/Partially met for Q2.1.1	[select all that apply] <ul style="list-style-type: none"> • Nurse • Health Care Assistant • Mental Health Nurse • Doctor • Others (Free text) • Not recorded
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Q2.2	Was the following information documented by the ED clinician: For Q2.4 (A – D): Locally agreed form could be used as part of risk assessment by the ED clinician
	NB- Q2.4 refers to Clinical Standard 3 – if all 4 below questions (Q2.4 A, Q2.4 B, Q2.4 C, Q2.4 D) answered Yes – Standard 3 met

Q2.2 (A)	Type of self-harm	<ul style="list-style-type: none"> • Yes • No
Q2.2 (B)	Reason / Trigger for self-harm	<ul style="list-style-type: none"> • Yes • No
Q2.2 (C)	Future suicidal thoughts and plans	<ul style="list-style-type: none"> • Yes • No
Q2.2 (D)	Has an adequate past psychiatric and social history been taken (e.g. home circumstance, employment, Safe-guarding concerns, drug and alcohol issues)	<ul style="list-style-type: none"> • Yes (Met) – adequately explored • Partially explored • No/minimal – Poorly explored/not explored
Q2.3	Has an adequate physical health assessment, relevant investigation and treatment been carried out by the ED clinician appropriate to patient presentation (Management of Self-harm or Self-poisoning)	<ul style="list-style-type: none"> • Yes – Adequate assessment • No – Inadequate assessment
Q2.4	Was a Capacity assessment documented if patient did not wait / self-discharged	<ul style="list-style-type: none"> • Yes • No
Q2.5	Is there documentation that safe-guarding concerns were considered?	<ul style="list-style-type: none"> • Yes • No
Q2.5.1	<p>IF 2.5 = Yes</p> <p>Was there documentation that safe-guarding concerns were actioned appropriately? (e.g., no action required / appropriate referral made to social services)</p>	<ul style="list-style-type: none"> • Yes • No
2.6	Is there documentation that drug and alcohol concerns were considered?	<ul style="list-style-type: none"> • Yes • No
Q2.6.1	<p>IF 2.6 = Yes</p> <p>Was there documentation that drug and alcohol concerns addressed appropriately? (e.g., no action required / Information given or referral made)</p>	<ul style="list-style-type: none"> • Yes • No
Q 2.7	If not seen by Adult Psychiatry liaison and discharged by ED: Was an acceptable safe discharge plan documented?	<ul style="list-style-type: none"> • Yes • No
Q 2.8	If patient left prior to ED Clinician review or Adult Psychiatric liaison services review, was this acted upon?	<ul style="list-style-type: none"> • Yes – appropriate measures taken • No • Not documented

Q2.9	Is there evidence of compassionate and practical care within the notes, e.g. Food and drink offered, patient's own medication given, pain relief offered, information given to the patient, discussions with the patient documented	<ul style="list-style-type: none"> • Yes – Good evidence • Partial evidence • No/minimal evidence
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Reviewing notes is an opportunity to review cases where care was not to accepted standards and escalating these concerns. Reviewers should use their departmental incident process if there are cases where this has happened. Examples of this might be failure to follow up patients who abscond, long wait for assessments, inappropriate restraints, or evidence of stigma from staff.

Parallel assessment by Adult Psychiatric liaison services and ED Team

Timing of mental health assistance should be based on the needs of both the patient and referrers. A patient should be referred to mental health services as soon as they are fit for interview, rather than waiting for medical treatment to be complete. Even prior to interview, liaison psychiatry staff can give advice based on past records, take collateral history from family or carers, support patients, advise clinical teams and plan appropriate timing for psychiatry interview. If a person is agitated, distressed or aggressive then timely assistance from mental health professionals may alleviate distress, prevent escalation, and improve both safety and patient experience [\[7\]](#).

Parallel Assessment

Q3.1	Would the patient have been able to have their mental health and physical health needs addressed in parallel? i.e., They were fit for interview by Adult Psychiatric liaison services	<ul style="list-style-type: none"> • Yes • No
Q3.2	If 'Yes' to Q3.1 (this Qn appears as drop box only if yes to Q3.1) did a parallel assessment take place?	<ul style="list-style-type: none"> • Yes • No – Other reason (free text) <p>e.g., Parallel assessment not offered in our service, Patient assessed in a different location</p>

Notes

This section is provided for local use, e.g. to record information that might help during your PDSA cycles. No patient identifiable data should be entered It will not be analysed by RCEM

DATA SOURCES

ED patient records including nursing notes (paper, electronic or both).

Flow of data searches to identify QIP cases

For information about using the Emergency Care Data Set (ECDS) or your ED's electronic patient record to identify relevant cases, and to extract data from your system, please see **Appendix 1**.

Using the codes list in **Appendix 1**, first identify all patients attending your ED between the relevant dates, then by age at time of attendance, then through the other relevant criteria.

If your ED is reliably using the Emergency Care Data Set (ECDS), then your IT department or information team should be able to a) pull off a list of eligible cases for you, and b) extract some or all of the data you need to enter. Please see **Appendices 1 and 2** for the list of codes they will need to identify eligible cases or extract the data.

CONTACT US

If you have a clinical or methodology question regarding this QIP, you can email our QIP Clinical Team directly at the below email address. Your question will be sent directly to the relevant team, automatically sharing on your name and contact email for reply.

ad641f8d.rcem.ac.uk@uk.teams.ms

If you would prefer to send your question anonymously, you can send it to our general QIP email address below. Our team will then pass your question onto the relevant team and email you back from our general account.

RCEMqip@rcem.ac.uk.

REFERENCES

1. [Overview | Self-harm: assessment, management and preventing recurrence | Guidance | NICE](#)
2. Mental Health Toolkit – RCEM 2022
3. The Patient who absconds – RCEM 2020
4. [Side by side Consensus statement - 2020](#)
5. [Update information | Self-harm | Quality standards | NICE](#)
6. [CQC Guidance: Assessment of mental health services in Acute Trusts \(2020\)](#)

APPENDIX 1: ECDS CODES TO SUPPORT CASE IDENTIFICATION

The codes below can be used to help initially identify potential cases. This is not an exhaustive list; other search terms can be used but all potential patients should then be reviewed to check they meet the definitions & selection criteria before inclusion in the QIP.

The ECDS codes below relate to CDS V6-2-2 Type 011 - Emergency Care Data Set (ECDS) Enhanced Technical Output Specification v3.0.

QIP question	ECDS data item name	ECDS national code	National code definition
Date and time of arrival or triage – whichever is earlier	EMERGENCY CARE ARRIVAL DATE	an10 CCYY-MM-DD	Date
	EMERGENCY CARE ARRIVAL TIME	an8 HH:MM:SS	Time
Ethnic group	ETHNIC CATEGORY	A	White British
		B	White Irish
		C	Any other White background
		D	White and Black Caribbean
		E	White and Black African
		F	White and Asian
		G	Any other mixed background
		H	Indian
		J	Pakistani
		K	Bangladeshi
		L	Any other Asian background
		M	Caribbean
		N	African
		P	Any other Black background
		R	Chinese
		S	Any other ethnic group
		Z	Not stated e.g. unwilling to state
		99	Not known e.g. unconscious
		Gender	PERSON STATED GENDER CODE
2	Female		
9	Indeterminate (unable to be classified as either male or female)		
X	Not Known (PERSON STATED GENDER CODE not recorded)		

APPENDIX 2: ANALYSIS PLAN (CLINICAL DATA)

This section explains how the RCEM team will analyse and display your data. You may wish to conduct analysis locally. 'Analysis sample' shows which records will be included or excluded. 'Analysis plan (Dashboard Charts)' defines how the RCEM team will present the data graphically, and which records will meet or fail the standards.

Relevant questions	Analysis plan (conditions for the standard to be met)
Q1 Time to mental health triage	Analysis Q1.3 – 1.2
Q2 % Of Patients who had a mental health triage	Analysis: numerator: proportion of patients that had mental health triage (date and time entered), where the denominator is all cases submitted.
Q3 Time to ED clinician review after triage	Analysis Q1.5 – 1.3
Q4 Time to Adult Pschiatric Liaison Service patient review in the ED following referral	Analysis Q1.7 – 1.6
Q5 Total time spent in ED before either discharged / admitted / transferred off site for a Mental health assessment	Analysis Q1.8 – 1.2
Q6 Parallel assessment	Analysis Q3.2 (Yes/No)
Q7 Evidence of compassionate and practical care	Analysis Q2.9 (Yes/Partial evidence/No or Minimal evidence)
Q8 Adequate physical health assessment, relevant investigation and treatment been carried out by the ED clinician appropriate to patient presentation	Analysis Q2.3 (Yes/No)
Q9 Safe-guarding concerns addressed	Analysis Q2.5.1 (Yes/No)
Q10 Drug and alcohol concerns addressed	Analysis Q2.6.1 (Yes/No)
Q11 If not seen by Adult Psychiatry liaison and discharged by ED: Was this documented and an acceptable safe discharge plan made	Analysis Q2.7 (Yes/No)

Q12
If patient left prior to ED Clinician review or Adult Psychiatric liaison services review, was this followed up?

Analysis Q2.8 (Yes – appropriate measures taken/No/Not documented)

Q13
Person carrying out observations for patients at medium or high risk of further self-harm or leaving before assessment or treatment completion

Analysis Q2.1.1.1 (Nurse / HCA / MH Nurse / Doctor /Others (Free text)/not recorded)

Clinical Standards – Analysis plan (Dashboard Charts)

Standard	Relevant questions	Analysis sample	Analysis plan – Conditions for the standard to be met	Data Validation
1	Q1.2 Q1.3 Q2.1	Q1.3 NOT patient did not undergo mental health triage	<p>Title: Proportion of patients who had a complete mental health triage with risk assessment by ED nurses/clinician ≤ 15 minutes and ≤ 30 minutes of arrival -</p> <p>Analysis:</p> <ol style="list-style-type: none"> 1. Q1.3 – 1.2 ≤ 15 mins – Yes 2. Q1.3 – 1.2 ≤ 30 mins – Yes 3. Q2.1 – Low-risk, Medium-risk or High-risk <p>Met: Q1.3 – 1.2 ≤ 15 mins AND Q2.1 = Low-risk OR Medium-risk OR High-risk (for ≤ 15 mins)</p> <p>Data also captured for Q1.3 – 1.2 ≤ 30 mins AND Q2.1 = Low-risk OR Medium-risk OR High-risk (for ≤ 30 mins)</p>	
2	Q2.1 Q2.1.1	Q2.1 = Medium-risk/High-risk	<p>Title: Proportion of medium or high-risk patients who had an appropriate level of observation</p> <p>Analysis:</p> <p>Met: Q2.1.1 = Yes</p> <ul style="list-style-type: none"> • Good documented evidence of continuous or intermittent observation, interaction or care of the patient <p>Not met: Q2.1.1 = No</p> <ul style="list-style-type: none"> • Some evidence of continuous or intermittent observation, interaction or care of the patient • No evidence of observation, interaction or care of the patient 	

3	Q1.5	Q1.5 IS NOT	Title: Proportion of patients who had a brief risk assessment of suicide and further self- harm.
	Q2.2 (A-D)	<p data-bbox="501 263 672 295">'Did not wait'</p> <p data-bbox="501 311 548 343">OR</p> <p data-bbox="501 359 672 592">'Not seen by ED clinician, referral direct to adult psychiatric liaison services'</p>	<p data-bbox="707 263 828 295">Analysis:</p> <ul data-bbox="757 295 1377 400" style="list-style-type: none"> <li data-bbox="757 295 1254 327">• Met Q2.2 (A-D) = Yes to 4 out of 4 <li data-bbox="757 327 1377 359">• Partially met Q2.2 (A-D) = Yes to 3 out of 4 <li data-bbox="757 359 1377 400">• Not met Q2.2 (A-D) = Yes to ≤ 2 out of 4