



An evaluation of the Psychiatric Decisions Unit (PDU) and its role within the urgent care pathway in Birmingham: Poster 1

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Introduction

Accident & Emergency Departments (A&E) have long been utilised as a first point of contact for mental health patients, generally having to wait for longer periods than is desirable while awaiting transfer to psychiatric services.

- The number of patients in mental health crisis who require longer periods of assessment is increasing; placing further pressure on A&E departments.
- In November 2014 the Psychiatric Decisions Unit (PDU), also known as the Willow Suite, opened at the Oleaster Centre in Birmingham.
- The PDU is a dedicated 24 hour mental health acute assessment unit, providing an additional facility for an enhanced assessment and offering short-term support to people in mental health crisis who access help via A&E Departments.
- The unit has the ability to assess patients for up to a 72 hour period, facilitate patients' transfer in a timely and effective manner while maintaining patient's dignity, safety and satisfaction (See 'An evaluation of patient and staff satisfaction at the Psychiatric Decisions Unit' - Poster 2)
- Referrals to the PDU follow an initial assessment by the RAID/Street Triage teams. The PDU is open 24 hours a day, 7 days per week and the unit aims to:

- Offer an enhanced period of assessment and reduces unnecessary admissions
- Reduce demand on A&E departments by people in mental health crisis
- Reduce protracted waits in A&E/Emergency assessment units

Method

Input and activities at the PDU

Demographic information regarding patients referred to the PDU between March 2015 and August 2015.

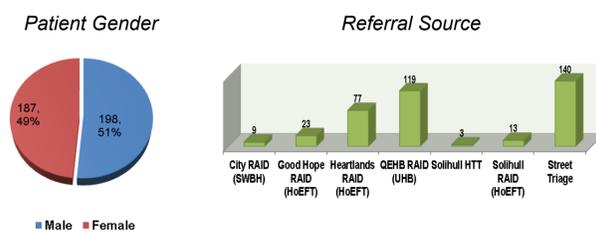
Performance and clinical effectiveness: Impact elsewhere

Aim 1: Admissions to inpatient units	•Number of patients referred to RAID who were placed in an acute hospital bed between March 2014 and August 2014 v March 2015 and August 2015 •(Measure: Numbers and percentage of total RAID referrals who were subsequently placed in any acute hospital bed)
Aim 2: Average number of bed days saved	•The number of bed days saved as a result of PDU referrals. •(Measure: Average number of bed days saved as a result of a decrease in inpatient admissions - Aim 1)
Aim 3: A&E usage for people in mental health crisis	•Number of patients who were taken by Street Triage to A&E March - August 2014 v March - August 2015 •(Measure: Total number of referrals to street triage and number and percentage of total referrals taken to A&E or an emergency assessment unit)
Aim 4: A&E breaches and waiting times	• Number of A&E breaches of mental health patients in the acute hospitals March - August 2014 v March - August 2015 •(Measure: A&E average waiting time for mental health patients and percentage of A&E breaches for mental health patients)

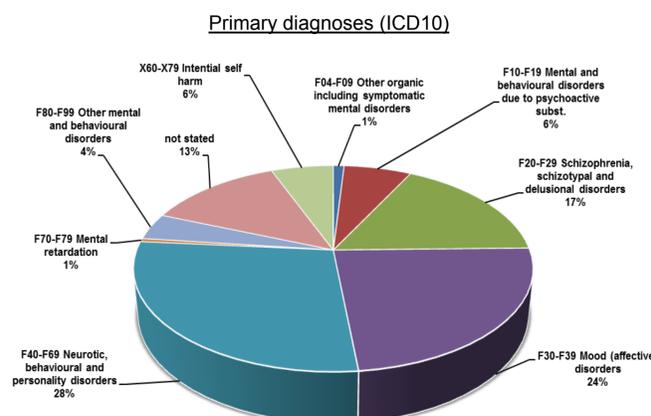
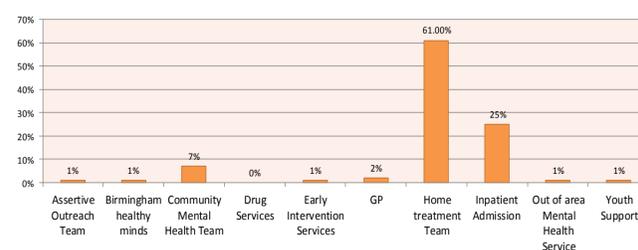
Results

Between March-August 2015 385 patients were referred to the PDU.

Patient demographics: Input and activities at the PDU



Referral/discharge destination following assessment at the PDU



The average time that patients spent at the PDU was 16.46 hours
84% of patients spent less than 24 hours at the PDU.

Performance and clinical effectiveness: Impact elsewhere

- In 2014, between March and August, **298** people were admitted either formally or informally to an inpatient bed via a RAID team. The following year across the same time frame (March-August 2015) **219** people were referred to an inpatient bed via a RAID team. This indicates a **26%** decrease in inpatient admissions as a result of the PDU opening.
- The average number of inpatient bed days saved due to referrals to the PDU was **6900** days.
- Between March and August 2014, the Street Triage team brought **297** patients directly to A&E. In the same time frame in 2015, when the PDU was operating, Street Triage brought **180** patients directly to A&E. This is a **39%** decrease in the number of patients that Street Triage have brought directly to A&E.

Discussion

The current evaluation evidences that the PDU has an important role within the urgent care pathway. Showing that the PDU works to reduce admissions to inpatient units, A&E usage for people in mental health crisis but additionally length of stay and average number of bed days, leading to inevitable cost saving benefits.

Future directions include:

- ⇒ Stabilising staffing; at present contracts are produced on a year by year basis, it is important to appoint to substantive posts
- ⇒ Implementing consistent medical cover
- ⇒ Moving the PDU to a more suitable environment within the Oleaster centre which would provide more space
- ⇒ Review access criteria (with potential to widen access) if movement of service includes co-location with Place of safety which would improve staff support and safety
- ⇒ A&E breach data needs to be obtained so that further analysis can be conducted.

