Stop the Madness

A Smarter Way of Medical Clearance

By Aimee Moulin, MD

"THE PATIENT IS MEDICALLY cleared for psychiatric evaluation and transfer." I write this statement on multiple charts on every shift. Up until last year, all this statement really meant was the patient had results within normal limits on a CBC and Chem 7. When treating patients with mental illness in the U.C. Davis Medical Center Emergency Department (ED), I'd turn off my clinical brain, click the boxes for CBC, Chem 7, salicylates, acetaminophen, ethanol levels, urine drug screen +/- LFT's, and the patient and I would wait.

I found myself replacing and repeating low-normal potassium levels. Trying to thread the normal lab needle to get my patient the psychiatric evaluation they really needed. To speed things up I'd fire off labs orders before taking a good history. Inevitably, the history you take holding a normal set of lab tests is less careful than it otherwise would be. The system was a set up for error and frustration.

The concept of medical clearance is complex and poorly defined. Adding to the confusion, there is discrepancy between professional society guidelines on medical clearance from Psychiatry and Emergency Medicine. This lack of consensus has lead to considerable variation in regional practices. The Sacramento region is unique, with de-centralized inpatient psychiatric care and patients that frequently cross health systems.

As part of a multi-year effort to improve the care of patients with mental illness in our community, the Sierra Sacramento Valley Medical Society (SSVMS) convened physicians to coordinate a pilot trial of a pathway to standardize medical clearance. The SMART screening tool was designed to apply to patients in the ED setting and identify patients who do not need laboratory testing as part of the clinical decision making for medical clearance. Our goal was two-fold – to identify patients with treatable medical conditions as a cause of their symptoms, and to identify patients who were stable to be transferred to an inpatient psychiatric facility without further testing.

At U.C. Davis Medical Center, we started with a pilot study of 107 patients referred for a psychiatric evaluation from the ED. Patients were evaluated by physicians using the SMART screening tool while concurrently following the standard process that includes routine lab testing. In our sample, only five of the 107 patients (4.7 percent) were admitted to the hospital. In all of these cases, the SMART screening tool indicated that further testing was warranted.

One of the patients in our pilot was a 47-year-old female with a history of hypothyroidism. She had stopped taking her medications. She was ultimately admitted to the hospital for hypothyroidism on IV levothyroxine. This patient was initially cleared with a normal set of lab tests. However, the doctor who went through the SMART screening tool had noted her history of hypothyroidism and indicated on our SMART pilot forms that thyroid function tests should be checked.

In May of 2016, with the help of SSVMS and my colleagues in Social Services and Psychiatry, U.C. Davis implemented the SMART screening tool for medical clearance. To date we have applied the SMART screening tool to 1,252 patients at U.C. Davis with just under 30 percent of patients cleared without a full set of routine labs. Most patients who need treatment in the ED or hospital are readily identified and are not considered eligible for SMART screening. It's the disorganized, delusional patient hit by a car in the street who presents as a trauma or the patient that comes in confused after an overdose that needs treatment in the ED and the hospital.

Interestingly, our pediatric patients are the population who are most frequently medically cleared without lab tests. Adolescents and young adult patients with acute mental health crisis benefit the most from the SMART tool. Healthy young

patients and families undergoing all the stress and trauma that accompanies an ED visit now don't have the added pain and delays of lab testing.

It has required an ongoing effort, with back and forth communication to refine our process along the way. The tool is purposely vague in some areas to encourage richer clinical decision-making. It leaves room for the patient who doesn't look well and maybe needs more evaluation, or for a patient with a chronic well-controlled medical illness to be cleared if they had labs drawn the day before and it is clearly documented in the chart.

Screening for drugs of abuse may not change a decision to medically clear a patient in the ED, but may alter disposition from a psychiatry facility. If our colleagues in Social Services or Psychiatry feel like a test will aid in clinical decision-making, I order it and it gets sent. We still send a lot of normal lab tests, but spend more time on clinical decision-making.

Patients with mental illness face many barriers to timely, well-coordinated care. The SMART screening tool doesn't begin to address many of the challenges in our system. However, we have opened lines of communication that were closed before, and have reduced one of the hoops and barriers to acute psychiatric care for patients in our community.

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