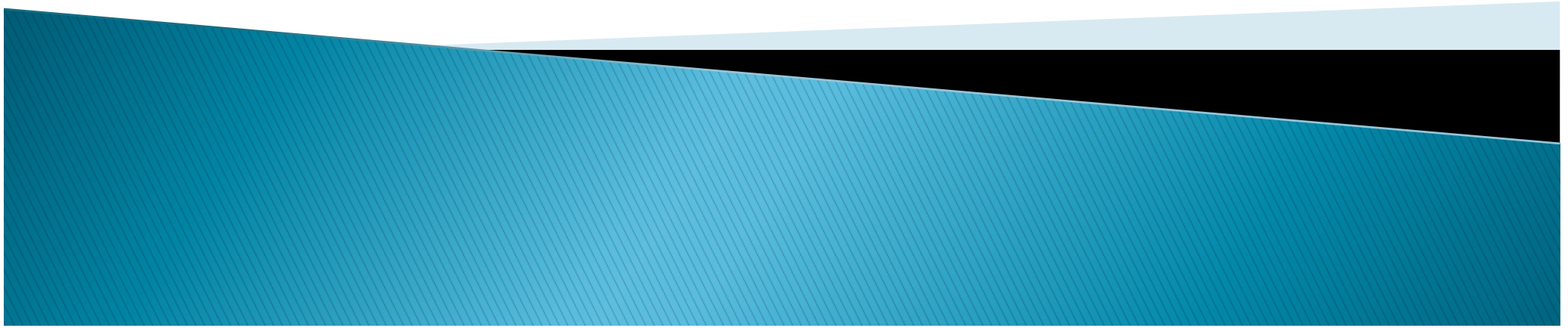
Improving the assessment and management of patients presenting with possible eating disorder

Quality Improvement Project – Struell Surgery

Dr Gary Consiglia , Dr Una Small Dr David Moore

Melissa Patterson [MHP]



Rationale

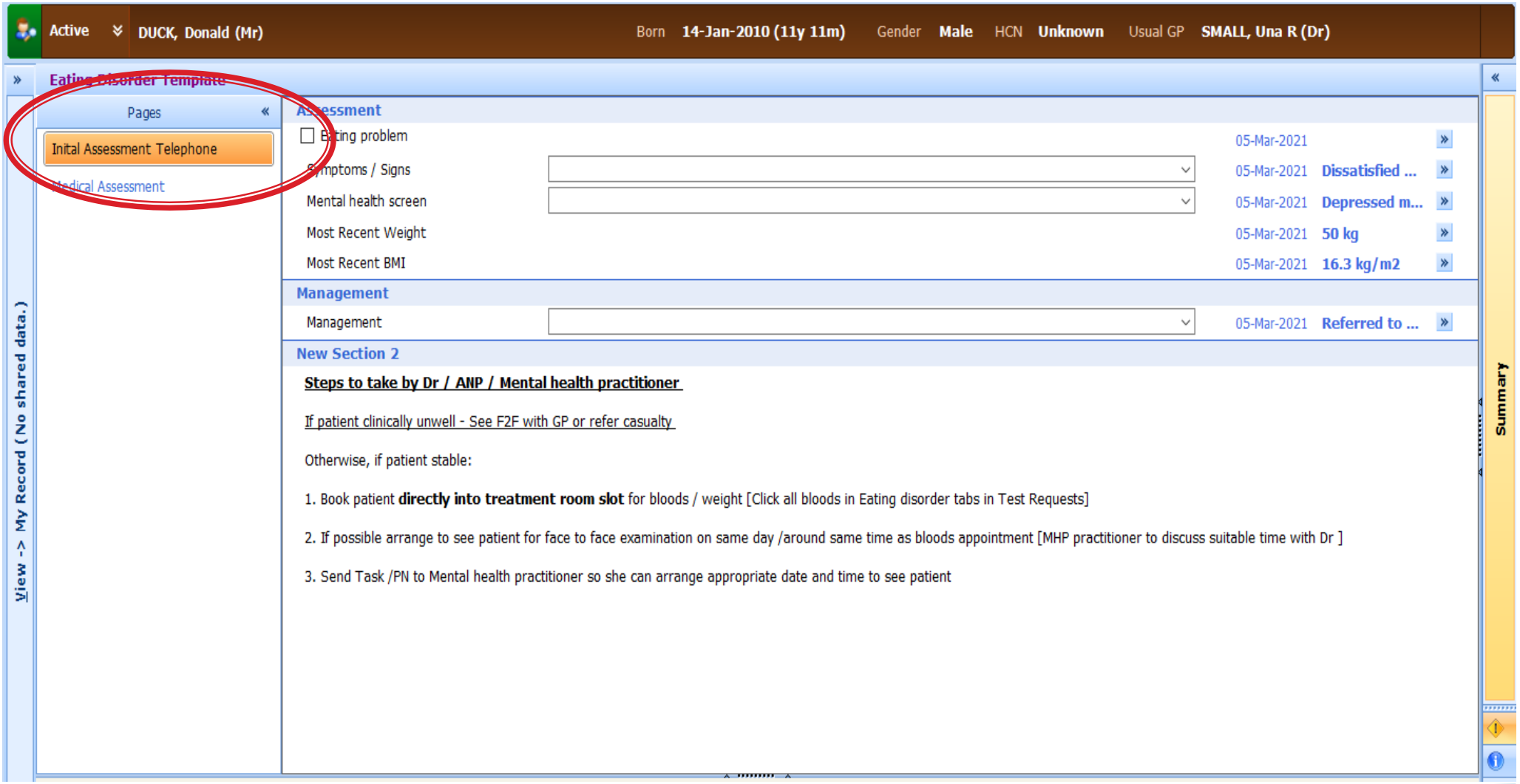
- Noted increase in patient presentation to GP surgery with symptoms in keeping with possible eating disorder
- Increased trend during COVID pandemic and lockdown
- Increasing trend reflected regionally as recently highlighted by Eating Disorders Association NI (Hansard Report, September 2021)
- No consistent pathway for the assessment and management of patients presenting with suspected eating disorder in the surgery
- Barriers to succinct pathway for clinicians:
  - lack of awareness on early indications
  - physical investigations not fully carried out
  - limited resources for patients not meeting risk or criteria for specialist services,
  - gap in service provision and complicated referral pathways for secondary care
- Consequences: extending waiting period for an outcome, missed opportunities re: early detection, prevention and intervention
- "People with eating disorders should be assessed and receive treatment at the earliest opportunity" (NICE, 2017)

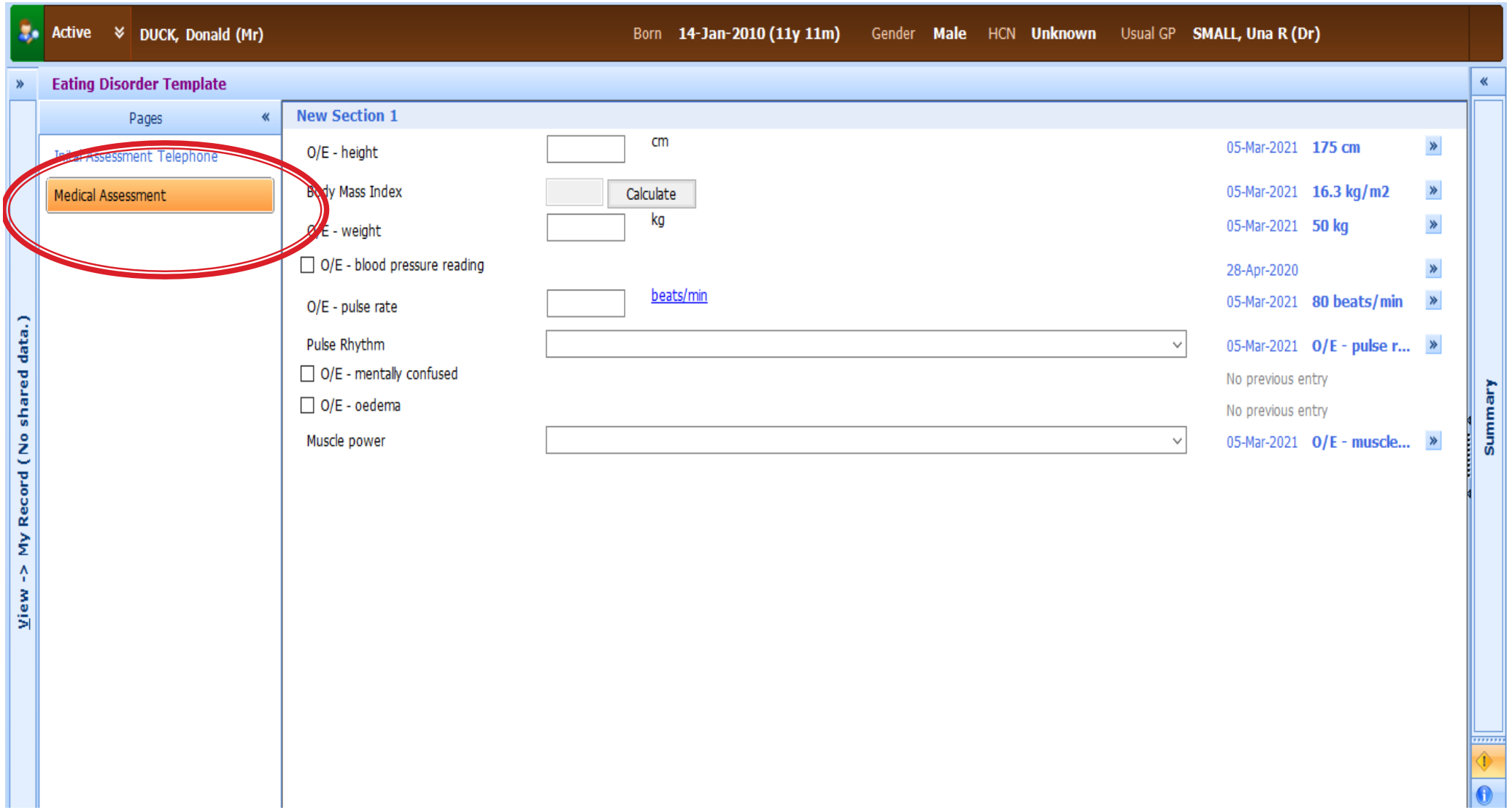
Aim

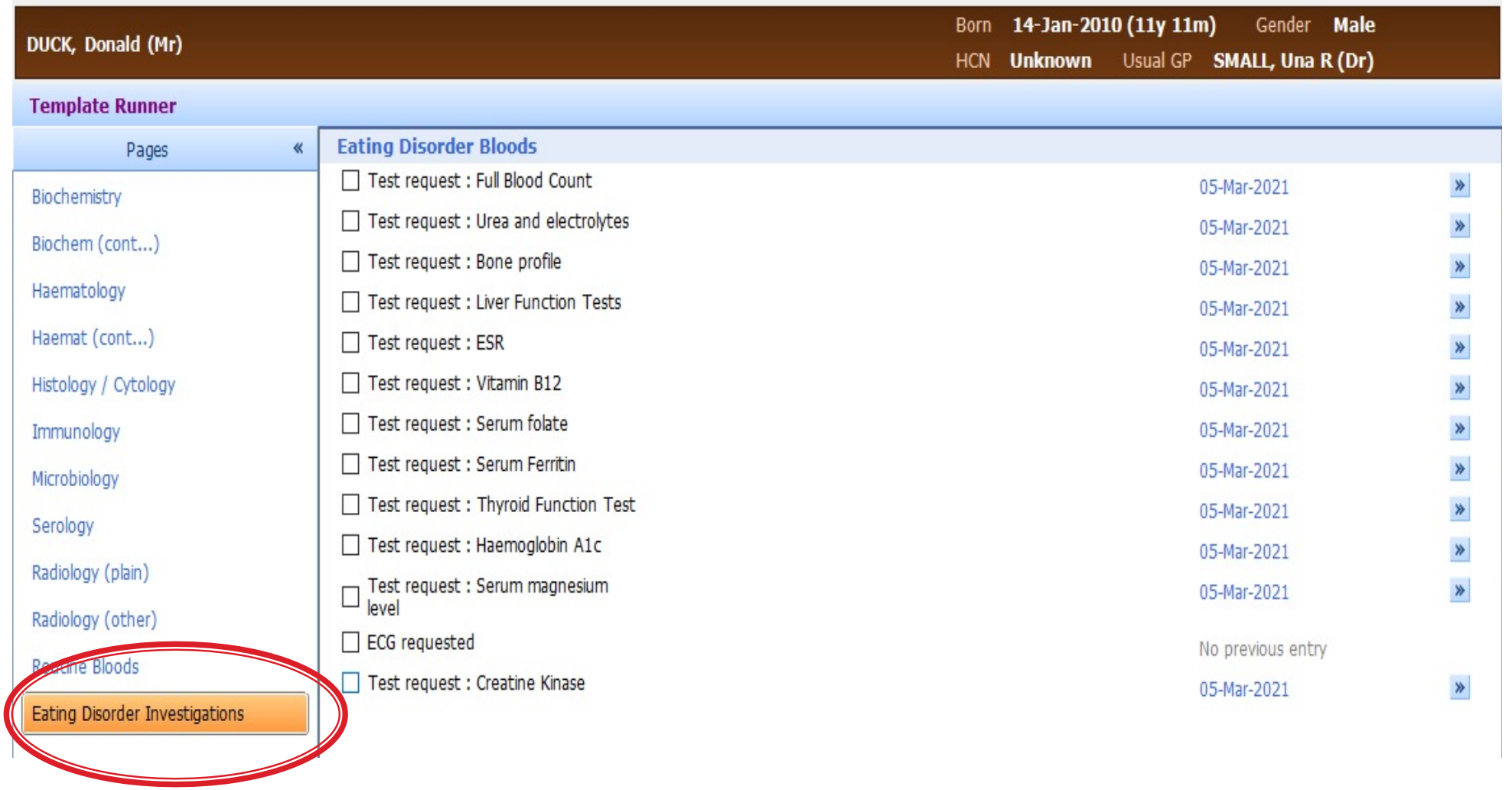
- Improve the management of patients presenting to the surgery with suspected eating disorder by an 80% adherence to the new Eating Disorder Pathway within 6 months.

Eating disorder bundle

- Mental health assessment from MHP / GP using EMIS template
- Physical examination from GP
- Bloods done
- Patient triaged using traffic light system


Active
DUCK, Donald (Mr)
Born 14-Jan-2010 (11y 11m)
Gender Male
HCN Unknown
Usual GP SMALL, Una R (Dr)
Eating Disorder Template
Pages
Inital Assessment Telephone
Medical Assessment
Assessment
Eating problem
05-Mar-2021
Symptoms / Signs
05-Mar-2021 Dissatisfied ...
Mental health screen
05-Mar-2021 Depressed m...
Most Recent Weight
05-Mar-2021 50 kg
Most Recent BMI
05-Mar-2021 16.3 kg/m2
Management
Management
05-Mar-2021 Referred to ...
New Section 2
Steps to take by Dr / ANP / Mental health practitioner
If patient clinically unwell - See F2F with GP or refer casualty
Otherwise, if patient stable:
1. Book patient directly into treatment room slot for bloods / weight [Click all bloods in Eating disorder tabs in Test Requests]
2. If possible arrange to see patient for face to face examination on same day /around same time as bloods appointment [MHP practitioner to discuss suitable time with Dr]
3. Send Task /PN to Mental health practitioner so she can arrange appropriate date and time to see patient
View -> My Record (No shared data.)
Summary


Active
DUCK, Donald (Mr)
Born 14-Jan-2010 (11y 11m)
Gender Male
HCN Unknown
Usual GP SMALL, Una R (Dr)
Eating Disorder Template
Pages
Medical Assessment
New Section 1
O/E - height
cm
05-Mar-2021 175 cm
Body Mass Index
Calculate
05-Mar-2021 16.3 kg/m2
O/E - weight
kg
05-Mar-2021 50 kg
O/E - blood pressure reading
28-Apr-2020
O/E - pulse rate
beats/min
05-Mar-2021 80 beats/min
Pulse Rhythm
05-Mar-2021 O/E - pulse r...
O/E - mentally confused
No previous entry
O/E - oedema
No previous entry
Muscle power
05-Mar-2021 O/E - muscle...
View -> My Record (No shared data.)
Summary


DUCK, Donald (Mr)
Born 14-Jan-2010 (11y 11m) Gender Male
HCN Unknown Usual GP SMALL, Una R (Dr)
Template Runner
Pages
Biochemistry
Biochem (cont...)
Haematology
Haemat (cont...)
Histology / Cytology
Immunology
Microbiology
Serology
Radiology (plain)
Radiology (other)
Routine Bloods
Eating Disorder Investigations
Eating Disorder Bloods
Test request : Full Blood Count 05-Mar-2021
Test request : Urea and electrolytes 05-Mar-2021
Test request : Bone profile 05-Mar-2021
Test request : Liver Function Tests 05-Mar-2021
Test request : ESR 05-Mar-2021
Test request : Vitamin B12 05-Mar-2021
Test request : Serum folate 05-Mar-2021
Test request : Serum Ferritin 05-Mar-2021
Test request : Thyroid Function Test 05-Mar-2021
Test request : Haemoglobin A1c 05-Mar-2021
Test request : Serum magnesium level 05-Mar-2021
ECG requested No previous entry
Test request : Creatine Kinase 05-Mar-2021

Traffic Light Triage system

- **Green** – mild symptoms, medically well, low level intervention only / education / period of assessment
- **Amber** – moderate to severe symptoms , medically well but requires intervention or direct referral to EDS
- **Red** – Severe symptoms , clinically unwell / severely malnourished – for direct referral to A&E

Conclusion

- The QI work we have carried out in the practice has raised awareness of Eating disorder presentations amongst all staff

- ‘Eating disorder pathway’ has improved the efficiency in the triage and provided a more comprehensive management of patients presenting with Eating disorder

Conclusion

- Overall patients are waiting less time for mental health assessment, investigations and physical examination by Dr, therefore a triage outcome is being reached quicker

- We have reduced ED referrals by 20% and increased the offer of dietician input

Moving Forward

- We have recognised the gap in the service between Primary care and referral to secondary care for these patients
- We have also recognised the lack of training / other resources for those triaged green/ yellow who may only required some low level input
- Uncertainty regarding referring locally to our dieticians in those who are under-nourished – is this the right pathway or does one need to be made?

Update

- Meeting with Dr. David Coyle, Regional Lead Adult Eating Disorder Services.
  MHP Team have established direct networks and referral pathways to Adult Eating Disorder Service.
  - Liaised with community dieticians – confirmed inappropriate for primary care to refer to dietician with suspected ED – this is offered by EDS only if required
- Direct referral pathways and interface with CAMHS/ Eating Disorder Service remain a priority
- MHP Team links with secondary care and kept abreast of developments in service provision.
- MHP have clarified and greater knowledge on specialist referral criteria and what makes a good referral
- Access to quarterly clinics/ case discussion
- Additional resources, training to provide intervention to patients not meeting the threshold for specialist services