Audit of turn-around time from receipt of referrals to assessment of patients on general adult wards in liaison psychiatry, MUH.

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Abstract

Liaison psychiatry provides an important service for hospitals which is in high demand. In order to meet the demand of other specialties for psychiatric input within the main hospital, it is important to provide an efficient yet highly organized service. This audit and service development project examined the time from receipt of referrals to consultation on wards within one Cork hospital, MUH.

The project founded that the turnaround time from referral to consultation by liaison psychiatry could be dependent on staffing issues and the relationship with medical/surgical teams. Re-audit following implementation of changes to improve time from referral to consult resulted in faster responses to referral and more efficiency within the service.

Introduction

Liaison psychiatry provides a service for acute patients on hospital wards and the emergency department. This service is efficient if there is an organised system for receiving referrals and seeing patients. Patients with a history of mental disorder can become unwell due to stress or medication changes while admitted. The risk of not seeing patients within a day of referral is that patients become more unwell and become difficult to assess, suffer side effects which could be managed by psychiatry, suffer more distress, engage in self-harm or abscond from hospital and may be discharged prior to psychiatric intervention. The HSE reports that in 2016, 25-33% of people with long term physical health problems also have a concurrent mental illness. Liaison needs to work effectively with medical and surgical teams.

Figure 1. Cartoon which illustrates difficulties regarding waiting Times in hospitals.
https://me.me/i/were-not-your-visitors-were-waiting-for-your-bed

Methods and Materials

Ward assessments completed over a six month period were assessed and compared to standards 21.3, 21.4, 23.1 Quality standards for liaison psychiatry services, royal college of psychiatrists 2017 to determine time from receipt of referral to assessment of patient on general wards in MUH. Twenty assessments were used in audit. Each were selected at random from the liaison database.

Inclusion criteria involved referrals to liaison psychiatric services over six months from January 2018 to June 2019, aged over 18 years. Exclusion criteria includes patients not referred to the liaison service in MUH from January 2018 to June 2019, patients aged under 18 years, patients not seen by liaison service in MUH..
Re-audit completed on 31/1/19.

Results

2 patients of 20 were seen on the same day as referral. 10 out of 20 were seen after one day of receiving referral. 3 patients of 20 were seen within two days. 1 of 20 was seen after three days and 4 patients of 20 were seen four days post referral, these were non-urgent cases including poor motivation and difficulty coping with long admission.
On re-audit 14 patients of 20 seen on same day, 3 patients were seen one day post-referral, 1 of 20 patients was seen following four days, 2 of 20 patients not seen prior to medical discharge.

Table 1. Numbers of patients seen by liaison psychiatry on hospital wards at intervals of same day to four days post-referral.

	Patients seen in audit 1	Patients seen in audit 2
Same day	2	14
1 day	10	3
I2 days	3	0
3 days	1	0
4 days	4	1
Not seen	0	2
Total	20	20

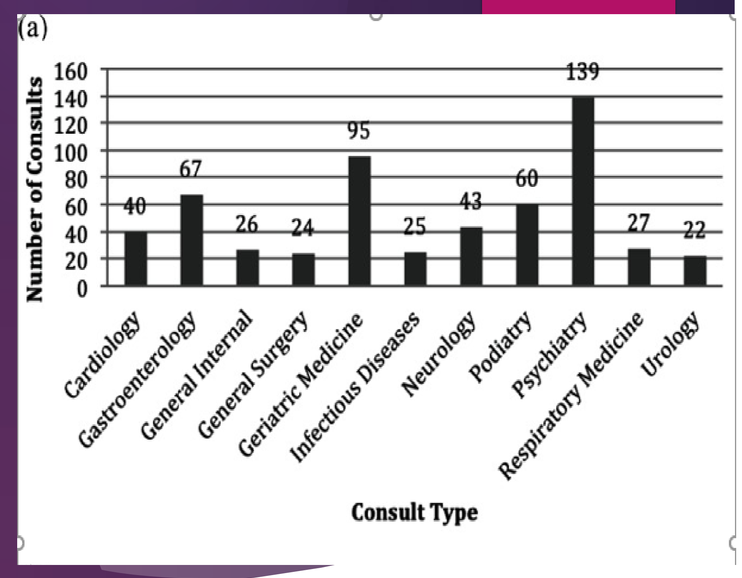

Figure 2: Representation of the numbers of consults received by each speciality. https://www.researchgate.net/publication/237057905

Discussion

12 out of 20 patients were seen within the recommended 24 hours of referral. It was noted that three patients out of four seen at four days post-referral involved a weekend between a receipt of referral and patient assessment. Factors such as demands of the service and members of team would have contributed to increased delays before assessments can be completed. The liaison service are in much demand and serve the emergency department, medical wards, surgical wards, ICU and the oncology unit.

Triaging of patients for assessment prioritizes acute deterioration in mental state, psychosis, withdrawal from substances, behavioural disturbance and patients at high risk. Patients referred due to delirium, low mood with no risk, anxiety and adjustment disorders were less of a priority and such cases had longer waiting times. Following re-audit, the turnaround time for seeing patients had improved significantly. Most patients were seen on the same day as referral or within a day of referral. The changes made following earlier audit included a more cohesive team approach and verbal suggestions made by consultants to new NCHDs in liaison with regard to receiving referrals and seeing patients.

Conclusions

This audit displayed the difficulty in maintaining optimal and timely review of patients on hospital wards. There are many reasons which can impact on time from referral to assessment on hospital wards , however, there are also measures which can be put into place to optimize such a busy and demanding service. Such measures include the operation of a triage system in which each member of the team should receive training and close liaison between each member of the team.

On improving systems and efficiency of communication and clinical work, waiting times for patients to see liaison psychiatry improved significantly.

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