Quality of psychiatric liaison care in a general hospital: referrer perceptions


Aim
To inform improvements to a liaison psychiatry service in a general hospital (Fig 1 for investigating referrer perceptions regarding the current service's quality and their own training needs.

Background
This project concerned the liaison psychiatry service provided to a busy district general hospital. At the project's onset several different teams were providing psychiatric liaison services without an overarching service management, and out of hours the majority of liaison psychiatry care was provided by the local health unit's on call rota.

Concerns had been expressed that there were delays in patients being reviewed and treated by the liaison service; it was thought this could lead to a decrease in the quality of care for patients and an increase in the number of bed days that patients were admitted for. Particular concerns were expressed regarding the 4 elderly care wards and 1 gastroenterology ward. Therefore it was decided that an enhanced liaison service should be introduced covering all patients aged 18 and above, and that the training for hospital staff regarding managing patients with mental illness should initially be focussed on the 4 elderly care wards and 1 gastroenterology ward.

It is known that there is a large need for mental health input within acute hospital services in the UK, and that a significant proportion of older inpatients will have dementia. There is also evidence suggesting that liaison psychiatry services can improve clinical outcomes. The Joint Commissioning Pane advise that a good liaison service will comprise “multi-professional healthcare staff under single leadership and management” and the 2009 National Dementia Strategy recommended “effective basic training and continuous professional and vocational development in dementia” for health and care staff.

Methods
All hospital staff were invited to complete an anonymous questionnaire that assessed perceived quality of the current service. The questionnaire also included specific questions regarding the staff member's self-perceived need for training in dementia care. Specific closed questions were used and also open questions asking for further comments. The questionnaire was left on hospital wards and displayed on the trust intranet for staff to complete.

12 semi-structured interviews with referring senior nurses and doctors working on 4 elderly care wards were also undertaken (5 doctors and 7 senior nurses) by a trust employee who did not work in the liaison team. The results were analysed for common themes. Where it was feasible, the interviews were recorded. Where it was not possible to record the interviews detailed notes were taken during the interview. The interviews were then analysed for common themes using a modified version of the framework proposed by Pope (2000).

Results
100 clinical staff from the acute hospital trust, the majority of whom were doctors or senior nurses, completed the questionnaire (see Table 1 for staff breakdown). Staff completing the questionnaire worked on surgical, medical and intensive care wards as well as accident and emergency. 64% of respondents had experience of referring patients to the liaison psychiatry service. Only respondents with experience of referring the relevant service were asked to answer questions regarding the referral process.

The semi-structured interviews identified clear themes, with concerns expressed regarding:

• The time taken to refer patients, which was reportedly frequently affected by a lack of clarity around referral pathways:
  I had to run around. They gave me 2-3 bleeps and said that a receptionist would answer one. Eventually received a response and they said “what the age of the patient?” “Over 70, I don’t see older patients”. Somehow I get hold of this mobile phone number, I’m not sure how, but I wrote it down. So it is only because of this that we are able to reach them… Even with this it can be hard to get a patient reviewed.

However, not all interviewees were unhappy with the speed of response to their referrals and doctors were more likely than nurses to express concerns about this, possibly due to differences in the type of referrals made:

• The quality of communication between psychiatric and medical teams, including concerns from 9 of the interviewees regarding the quality of management plans left in the patient notes by liaison psychiatry team members. Some interviewees expressed concerns about the clarity or detail of the liaison review notes in the patient notes which made it hard for them to know how to follow-up after patients had been reviewed. Examples of this included a lack of recommendations regarding prescribing and a lack of clarity regarding who would be responsible for arranging psychiatry outpatient appointments. Two interviewees stated that they did not think that the liaison staff appreciated that the medical and nursing staff were not mental health specialists and need detailed guidance.

Six interviewees volunteered that they considered there to be a lack of case conferences to which both medical and psychiatric team members were invited. One interviewee gave an example where a case conference was organised and a mutually agreed care plan was drawn up. This was the only time they had witnessed a case conference involving both the medical and psychiatric teams in greater than 6 months with the trust.

• Referring staff’s educational needs and perceived skills. 100% of the 11 interviewees asked this question considered that they would benefit from further training in caring for patients with dementia. Suggestions for areas that could be covered included prescribing sedation for older patients and techniques for safely restraining patients when necessary.

Discussion
This mixed methods study utilised both surveys and interviews to provide a multi-disciplinary response that yielded useful information to inform service improvements. It was already known that there were concerns from referring staff about the speed of liaison reviews and the questionnaire responses helped to emphasise this. A lack of referrals among a large sample of referring staff. This dissatisfaction was especially high regarding the in hours liaison service, potentially because the in hours service currently has a number of different referral pathways. However, the qualitative interviews provided further detailed information regarding why there were concerns about the speed of referrals, specifically emphasising confusion around referral pathways. This is being addressed during the being addressed during the service enhancement. In future a single telephone number will be used to make liaison referrals within normal working hours. The qualitative interviews also gave further information about the user experience and highlighted that many interviewees were very other than the quality and communication of advice given by the liaison service. This is an area that had not been initially considered an area of concern that can now be addressed through the service improvement.

The questionnaires and qualitative interviews both supported the hypothesis that there was a self-perceived need among medical and nursing staff for further training in managing patients with mental health needs. The qualitative interviews gave further information about specific training requirements. Some staff also suggested that it may be possible for medical teams to provide training in the medical management of mental health inpatients to the mental health unit staff (doctors, nurses and HCAs). This suggestion of a multidisciplinary exchange of ideas needs to be considered in the context of parity of esteem where it is important to ensure both that mental healthcare workers are sufficiently trained to work with a patient's mental health needs and that mental healthcare workers are sufficiently trained to meet a patient's physical health needs.

Conclusions
• The perceived quality of liaison service among the general hospital staff was:
  • The need for clearer referral pathways was confirmed.
  • A perceived need for improved management plans was also identified; prior to the staff interviews the quality and clarity of management plans in hospital inpatients' notes had not previously been considered a major concern to be addressed during this service enhancement.
  • Both medical and nursing staff in the general hospital considered that they would benefit from further training in caring for patients with dementia.
  • The survey and interviews provided useful information that is being used to inform service improvement.


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