Clarity of Referrals to the Liaison Psychiatry Team from Medico-surgical teams

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AIM AND BACKGROUND

To evaluate the quality of referrals to the Liaison Psychiatry Team from both medical and surgical teams in Croydon University Hospital (CUH). Background: To triage referrals appropriately, time was spent clarifying reasons for referrals, and therefore delays in reviews

Question	% answered
Bleep	100
Patient Consent	100
Brief History	96.36
Reason for referral	58
Reason for admission	100
PMH	49
Medication	83
Dependants	100
Medically cleared	100
Functional Illness	29
Interpreter	98
Pregnancy	98
Safeguarding	94
Alcohol and Drug Hx	92

Reason for referral as stated on proforma

- Advice 7%
- Review 34%
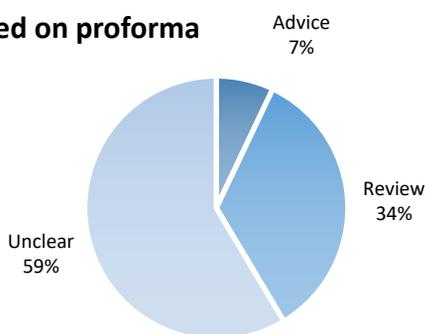- Unclear 59%

METHOD

We reviewed all referrals made to the Working Age Liaison Psychiatry service at CUH using the hospital computer system for the month of December 2020. Using the existing referral proforma as the standard we audited all 55 referrals and analysed which of the 14 sections had been completed using a checklist. We aimed to clarify whether a clear referral reason had been documented. Once audited we looked to change the referral proforma based on our results in order to improve the quality of referrals received.

RESULTS

Of the 55 referrals audited initially only 58% had a reason for referral documented and 49% had documented the patients past medical history. However, other fields such as referrer bleep, patient consent and information on dependents were completed in 100% of referrals.
34% of referrals requested a physical review, 7% requested advice and in 59% of referrals it was unclear what the referrer required from the liaison service. In total 81% of referrals were accepted by the service after triage however of these 62% did not have a clear reason for referral documented.

When the referrals were re-audited using the new proforma. 90% had a clear reason for referral, with 92% requesting a physical review, 5% requesting advice and 3% medication advice. Of the 60 referrals recieved, 22 stated that the patient had drug or alcohol dependency, however of those only 27% of those referrals had been referred to the Drug & Alcohol Specialist services.

DISCUSSION

Our audit highlighted that although the majority of referrals were accepted, over 60% were not completed to a standard that informed the liaison team of what was expected of them. Subsequently resulting in further discussions with the referrer which was not time effective. When comparing the current online referral proforma to other specialties at CUH the liaison proforma had significantly more areas to fill out. Once the form had been opened the referrer was unable to return to the patients' notes for further information if needed to complete the referral in full.

Based on this data we have revised the referral form in order to improve the quality of referrals received. We have reduced the number of questions by 50% and the reason for referral has been electronically configured in such a way that populating this section is a prerequisite to be able to click send. When re-audited the results of this show a significant improvement in the documentation for the reason for referral. However, less than one third of patients with drug and alcohol dependency were referred to the correct services, an area which could be improved in the future with the referral proforma being linked to the referral form for the Drug and Alcohol Specialist Service.

AUDIT REGISTRATION NO: 2020/154