IMPROVING OUTBOUND REFERRALS IN LIAISON SETTING

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Driver Diagram

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	CHANGE IDEAS

Improvement in referrals from MHLT. 30% improvement in all issues identified

- Good quality referrals
  - Good quality referrals
    - Identify criteria for good quality referral and circulate to the team — 1 linked PDSA ramp
- Referrals being sent out
  - Identification that a referral is required (immediately or later)
    - Email that all referral emails to have admin team cc'd (Oct) — 1 linked PDSA ramp
    - Two presentations to the team to raise awareness (Nov & Dec) — 1 linked PDSA ramp
  - Referral email being sent out
    - Board becomes electronic & includes pending outbound referrals — 1 linked PDSA ramp
- Referrals in a timely manner
  - Timely identification that a patient is discharged
    - Extra column on electronic board "team to be referred to" — 1 linked PDSA ramp
    - Create electronic list "to be referred" and check it as part of board round — 1 linked PDSA ramp
- Referrals being recorded appropriately
  - Team aware of importance of recording on Rio that referral was sent
    - Prompt added to check outbound referrals once a day — 1 linked PDSA ramp
    - QIP presentation as part of the business meeting every 6 months — 2 linked PDSA ramps
- Change is sustainable
  - Relevant learning for new members of the team
    - Handover document for trainees including relevant information for sustainability — 1 linked PDSA ramp

Background:

Newham Psychiatry Liaison team is situated in Newham University Hospital which is a busy London DGH serving the London Borough of Newham. Any one of the wards or AE can make referrals to our team for assessment, management and treatment of patients with known or suspected mental illness. Part of the assessment is identifying what if any community follow up is needed as part of patients' care.

There was an incident in September 2019 where it was noted that a referral was missed leading to inadequate community follow up which might have contributed to that patient incident and it was felt that other missed referrals might have the potential to compromise safe patient care.

The team subsequently looked into referrals rate in general for the last year and identified that there have been instances when a referral was not being made after the need for one has been identified or it was not documented whether the referral had been made.

Aim and hypothesis:

The main aims of this QI project were to improve current outbound referrals rate ensuring that all patients are appropriately referred to community mental health teams at the point of being discharged from the general hospital and to ensure that referrals made are appropriately documented in the local electronic patient records.

We aimed for the following 2 measures to improve at least 30% from previous baseline within a year.

1) Percentage of patients who are appropriately referred to a community mental health team at the point of discharge from the general hospital

2) Percentage of patients that the referral has been documented appropriately on local mental health electronic records.

We did also look at other aspects of the referral process such as timeliness of the referral and quality of it but they were not specifically measured as part of this QI.

Method:

A QIP team started meeting regularly. Via Driver diagram and process mapping the following change ideas were identified and implemented in the form of PDSA cycles.

- Electronic patient list for board rounds on Microsoft Excel replacing our physical board.
- Additional box was added on Excel electronic patient list to clarify if ongoing referral is required.
- Create electronic list "to be referred" on the hospital's electronic system (Millennium) where there was colour change when the patient was discharged.
- Daily checking of this list to identify any pending referrals of discharged patients and prompt for that on the electronic Excel board round patient list.
- Specific team member is allocated to complete the referral/notifications and update the relevant list on Excel when that is done.
- Increase team's awareness via presentations as part of the business meeting and relevant discussion as part of the board rounds.
- Copy admin team when sending the referral/notification as a safeguard
- Relevant handover document for new junior doctors and mention at their local induction, so that the new knowledge is passed on to new members of the team.

% OF PATIENTS WITH APPROPRIATE REFERRAL DOCUMENTED ON RIO

Run Chart — BASELINE / TEST

Label	nov-2018	dec-2018	jan-2019	feb-2019	mar-2019	apr-2019	may-2019	jun-2019	jul-2019	aug-2019	sep-2019	oct-2019	nov-2019	dec-2019	jan-2020	feb-2020	mar-2020	apr-2020	may-2020	jun-2020	jul-2020	aug-2020	sep-2020	oct-2020	nov-2020
Value	66.67	20	20	33.33	50	16.67	33.33	66.67	37.5	40	28.75	66.67	87.5	80	80	70	90	70	90	100	80	100	100	93	100

NOV 2018 — Shift at October 2019 — Nov 2020

% OF PATIENTS WHERE SOME EVIDENCE OF REFERRAL OR FOLLOW UP

Run Chart — BASELINE

Label	nov-2018	dec-2018	jan-2019	feb-2019	mar-2019	apr-2019	may-2019	jun-2019	jul-2019	aug-2019	sep-2019	oct-2019	nov-2019	dec-2019	jan-2020	feb-2020	mar-2020	apr-2020	may-2020	jun-2020	jul-2020	aug-2020	sep-2020	oct-2020	nov-2020
Value	100	100	60	60	100	83.33	33.33	100	87.5	80	71.43	100	100	90	90	100	100	100	100	100	100	100	100	100	100

Results:

At baseline
- the average percentage of patients with <u>appropriate referral</u> documented over 11 months before the intervention was **37%** and in the year following the first intervention it rose to average of **88%**;
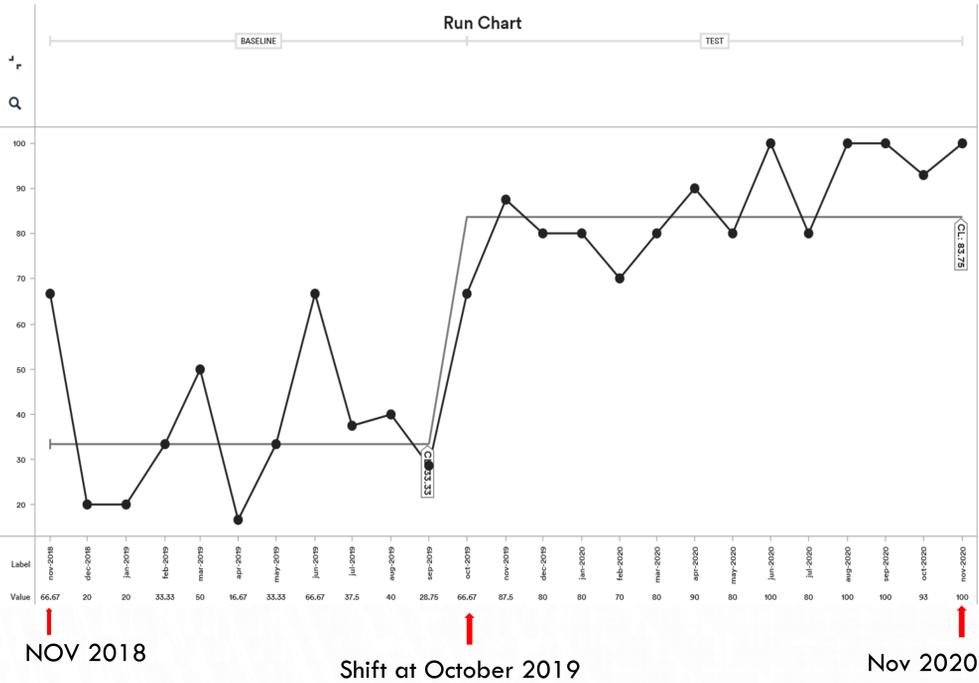- for referrals that there was <u>some evidence of referral</u> being done but it <u>hasn't been documented</u> baseline average for the same period was **76%**, in the year following the intervention the average percentage was **98%**.

In both run charts shift is observed (6 consecutive points above the median) which is indicative of non-random variation and therefore proves that our interventions were effective.

Conclusion:

The issue of referrals for onward patient care not being done impacts patient safety and compromises care. We used quality improvement methodology and implemented a number of change ideas, including more efficient use of patient electronic systems and we are delighted that sustainable improvement was achieved. One way of keeping track of outbound referrals is to have an electronic list that is checked daily and we found this to be the single measure that made the most impact but there also need to be other measures such involving admin team and using a handover document in order for the referrals rate and documentation to improve in a sustainable way.