

# Improving the Quality of Liaison Psychiatry Referrals for Low Mood on Care of the Elderly COVID-19 Wards

Dr O Karkanevatos (FY1), Supervised by Dr J Olds (Psychiatry Specialty Doctor)



## BACKGROUND

Working on the COVID-19 Care of the Elderly ward during the height of the second wave, most patients were unsuitable for NIV with a ward-based ceiling of care. Patients were struggling with the effects of the pandemic – initially being isolated in their homes and now isolated on a hospital ward for weeks, sometimes months, with no visitors allowed and often a guarded prognosis.

A significant number of referrals were being made to the Later Life Liaison Psychiatry team for low mood. Liaison Psychiatrist Dr Jonathan Olds mentioned that most referrals only included limited information, such as “not engaging, low mood”. As a result, no distinction was being made between patients with situational low mood proportional to the difficult circumstances of the pandemic and those with diagnoses of clinical depression.

Recently, a patient with catatonic depression sadly died by suicide on a medical ward in our Trust. The referral to Liaison Psychiatry had not indicated the severity and urgency of the situation.

## AIMS

- To improve the quality of referrals to Liaison Psychiatry for low mood.
- This will aid the Liaison Psychiatry team in identifying high-risk patients and prioritising patients based on urgency.

## PLAN

- The ICD-10 Depression Criteria<sup>1</sup> are used in the UK to diagnose depression.
- Including ICD-10 criteria in referrals will help identify high-risk patients. A patient meeting a higher number of criteria indicates they need a more urgent assessment.
- Wards A528 & A512 were included in the project as they were identified as having the highest referral frequency to Later Life Liaison Psychiatry.

## STUDY

I found an increase in the number of ICD-10 criteria mentioned in the referrals following my intervention, as demonstrated in the data below:

### Pre-intervention data (31/10/20 – 30/12/20)

8 referrals for low mood:

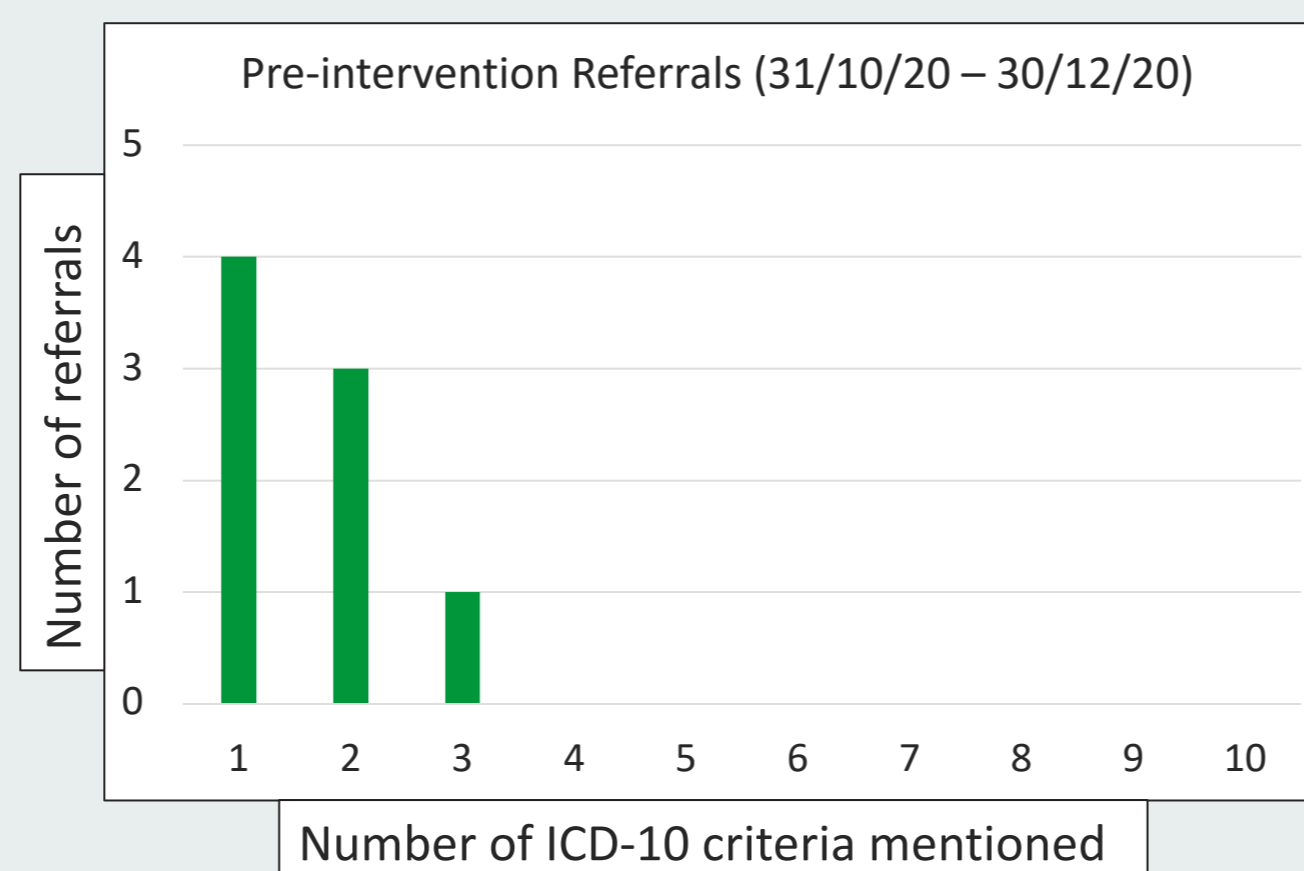
**1-3 ICD-10 criteria included:** 8 (all) referrals

**4-6 ICD-10 criteria included:** 0 referrals

**7-10 ICD-10 criteria included:** 0 referrals

All of the referrals included ‘low mood.’  
The range of additional criteria were:

‘loss of interest’      ‘loss of appetite’      ‘suicidal thoughts’



### Post-intervention data (18/01/21 – 10/05/21)

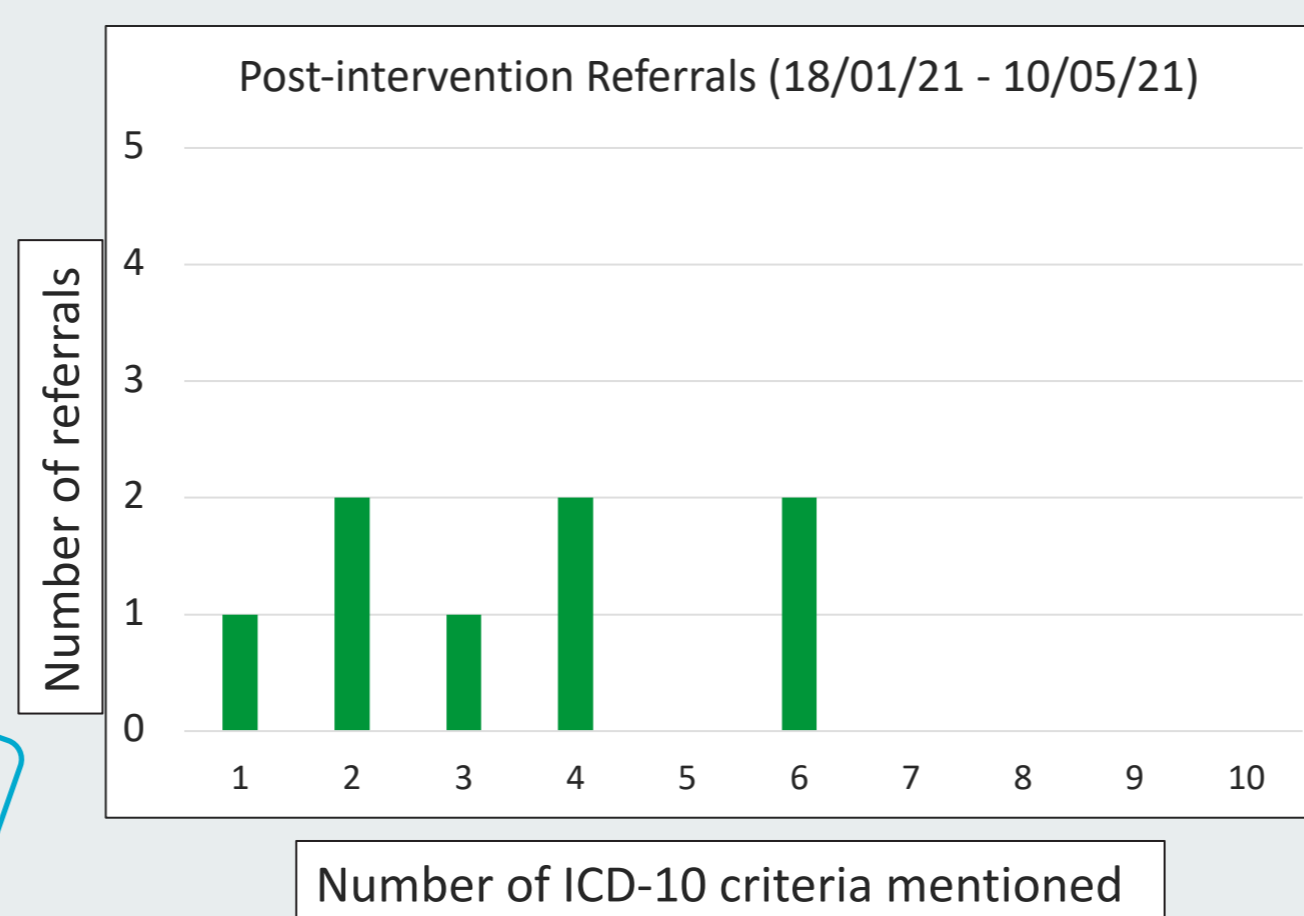
8 referrals for low mood:

**1-3 ICD-10 criteria included:** 4 referrals

**4-6 ICD-10 criteria included:** 4 referrals

**7-10 ICD-10 criteria included:** 0 referrals

Again, all referrals mentioned ‘low mood.’  
A much wider range of additional criteria were mentioned:



‘psychomotor retardation’      ‘loss of confidence’      ‘suicidal thoughts’  
‘energy reduction’      ‘loss of appetite’      ‘loss of interest’      ‘sleep disturbance’  
‘reduced concentration’

## DO

A number of low-level interventions were carried out, which included:

- Educating staff on wards about the project, initially 2-weekly for the first month followed by monthly thereafter.
- Putting up the following poster on the wards:

### Need to refer to liaison psychiatry for low mood?

Please include the ICD-10 criteria for depression in your referral; does the patient have:

Low mood
Loss of interest in usual activities
Reduction in energy
Loss of confidence/self-esteem
Feelings of inappropriate guilt
Recurrent thoughts of death or suicide
Indecisiveness or reduced concentration
Psychomotor retardation or agitation
Sleep disturbance
Change in appetite with weight change

This will help prioritise patients based on urgency ©

## ACT

The results of this project were promising and demonstrated that simple, low-level interventions can achieve a significant improvement in the quality of referrals and positively impact patient care.

Aims going forward:

- To expand this project to other wards of the hospital with high referral rates, initiating further PDSA cycles.
- Potential future interventions include implementing Tea Trolley Teaching sessions on wards, handing out flashcards with the ICD-10 criteria, and amending the Medway referral form.
- These ideas would achieve sustainable changes, be practical in the busy clinical environment, and can involve all members of the MDT.



University Hospitals  
Bristol and Weston  
NHS Foundation Trust



Transforming  
Care

Respecting everyone  
Embracing change  
Recognising success  
Working together  
Our hospitals.

#### References

- 1 <https://www.nice.org.uk/guidance/gid-cgwave0725/documents/guideline-appendix-22>
- 2 image from: <https://medicinematmichigan.org/feature/2020/fall/covid-19-hurting-our-mental-health-what-can-we-do-about-it>