

# Evaluation of a Referral Proforma in a Liaison Psychiatry Service

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## Background

Referral proformas have been successfully used to improve the accuracy of captured patient information in Liaison Psychiatry services. A previous study has shown that introducing the Identify and Rate the Aim of the Contact (IRAC) scale improved referral accuracy and achieving review outcome (1).

In our central London Liaison Psychiatry service at the Royal Free Hospital (RFH) we receive referrals from medical and surgical wards, which are processed by doctors working in the team. Referrals are documented in patient notes and provide the basis for planning and team discussions. We receive a smaller proportion of referrals from our mental health crisis assessment service (MHCAS); these are processed by specialist nurses working in accident and emergency (A&E). For the process of this project, we focussed on referrals received from wards at the Royal Free Hospital.

We introduced a referral proforma on 21<sup>st</sup> October 2021, with the following categories: patient details, admission details, psychiatric history, reason for referral/IRAC, medications, psychotropic medications, and risk assessment.

## Aims and hypothesis

To improve the completion and accuracy of referral documentation in our Liaison Psychiatry team.

We hypothesised that a proforma would increase accurate documentation, completeness of patient information and achievement of review outcomes.

## Methods

Author CBR conceived and supervised the project. Author SA created the proforma, which was presented to the liaison team for feedback until the final 'gold standard' was iteratively developed for use. Authors FM, SA, and CBR retrospectively scored the quality of referral documentation before and after the proforma's introduction, as measured by a score out of 3 in each category. We assessed whether the outcome of the contact was achieved based on the IRAC. Author CBR carried out data management and analysis.

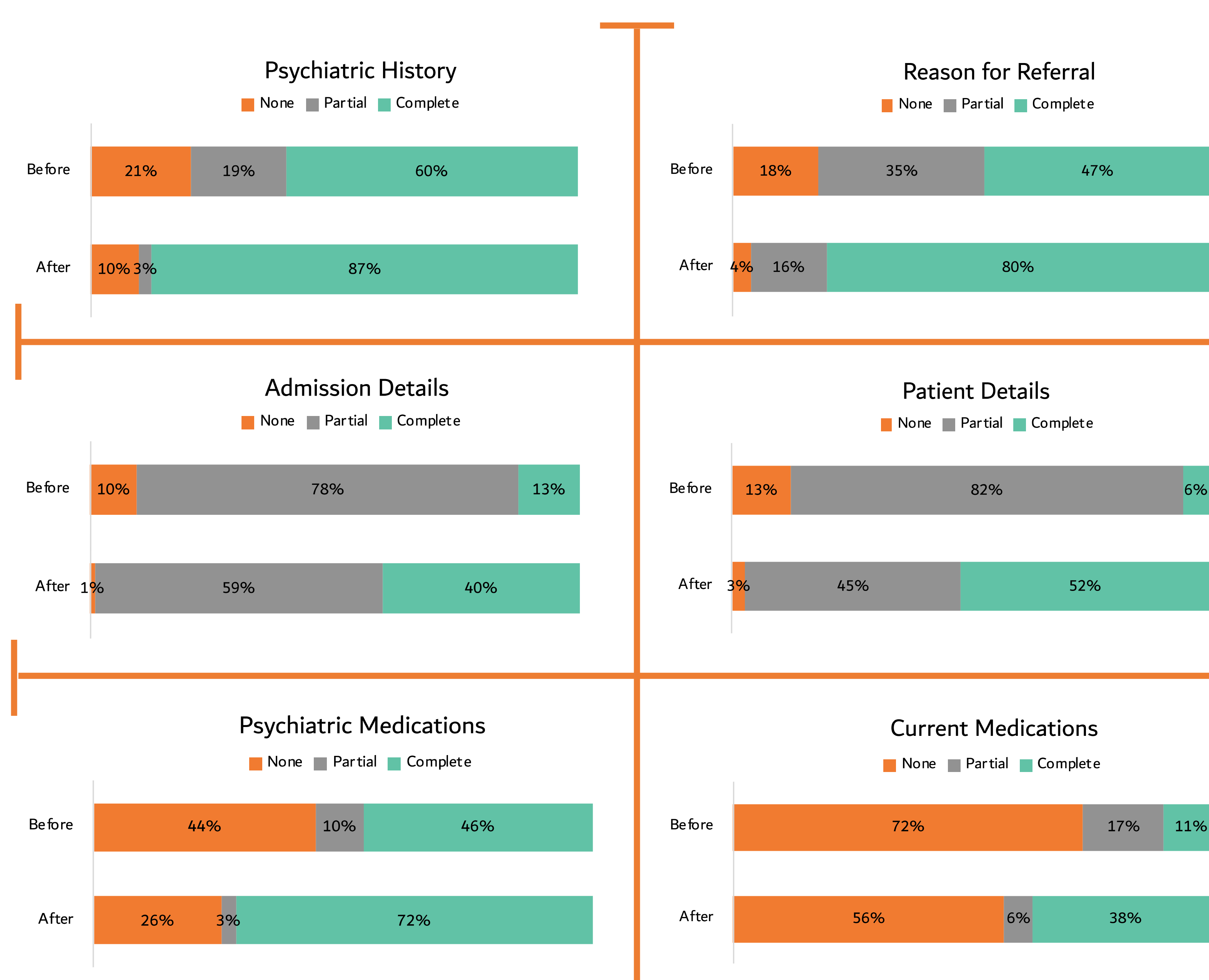


Figure 1: Proportion of referrals with documentation that was lacking, partially completed, or complete before and after implementation of the proforma, by category

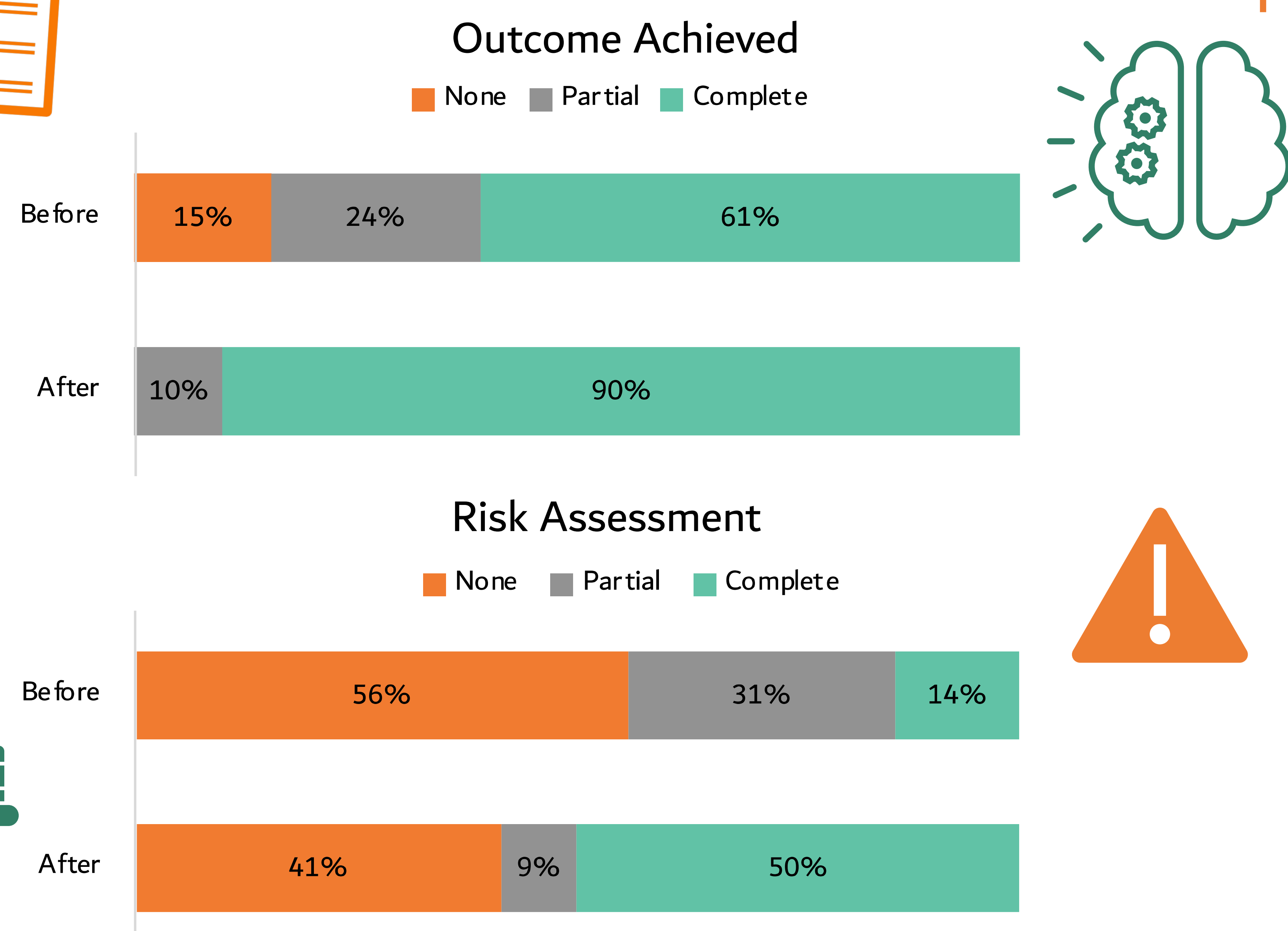


Figure 2: Proportion of referrals where the outcome was not, partially, or completely achieved, and proportion of referrals with documentation that was lacking, partially completed, or complete for risk assessment category, both before and after implementation of the proforma

## Results

After exclusion of duplicate records (n=2) and referrals from MHCAS (n=95), we assessed a total of 174 patient records, pre-intervention (n=72) and post-intervention (n=102). The proportion of referrals with complete documentation increased across all categories (see Figure 1 and 2). Review outcome being fully achieved increased (see Figure 2). Fisher's exact test showed a strong statistical association between timing of data collection (before vs after proforma) and quality score (all p<0.002).

## Conclusions

Using a referral proforma in our Liaison Psychiatry team increased the proportion of patients with clear documentation of clinical information across all categories. However, the proportion of patients with documented risk assessments could be improved. We plan to send out a survey to assess satisfaction with the current proforma and gain feedback from the team about any potential downsides, for example increased workload, associated with its use.

## Limitations

- Most referrals in our department were taken by people involved in this QIP so had a vested interest in using the proforma
- Referrals via email (primarily from external sources) rarely contained the information required to fill out the proforma
- Referrals received via MHCAS had to be excluded which decreased the number of referrals included

## Future

We have designed a handover for incoming doctors that emphasises the importance of the risk assessment section of the proforma. We intend to run a third cycle to evaluate this change following the foundation rotation in April 2022. Furthermore, with the implementation of electronic patient notes, this proforma could be converted into an automatic electronic referral form.

\*Authors SA and FM contributed equally to this poster and are joint first authors

## REFERENCES

1. Guest C, Crockett S, Little P, Patel A. The clinical utility of the IRAC component of the Framework for Routine Outcome Measurement in Liaison Psychiatry (FROM-LP). BJPsych Bull. 2018;42(4):152-6.