



## Increasing service delivery efficiency by identifying inappropriate referrals to the Mental Health Liaison Team.

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### AIMS AND HYPOTHESIS

To analyse commonalities between inappropriate referrals to the Mental Health Liaison Team from inpatient clinical medical wards across multiple hospital sites to increase efficiency in service delivery.

### BACKGROUND

Cwm Taf Morgannwg University Health Board operates a Mental Health Liaison Team service that covers four hospitals in the Welsh valleys. Due to geography, simply travelling between sites for patient review can be particularly time-consuming. Therefore the accurate sorting of appropriate from inappropriate referrals, and the reduction of the latter, could have great benefit on the efficiency of service provision.

### METHODS

Quality improvement study :

Retrospective Study over a 3 months period from November 2021 to February 2022

Rationales for deeming these referrals inappropriate were then subject to content analysis.

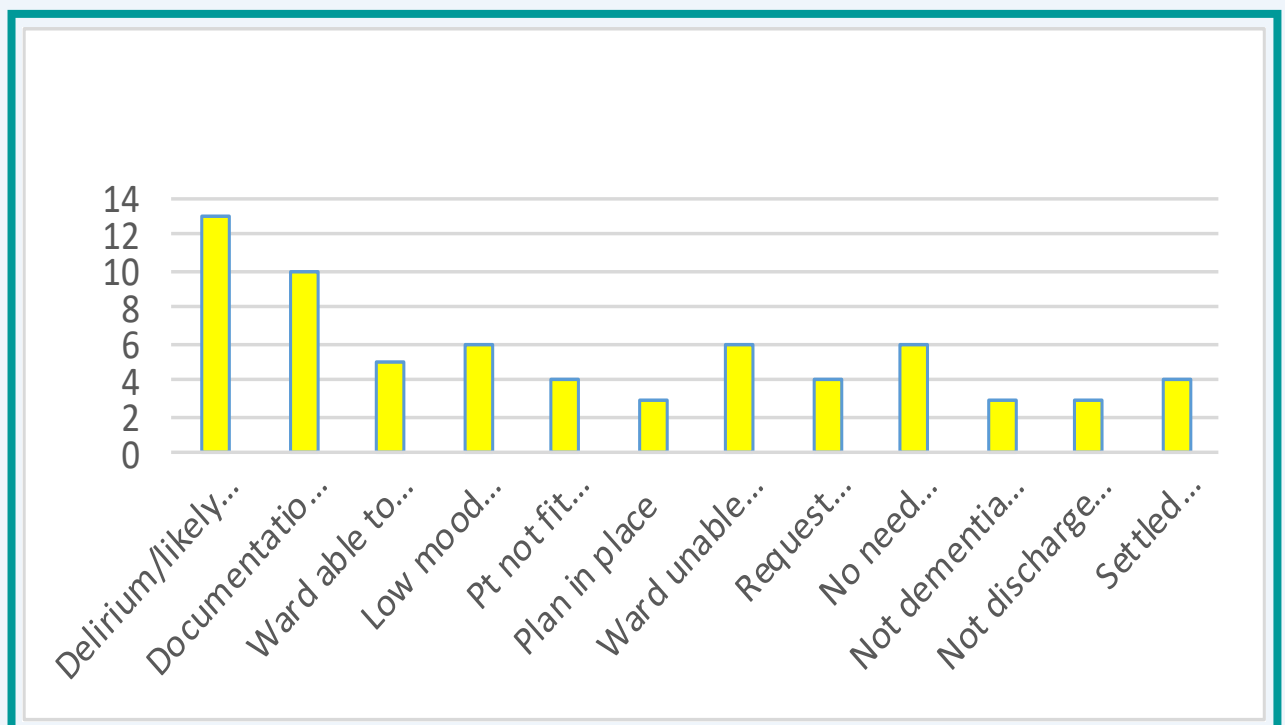
### RESULTS

A total of 67 individual inappropriate referrals were identified for analysis. Multiple different commonalities emerged. Approximately 18% inappropriate referrals were related to patients with, or likely to have delirium. In 10% of cases, the ward team were able to address the need they had identified without Mental Health Liaison Team input. In around 10% of cases, a Mental Health Liaison Team management plan either already existed for the patient, or the ward team were unable to explain what the need for Mental Health Liaison Team input was. In approximately 9% of cases, mood change was associated with patient adjustment to physical health status. In approximately 7% cases, the Mental Health Liaison Team received referrals for services that Mental Health Liaison Team did not provide.

Identify, Investigate and Treat Delirium through the Delirium pathways (Nice guidelines 2010 CG103) before referring to Liaison psychiatry team.



Themes	Total 67
Delirium/likely delirium	13
Documentation is unclear	10
Ward able to fulfil needs	5
Low mood secondary to Physical Health	6
Pt not fit enough to be seen	4
Plan in place	3
Ward unable to explain referral	6
Request referral to another service	4
No need identified	6
Not dementia diagnosis service	3
Not discharge planning service	3
Settled without intervention	4



### CONCLUSIONS

Improvement in education around the presentation of delirium and appropriate clinical management may reduce inappropriate referrals by up to a fifth. Building confidence in the clinical multi-disciplinary teams ability to manage challenging issues with patients (including patient adjustment to physical health circumstance) could also improve efficiency of service provision. Stronger education as to what services Mental Health Liaison Team provide and do not provide could also be of use to medical colleagues.