Improving Emergency Department Referral Pathways to Liaison Psychiatry

A Quality Improvement Project

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Aim

The aim of this quality improvement project (QIP) was to reduce waiting time for patients presenting to the emergency department (ED) with mental health problems.

Background

Emergency departments are under increasing pressure with lengthy wait times. Patients presenting to ED with mental health problems do not always require medical intervention, but often wait many hours to be deemed “medically fit” before a referral to liaison psychiatry can be made.

We sought to improve local processes by implementing a direct referral pathway, enabling triage nurses to refer patients directly to the Integrated Liaison Service (ILS) in Craigavon Area Hospital (CAH), Northern Ireland.

An initial snapshot audit of ED referrals to ILS was conducted over a 1 week period. Half of the total referrals included would have been suitable for direct referral, with median waiting time between presentation to ED and referral to ILS of 8 hours.

Methods

A project team was established with multidisciplinary staff from ED and ILS. A direct referral pathway and standard operating procedure were drawn up. It was agreed that patients would only be suitable for direct referral and immediate psychiatric assessment if they had no concurrent medical needs (for example, if they had taken an overdose).

The direct referral pilot commenced in January 2022. There were regular project group meetings to discuss challenges, and adjustments were made throughout, working with QIP methodology and several “plan-do-study-act” (PDSA) cycles:

P – direct referrals flowchart and SOP agreed
D – pilot week 9-5 only, ILS project leaders educating triage nurses 2x daily
S – ED staff feedback – some unaware of flowchart and project
A – colour copies of flowchart and ILS contact details attached to phones in triage as prompt

P – first week successful, continue with above adaptations
D – pilot continues 9-5
S – small numbers of referrals received, noted that busier in the afternoons/evenings
A – extend pilot hours to 9-9

P – direct referrals now accepted in extended hours 9-9
D – continue with extended hours
S – number of referrals increases; ILS staff feedback – some unclear regarding direct referral criteria
A – email sent to all ILS practitioners; daily reminder to ILS shift coordinator

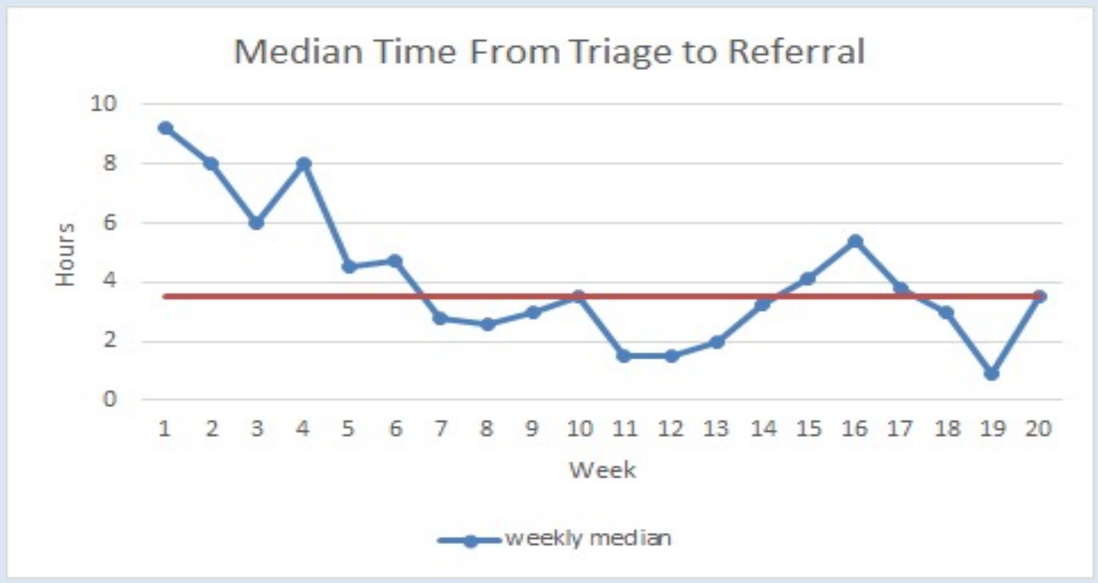
P – pilot continues 9-9, additional feedback sought
D – meeting with ED team to discuss any issues to date
S – triage nurses requesting guidance on referral criteria after communication issues with some attempted referrals
A – document drawn up on referral criteria with input from ILS band 7 practitioners

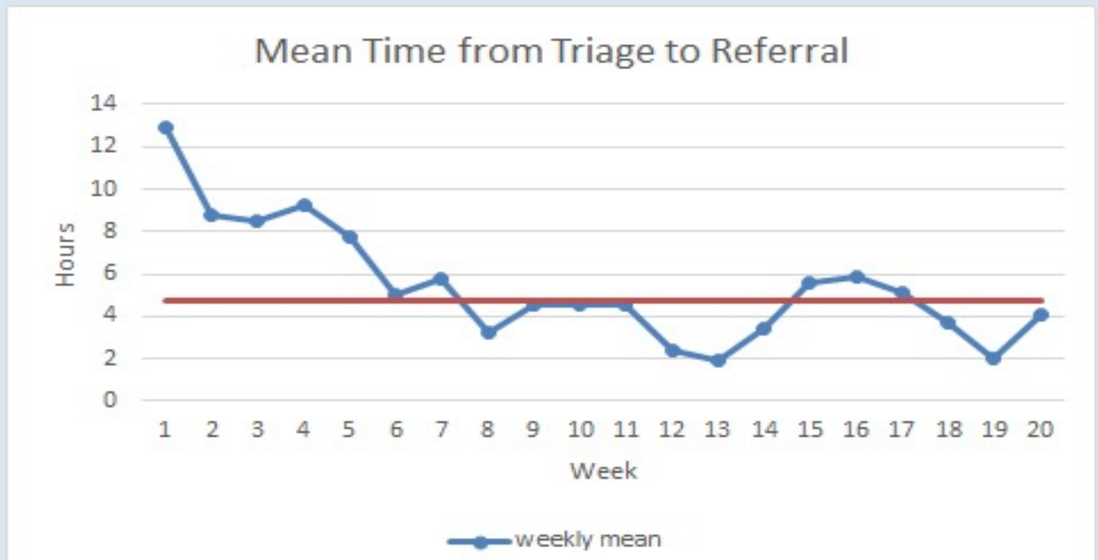
Results

The primary outcome measure was time between attendance at ED and referral to ILS. This was recorded for all patients referred from ED, with mean and median times calculated over each week. Informal feedback was also sought from ED and ILS staff to identify issues and inform any changes.

Over a period of 20 weeks average wait times have significantly decreased (median 9 hours to 3.5 hours; mean 13 hours to 4 hours), as can be seen in the run charts below.
We looked at ILS response time to ED and ward referrals as a balancing measure and found that our response times did not suffer following the introduction of the direct referral pilot (remaining at >85% within target).

The uptake and feedback from staff has been excellent, and the pathway is now embedded in clinical practice.





Conclusions

This QIP has shown that the introduction of a direct referral pathway can reduce waiting times for patients presenting with mental health problems to ED. The next step will be to improve parallel working of patients with concurrent medical and psychiatric needs.

With thanks to the Integrated Liaison Team and Emergency Department in Craigavon Area Hospital

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