QIP: Ensuring all reviews by Lewisham Liaison inpatient team have clearly defined objectives

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Introduction

Aim: Reduce the number of Psychiatric Liaison team inpatient reviews at UHL to 6 patients per day from November 2021 to April 2022, and increase the proportion of reviews with a clear rationale to 100%.

Hypothesis: Good communication of patient mental health objectives within the psychiatric liaison team and external stakeholders reduces the number of unnecessary reviews and overall workload of the team.

Background:
Our liaison team provides mental health input to A&E and the wards of a busy urban general hospital. The psychiatrists take primary responsibility for ward patients, whilst liaison nurses mainly cover A&E. Baseline data demonstrated that we were on average doing 8 ward patient reviews a day with as few as 2 clinicians covering the wards meaning there was minimal time to spend with each patient. Just 17% of reviews had a clearly stated objective for the next review in the plan and only 40% recorded when the next review should be.

Methods

We used a Quality Improvement Framework using the plan-do-study-act (PDSA) cycle model. MDT discussions involving all the key stakeholders were held to come up with change ideas to improve communication within the team.

In our first PDSA cycle we added a column to the handover spreadsheet to document the purpose and timing of the next review and placed this as the first column in the spreadsheet to make it a more prominent part of handover discussions.

In the second PDSA cycle we introduced a template (figure 1) for all inpatient reviews with details of the next review in the plan and instructions to the treating team on managing crises.

We collected 2 weeks baseline data on 1. number of reviews per day and 2. proportion of reviews where the timing and objective of the next review was documented in the notes.

We also collected data on the number of inpatient referrals the team received on these weeks as a measure of how busy the team were on the weeks data were collected.

Results

During the first PDSA cycle the mean number of inpatient reviews done per day over 10 working days fell from 8.1 to 4.1. In the 2nd PDSA cycle the mean fell from 4.1 to 3.5 reviews (Chart 1). We studied the number of referrals the team received to evaluate whether it was our intervention or the number of referrals effecting the number of reviews. The number of referrals decreased from the initial data collection but the mean number of reviews by a greater amount. By the end of the 2nd PDSA cycle the number of referrals had decreased by 29% compared to baseline data where as the mean number of reviews had decreased by 43%.

The number of reviews documenting the purpose and timing of the next review also improved significantly. Over the course of 2 PDSA cycles the percentage of reviews recording when the patient should next be reviewed went from 40% to 87%. Over the same period the number of reviews documenting what the purpose of the next review should be improved from 17% to 65% (chart 2)

Table 1: Mean number of inpatient reviews per day

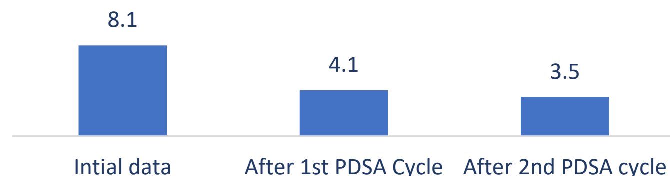
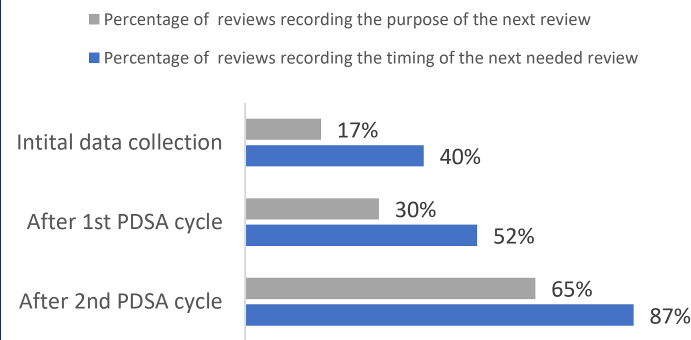


Table 2: Recording the timing and purpose of the next review in inpatient records



Conclusion

Results of this QIP support our hypothesis that good communication of mental health objectives reduces inpatient reviews. The interventions of changing the structure of the handover spreadsheet and introducing a template for writing notes improved communication which lead to greater efficiency and a reduction in the number of unnecessary patient reviews.

When a team gets busier they can become less efficient because of poor communication which further increases their work load. This project has used very simple and universally available interventions to reduce this phenomenon.

UHL LIAISON PSYCHIATRY
Patient [demographic details]
[Current date and time]

Legal Status (MHA):

Assessment/Comments:

Impression:

Plan:

Planned date and purpose of next review:

If you need any further advice, or the patient has significantly changed in presentation since last visit, please contact us on the numbers below:

UHL Liaison Psychiatry Team

Psychiatry Consultant/SpR phone (9am - 5pm): 0780xxxxxxx
Liaison SHO phone (9am -5pm): 0772xxxxxxx
Psychiatry Liaison Nurse phone: 0771xxxxxxx

Clinical numbers for direct communication. Please do not share with patients.

Figure 1

Discussion

The data shows a stepwise increase in the number of reviews recording the timing and purpose of the next review over the course of the 2 PDSA cycles. This demonstrates an improvement in communication within the liaison medical team with each subsequent intervention.

Altering the spreadsheet in the first PDSA cycle meant that clinicians were more likely to incorporate the details of what the next review should entail both on the formal spreadsheet and in the patients notes making it easier for the next clinician to avoid going to see a patient unnecessarily because of uncertainty about what the patient required.

The second intervention involved the introduction of a template for clinicians to put their notes in the UHL digital notes system. This had a section to document the timing and purpose of the next review providing a reminder every time a clinician documented . It also had a section clearly documenting how the medical or surgical teams could contact the psychiatry team out of hours if there was a change in the patients presentation. This better communication with the other medical teams meant clinicians were less likely to check in on patients when they knew they could be easily contacted if the ward team were concerned.

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