

Streamlining Handover: Enhancing Liaison Psychiatry Transfers from the Queen Elizabeth Hospital

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BACKGROUND

As Liaison Psychiatry acts as the interface between physical and mental health, an effective handover is pivotal for communication and continuity of care. The aims were to examine the handover process and continuity of care in the receiving ward.

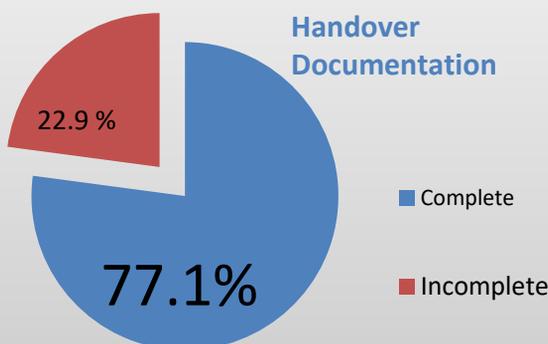
METHODS

Clinical data for patients aged 18-72 transferred from Liaison Psychiatry (January-September 2024) was collected.

Handover was assessed based on documentation of communication between Liaison Psychiatry and the receiving team, Risk assessment (within 7 days before transfer) and Immediate discharge or transfer letter from General hospital staff.

Continuity of care was assessed based on the time for comprehensive assessment, and whether an updated risk assessment was completed post-transfer.

RESULTS



At the time of transfer, 57.14% had an updated risk assessment (done within 7 days before transfer) documented. The mean time for comprehensive assessment was 2.1 days for those with documented handover and 3.125 days for others.

CONCLUSIONS

Overall, the handover was documented for the majority of patients, and the time required to complete the comprehensive assessment on the ward was shorter for these patients.

While Liaison Psychiatry had conducted the risk assessment at the point of transfer decision, due to delays in patient transfer caused by bed shortages, Liaison Psychiatry faces challenges in accurately predicting transfer timings, making it difficult to perform an updated risk assessment at the transfer point.

Continuity of care may be compromised by these delays, emphasizing the importance of improving handover processes.

RECOMMENDATIONS

Interventions that may address this include regular liaison psychiatry attendance at general psychiatry division meetings to raise awareness about the pivotal role of effective handover for maintaining standards of continuity of care.

Reminders to staff to document handover information given and to update risk assessment at the point of transfer.