Improving quality of referrals meetings in the psychotherapy department

Dr Daniel Meek, Dr Angeliki Zoumpouli, Dr Caroline McCurrie and Dr Barbara Wood
South London and Maudsley NHS Foundation Trust

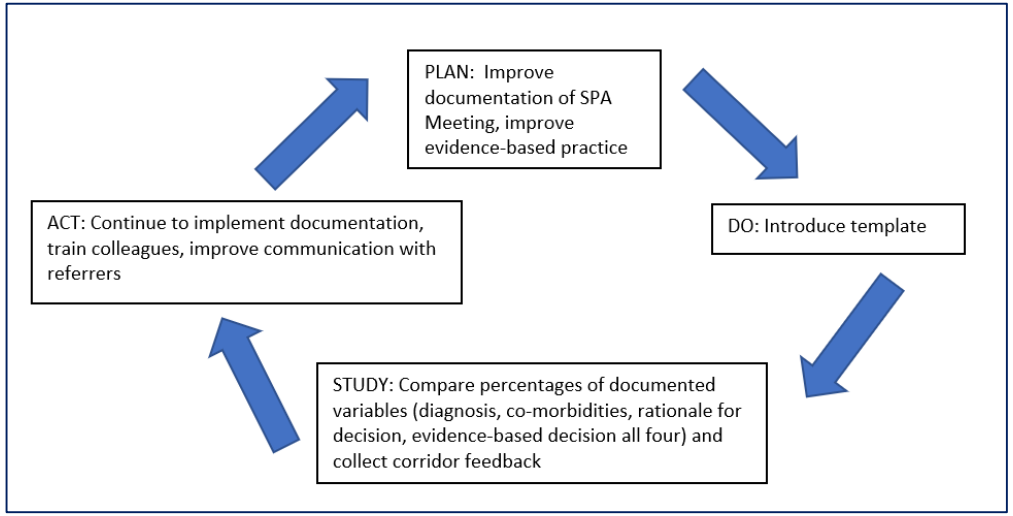
Background: It was identified in our weekly referrals meetings that clinical decision making in regards to assigning patients a particular modality of psychotherapy did not appear to refer to written guidance. There were also concerns that patients with similar diagnosis were allocated different therapy modalities without clear justification. Also, team discussions, both informally and at clinical meetings, have outlined concerns about need for more joined up thinking and clearer rationale of choice of therapy for patients.

Aims: To improve documentation of referral meetings, including diagnosis, co-morbidity, and rationale of decision making by 50% by December 2019.

Methods: We reviewed the data for 105 patients between March and May 2019. Diagnosis was documented in 28/105 (27%) of patients, co-morbidity was documented in 18/105 (17%), rationale was documented in 64/105 (62%). In 15/105 (14%) all three criteria were completed.

We introduced a proforma to be completed during the meeting. The Proforma prompted documentation of diagnosis, co-morbidities, risk issues, previous therapies and rationale for decision.

We subsequently reviewed the data regarding documentation of referral meetings of 116 patients between September and November 2019. We also asked for corridor feedback from people who chaired the meetings and also the other attendees (junior doctors, representatives from other modalities and services) following the intervention.



SPA template

Southwark IPTT SPA meeting

Date:

Present:

Patient diagnosis:

Co-morbidity:

Psychosocial stressors/other factors*:

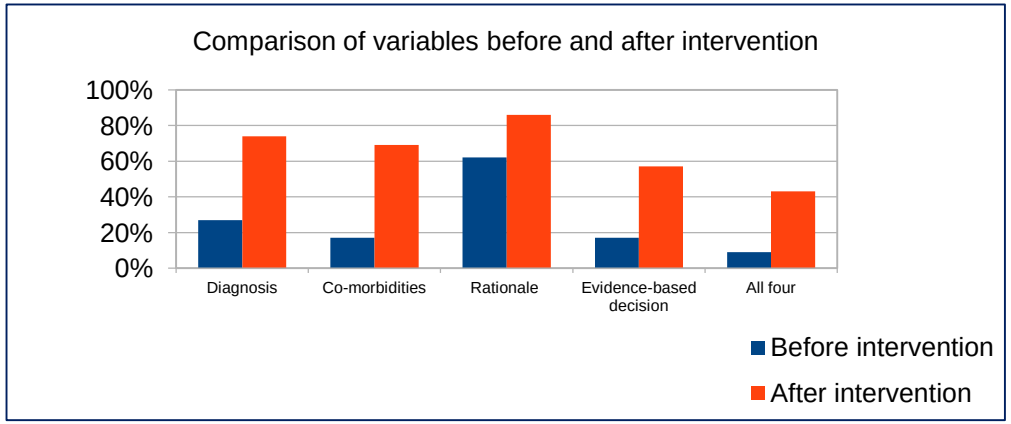
Previous treatment:

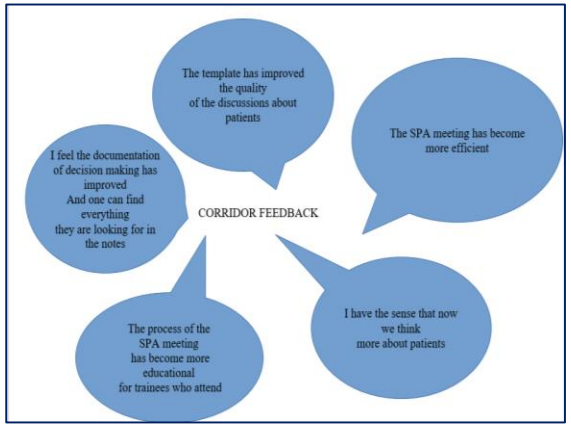
Focus of psychological treatment:

Decision:

Rationale:

*Psychosocial stressors to consider include housing, risk, drug and alcohol, isolation, abuse, multiple complaints, frequent use of services etc (using our own referral criteria+)





Discussion: Although there is he improvement in documentation in all domains, diagnosis, co-morbidities and evidence-based treatment were better documented than rationale for decision. It seems that some form of documentation of the latter was occurring even before the intervention, although there could be room for more *arbitrary* decisions. One could argue that the improvement in documentation of diagnosis and co-morbidities in turn improved the percentages of evidence-based treatment. This could suggest that such a simple intervention such as a template may enable clinicians to think more along the lines of diagnosis and evidence-based decisions and reduce arbitrary decisions. Of course more data will be needed and more PDSA cycles are required to solidify and improve the existing evidence.

Conclusions: The intervention improved documentation in all domains, including diagnosis, listings of co-morbidities, and rationale for treatment. Meeting attendees felt the process was more thoughtful, had patients more in mind, was more collegiate and by being more efficient freed up more clinical time. Future work will focus on communication with referrers and using technology to further improve efficiency.