

Checklist of Medical Fitness to Transfer Patients from a General Hospital to a Mental Health Unit: A Service Improvement Project



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Mental Health Liaison Teams (MHLT) work at the interface between physical and psychological health in general hospitals (RCPsych, 2020). They manage conditions and crises such as self-harm requiring medical and/or surgical intervention, severe suicide attempts, adjustment to physical illness, such as stroke and diabetes, delirium and acute psychosis and other severe mental health illness (RCPsych, 2020). There are currently transfer checklists of medical safety which should be completed if a patient is being transferred out of the general hospital to a mental health unit.

Issues with the current service

Feedback from our mental health units reports patients have been transferred to them that are medically unsafe to do so. There are currently four versions of transfer checklists, which are not always used, outdated and time consuming to complete. An effective and well-implemented checklist could provide quantifiable positive clinical-related and patient-related outcomes. In the month of September 2020 there were six patients transferred from the general hospital to mental health units. Of these, one was to the “hub” and had a checklist from A&E, one was from A&E to a psychiatric inpatient ward with the existing three-page transfer check list completed and the remaining four had no checklists. This is only a 33% completion rate of the current checklists.

“Unsafe” transfers

Between June and September 2020 there were four high risk examples of this involving older adults:

1. Patient transferred with thyrotoxicosis
2. High white blood count (WBC) indicating severe infection and requiring immediate management
3. Cannula in situ and requiring intravenous antibiotics—which mental health units cannot facilitate
4. CT head scan showing a new subdural haemorrhage which was not mentioned in the discharge summary

In terms of covid-19, there have been multiple cases of covid-19 results not being ready and handed over to mental health units. There have been additional incidents of specialist equipment not always available.



Method

The proposed checklist has been constructed following consultation with the MHLT, the inpatient wards and senior management. It was brought to the MHLT business meeting 11/11/2020, and then with the Hertfordshire Old Age Group, including the inpatient and community consultants, 18/11/2020. This was then ratified in the OA Governance and Quality and Risk meeting in January 2021 for approval before implementation.

Key objectives

- To update the current checklists and create one, easier to use, shorter and clinically relevant “checklist of medical fitness to transfer patients”
- To promote use of the form and patient safety when moving from general hospitals to mental health units
- To improve communication between general hospitals and the mental health teams

Clinical-related outcome measures	Patient-related outcome measures
Improved patient safety	Improved follow up of medical conditions
Improved communication, education and relationships between the general hospital and mental health staff	Reduction in stress related to untreated medical conditions
Reduction in failed discharges from the general hospital	Improved experience of moving between different specialist units
Positive staff feedback	Fewer incidents of risks to patients

Conclusion

The new checklist of medical safety aims to improve the safety and communication between general hospitals and Mental Health inpatients during a time of intense pressure.

The checklist will be implemented for a period of six months, during which time it’s use will be monitored and incidents of unsafe transfers recorded as accurately as possible in order to improve and manage difficult cases.