Audit of The Consultation-Liaison Service to Older Patients in Ennis General and St Joseph's Hospitals before and during the Coronavirus Pandemic.

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Introduction

A consultation-liaison service is provided to Ennis General Hospital and to St. Joseph's (Geriatric) Hospital, Ennis by the Psychiatry of Later Life team for patients new to psychiatry over the age of 65. Resources are scarce and the team has been forced to 'triage' referrals received from the hospitals, so that the most urgent cases are addressed promptly. As part of a service improvement plan, an audit of referrals received to the consultation-liaison service was carried out. There were two three-month data collection periods, the 11th July 2019 to 11th Oct 2019 was before the onset of the Coronavirus pandemic, the second was 11th July 2020 to 11th October 2020.

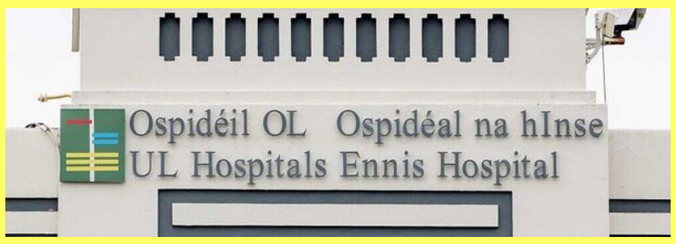
Methodology

Following a literature review, basic demographic data (age, gender and source of referral) was recorded. Referral forms received were audited and the following data was collected.

1) New, Re-referral, Re-referral and currently open to POLL team?
2) Was there a reason for referral given?
3) Was information provided on mental state?
4) For patients referred with cognitive impairment was an MMSE provided?
5) Were relevant medical details included (medical diagnosis, imaging, blood test results)
6) Was delirium screening in evidence eg. 4AT score supplied?
7) Was treatment tried to date listed?
8) Urgency stated?

For patients assessed:

9) Seen in person or consult by phone only.
10) Main Diagnosis and Outcome.



Consultation Liaison Referral Form

Clare Mental Health Service for Older People

Patient Name: MRN:
Address:
DOB:
Treating Consultant:
Date of Referral:

Main Medical Diagnosis:

Reason for Admission to EGH:

PMHx:

Presenting Psychiatric Complaint:_____

Previous Psychiatric Diagnosis: yes / no. If yes, diagnosis?_____

Reason Specialist Psychiatric Input Required:_____

MENTAL STATE EXAMINATION

Appearance/Behaviour:

Speech:

Thoughts:

Suicidal /homicidal ideation? yes / no

Mood:

Any Abnormal Perceptions (delusions, hallucinations) yes /no. If yes, please describe:

Cognition: please provide MMSE result.

To screen for delirium, please complete 4AT (see reverse) OR state if no evidence of delirium.

Brain Imaging: yes / no Relevant blood tests yes / no

Please attach relevant results.

Current psychotropic medication (if any)?

Urgency:

Name of Referrer PLEASE PRINT **Contact Mobile Phone /or pager**

Note: All fully completed referrals received will be discussed with the referrer by phone in the first instance.

4AT

(label)

Patient name:

Date of birth:

Patient number:

Assessment test for delirium & cognitive impairment

Date: **Time:**

Tester:

CIRCLE

[1] ALERTNESS

This includes patients who may be markedly drowsy (eg. difficult to rouse and/or obviously sleepy during assessment) or agitated/hyperactive. Observe the patient. If asleep, attempt to wake with speech or gentle touch on shoulder. Ask the patient to state their name and address to assist rating.

Normal (fully alert, but not agitated, throughout assessment)	0
Mild sleepiness for <10 seconds after waking, then normal	0
Clearly abnormal	4

[2] AMT4

Age, date of birth, place (name of the hospital or building), current year.

No mistakes	0
1 mistake	1
2 or more mistakes/untestable	2

[3] ATTENTION

Ask the patient: "Please tell me the months of the year in backwards order, starting at December." To assist initial understanding one prompt of "what is the month before December?" is permitted.

Months of the year backwards	Achieves 7 months or more correctly	0
	Starts but scores <7 months / refuses to start	1
	Untestable (cannot start because unwell, drowsy, inattentive)	2

[4] ACUTE CHANGE OR FLUCTUATING COURSE

Evidence of significant change or fluctuation in: alertness, cognition, other mental function (eg. paranoia, hallucinations) arising over the last 2 weeks and still evident in last 24hrs

No	0
Yes	4

4 or above: possible delirium +/- cognitive impairment
1-3: possible cognitive impairment
0: delirium or severe cognitive impairment unlikely (but delirium still possible if [4] information incomplete)

4AT SCORE ☐

GUIDANCE NOTES Version 1.2. Information and download: **www.the4AT.com**

The 4AT is a screening instrument designed for rapid initial assessment of delirium and cognitive impairment. A score of 4 or more *suggests* delirium but is not diagnostic: more detailed assessment of mental status may be required to reach a diagnosis. A score of 1-3 suggests cognitive impairment and more detailed cognitive testing and informant history-taking are required. A score of 0 does not definitively exclude delirium or cognitive impairment: more detailed testing may be required depending on the clinical context. Items 1-3 are rated *solely on observation of the patient at the time of assessment.* Item 4 requires information from one or more source(s), eg. your own knowledge of the patient, other staff who know the patient (eg. ward nurses), GP letter, case notes, carers. The tester should take account of communication difficulties (hearing impairment, dysphasia, lack of common language) when carrying out the test and interpreting the score.

Alertness: Altered level of alertness is very likely to be delirium in general hospital settings. If the patient shows significant altered alertness during the bedside assessment, score 4 for this item. **AMT4 (Abbreviated Mental Test - 4):** This score can be extracted from items in the AMT10 if the latter is done immediately before. **Acute Change or Fluctuating Course:** Fluctuation can occur without delirium in some cases of dementia, but marked fluctuation usually indicates delirium. To help elicit any hallucinations and/or paranoid thoughts ask the patient questions such as, "Are you concerned about anything going on here?"; "Do you feel frightened by anything or anyone?"; "Have you been seeing or hearing anything unusual?"

Results of First Audit Cycle

The first data collection indicated that many of the referrals received did not require Specialist Psychiatry Input while in hospital. 50% of patients referred to us between 11th July 2019 and 11th October 2019 had a delirium, usually as a result of an underlying medical condition, often that for which they were admitted to hospital. Some referred inpatients were already under the care of the POLL team and were stable from a mental health perspective. Often there was no reason for referral stated. There appeared to be a poor understanding of the role of a consultation-liaison POLL service. Also, relevant medical details were not being provided.

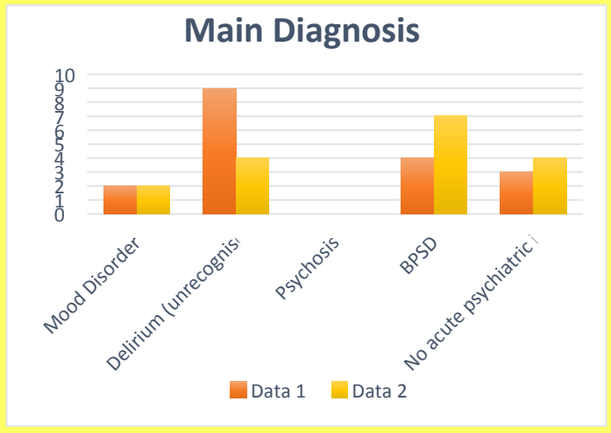
Objectives

Based on first data collection, deficiencies in the referral system were noted and this resulted in the following objectives:

- To define and communicate to medical teams the criteria for accepting referrals.
- To define criteria for assessing inpatients in person as opposed to phone assessments.
- To redesign the POLL referral form. Vital information that would enable POLL to progress a referral was regularly being omitted.
- To liaise with medical colleagues to explain changes to referral process
- To provide guidance to Junior staff regarding the recognition and treatment of delirium.

Intervention

- A letter was sent to all medical consultants which gave details of the referral criteria and why the C-L Psychiatric service was being updated.
- A new referral form was designed and piloted. Since so many referrals for undiagnosed delirium were received, a delirium screening tool, the 4AT was printed on the reverse side of the referral form. The referring doctor was encouraged to rule out delirium prior to referring the patient.
- POLL were invited by the Medical Clinical Director to address the new medical doctors on Induction Day to launch the new referral form. National Delirium guidelines were made available in August 2020 and were circulated.
- At end of October 2020, when the new referral form had been in operation for over three months, feedback was sought from those using the form to refer patients. Minor alterations were made to the referral form to make it more user-friendly.
- Referring doctors were encouraged to email referrals directly to the POLL service using a new HSE POLL email address.



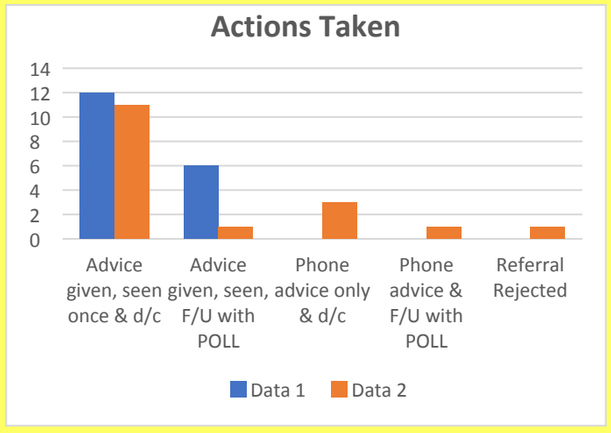


Table 1. Results

	Data Collection 1 N=18	Data Collection 2 N=17
New patient, Re-referral or Re-referral and currently open to POLL team?	New patient 12 Re-referral Closed 4 Re-referral Open to POLL 2	New patient 11 Re-referral Closed 4 Re-referral Open to POLL 2
New form used	N/A	8 new form 6 St Joseph's (letter) 3 old form
Reason for Referral (>1) : • **Diagnosis** • **Management advice** • **Behavioural issue** • **No reason stated** • **Other**	 8 8 8 1 3	 7 5 9 5 2
MENTAL STATE Examination results provided	0	7
MMSE or information on cognitive ability provided.	0	3
Relevant medical details included	0	7
Delirium screening in evidence or 4AT score supplied	0	6
Treatment to date stated	2	1
Urgency was stated	0	3
Was seen in person (versus consult by phone only.	In person:18 (100%)	In person:12 (70%)

Re-Audit and Conclusion

Audit of the Consultation-liaison service to older inpatients in our hospitals suggested underreporting of depressive illness. Our referrals for low mood were below documented expected levels.

Although numbers were small, the audit suggested that a better referral form helped bring awareness of delirium when making a referral. The presence of delirium, a medical diagnosis, carries serious implications for the recovery of the patient. Recognition of delirium is essential. Our campaign of improving the referral form to get better patient information, speaking directly to new doctors and making delirium screening using the 4AT prior to referral a requirement, have shown positive effects.

Improvement in the quality of information supplied in referrals was gradual and acceptance of the new referral form was not instant. The old form has now been gradually phased out.

Some requests for POLL input were able to be managed by providing management advice over the phone. This was facilitated by the improved quality of the information supplied on the new referral form. During the pandemic, particularly in the early days before vaccination was available, unnecessary visits to medical wards were avoided.

References Available on Request. Permission to audit and present findings obtained from ECD Dr. J O'Mahoney