



HA Convention 2014

An evaluation study on the effectiveness of the new service delivery mode of psychiatric consultation liaison nursing for AED & EM patients in a regional acute general hospital



Background

- **Demand** on prompt psychiatric input in AED & EM ward but **supply** of psychiatrist is limited
- The **project** “Enhancement of Psychiatric Consultation Liaison (CL) Service for AED & EM patients” in Aug 2008
 - 2 experienced **APNs (Psy)** to CL team
 - **Overseas specialty training** in Australia in Apr & Oct 2008
 - Autonomy to perform **independent consultation** upon case assignment by psychiatrist i/c
 - After 3-year implementation → a **comprehensive review** to testify whether CL nurses are effective to perform psychiatric consultation for AED & EM patients

Methodology

- Aim
 - To evaluate the *effectiveness* (**productivity & timeliness**) of CL nurses to perform psychiatric consultation for AED & EM patients
- Retrospective study design
 - The psychiatric consultation notes in the **3rd quarter of 2011** were retrieved
 - The year 2011 **internal audit report** on the compliance rate on response time for consultation & **staff duty lists** were used
- Data Collection
 - A newly devised **data collection sheet** was used
- Data Analysis
 - **Descriptive statistics:** means & percentages
 - **Inferential statistics:** Chi Square Tests & Independent T-tests

Results

- **Productivity** (No. of AED/EM cases per half-day session)
 - CL nurses: $320/217 = \underline{1.47}$; CL psychiatrists: $724/371 = \underline{1.95}$
- **Timeliness** (Response time to referral)
 - CL nurses: 0.81 hour; CL psychiatrists: 0.74 hour
- **Statistically significant difference** between CL nurses/psychiatrists
 - CL nurses took a higher proportion of cases

AED consultation (28.1% vs 22.1%)	new assessment (83.8% vs 48.2%)
emotional problem (<u>22.5%</u> vs 20.3%),	alcohol/ drug problem (<u>10.0%</u> vs 3.3%)
suicidal behavior (<u>23.8%</u> vs 12.2%)	substance-related disorder (<u>23.3%</u> vs 10.1%)
schizophrenic spectrum disorder (<u>30.6%</u> vs 25.7%)	neurotic/ stress-related disorder (<u>12.1%</u> vs 10.3%)
no psychiatric diagnosis (<u>27.5%</u> vs 8.7%)	discharge without psy FU (<u>12.2%</u> vs 5.7%)
psychiatric admission (<u>18.8%</u> vs 13.7%)	younger age (<u>44</u> vs 52)
less suggested intervention (<u>1.4</u> vs 2.2)	shorter length of stay (<u>0.9</u> day vs 1.4 day)

Discussion

- **Comparably productive** with psychiatrists
 - spent some time on liaison & administrative work
- **Comparably timely** with psychiatrists
 - took longer time in case formulation
- More cases with **emotional disturbance & suicidal behaviors**
 - proficient to offer supportive counselling & psychological interventions
- More cases with **substance problems or psychotic disorders**
 - competent to make suggestion for psychiatric admission
- More cases with **younger age, no psychiatric diagnosis, less suggested intervention, discharge without psychiatric FU & shorter length of stay**
 - specialized to handle transient psychological & emotional disturbance
- Referred 95 out of 320 (29.7%) cases to psychiatrists
 - able to **independently handle > 70%** cases with **less reassessment**

Limitations

- Limited outcome measures, not a prospective/ longitudinal study

Conclusion

- The new CL nursing are effective (**productive & timely**) to
 - spare psychiatrists' time to deal with complicated cases
 - reduce patients' & referrers' waiting time for urgent consultation
 - increase screening rate of potential cases of psychiatric admission
 - refer patients to appropriate specialties, organizations or agencies
- Competent to perform consultation to **certain types** of cases
 - emotional problems with or without suicidal behavior, common mental disorders, substance-related disorders & acute onset/ relapse of psychosis
- **Unique** role to handle transient emotional/ psychological disturbance
 - **specialized** to offer counselling & psychological interventions (MI, CBT)
- Time to set up **post-CL FU clinic** for those under category 2 or 3 with longer waiting time for the 1st psychiatric OPD appointment