



Service Priorities and Programmes
Electronic Presentations

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Consultation-Liaison Service in a Regional Hospital in Hong Kong

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Introduction

There is emerging need for the extension of Consultation-Liaison (CL) psychiatric services being provided to both the Accident and Emergency Department (AED) and general wards of Tseung Kwan O Hospital (TKOH).

Objectives

In order to facilitate a better planning, it is worthwhile to review the current service demand, in particular, the nature of the referrals received.

Methodology

A database of the CL psychiatric service in TKOH was established since 1st July 2012. All records of TKOH psychiatric consultations from 1st July 2012 to 30th June 2013 were extracted from the database and the patients' demographic data, source and reason of referral, past psychiatric and suicidal histories, current suicidal attempt, psychiatric diagnoses, psychiatric outcome, as well as waiting time were analyzed accordingly.

Result

1392 psychiatric consultations were seen where 82.1% were attended to within the same working day when the referral was received and 98.9% were attended to by the end of the next working day. The commonest reason of consultation were unstable emotion followed by suicidal/deliberate self-harm and aggression. There were 246 consultations with actual suicidal attempt. Drug overdose was the commonest method used. In TKOH, a majority of the drug overdose cases were admitted to the medical ward. For other general hospitals, these cases would usually be managed in the emergency medical ward (EMW) under the AED. In most local hospitals, CL psychiatric services is generally not available for general wards during weekends and public holidays unless for very urgent cases. However, such coverage is available for EMW in most centers. Patients with psychiatric problems or suicidal attempts presenting to AED would be arranged to stay in EMW if needed for organic workup. If such patients could be arranged to stay in EMW of TKOH instead of being admitted to the general wards, enhancement of CL psychiatric services with focus in support to EMW could help to reduce the admission rate to medical wards and the length of stay of these patients. Management of suicidal attempters and provision of risk assessment would continue to be the major task of CL psychiatrist and nurses. A

readily available on-site CL psychiatric service is an essential component of acute general hospitals.