



Measuring Quality Standards for a Consultation Liaison Psychiatry Service in a Chilean Teaching Hospital

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BACKGROUND

- There is an increased interest in developing Quality Standards for Consultation Liaison Psychiatry Services (CLP)(1-4).
- In recent years, different tools and indicators have been developed to assess quality in CLP services, but to date, there are no structured measurement tools or standard globalized strategies.

RESULTS

- Table 1 resumes the main results of our study.
- We observed positive changes in time of response (ToR) after introducing ETR, sustained even after the PCL initiative stopped.
- We were able to measure staff workload and flexible hours at disposal of the CLP upon demand by using the "staffing workload index" (SWI), which reflects the number of hours needed to respond one referral. SWI was ~1 during PCL increasing ~50% after PCL stopped.
- We observed that SWI had a -0.17 correlation with the % of accomplished ToR <24 hours, and a correlation of 0.48 between %ToR<24 hrs & staffing hours.

METHODS

- **Aim:** To measure the impact of introducing an electronic triage referral system (ETR) and a proactive CLP model (PCL) during the COVID-19 pandemic peak of cases by establishing key performance indicators (KPI).
- **Design:** Observational exploratory study, conducted at the Hospital Clínico Red Salud UC Christus, a teaching Hospital ~400 beds, located in Santiago, Chile. ETR was introduced in May 2020, and PCL from May to August 2020.
- **Data:** CLP Service discharged records, from January 2019 to September 2021. Electronic referral introduced on May 2020.
- **Ethics:** approved by the Pontificia Universidad Católica Ethical Review Board.

CONCLUSIONS

- The ETR and PCL initiatives had an impact in our service, as observed in ToR and SWI.
- Our CLP service has been able to adapt to service demands, by increasing staffing available working hours when needed.
- Since the inclusion of our ETR electronic system, our CLP has been able to reduce ToR.
- Still remains a challenge for our service to introduce qualitative parameters of service user satisfaction in a 360° fashion to integrate patients, family, referrers and CLP staff.
- Trials to assess the efficacy of introducing complex interventions such as ETR, PCL and KPI surveillance are needed.

Table 1: Overall Service Description and Service 2019-2021 Key Performance Indicators

Item	2019 n (SD)	2020 n (SD)	2021 n (SD)
NoR			
Annual	586	747	623
NoR (Month Avg)	47,8 (8,3)	62,3 (28,1)	69, 2 (8,7)
NoA			
Annual	1904	2720	2579
Monthly	158,7 (34,6)	226,7 (131,4)	286,6 (78,6)
3MP during pandemic PCL	-	387,7 (136,6)	-
3MP after pandemia proactive PCL	-	225,7 (35,5)	-
% ToR			
< 24 hours	51,40%	69,90%	71,30%
< 48 hours	87,80%	96,90%	96,60%
triaged "urgent" by referrer < 24 hours	-	86,90%	87,20%
3MP <24 hrs during PCL	-	80,45%	-
3MP < 24 hrs after PCL	-	55,66%	-
Most frequent service referrer	Internal Medicine (45,7%) Internal Medicine (59%) Internal Medicine (63,1%)		
Most frequent diagnosis	Delirium (22,1%) Delirium (25,2%) Delirium (30,3%)		
LOS (Avg)	21,6 (3,74) 27,5 (10,2) 24 (6,3)		
TTR (Avg)	N.A 10,5 (2,8) 10,8 (3,1)		
Hours of operation	44 hrs per week 44 hrs per week 44 hrs per week		
Staffing			
Hours per week	50 (0)	69,8 (16)	70,5 (12,7)
min-max	50-50	58-94	50-88
oSWI	1,32	1,57	1,09
3MP oSWI hrs during PCL	-	1,05	-
3MP oSWI hrs after PCL	-	1,42	-
aSWI	1,06	1,46	1

NoR: Number of Referrals. NoA: Number of Assessments. ToR: Time of Response. TTR: Time to Referral. LOS: Length of Stay. 3MP: Month period. oSWI: Overall Available Staffing/Workload index. aSWI: Academic Staffing/Workload index PCL: Proactive Consultation Liaison Model, Implemented during pandemic peak cases



TAKE HOME MESSAGES

1. Constant surveillance of locally developed KPIs may help clinicians to understand service structure, governance, workload capacity and quality of service across time.
2. An SWI ~ 1 emerges as an attractive target that should be carefully interpreted.

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