



# Improving Outcome Measurement in Liaison Mental Health Care

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# Topics

What is liaison psychiatry

Challenges with outcome measurement

The Framework for Routine Outcome  
Measurement in Liaison Psychiatry

Ideas for implementation

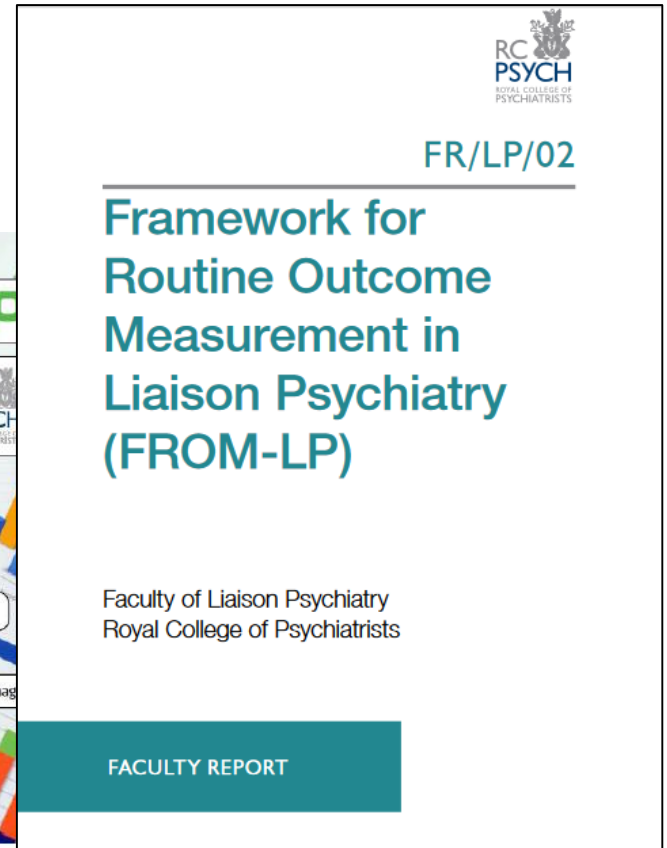
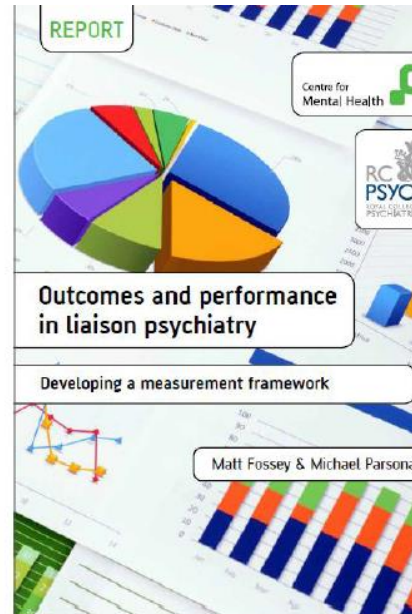
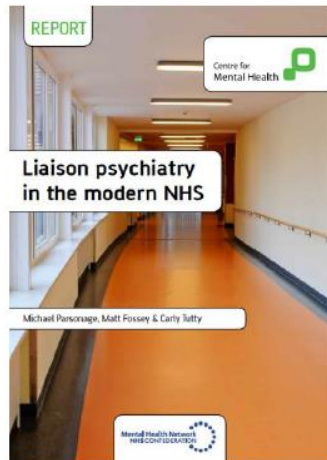
Our experience

# **Liaison Psychiatry**

**A mental health subspecialty concentrating on the mental health needs of people with physical conditions, usually in the medical setting**

- Complex medical conditions with psychiatric symptoms
- Co-occurring psychiatric and medical conditions
- Harmful drug or alcohol use & its complications
- Medically unexplained physical symptoms
- Distress due to medical conditions
- Suicide or self-harm
- Dementia, learning disability etc.
- Much wider scope than crisis work

# Guidance on Outcomes





# Measurement Problems

Different activities

Different environments

Different clinical problems

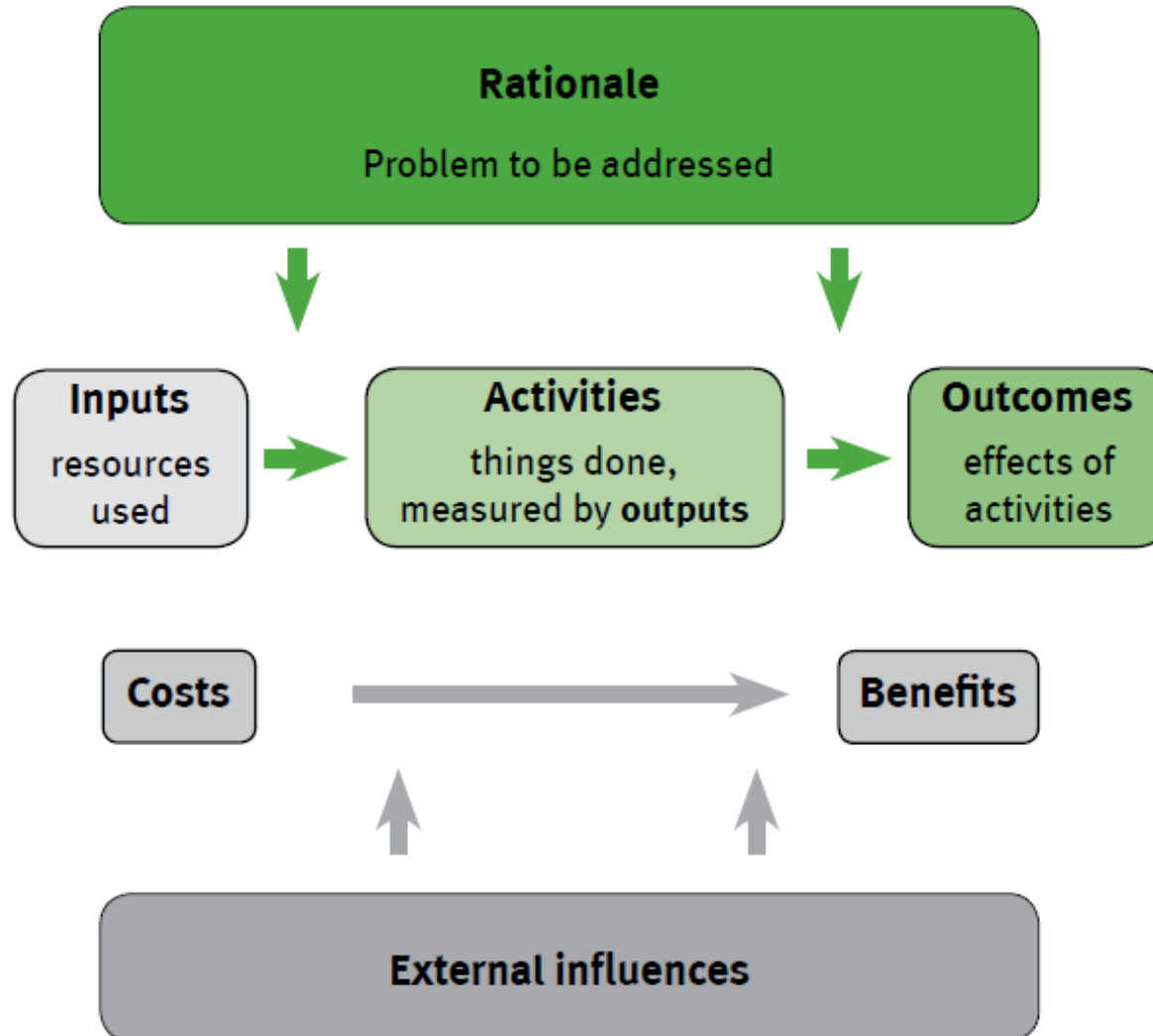
Short duration of contact

Attribution

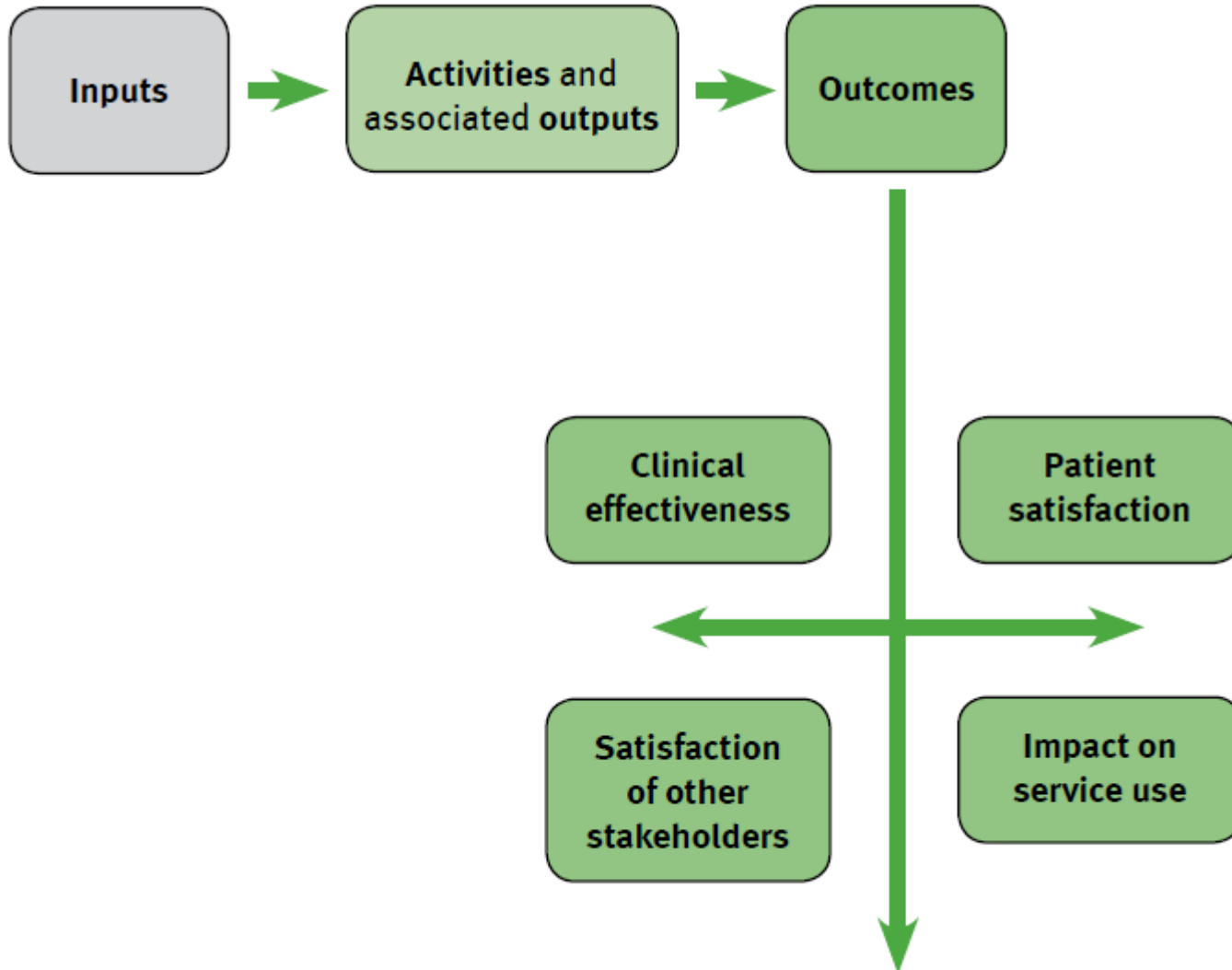
Wide variations in service models & resources

Data access & quality

# The Logic Model



# Balanced Scorecard Approach





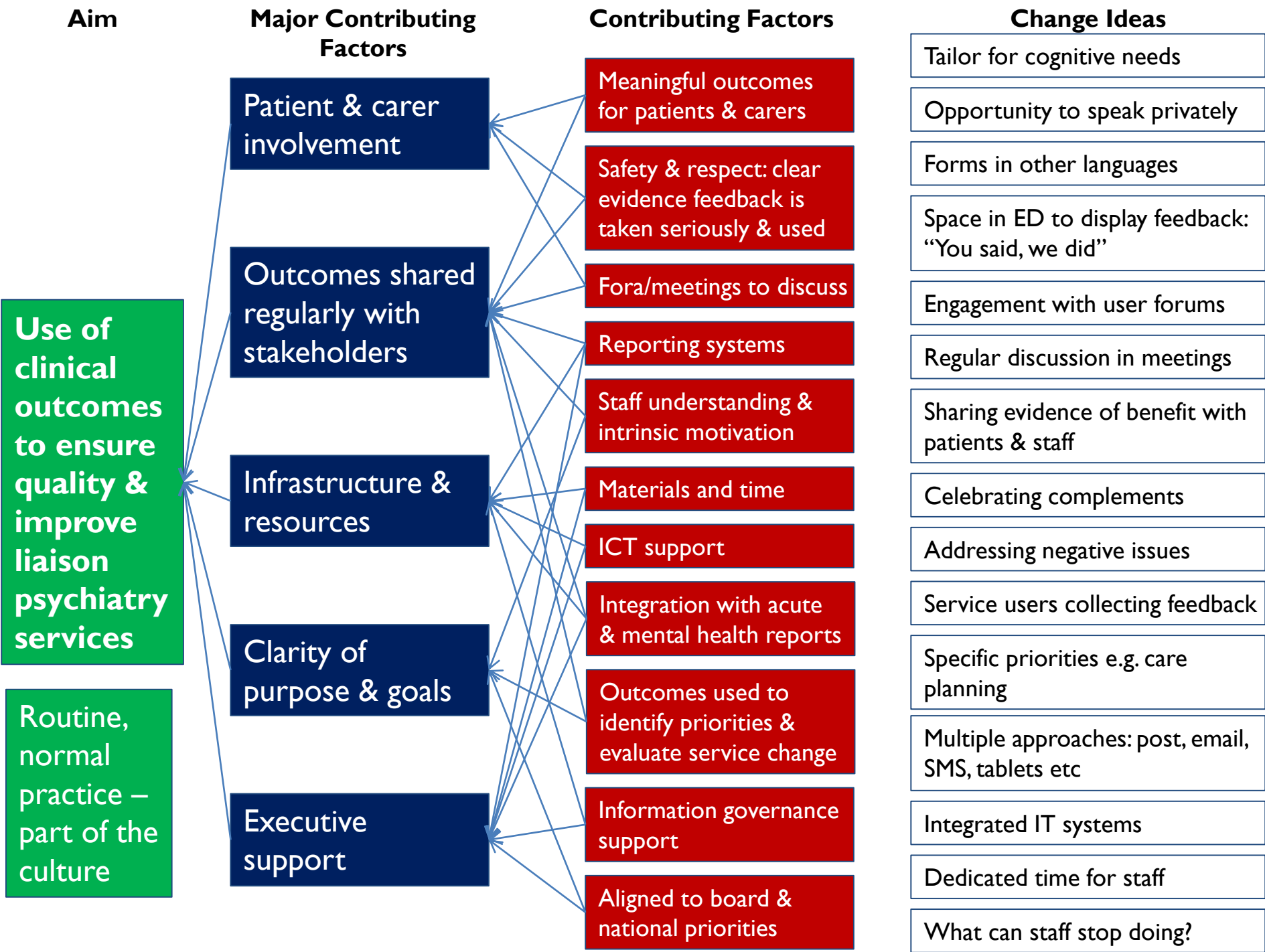
# The Framework for Routine Outcome Measurement in Liaison Psychiatry

1  
2  
3  
4

	CASE TYPE	
MEASUREMENT		
	SINGLE CONTACT	SERIES OF CONTACTS
PROCESS:	1) Response time 2) IRAC	1) Response/waiting time 2) IRAC
OUTCOMES (clinician-rated)	3) CGI-I	3) CGI-I (at beginning and end of series of contacts)
OUTCOMES (patient-rated)		4) CORE-10 (at beginning and end of series of contacts)
PATIENT SATISFACTION	4) Patient satisfaction scale 5) Friends and family test	5) Patient satisfaction scale 6) Friends and family test
REFERRER SATISFACTION	6) Referrer satisfaction scale (as a regular survey if frequent referrers)	7) Referrer satisfaction scale (as a regular survey if frequent referrers)

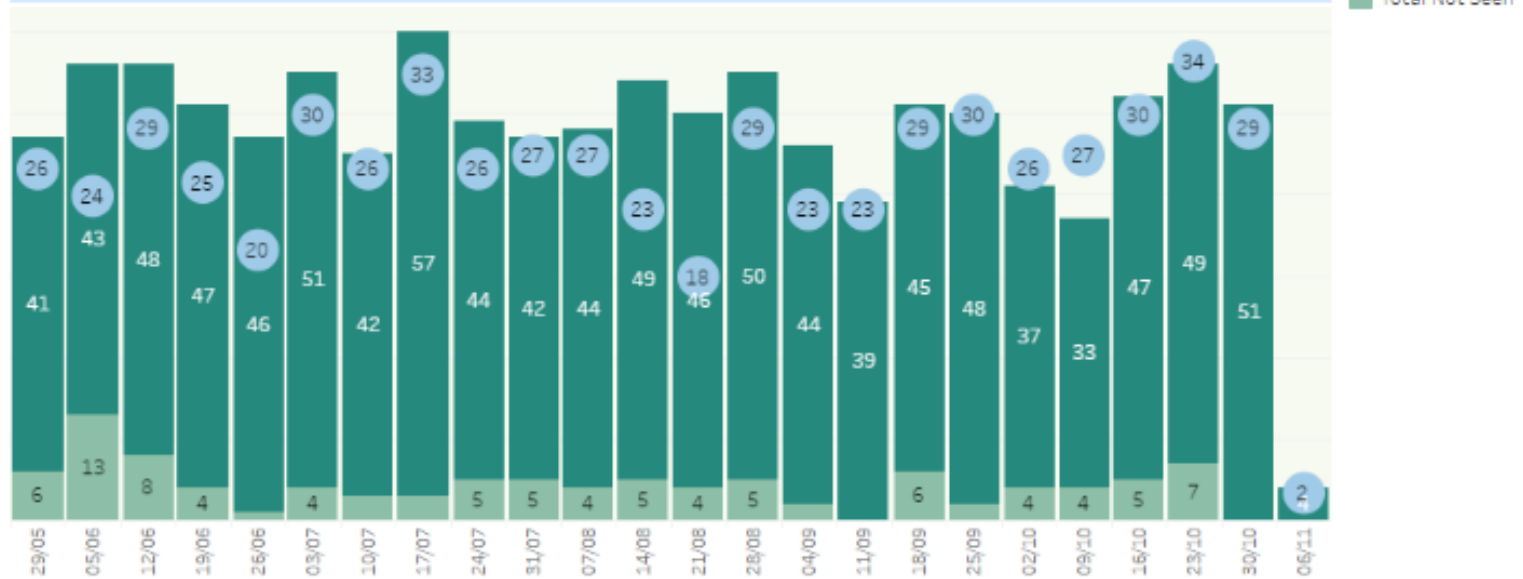
RCPsych  
FR/LP/02  
May 2015



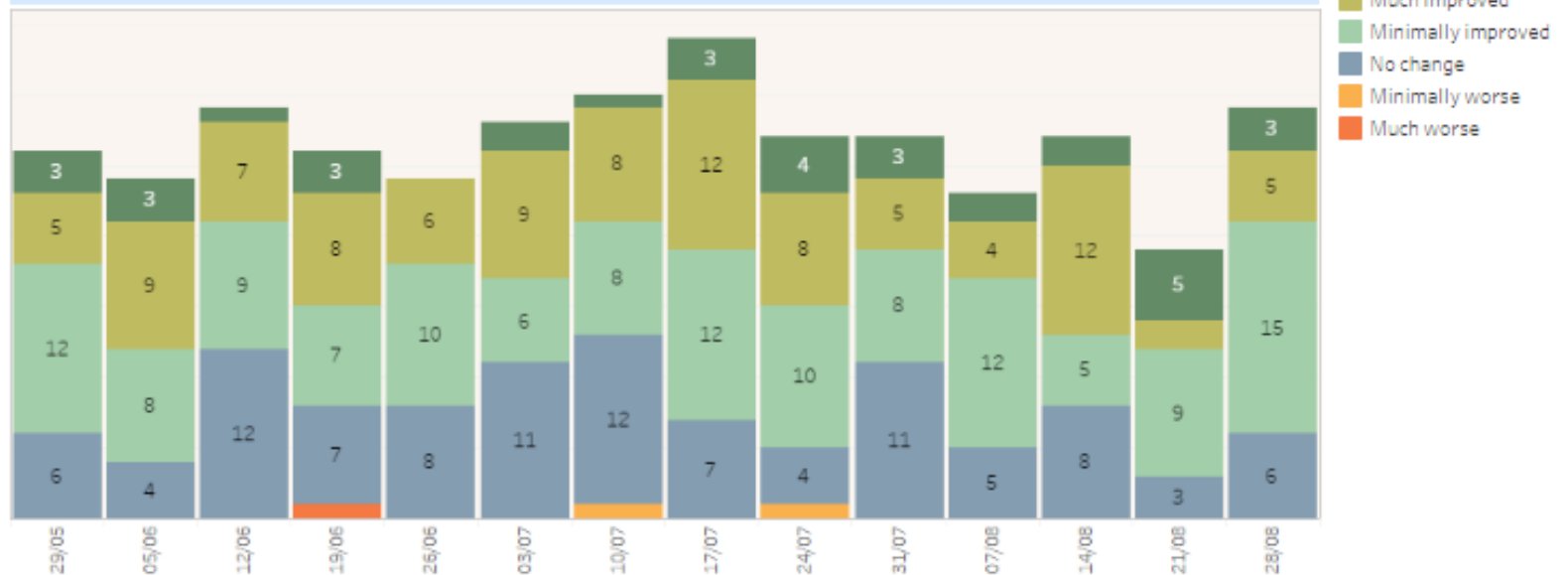


Team Name: Harr PayM - Liaison Psychiatry NPH Referral Date: Last 24 weeks

### Emergency Referrals & Outcomes vs Finalised FROM-LP assessment forms



### Emergency Clinical Global Impression - Improvement: Condition between episode start and date of assessment





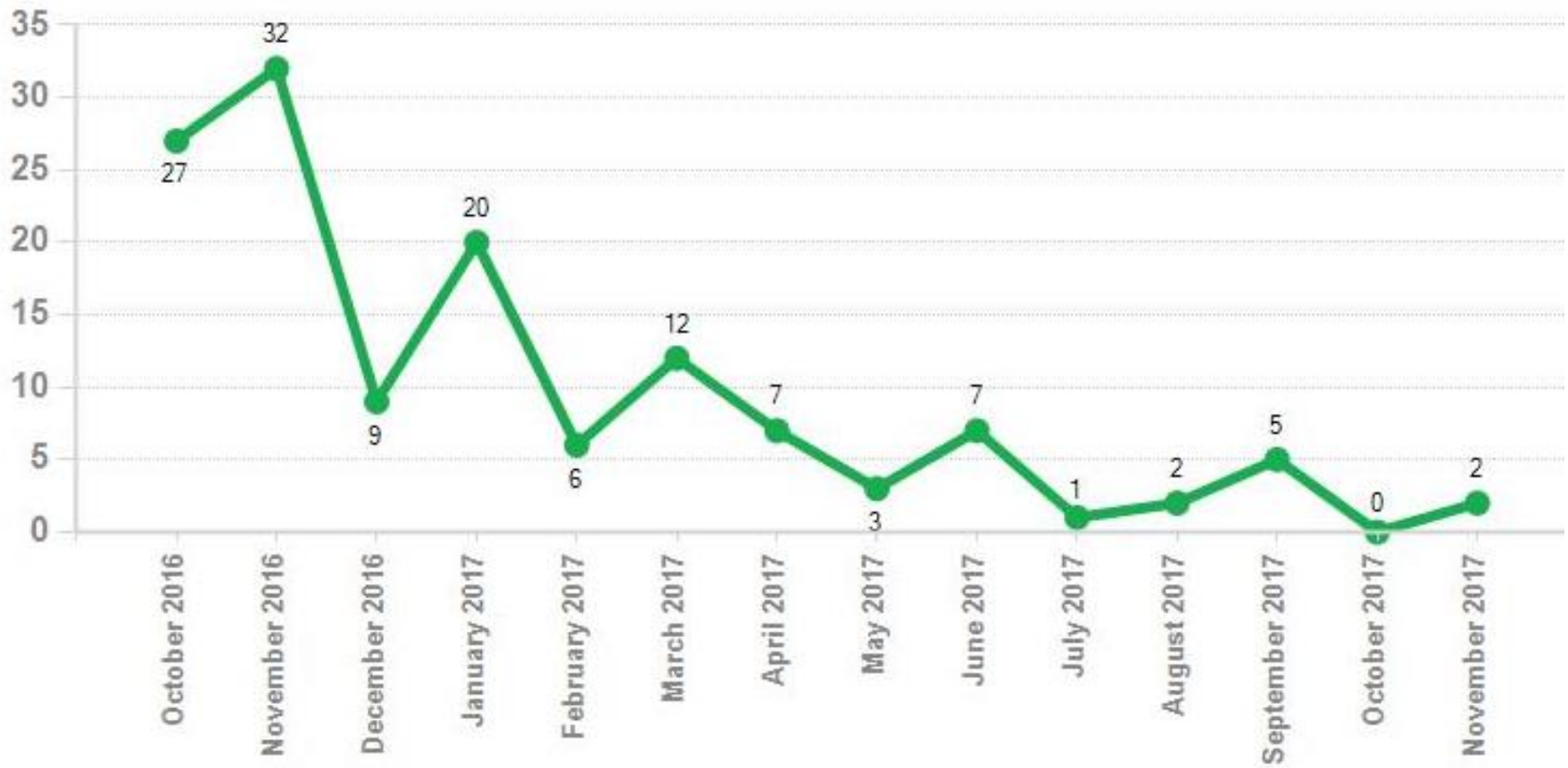


# Friends & Family Test Scores





# FFT Completion Rates



# FFT Comments

## **What is the main reason for your answer?**

Very good at listening to me.  
Understood my problems. I felt comfortable talking to her.  
The staff were very caring  
Everyone cared for my needs.  
Friendly. This is the best service.  
Excellent staff  
Was treated very well  
Some helpful ! Some very unhelpful members of staff  
Because they are nice  
Everyone I have come into contact with during my time at this hospital has been very kind and helpful

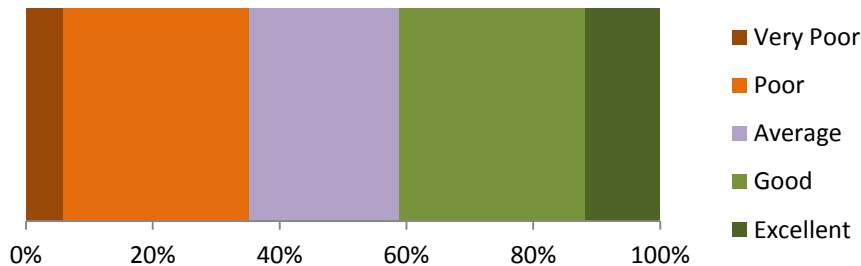
## **What could we do better?**

### **Any other comments?**

More help and advice no care plan  
Martine helped me and I feel it's the first time anyone has really listened and helped me properly. She is really good at listening.  
Therapy was fantastic  
Ray and all staff were great!!  
Thanks  
Some staff come across as patiently and talk to me like in a child

# Referrer Feedback

How would you rate the service received?



## What is good?

- Speedy response/ prompt service
- Good plans/ Sensible, dependable advice
- Comprehensive assessment
- Happy to be involved in complex patients even when not deemed medically fit
- Excellent alcohol liaison service

## What could be improved?

- Speedier response
- Waiting time for senior / consultant reviews
- To include psychology
- “We do not have capacity to observe delirium until it resolves”
- Integrating notes
- Provide liaison psychiatry in rehab units



# Reflections

This is a lot of work and takes time!

Executive & board support is crucial

There is a lot of information

Hard to share effectively with clinical team

Make time by stopping unnecessary forms

How to report free text 'outcomes'

We're starting to make changes and test their effect