Mental Health in General Hospitals

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

QB: LIAISON PSYCHIATRY QUESTIONNAIRE

CONFIDENTIAL

DETAILS OF THE CLINICIAN COMPLETING THIS QUESTIONNAIRE

Grade: _____ **Specialty:** _____

What is this study about?

The aim of the study is to explore the overall quality of mental health and physical health care provided to patients with a significant mental health condition (listed in study population criteria) who are admitted to a general hospital during the study timeframe.

Please note that for each patient in the study, in addition to the data collected from this questionnaire, data will be collected from the general hospital discharging consultant. If you would like to view general hospital clinician questionnaire for information, it is available on our website: www.ncepod.org.uk

Patients aged 18 years or older are included in the study if they were admitted to an acute (general) hospital between 13/10/14 – 13/11/14 and:

1) Were detained under the mental health act OR
2) Coded for one or more of the listed mental health conditions provided (see NCEPOD website for details)

Exclusions

1) Pregnant women up to 1 year post partum
2) Elective day cases

CPD accreditation:

Consultants who complete NCEPOD questionnaires make a valuable contribution to the investigation of patient care. It also provides an opportunity for consultants to review their clinical management and undertake a period of personal reflection. These activities have a continuing medical and professional development value for individual consultants. Consequently, NCEPOD recommends that consultants who complete NCEPOD questionnaires keep a record of this activity which can be included as evidence of internal/self directed Continuous Professional Development in their appraisal portfolio.

How to complete the form:

Information will be collected using two methods; box cross and free text, where your opinion will be requested.

This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with either block capitals or a bold cross inside the boxes provided e.g:-

Were there subsequent reviews by the Liaison Psychiatry team?

☒ Yes ☐ No

If you make a mistake, please "black-out" the incorrect box and re-enter the correct information, e.g.

■ Yes ☒ No

N.B. If this patient was not seen by a Liaison Psychiatrist during this admission, you do not need to complete the entire form. Please see question 1 and comment if you wish too.

Questions or help?

If you have any queries about this study or this questionnaire, please contact

mentalhealth@ncepod.org.uk

Or telephone: 020 7251 9060

Thank you for taking the time to complete this questionnaire. The findings of the study will be published in winter 2016.

If you (the clinician completing the questionnaire) would like email confirmation of the completion of this questionnaire for your records, please clearly supply your email address below.

NCEPOD number: ☐☐☐☐☐☐

3 668415 551325

A. CASE SUMMARY

1a. If the patient was not referred to liaison psychiatry during this hospital admission, in your opinion should they have been referred? ☐ Yes ☐ No ☐ Unknown ☐ N/A

1b. If YES, please give details:

N.B. if the patient was not referred to Liaison Psychiatry you do not need to answer any further questions.

2. Please use the box below to provide a brief summary of this case, adding any additional comments or information you feel relevant. You may continue on the back page of this form or write or type on a separate sheet:

B. PATIENT DETAILS

3a. Age (on day 1 of hospital admission): ☐☐☐ years

3b. Gender ☐ Male ☐ Female

4. Please provide the primary medical reason for the admission to hopsital:

5a. Was the patient's mental health condition(s) documented on admission to hospital? ☐ Yes ☐ No ☐ Unknown

5b. If YES to 5a, what mental health condition(s) was documented?

5c. If YES to 5a, who documented it in the notes?

C. CURRENT EPISODE- MODE OF ADMISSION TO THIS GENERAL HOSPITAL

6. How did the patient present at this hospital? (please mark all that apply)

☐ Following outpatients appointment /telephone consultation ☐ GP referral ☐ Unknown

☐ Inter-hospital transfer ☐ Via the Emergency Department ☐ Other (please state):

7a. If admitted via GP referral, in your opinion were there any delays in the referral relating to the patient's mental health condition(s)? ☐ Yes ☐ No ☐ Unknown ☐ N/A

7b. If YES, please give details?

8a. If transferred from a mental health inpatient unit, in your opinion were there any delays in the referral? ☐ Yes ☐ No ☐ Unknown ☐ N/A

8b. If YES, in your opinion, was this due to a delay in diagnosing the patient's physical health condition in the mental health inpatient unit? ☐ Yes ☐ No ☐ Unknown

8c. If YES to 8b, please give details:

9a. If transferred from (any) hospital, were there any delays in the transfer that related to the mental health condition? ☐ Yes ☐ No ☐ Unknown ☐ N/A

10. If admitted to this hospital via the ED, was the mental health condition noted at this time? ☐ Yes ☐ No ☐ Unknown ☐ N/A

11a. Did the patient receive any psychiatric input whilst in the ED? ☐ Yes ☐ No ☐ Unknown ☐ N/A

11b. If YES to11a , was this: ☐ A full psychosocial assessment ☐ An interim risk assessment

☐ Other (please state)

11c. If YES to 11a, please give details:

11d. If NO to 11a, why was there no psychiatric input in the ED?

☐ The patient did not meet local criteria to be referred to the liaison psychiatry team ☐ The ED clinician/s did not consider that it was required

☐ Other reason (please state)

11e. If NO to 11a, in your opinion, should there have been input from liaison psychiatry in the ED? ☐ Yes ☐ No ☐ Unknown

D. ADMISSION TO THE HOSPITAL WARD

12a. Was the patient admitted to a clinically appropriate location? ☐ Yes ☐ No ☐ Unknown

12b. If NO to 12a, was the patient's mental health condition the reason for admitting to this location? ☐ Yes ☐ No ☐ Unknown

12c. If YES to 12b, please provide details:

13a. Was there a delay in admission to the ward relating to the patient's mental health condition? ☐ Yes ☐ No ☐ Unknown

13b. If YES, please give details?

14. Was the patient admitted to hospital with a list of medications for their mental health condition? ☐ Yes ☐ No ☐ Not applicable ☐ Unknown

15a. Was any mental health legislation used at this time? ☐ Yes ☐ No ☐ Unknown

15b. If YES, please give details (including which section of the Mental Health Act (if applicable)

15c. If YES to 15a, was this: ☐ In the emergency department at this hospital ☐ Transferred with mental health legislation from another hospital

☐ Other (please state)

16. Please complete the table below with respect to the initial assessment (clerking) on the ward, the first clinical review (any doctor) and first consultant review (NON-PSYCHIATRY).

	i) Initial assessment on the ward (clerking doctor) *NB: ID = insufficient data available to comment*	**ii) First clinical review following admission**	**iii) First consultant review following admission** ☐ **Not applicable- no recorded review by a consultant**
16a. i. Was the patient's mental health condition recorded?	☐ Yes ☐ No ☐ ID ☐ Not applicable	☐ Yes ☐ No ☐ ID ☐ Not applicable	☐ Yes ☐ No ☐ ID ☐ Not applicable
ii. If YES, please give details:			
16b. i. Were any mental health risks noted?	☐ Yes ☐ No ☐ ID ☐ Not applicable	☐ Yes ☐ No ☐ ID ☐ Not applicable	☐ Yes ☐ No ☐ ID ☐ Not applicable
ii. If YES, please give details			
16c. i. Was a referral made to the liaison psychiatry team at this time?	☐ Yes ☐ No ☐ ID ☐ Not applicable	☐ Yes ☐ No ☐ ID ☐ Not applicable	☐ Yes ☐ No ☐ ID ☐ Not applicable
ii. If NO, why not?	☐ The liaison psychiatry team was not available at this time ☐ The patient did not meet local criteria for referral ☐ The clinician did not consider that it was required ☐ It was not even considered in the documentation ☐ Other please state)	☐ The liaison psychiatry team was not available at this time ☐ The patient did not meet local criteria for referral ☐ The clinician did not consider that it was required ☐ It was not even considered in the documentation ☐ Other please state)	☐ The liaison psychiatry team was not available at this time ☐ The patient did not meet local criteria for referral ☐ The clinician did not consider that it was required ☐ It was not even considered in the documentation ☐ Other please state)

17a. Please state the time and date the referral to liaison psychiatry was first made?

h h m m ☐ Unknown d d m m y y y y ☐ Unknown

17b. Please state the time and date the first assessment by liaison psychiatry was made?

24 hr clock

☐☐ ☐☐ ☐ Unknown ☐☐ ☐☐ 2 0 ☐☐ ☐ Unknown

18a. In your opinion, was there a delay in initial assessment by the liaison psychiatry team?

☐ Yes ☐ No ☐ Not applicable ☐ Unknown

18b. If YES, please give details:

19. Please complete the table with respect to the initial assessment and subsequent review by the liaison psychiatry team

	i) Initial (first) assessment by liaison psychiatry team	ii) First input from consultant liaison psychiatrist (eg. input on decisions by telephone/ advice) ☐ Not applicable- assessment was by a consultant ☐ Not applicable- No input from consultant	iii) First review in person by consultant liaison psychiatrist (if different to ii) ☐ Not applicable- first review/assessement was by a consultant ☐ Not applicable- Never reviewed by a consultant
19a. Date/ time of assessment/ review by liaison psychiatry?	See above (Q17b)	h h m m 24 hr clock d d m m 2 0 y y y y	h h m m 24 hr clock d d m m 2 0 y y y y
19b.	What was included in the assessment/ review by liaison psychiatry:		
i. Mental health risk assessment	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable
ii. Please provide details			
iii. Mental health risk management plan	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable
iv. Please provide details			
v. Capacity assessment	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable
vi. Please provide details			
vii. Deployment of mental health legislation	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable
viii. Please provide details			

Continued overleaf...

19b (continued).

	i) Initial assessment by liaison psychiatry team	ii) First input from consultant liaison psychiatrist (eg. input on decisions by telephone/advice)	iii) First review in person by consultant liaison psychiatrist (if different to ii)
ix.Reconciliation of psychotropic medication	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable
x.Please provide details			
xi. Advice to nursing/ medical staff on ward management	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable
xii.Please provide details			
xiii. Mental health observations plan	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable
xiv.Please provide details			
xv. Inpatient psychiatry review plan. i.e frequency of review etc.	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable
xvi. Please provide details			
xvii. Link with other mental health services	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable
xviii. Please provide details			
xix. De-escalation of challenging situation	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable
xx. Please provide details			

19b (continued).

	i) Initial assessment by liaison psychiatry team	ii) First input from consultant liaison psychiatrist (eg. input on decisions by telephone)	iii) First review (in person) by consultant liaison psychiatrist
xix. Discharge planning	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable
xxii. Please provide details			
xxiii. Other	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable	☐ Yes ☐ Unknown ☐ No ☐ Not applicable
xxiv. Please provide details			

20a. Were there subsequent reviews by liaison psychiatry? ☐ Yes ☐ No

20b. If YES to 20a how many were routine reviews? ☐☐

20c. If YES to 20a, how many reviews were triggered by a problem? ☐☐

20d. In your opinion was there sufficient input from liaison psychiatry? ☐ Yes ☐ No

20e. If NO, why not?

F. CAPACITY AND CONSENT

21a. Was the patient detained under mental health legislation at any time during this admission? ☐ Yes ☐ No ☐ Unknown

21b. If YES, please give details:

21c. If YES, which date? d d ☐☐ m m ☐☐ y y y y 2 0 ☐☐ ☐ Unknown

21d. If YES to Q21a, were there any errors in this process? ☐ Yes ☐ No ☐ Unknown

21e. If YES, please give details:

22a. Was any mental capacity legislation deployed at any time during this admission? ☐ Yes ☐ No ☐ Unknown

22b. If YES, please give details

22c. If YES to 22a, were there any errors in this process? ☐ Yes ☐ No ☐ Unknown

22d. If YES, please give details

23a. Was the patient's capacity assessed during this admission for any reason? ☐ Yes ☐ No

23b. If YES, please state the time/date/ reason capacity was assessed during this admission:

Who made the assessment?	Time:	Date:	Reason
☐ Treating general hospital team	☐☐☐☐	☐☐☐☐ 20☐☐	☐ Wishing to leave against medical advice
☐ Treating liaison psychiatry team	☐☐☐☐	☐☐☐☐ 20☐☐	☐ Refusing investigation
☐ Jointly by both teams	☐☐☐☐	☐☐☐☐ 20☐☐	☐ Refusing treatment
☐ Other (please state):	☐☐☐☐	☐☐☐☐ 20☐☐	☐ Refusing nutrition/hydration
	☐☐☐☐	☐☐☐☐ 20☐☐	☐ Other reason (please state):

23c. In your opinion were there any issues with the quality of the assessement of the patient's capacity during this admission? ☐ Yes ☐ No

23d. If YES, please give details:

24a. In the case note record, are there any important or noticeable gaps (eg where the patient has refused):

☐ physiological observations ☐ nutrition ☐ hydration ☐ treatment ☐ other (please state)

24b. If noted any of the above, was the liaison psychiatry team involved? ☐ Yes ☐ No

24c. Please provide further details including how this was managed and the outcome:

G. COMMUNICATION, MANAGEMENT & DECISION MAKING

25a. Did this patient have a patient passport or other note sharing system for patients with mental health conditions? ☐ Yes ☐ No ☐ Unknown

25b. If YES, please provide details:

26a. Was there an MDT meeting to discuss the care of this patient? ☐ Yes ☐ No ☐ Unknown

26b. If YES to 26a, was there representation from Liaison Psychiatry at this meeting? ☐ Yes ☐ No ☐ Unknown

26c. If NO, why was this? ☐ Liaison Psychiatry team not available ☐ Not considered necessary ☐ Not Trust policy for psychiatric Liaison team to attend MDT meeting

☐ Other reason (please state)

27. At any time during the admission, was the patient restrained:(please mark as applicable and give details)

☐ Physically by staff members

☐ Through rapid tranquilisation

28. If the patient was restrained during the admission (through either method) was an incident form completed? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

29a. Did any other incidents occur during the admission (relating to the patient's mental health condition? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

29b. If YES, was Liaison Psychiatry involved? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

29c. If YES to 29a, please give details below of any incidents that occured:

29d. If YES to 29a, was an incident form(s) completed? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

29e. If YES to 28 or 29d, was this for the: ☐ Local mental health Trust ☐ Acute general hospital Trust ☐ Both the acute general hospital Trust and the local mental health Trust

☐ Other (please state) ☐ Unknown

I. ESCALATION

30a. Was the patient considered for critical care (Level 2/3. e.g. HDU/ICU)? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable- not required

30b. If NO, please provide details:

31a. If YES to 30a, were they accepted for critical care (Level 2/3. e.g. HDU/ICU)? ☐ Yes ☐ No ☐ Unknown

31b. If NO, in your opinion, was the patient's mental health condition a contributing factor to the decision? ☐ Yes ☐ No ☐ Unknown

31c. Please provide details:

J. END OF LIFE CARE AND DISCHARGE PLANNING

PATIENTS ALIVE AT DISCHARGE:

32a. Is there evidence of multidisciplinary discharge planning for this patient? ☐ Yes ☐ No ☐ Unknown

32b. If YES, who was involved?

☐ Physiotherapy ☐ Occupational therapy ☐ Rehabilitation nursing ☐ Rehabilitation consultant

☐ Psychology ☐ Liaison psychiatry ☐ Psychiatry ☐ Speech & Language therapy

☐ Other (please state):

33a. In your opinion, is there any room for improvement in the discharge planning for this patient? ☐ Yes ☐ No ☐ Unknown

33b. If YES, please give details:

34a. Is the mental health condition recorded on the discharge summary? ☐ Yes ☐ No ☐ Unknown

34b. Did this patient receive ongoing care under a psychiatrist post discharge? ☐ Yes ☐ No ☐ Unknown

34c. Was the patient's named psychiatrist informed of the admission to general hopsital? ☐ Yes ☐ No ☐ Unknown

34d. Did they receive a copy of the discharge summary? ☐ Yes ☐ No ☐ Unknown

If the patient died during their hospital admission, please complete the following questions

35a. In your opinion did the mental health condition of this patient contribute in any way to their death? ☐ Yes ☐ No ☐ Unknown

35b. If YES, please give details:

36. If there is anything relating to the case that you would like to add, regarding the mental healthcare of this patient during their admission and how it impacted on their general healthcare, please do so here: (please continue overleaf if required).

Many thanks for taking the time to complete this questionnaire

Funding for this study was provided by The Healthcare Quality Improvement Partnership (HQIP) as part of The Clinical Outcome Review Programme into medical and surgical care.

NCEPOD
Ground Floor, Abbey House
74 - 76 St John Street
London
EC1M 4DZ