Abstract Submission for AGHPS

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Poster Title: Implementing a Team Based Model to Address Wait-times for Non-urgent Psychiatric Referrals

Hospital/Organization: London Health Sciences Centre

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Topic: Addressing a wait list crisis and reducing overall wait list times for non-urgent psychiatry referrals during the COVID-19 pandemic through a quality improvement model using a referral reassessment letter, team based model of care and standardization of physician full time equivalent contracts.

Brief description of the issue/challenge: London Health Sciences Centre is a schedule 1 multi-site hospital facility located in London, Ontario, Canada. The General Adult Ambulatory Mental Health Service (GAAMHS) delivers acute psychiatric care for adults 18 to 64 years old through a physician first service delivery model. In the context of sub-optimal physician resources and consequences of the COVID-19 pandemic, a backlog of 812 non-urgent psychiatry referrals accumulated between August 2020 to March 2021 with a predicted 1 year wait period to see a psychiatrist. Additionally, GAAMHS continued to receive high volumes of incoming referrals.

Methodology: This project was implemented by one project management staff with the administrative support of one clerical staff and clinical support of one psychiatrist. A process style Ishikawa diagram was created to identify factors contributing to a backlog of referrals. Based on this process, quality improvement change ideas were applied in Plan-Do-Study-Act cycles. The interventions that were developed and applied included a referral reassessment letter, a team based model of care and standardization of physician contracts with clear expectation of service delivery per full time equivalent (FTE). This project also introduced Research Electronic Data Capture (REDCap), a secure computer program used in clinical care for distribution of electronic questionnaires and data collection.

Discussion (Maximum 250 words): A team based service delivery model with standardized physician contracts appears to be a sustainable model to reduce wait times for non-urgent psychiatric services. This model has led to improved efficiency and enhanced quality of care by providing individualized patient centred care using interdisciplinary assessment skills. The referral reassessment letter improved our insight into the perceptions and needs of primary care physicians resulting in redesign of our referral form. REDCap introduced measurement based care by collecting each patient's baseline scores on clinical standardized assessment tools (SATs) prior to booking them into clinics to provide care team members with improved understanding of patient needs. REDCap will also help us track referral volumes and wait-times.

The detailed documentation of every contact point with referring providers and patients throughout the referral process allowed tracking of referral timelines to identify inefficiencies in time and resources. This process also aided in recognizing the paucity of human resources proportionate to the increase in number of referrals over the years; this has led to addition of 2 more full-time psychiatrist positions in ambulatory care. In the future we plan to explore the impact of the team based model on patient experience with a patient satisfaction questionnaire and expand the team model to include specialized teams. A primary challenge faced during the process of redesigning the service model was instilling an organizational cultural change to transition from a physician first to team based model of care.

Outcome/ Summary: Application of a referral reassessment letter and transition to a team based model of care during the COVID-19 pandemic effectively resolved a crisis of 812 backlogged referrals and reduced the average wait list time from over 12 months to a mean of 5.3 months. This was achieved without any additional project management team resources.The application of the team model of care and standardization of physician FTE contracts increased the average number of new consults seen per FTE non-urgent psychiatrist per week from 2 in 2020 to 5.3 in 2022.