Introduction

- Proactive C-L psychiatry is an evidence-based model designed to systematically screen medically hospitalized patients and identify those who may benefit from earlier behavioral health interventions. This model has been associated with decreased length of hospitalization.1
- The majority of proactive C-L literature has studied models implemented on general medical units.2 Relatively little is known about utilizing this model with surgical services.
- Many trainees do not receive any clinical exposure to proactive C-L psychiatry during residency.

Methods

- Reviewed consult data from March-June 2021 to identify high utilization services. Clinicians from these services were approached about a proactive C-L pilot and agreed to participate.
- Two residents partnered with psychiatry faculty to develop educational objectives for a proactive C-L elective rotation.
- Elective overview:
  - Resident was available two days/week for six weeks.
  - Each resident worked directly with one team for the entire block.
  - Patient screening included a combination of chart review and discussion with the primary team during routine morning meeting (i.e., “running the list”).
  - Patients deemed to be higher risk for behavioral health needs during hospitalization were seen by psychiatry resident for full evaluation.
  - All cases seen by a resident were staffed with attending psychiatrist.
- Quantitative data was obtained via anonymous survey regarding knowledge & comfort managing behavioral health concerns. Additionally, current psychiatry residents completed a separate anonymous survey regarding their current knowledge & interest in proactive C-L.
- Qualitative data was obtained from voluntary interviews with some team members regarding satisfaction with the pilot.

Results

Clinical Utilization

- Review of historic consult data from March-June 2021 (n=125 consults):
  - 26/125 consults (20.8%) were from surgery services.
  - Transplant hepatology and plastic surgery accounted for 54% of those surgical consults (n=14/26).
- During the six-week pilot:
  - Both surgical teams identified an advanced practice provider (APP) as their primary point of contact.
  - No consultations were requested on the five days per week when a psychiatry resident was not embedded with the team.
  - No consultations for suicidal ideation, homicidal ideation, or acute safety concerns.

Psychiatry Resident Survey

- 18 responses from 27 total residents surveyed (67% response rate).
- Only 1 resident (5.6%) reported being “very familiar” with the proactive C-L model.
- 7 of 18 residents (38.8%) indicated they had minimal or no prior knowledge of proactive C-L psychiatry.
- After being presented with a brief description about proactive C-L, 14/18 residents (77.8%) expressed interest in further education about proactive C-L during residency training.

Feedback from Primary Teams

- 11 survey responses received from nurses who work with patients the limb salvage service.
- 7 respondents (64%) felt that >30% of limb salvage patients would benefit from behavioral health intervention during hospitalization.
- 73% (n=8) “somewhat” or “strongly” agreed that surgical staff are able to identify & discuss problems related to patient behavioral health needs.
- Only 18% (n=2) “somewhat” or “strongly” agreed that hospital resources were readily available to meet these needs.
- Specific behavioral health needs that nurses rated as “often” or “always/always almost” needed:
  - Bedside therapy (73%, n=8)
  - Medication management for mood/anxiety (64%, n=7)
  - Medication management for agitation (36%, n=4)
- Qualitative debrief interviews with transplant hepatology team members revealed overwhelming interest in ongoing collaboration with psychiatry.
  - “It felt reassuring to know psychiatry was here.”
  - “It did not impede workflow, in fact, it improved it.”
  - “I felt that your presence prevented what could have been disasters.”
- APP point of contacts from both surgical teams expressed interest to have future psychiatry residents work with their team in a similar model.

Discussion

- This pilot resulted in an average of 3-2 new consultation per week.
- Identifying a primary point of contact & learning the unique workflow of each surgical team helped minimize communication difficulties despite unpredictable schedule changes.
- “Bedside therapy” was the most common behavioral health need identified by surgical nursing staff, which is not always feasible given limited mental health resources in a C-L setting.
- Discussing proactive C-L psychiatrist’s role at the beginning of the elective helped set realistic expectations for primary team members.
- Primary teams found proactive discussions with psychiatry was reassuring and facilitated easier multidisciplinary discussion about behavioral concerns.

Limitations

- Psychiatry resident involvement limited to two days per week due to logistical barriers.
- Workflow of busy services at a teaching hospital with frequent resident turnover led to difficulty eliciting formal feedback from primary team physicians.

Conclusion

Training programs can increase resident exposure to proactive C-L psychiatry by creating electives with high utilization services. This may also increase recruitment for C-L fellowships.

Feedback from this pilot suggests that staff on surgical teams have identified behavioral health needs and are overwhelmingly in favor of collaboration with psychiatry to increase proactive consultations.

Future projects can continue to formally evaluate feasibility and identify specific challenges that are unique to partnering with surgical teams.

References


Disclosure

The authors do not have any financial disclosures or conflicts of interest to disclose.