Factors Predicting the Likelihood of Referral of Liaison Psychiatric Patients Assessed by Crisis Nurses in the Emergency Room to a Psychiatrist for Follow-up

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Background and Objectives

To improve services by examining the factors that can predict the likelihood that patients assessed by crisis nurses in a task-shifting model of care at the Emergency Room (ER) will refer them to a psychiatrist for further management.

Methods

Twenty-four independent demographic and clinical factors extracted from a data assessment tool for 337 patients assessed by the crisis team in the ER over 6 months were compiled. Data was analysed using SPSS Version 20 with univariate analyses and logistic regression.

Results

Only four of the fourteen-predictor variables on univariate analysis made unique statistically significant contributions to a logistic regression model. The odds ratios suggest that crisis nurses were twice as likely to refer patients who were not in any relationship or those who were known to psychiatric services compared to those who were in a relationship or not known to psychiatric services respectively; nineteen and six times respectively more likely to refer patients presenting with psychotic symptoms or a drug or alcohol problem compared to someone presenting with a medical problem and twenty and seven times respectively less likely to refer patients who were given a probable primary diagnosis of 'drug/alcohol use disorder' or 'personality disorders' compared to patients who were given the probable primary diagnosis of a 'Depressive disorder', controlling for other factors in the model.

Conclusion

In a task-shifting model of care, protocols need to be developed with clear guidelines around patients who need to be referred to a psychiatrist for further management.