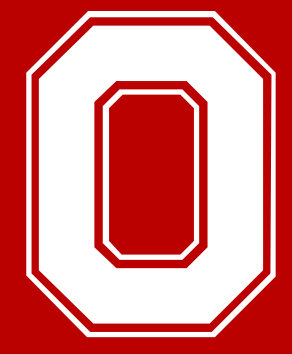


# Improving “cancel culture”: Implementing a structured process for cancelling inpatient psychiatry consultations while targeting preserved care quality and augmentation of trainee negotiation skills.



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## Background

- As inpatient hospital care becomes increasingly complex, the growing demand for inpatient psychiatric consultations requires preservation of operational efficiency, medical triage skills, and consultation threshold management.
- Among current response models, limited attention has been given to consultation order cancellations when clinical problems can be safely addressed through provider education or outpatient referrals (Grover, 2023).
- To preserve continued care quality, interprofessional teaming, and optimize use of resources, we developed and implemented a structured process on our academic medical center's inpatient psychiatry consultation-liaison service to teach and analyze the impact of cancelled consultation orders.

## Methods

**Table 1: Process of receiving and reviewing incoming consults**

<b>Step 1:</b> Resident receives page when new consult is placed by primary teams
<b>Step 2:</b> Resident evaluates the new consult via chart review
<b>Step 3:</b> Consult question is identified
<b>Step 4:</b> Primary team is contacted to clarify clinical question
<b>Step 5:</b> If there is concern for inappropriate consult, review is conducted with attending
<b>Step 6:</b> If deemed inappropriate by attending, primary team is contacted and educated on lack of indication for psychiatry consult

- A new faculty-trainee supervision process was developed and implemented for all cancelled consults to better characterize the reason for each consult cancellation, prevent negative outcomes on safety and care quality, and provide real-time feedback on trainee negotiation and liaison communication skills.
- All completed and cancelled psychiatry consultation orders placed to the inpatient CLP service at The Ohio State University Wexner Medical Center during the 2022 - 2023 academic year were tracked in an electronic database.
- Faculty CL psychiatrists supervised trainees to ensure process control, with subsequent documentation (reason for cancellation, faculty supervisor, additional notes) recorded in a standardized format.

## Results

**Table 2: Information regarding all consults in a single academic year**

Total # of consults received	3906
Number of consults cancelled	207
Number of consults by service (ED // Medicine // Surgery)	74 // 107 // 26

**Table 3: Top reasons for cancelled consults**

Reason	Total number of cancellations
Incorrect service (meant for psychiatry service in the ED)	33
Inappropriate request for capacity evaluation	18
Pt discharged/transferred before psychiatry could evaluate them	8
Repeat consult (patient already being followed by psychiatry service)	34
Routine consults incorrectly placed as STAT	15
Primary team requesting psychology/social work services	12
Inappropriately placed as stat vs routine	15

**Table 4: Adverse events after a cancelled psychiatry consult**

Type of adverse event	Total number
Need for PRN medication(s) to maintain patient or staff safety	0
Re-consultation after cancellation	1

## Result Highlights

- 5.2% of all consults received in the '22-'23 academic year were cancelled
- No adverse events were found during a patient's admission after a consult was deemed inappropriate and cancelled. Only one case was re-consulted.
- The most common clinical reasons for cancelled consultations were the result of primary teams not assessing patients prior to asking the CL service for capacity evaluations and requesting services not provided on the inpatient CL service (therapy, outpatient linkage, etc)
- Direct faculty observation during trainee-led cancellation negotiations provided additional opportunities for feedback and evaluation of liaison competencies.

## Conclusions

- While the most common psychiatry consultation indications are well described, (Marchi, 2021), this study further characterizes descriptive trends among cancelled consults.
- Standardizing the process for cancelling inpatient consultation orders can lead to mutually beneficial outcomes for busy care teams through increased interprofessional dialogue, real-time education, and ensuring that patients with the most complex needs can receive timely intervention.
- Direct faculty observation during trainee-led cancellation negotiations provided additional opportunities for feedback and evaluation of liaison competencies.
- More studies need to quantify and describe their cancellation process to create a universal guidelines on processing psychiatry consult requests

## References

- Grover, Sandeep, and Chandrima Naskar. "Models of consultation-liaison psychiatry: A scoping review." *Journal of Mental Health and Human Behaviour* 28.2 (2023): 116-125.2.
- Marchi, Mattia, et al. "Diagnostic agreement between physicians and a consultation–liaison psychiatry team at a general hospital: an exploratory study across 20 years of referrals." *International Journal of Environmental Research and Public Health* 18.2 (2021): 749