NEUROPSYCHIATRY UNIT: CLINICAL SERVICES, ADMISSION CRITERIA AND PROCEDURE

1. INTRODUCTION

Neuropsychiatry is a specialized branch of psychiatry, which is concerned with the assessment and management of psychiatric and behavioural consequences of structural or electrophysiological brain changes. In order to provide quality specialist/tertiary level psychiatric services and to align Town Hill Hospital with growing national and international trends, a neuropsychiatric multidisciplinary unit has been established to provide specialized care to this group of patients.

Management of such patients requires skills and knowledge which transverse the traditional boundaries of psychiatry and neurology and require a specialist multidisciplinary approach to management.

2. RATIONALE

To ensure that the unit is utilised appropriately, all referring agents (internal or external) should be familiar with the clinical services policy and admission criteria and procedure. Compliance will ensure a high quality of care, best utilization of specialist services and will minimize medico-legal hazards.

3. NEUROPSYCHIATRY MANAGEMENT CRITERIA

Neuropsychiatry Multidisciplinary Team (MDT)
The assessment and management of neuropsychiatric patients requires the involvement of a MDT. The core members of the MDT are as follows:
- Psychiatry
- Neurology
- Neuropsychology / Psychology
- Occupational Therapy
- Nursing
- Social work
- Additional specialties may be consulted depending on clinical need.

Referral Inclusion criteria

To be regarded as appropriate, the patient must fulfil ONE of the following criteria:

I. MHCUs who are already formally diagnosed with a neurological disorder (e.g. epilepsy, acquired brain injury, progressive neurological disease, HIV encephalopathy) and presenting with significant cognitive, behavioural or psychiatric problems.

II. MHCUs who present with neurological symptoms of uncertain aetiology (e.g. dissociative convulsions / 'non-epileptic seizures', other dissociative / conversion disorders, possible factitious disorder, suspected malingering of neurological disorder, etc.) and already fully investigated for known neurological causes.

III. MHCUs who have already formally diagnosed with a psychiatric disorder by a mental health care provider and reason to believe that the psychiatric disorder might be wholly or partly due to an identifiable structural or electrophysiological disorder.

The patient's problems must also fulfil one of the following criteria in order to justify the involvement of a specialist tertiary neuropsychiatry team:

I. The diagnosis, assessment or management is complex.

II. The patient requires specialised assessment (e.g. neuropsychiatry, neuropsychology or specialist multi-disciplinary team assessment).
III. They require specialised treatment or rehabilitation (e.g. specialist neuro-psychopharmacology, specialist psychotherapeutic interventions or specialist MDT input).

Exclusion criteria

Referrals will not be accepted if they meet any of the following criteria:

I. The patient's problems are due to an active, primary substance misuse condition.
II. MHCVs younger than 18 years – [MHCU should then be referred to THH Child and Adolescent unit for screening.]
III. MHCVs with unresolved legal issues as their primary focus.
IV. MHCVs in an unstable physical condition, which requires general hospital management.
V. HIV positive MHCVs without a full organic work-up (e.g. CD4 count)
VI. MHCVs with placement problems

NOTES:

• Due to the nature of the THH neuropsychiatry ward: MHCVs who are acutely psychotic, suicidal or who represent a danger to themselves or others cannot be accommodated in the ward. These MHCVs should be referred and discussed by the neuropsychiatry-MDT, however it is likely that they will be admitted via THH’s acute wards for primary stabilization before transfer to the Neuropsychiatry ward.
• In the case of MHCVs who are unable to be accepted due to the exclusion criteria, the neuropsychiatry multidisciplinary team may still be able to provide specialist services through a liaison or co-management role and should still be consulted by the primary treating doctor, to provide for the best patient care possible.

Referrals will be accepted from the following sectors:

Public: Town Hill Hospital Inpatients (all wards)
Internal: Town Hill Hospital Outpatients Clinic
External: Hospitals (all levels) inpatients and outpatients

Private: General Practitioners
Psychiatrists
Psychologists
Neurologists
Neurosurgeons
Other relevant private specialists
Other relevant mental health care practitioners

4. INPATIENT REFERRAL AND ADMISSION PROCEDURE

Inpatient referral and admission

I. Town Hill Hospital (THH) Internal referral procedure
a. The neuropsychiatric MDT will operate on a referral-based system from THH general psychiatric and specialist wards.
b. Referrals should be made in writing, using the neuropsychiatry referral form and verbally discussed with either the consultant or registrar assigned to the neuropsychiatry unit.
c. Upon referral the Mental Health Care Users (MHCU) will be assessed in their current ward, by the neuropsychiatry registrar. The case will then be discussed at the neuropsychiatry MDT meeting and if appropriate, management will then be assumed by neuropsychiatric MDT.
d. Neuropsychiatry MDT meetings will take place weekly (on a Tuesday) and if necessary again on an ad hoc basis on a Friday.
e. The MHCU will remain within the most therapeutically appropriate ward environment for his/her current mental state and physical condition.
f. If the MHCU is sufficiently stable, he/she will be transferred to the neuropsychiatry ward on a planned admission date. Preferably all admissions to the ward will be transferred on Mondays or Thursdays due to availability of MDT and the ward programme.
g. Neuropsychiatry MDT will function as an acute, specialized management team. When necessary, once acute specialized management has been completed, the MHCU may be referred back to original referring clinical team for step down, longer-term and/or psychosocial management.
II. External referrals and admission procedure
   a. All referrals should be made in writing, using the Neuropsychiatry Referral Form and verbally discussed with either the consultant or registrar assigned to the neuropsychiatry unit.
   b. Referral forms are available on the intranet or can be emailed/ faxed to the referring clinician. They should then be emailed (andrea.roux@kznhealth.gov.za) or faxed to THH hospital (“For Attention Neuropsychiatry”).
   c. Referral forms need to be filled out in as much detail as possible. In particular the following information is vital:
      i. Name and details of the MHCU.
      ii. Name and contact details of the family member, friend or organisation that will be responsible for assisting the MHCU on discharge.
      iii. Name and contact details of the social worker involved in the MHCU’s care.
      iv. Name and contact details of the referring practitioner.
   d. The MDT at the Neuropsychiatry-MDT meeting will then discuss all referrals prior to acceptance. Neuropsychiatry MDT meetings will take place weekly (on a Tuesday) and if necessary again on an ad hoc basis on a Friday.
      If accepted, planned admission to the neuropsychiatry ward will then take place. Preferably all admissions to the ward will be done on Mondays or Thursdays.
   e. The THH neuropsychiatry ward is run as a semi-open ward, with focus on assessment and cognitive and psychosocial rehabilitation. For this reason MHCU’s who are acutely psychotic, suicidal or who represent a danger to themselves or others cannot be accommodated in the ward. Such MHCU’s may still be accepted by the Neuropsychiatry MDT but will need to follow admission procedure for THH’s acute admission wards and may need to wait for an available bed. The neuropsychiatry doctor helps to ensure that the MHCU is booked on the intake booking system, and to liaise between the referring doctor/ THH in-take doctor. Once a bed is available the MHCU will be admitted by the doctor on in-take for that day, by the usual procedure and once admitted to THH, management will be assumed by the neuropsychiatry-MDT the following working day. It is the responsibility of the admitting doctor to inform the neuropsychiatry doctor of the admission.
   f. In order to ensure a high quality of care and best utilization of specialist services, once acute specialized management has been completed, the MHCU may be referred back to original referring clinical team for step down, longer-term and/or psychosocial management. THH neuropsychiatry ward is not a long term placement facility.

5. OUT-PATIENT SERVICES
   I. Town Hill Hospital Neuropsychiatry OPD referral
      a. A Neuropsychiatry outpatient clinic is run at THH OPD on a Wednesday morning, starting at 9h00.
      b. Inclusion and exclusion criteria for the OPD are in keeping with the general neuropsychiatry inclusion and exclusion criteria set out above.
      c. All referrals should be made in writing, using the Neuropsychiatry Referral Form and verbally discussed with either the consultant or registrar assigned to the neuropsychiatry unit. Once discussed the next available date will be allocated by the OPD nursing staff.
      d. Referral forms are available on the intranet or can be emailed/ faxed to the referring clinician on request. Please contact OPD nursing staff should a referral form be need. Referral forms can then be emailed (opd2.townhillhospital@kznhealth.gov.za) or faxed to THH hospital (“For Attention: OPD Neuropsychiatry”).
      In order to facilitate holistic, multidisciplinary care; or to prevent unnecessary repetition of work-up or care already under taken; we kindly request that results of all investigations done, and reports from all treating clinicians and mental health practitioners involved accompany the referral form.
      e. Due to the extended time that a full, initial neuropsychiatric assessment takes, usually only one new patient will be seen each week. Follow up patients will be booked as per their clinical need and once stabilized all MHCU’s will be transferred out to their appropriate local hospital/clinic for continued follow-up and management.
I. **Tele-health community out-reach**
   a. The Neuropsychiatry MDT will be available to remote sites for consultation using the tele-health facilities.
   b. Referral and arrangements must be made telephonically with the neuropsychiatry doctor and the referral form can then be faxed or emailed to THH.
   c. The peripheral doctor must explain the process to the MHCU and consent, for the Tele-health, must be taken from the patient or patient’s family.
   d. Clinical interview and assessment of the MHCU and liaison with the peripheral doctor can then take place utilizing the Tele-health facilities.

II. **Grey’s Hospital consultation liaison services.**
   a. The neuropsychiatry registrar is available to see consultation liaison patients at Greys Hospital.
   b. This service is aimed at Grey’s Hospital patients who fulfil the neuropsychiatry inclusion criteria and thus require neuropsychiatry MDT input/management but who at this time are not sufficiently stable for transfer to the THH neuropsychiatry ward.

III. **Northdale Hospital / Edendale Hospital consultation liaison services**
   a. Psychiatric services already exist at these hospitals and liaison services will utilise these existing services.
   b. Referrals follow the procedure for external referrals to the unit, either in- or outpatient as per clinical appropriateness.

Compiled by: __________________________
Neuropsychiatry MDT by Committee

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TOWN HILL HOSPITAL: NEUROPSYCHIATRY UNIT

REFFERRAL FORM

Tel: 033 341 5500, Fax 033 345 5720. Please contact Dr J Brooker/ Neuropsychiatry Registrar

Date of referral: ________________

Completed by Dr: ____________________ Referring Institution: ____________________ Ward: ________________

Contact details: Dr’s Cell: ____________________ Hospital tel: ____________________

PATIENT NAME: ____________________

DATE OF BIRTH ________________ AGE ________________ GENDER: (M / F) EDUCATION: ____________________

MARITAL STATUS: (S) / (M) / (D) / (W) OCCUPATION/ SOCIAL GRANT: ____________________

Patient’s Address: ____________________ Patient’s tel. no: ____________________

Name and contact details of family/friend who will be responsible for collecting the patient on discharge: ____________________

Name and contact details of social worker involved: ____________________

Name and contact details of other agencies involved (e.g. Residential home): ____________________

Please note: THH Neuropsychiatry Unit is a fixed stay ward focusing on assessment, acute management and rehabilitation. We are not a long-term placement facility. Once an MHCU has been maximally managed they will be discharged and may be referred back to your facility if further management is necessary. All MHCU referred to the unit need to be medically (physically) stable.

PRESENTING HISTORY

________________________________________________________________________________________

________________________________________________________________________________________

If admitted: Date of admission: ____________________ Admission status: (VOL.) / (ASSIST.) / (INVIOL)

RECENT HOSPITAL ADMISSIONS (date/hospital and reason for admission) ____________________

NEUROLOGICAL & MEDICAL HISTORY (please include details of treating physician/Rx/hospital no)

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

MEDICATION (please include all current meds and dosages/ all previous meds and reason for change)

________________________________________________________________________________________

________________________________________________________________________________________

CURRENT MSE

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
PHYSICAL EXAM/ NEUROLOGICAL FINDING

INVESTIGATIONS (include reference no/ date and hospital of investigation)

U&E: ____________________________ LFT: ____________________________
FBC: ____________________________
TFT: ____________________________ WR: ____________________________
HIV: ____________________________ CD4: ____________________________ (DATE: ____________)
B12: ____________________________ 

GLUCOSE: ____________________________ LIPIDS: ____________________________
OTHER: ____________________________
CSF: Chem/ Cytology: ____________________________
Virology/ Other: ____________________________
TB WORK-UP: ____________________________
X-RAYS: ____________________________
CT: ____________________________
MRI: ____________________________
EEG: ____________________________ (ON Rx: N/Y: ____________)
OTHER: ____________________________

NEUROPSYCH BEDSIDE TESTS (MMSE/others)

MDT ASSESSMENT AND INPUT: (Please included name/ contact details for practitioners involved)

NURSING REPORT:
PSYCHOLOGY:

OCCUPATIONAL THERAPY:
SOCIAL WORKER:

NEUROLOGIST/ NEUROSURGEON/ OTHER:

Please attach copies of all medical results and reports from the above mentioned practitioners

WORKING DIAGNOSIS:

REASON FOR REFERRAL:

NAME: ____________________________ SIGNATURE: ____________________________

D/W DR ____________________________ (at THH, Neuropsychiatry Unit)

For official use: ACTION: ____________________________

Date of discussion: ____________________________