Psychiatry Consult & Liaison Role in Autoimmune Encephalitis Work-up and Diagnosis in a Pediatric Hospital Setting: A Quality Improvement Project

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Objectives

- We focused on the Autoimmune Encephalitis (AIE) Protocol developed at Saint Louis Children's Hospital (SLCH)
- We evaluated the role of psychiatry consult-liaison (CL) in diagnosis/advocacy and utilization of the protocol over the past three years at SLCH.

Methods

- Utilized the splicer-dicer technique
- We evaluated 58 EPIC EMR charts containing "Autoimmune Encephalopathy Panel, CSF" and/or "ICD-10: G04.81- Other encephalitis or encephalomyelitis" associated with SLCH between 2020 and 2023
- Eleven (11) charts met our inclusion criteria of patients diagnosed with AIE in the inpatient setting at SLCH.
- Each chart was assessed for adherence to the AIE protocol and psychiatry CL involvement.

Results

- 27% of cases included a psychiatry CL consult during the diagnostic hospitalization.
- Two (2) cases initially labeled as "behavioral/primary psychiatric" led to psychiatry advocating for neurology work-up.
- Psychiatry was involved in AIE cases with agitation or behavioral concerns.
- In cases where patients were initially considered primarily psychiatric, there was a 1–2-day delay in AIE work-up/treatment initiation.

Conclusions

- The SLCH AIE work-up protocol was followed within the hospital system without significant delays.
- In rare cases where AIE patients were considered primarily psychiatric patients, psychiatry CL services advocated for further neurology work-up and caused minimal delay in protocol initiation.

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The Saint Louis Children's Hospital autoimmune encephalitis (AIE) protocol was primarily followed in cases of AIE.

In rare cases where AIE patients were considered primarily psychiatric patients, psychiatry consult/liaison services advocated for further neurology work-up and caused minimal delay in protocol initiation.