

Evaluating Completeness of Admissions Clerking Procedure for Patients Admitted to an Acute Psychiatric Inpatient Unit

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Aims. There is a well-known bidirectional relationship between mental and physical health. A thorough mental and physical health assessment of new inpatients on admission is crucial to assess possible organic causes of psychiatric presentations and enable appropriate treatment to be commenced in a timely manner. We noted a pattern of incomplete clerking, leading to delays in commencing treatment and increased workload pressure on the ward medical team. Our audit aims to assess how thoroughly and in what time frame patients' admission assessments are being completed on an acute psychiatric inpatient unit.

Methods. A sample of 20 patients was used for each cycle. Eight components were identified from the Trust clerking procedure. These were a full psychiatric history, capacity assessment, prescription chart, physical health systems review, physical examination, blood tests, ECG and VTE assessment. The expected standard was completion of all of the above at the point of admission or, if applicable, adequate documentation of patient refusal with documented reattempt within 24 hours.

Electronic patient records were retrospectively reviewed to identify whether each component was completed, the number of days from admission to completion and if completed by the clerking doctor. Evidence of documented patient refusals and the number of incomplete draft entries were noted.

Results. Initial results showed only 20% of patients (n = 4) had the full expected clerking procedure completed at admission. Physical health assessments (ECG, blood test, physical examination) had the lowest completion rates. When components were not completed by the clerking doctor, there was often a delay of several days from admission to completion of by the ward day team. For 50% of patients, some assessments were never completed (without adequate refusal documented). Eight patients did not have a completed VTE assessment by the point of discharge.

Conclusion. Reasons were identified for the poor completion rates of clerking assessments. These included a lack of understanding by on-call doctors about the importance of completing all assessments, unfamiliarity with ward equipment, lack of adequate handover to the ward medical team and staffing pressures. A new handover checklist was introduced for clerking doctors to use and enable better communication with the ward team. Clerking procedure summaries were displayed in on-call rooms and additional teaching was organised.

Quality Improvement Project to Improve COVID-19 Vaccination Uptake on an Old Age Psychiatric Ward (Meridian Ward)

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Aims. People with mental health issues have challenges in accessing medical care and it is hypothesised that this may result in a significant number failing to receive protection from COVID-19 by means of vaccination. This study aimed to identify the number of inpatients on a psychiatric general ward (Meridian ward) between May 2021 and June 2021 who were fully vaccinated against COVID-19 so that unvaccinated patients could be offered vaccination during their inpatient stay.

Methods. Data were gathered on the COVID-19 vaccination status of all patients on Meridian ward (inpatient mental health ward) admitted between May and June 2021. This was a total of 10 patients. This information was gathered directly from the patients, their summary care records and GP records. We also audited whether the patient's vaccination status was recorded in the notes.

Results. 50% of the patients were fully vaccinated. 20% had received one vaccine and 30% of patients were unvaccinated. 20% of the unvaccinated patients received their first dose during admission.

Conclusion. Patients with mental health issues sufficient to result in psychiatric admission face additional challenges when it comes to receiving a COVID-19 vaccine. It is important that healthcare workers are aware of this and facilitate interventions that maximise vaccination in this at-risk group. To improve uptake among this group it is recommended:

- Patients' vaccination status is assessed and recorded during inpatient admissions.
- GP surgeries should identify patients on their database with mental health issues who are unvaccinated and providing these individuals with support around accessing information, transport or providing vaccinations at patient's homes.
- There should be clear documentation of vaccination status on summary care record and ward notes.

Hertfordshire Partnership NHS Trust - Improving VTE Risk Assessments in an Older Adult Psychiatric Inpatient Unit

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Aims. VTE-related deaths are a leading cause of preventable mortality amongst all hospital inpatients. Psychiatric inpatients are at greater risk of this, due to administration of antipsychotic medication and longer inpatient stay. This is particularly significant during the COVID-19 pandemic, not least as it is a disease known to cause hypercoagulability, but also due to an increase in mental illness and extended admission, resulting from an overwhelmingly run social service. The objective is to analyse VTE risk assessments performed for the 23 patients at Lambourn Grove, a continuing care unit for old age psychiatric inpatients, diagnosed with dementia. The aims are to assess; the frequency at which VTE risk assessments are performed, the accuracy of each assessment and the subsequent management and appropriateness of preventative measures taken.

Methods. A retrospective study was conducted of 23 service users. Data were collected from the VTE assessment form on the local electronic patient record system, and analysed to assess compliance with local guidance. GP records were consulted to cross check data and ensure accuracy of information inputted. Improvement measures include presenting at the local teaching session and implementing a mandatory monthly review onto the ward round proforma. A second cycle will be carried out to

assess the success of these interventions in improving best medical practice.

Results. Of the 23 service users, 20 patients had their VTE risk assessment completed on admission and there was a delay of over a month with the remaining 3 patients. Of significance is that of all initial VTEs, 6 out of 23 contained inaccurate details, such as omission of comorbidities or a subjective assessment of mobility, indicating the need to use a standardized tool which allows for comparison across time. The mean admission duration for all 23 inpatients, as of February 2022 was calculated to be 16.2 months, with a range of 2 and 59 months. 15 patients did not have their VTE risk assessment repeated during admission, and of these 2 did have a change in their risk profile, indicating non-adherence with NICE guidelines.

Conclusion. This study has identified significant areas for improvement, specifically the need for clear timing for repeated VTE assessments, consistent sources of patient's medical history and documentation of mobility status. The project has highlighted the need for a more robust VTE assessment protocol which is currently being developed, to improve patient mortality and outcomes.

Pre-Menstrual Dysphoric Disorder (PMDD) in Young People: What We Know About It, the Role of CBT as a Treatment Option, and the Development of High-Quality Psychoeducation Material for Clinical Use

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Aims. We aim to explain more about PMDD in young people and explore the evidence looking at the role of CBT as an intervention. We aim to develop high-quality psychoeducation material with the involvement of young people, to be able to offer clinically relevant information and empower young people with PMDD.

Methods. A literature search was conducted in 2019 and updated in February 2022 using the Cochrane Library, Psych-info, MEDLINE, Cinahl, EMBASE and Google Scholar, to look at the evidence available for CBT in young people with PMDD or PMS. The search included PMS as well as PMDD due to the heterogeneity in definitions used in studies.

Focus groups with young people are underway to develop high quality written psychoeducation material about PMDD.

Results. There were no specific studies looking at CBT as an intervention in young women under the age of 18 with PMS or PMDD. There was one intervention study with a treatment arm of psychoeducation in 62 young people under 18 with PMS versus a no treatment group (Taghizadeh 2013), with improvement in symptoms after 3 months from baseline reported.

There were more studies available in women over the age of 18. The search identified 3 meta-analyses in 2009 and 2012 (Busse 2009, Lusty, 2009; Kleinstauber 2012) and a more recent systematic review (Landolt 2020). Kleinstauber et al included 22 RCTs, with a median age of 39, and broadly showed CBT to have a small to medium positive effect size, although any conclusions were limited due to the small numbers involved in the individual trials and methodological flaws. Landolt 2020 looked at CBT or elements of CBT as an intervention arm over the last 30 years or so in woman of all ages. Variations of CBT including virtual, group, couple and psychoeducation alone were included, and all were reported to have favourable outcomes.

Conclusion. There is a huge gap in research looking at PMDD in the adolescent population. Translating research from adults is not ideal. Increasing awareness and developing psychoeducation is a step in the right direction.

An Evaluation of Admissions to an Old Age Psychiatry Ward: A Quality Improvement Project

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Aims. It has been well publicised the pressures on inpatient bed capacity within mental health services in recent years. The RCPsych have stated in their publication 'Exploring mental health inpatient capacity' that bed occupancy has risen above their recommended 85% occupancy target in most areas. Waiting lists for beds have also grown. The aim of this project was to identify whether there could have been any extra community resources in place that could have prevented admissions to hospital within an older adult CMHT. This in turn reducing the demand on inpatient beds.

Methods. Inclusion criteria: All patients from the older adult CMHT admitted to either an organic or functional mental health inpatient bed between the 1st September and 31st December 2021.

All patients who met the inclusion criteria were discussed as part of a panel consisting of members of the MDT who were involved in the patients' ongoing care. The panel discussed each patient and individually scored each admission on a scale of 1-5 (where 1 was deemed to be very avoidable and 5 completely unavoidable). Where an admission did not score a 5 we considered whether anything could have been in place to have prevented the admission.

Results. Our search identified 21 patients who had been admitted to the respective old age psychiatry ward during our period of interest. The predominant diagnosis of these patients was vascular dementia (n=5), followed by Alzheimer's disease (n=3). Following our consensus panel discussion, we identified that the most common reason for admission to hospital was for management of behavioural and psychological symptoms of dementia (n=10), followed by increasing patient vulnerability (n=4) in the community. Carer stress was a theme in 2 admissions. Following panel discussion regarding potential avoidability of admission, we identified that 14 out of the total of 21 admissions scored a 5, 1 scored 4, 1 scored 3, and 5 scored 2.

Conclusion. Behavioural and psychological symptoms of dementia continues to remain a significant clinical challenge and was the most common reason for admission in our patient cohort. The majority of admissions to hospital in our cohort were deemed unavoidable as a result. However, we identified that carer stress was a significant theme in 2 out of our 21 admissions, suggesting potential scope to implement services which may reduce carer stress and ultimately, prevent hospital admission.

The HDAT Helper - Developing an Online Tool to Improve the Safety and Accuracy of Antipsychotic Prescribing

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