

Improving venous thromboembolism risk assessments on an older age psychiatric ward – a complete audit cycle

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Aims. Venous thromboembolism (VTE) is a common disease amongst hospital patients. Within acute hospitals, there are well established protocols for risk assessment and prevention of VTE via mechanical and pharmacological prophylaxes.

In psychiatry, assessment of VTE risk is more commonly overlooked despite many inherent risk factors which are unique to acute psychiatric admissions; including antipsychotic medications, physical restraint, catatonic states, and poor nutritional and hydration status[1]. The risk is compounded in older adult psychiatric patients, in which both patient and admission-related risk factors can act synergistically.

Anecdotally, it was reported that VTE assessments were not being completed and documented on the electronic patient record system. Our aim was to introduce a physical VTE risk assessment to attach to paper drug charts, which would act as a prompt for junior doctors, and serve to increase rates of completion.

Method. A baseline retrospective audit of all patients admitted to the older adult inpatient ward over an 11-week period (05/08/2019~20/10/2019) was undertaken. The number of completed electronic VTE risk assessments at admission, and at 24 hours post-admission were calculated.

Subsequently, a new paper VTE risk assessment proforma was developed, combining the Department of Health VTE risk assessment tool[3] with several VTE risk factors associated with psychiatric patients (catatonia, antipsychotic medication, reduced oral intake, psychomotor retardation). Education was provided to the ward doctors, and regular assessments of VTE risk was incorporated into the weekly MDT meetings.

A re-audit was completed to assess the completion rates of the new paper VTE proforma. A snapshot style audit of all inpatients on the ward on Thursday 24th February 2020 was performed.

Result. The baseline audit included 23 patients admitted during the 11-week period, consisting of 21 men and two women. The mean age was 74 years. Three patients (13% of total admissions) had their VTE and bleeding risk assessed on admission.

Following the implementation of a new VTE risk assessment proforma, the re-audit showed that all 19 inpatients (100% of total admissions) had a completed assessment. Although none of the patients required mechanical prophylaxis, one patient was receiving ongoing treatment for pulmonary embolism.

Conclusion. VTE is a preventable disease, which historically has been under-recognised by psychiatric doctors. The introduction of a paper risk assessment proforma increased completion from 13% to 100%. It also prompted regular review of VTE risk during the weekly MDT meetings. This intervention may reduce the incidence of VTE-related pathology on the ward.

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Clinical audit of the inclusion of the Lester Tool details in discharge documents at Foss Park Hospital, York

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Aims. Patients with serious mental health illnesses die on average 15–20 years before the rest of the general population. Anti-psychotic medication, lifestyle and difficulty accessing healthcare services all have a detrimental effect on their life expectancy. To improve outcomes for these patients the Lester Tool; a method to assess the cardiovascular health of patients and implement change, was developed. Including the Lester Tool information in discharge letters allows transfer of information to other care providers (mainly GP's) who can implement and monitor any interventions made, improving outcomes for our patients. With this in mind, discharge documents should contain all of the information listed in the Lester Tool.

We aimed to check if 100% of data required by the Lester Tool is included in discharge documents of the inpatients at Foss Park Hospital.

Method. 20 patients from each of the male and female wards at Foss Park hospital, discharged in September or October 2020, were identified. A review of the discharge documents established whether the smoking status, BMI, ECG, blood pressure and blood results of each patient were recorded.

Result. Of the 40 discharges, none had 100% compliance. On average across both wards; only 23% of the Lester tool information was included in the documents. On the female ward, 40% had none of data recorded, while on the male ward, 15% had none of the data recorded. Across both wards, not a single patient had details about their cholesterol ratio recorded, only 50% of BMI's were recorded and only 27% had a smoking status included.

Conclusion. Our results have shown that compliance with the Lester Tool falls short of what is expected. As a result, information about the physical health of our patients is not being communicated effectively with other care providers. This in turn can prevent patients being offered interventions needed to improve their cardiovascular health.

Identifying this shortcoming in the transfer of information will allow us to educate the staff in our organisation and ensure that all the necessary physical health details will be included in future discharge documents. The result being improved outcomes and longer life expectancy of patients with serious mental illnesses, satisfying the purpose of the Lester Tool.

Vitamin D monitoring and management in the inpatient services – reaudit

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