Mind the GAP

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NEWSLETTER BY WEST MIDLANDS HIGHER TRAINEES IN GENERAL ADULT PSYCHIATRY

Audit- 'Assessing DNA rates within first time psychiatric referrals'

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Introduction:

Did not attend or 'DNAs' are an unfortunate occurrence in psychiatric medicine. Latest figures by NHS England, indicate that in 2017/18 eight million hospital appointments resulted in a DNA(1). With an incurred cost of around £20 million, multiple communication technologies have been employed to help reduce DNA rates(1). Of these, SMS text messaging alert systems have been employed within Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT). These have been shown to reduce DNA rates by up to 25% in London mental health clinics(2).

Aim of the study:

There were two main aims of this study:

1) To assess the average wait time for patients to be offered an appointment and to establish any correlations between longer waiting times and 'Did not attend (DNA)' rates

2) To assess the number of patients who have opted into the text message appointment reminder service and whether this had an effect on DNA rates.

Methods:

Using an electronic-based care record system, RIO, we identified 99 patients referred to a general adult community mental health team in South Birmingham between January 2018 and August 2019. Waiting times (e.g. time between date referral received and first appointment), attendance rates and opting into the SMS reminder service, by use of a communication preference form, were all analyzed.

Results:

From January 2018 till August 2019, the average mean waiting time to

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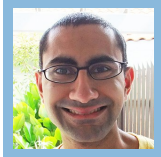

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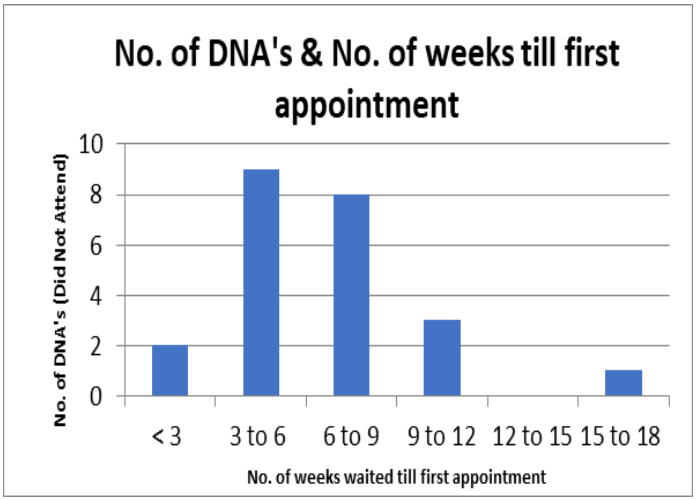
first appointment was 5.5 weeks for all audited patients.

Out of the 99 patients audited, 23% did not attend (DNA'd) at first appointment

There was no correlation between longer patient waiting times and DNA rates.



The rate of opting into the text messaging service remains severely low. Of the patients audited, 95% had not completed a communication preference form. Overall, it is still unclear whether the text messaging service has a positive impact on DNA rates.

Conclusions:

Our data has shown no significant correlation between a longer waiting time and an increased DNA rate for first-time psychiatric appointments. Secondly, all audited patients were seen within the maximum 18 weeks wait set by NHS Mental Health Standards. With such a low uptake of the SMS alert service, it is unclear from this audit whether SMS appointment alert services have a significant effect on patient DNA rates.

Take Home Messages:

1. From our audit, there is no correlation between longer waiting times and DNA rates
2. Patient uptake of SMS appointment alert services remains low, every effort should be made by clinic staff (e.g. reception team, nurses and physicians) to encourage its use
3. It is unclear whether SMS appointment alert services reduce the DNA rate for psychiatric appointments.

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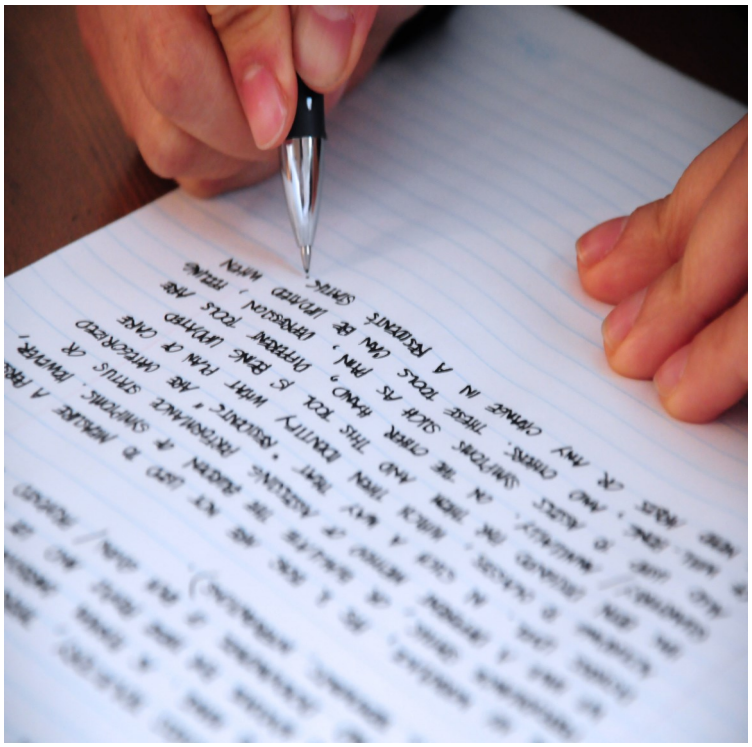

Etcetera

Jordan A. Daniels

An ancient art I learned today,
To make the anguished tremble and quiver,
In a hope to deliver a shock of relief to the misery that is their constant.
She sups on milk and water and something for the nerves.
I apply my five stickers in parrot fashion, guided by my master who has learned by rote.
We wait and the milk brings her relief from wakeful desires.
I apply the paddles to her temples the gauge is set, there is sufficient resistance.
So now I electrocute the temple of the *crushed spirit*.
I send a wave of energy from my right hand to my left.
Now she quivers, curls and stiffens for a moment, for a while.
Then she relaxes.
Then she quakes. And I count.
She continues. I inhale.
She stops. And I count.
I read the pattern of her mind as it is spewed from my machine.
And when I'm satisfied I count to five.
Stop! I exhale...
The forms are signed the next dose set and there is time for tea and toast for all parties.
Until, we meet again and I apply my five stickers in parrot fashion, now I've learned by rote.
I wipe a tear from her cheek whilst she says to us.
"Last time I felt better, I said thank you to my team but not to you. I'm sorry."
We replied as one "Your smile is thanks enough, when we see it again. But we will remind you to say

Three key take home messages
Poetry is a useful way to describe a challenging situation where simple narrative fails.
A smile can be very reassuring as patients can find the experience very distressing.
Although it seems arcane especially because of the media portrayal, ECT is an effective treatment in specific conditions.

Questions:

1) Which of these conditions is not an indication for ECT

Severe depression
Catatonia
A prolonged manic or severe manic episode
Neuromaligant Syndrome
Non epileptic seizures

2) Which is not a cause of missed seizure with no evidence of motor or EEG activity after stimulation

Insufficient stimulus intensity
Excess dynamic impedance
Premature stimulus termination
Hypercarbia
Hypocapnia

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Is Pregnancy Status being Assessed on Admission to a West Midlands Forensic Psychiatry Unit?

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Background

Inpatients within a female secure psychiatric unit are considered at an increased risk of pregnancy, often due to engagement in unprotected sexual intercourse [1]. Symptoms associated with depression and stress are linked to having more sexual partners, higher STI rates, sex influenced by alcohol and drugs, non-consensual sex and prostitution[1] . An awareness of pregnancy would inform the admission care plan including safeguarding mother and unborn child, ensuring the pregnancy is managed in the safest, least restrictive environment and informing prescribing decisions as several psychotropic medications are teratogenic [2, 3].

Aims of Study

The aim of this study was to audit whether pregnancy screening was conducted on admission to a Medium secure psychiatric unit.

Standards:

All female inpatients to the unit should have a record of pregnancy testing (urine or blood hCG) completed in their Rio records within the first month of admission. (Target 100%)

There is currently no published national or trust guidelines regarding pregnancy screening on admission to secure psychiatry units. The standards that have been audited were set locally by the team at this unit.

Methods

All service users admitted to the unit on 1st September 2019 were included (n = 27). Data relating to pregnancy screening was collected from the online patient record system (Rio) within the 'progress notes', 'physical health assessment' and 'pathology reports' sections. Age, ethnicity and pre-admission location was also gathered from Rio. Service users were only excluded from the audit if their admission data predated the introduction of the electronic records system in 2013 (n = 1).

Results:

50% (n=13) of service users were found to have had received a pregnancy test within the first 30 days of their admission.

2 of the 13 patients not screened were known to be pregnant before admission.

Urine hCG test. (n=12)

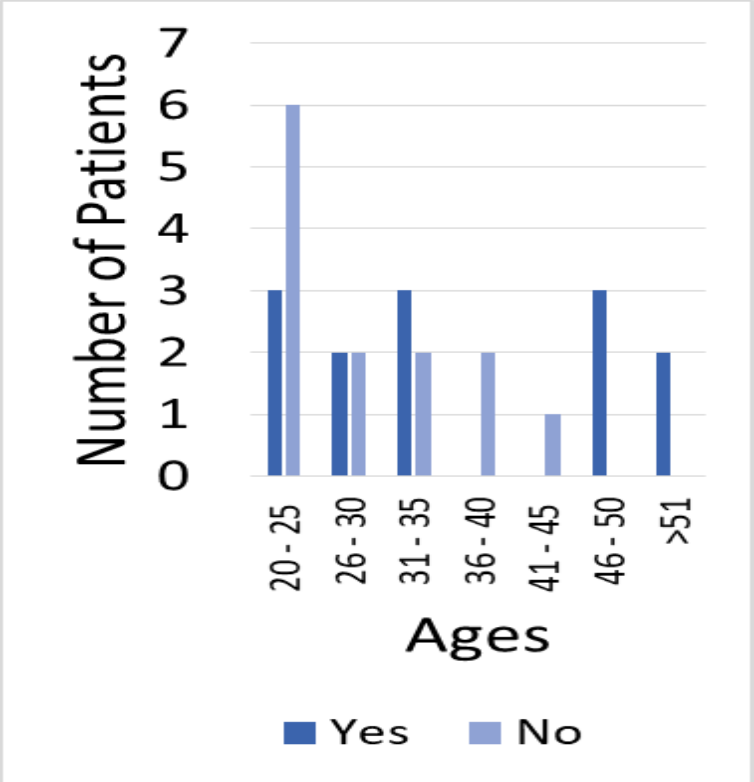
Blood hCG test.(n=1)

All tests were negative.

Women aged 36 – 45 were less likely to be screened for pregnancy on admission than older or younger women.

Pre-admission location showed women were more likely to have been screened for pregnancy if they were admitted from a prison or a psychiatric unit than from the community or a non-psychiatric hospital.

Figure 2: Pre-admission location of patients in the unit and the status of pregnancy screening for each service user.



Discussion

Possible Explanations for Failure of Pregnancy Testing on Admission:

1) Unable to complete a pregnancy test on admission due to the patient being distressed or experiencing traumatic effects of their mental illness.

2) Oversight to not completing a test within 1 month if the patient was not compliant on admission.

3) Refusal of testing by the patient.

4) Screening was conducted but not recorded on Rio.

Recommendations

Update the current admission checklist to include pregnancy screening.

If the patient is non-compliant to screening, then a protocol should be introduced to ensure testing is attempted again within 1 month of admission.

If pregnancy testing has occurred in the patient's pre-admission location, then this should be documented in the notes.

There should be a specific location in the notes for this data to be recorded.

Education of staff at the unit to emphases the importance of pregnancy screening.

This audit should be repeated in one-year's time to see whether implementing these changes improves pregnancy screening.

Take Home Messages

A less than 100% compliance rate to screening on admission to the unit could put women and unborn babies at risk.

All women of reproductive age should be screened for pregnancy.

Identifying the root causes for failure of screening and addressing these should improve testing rates.

MCQs

Which of these Psychiatric Medications are teratogenic?

- Citalopram
- Sodium Valproate
- Lamotrigine
- Lithium

Answers: 1) B, D

Beta-hCG…

- Is a Foetal Hormone.
- A slow rising hCG level may indicate an ectopic pregnancy.
- Beta hCG can only be tested for in urine samples.
- Higher levels of hCG can be observed in trisomy 21.

Answers: A (False – A placental hormone), B, D (True), C (False – Blood hCG)

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Morbidity and mortality in patients with Psychosis and Cardiac disease

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Background

Coronary heart disease (CHD) and mental illness are among the leading causes of morbidity and mortality worldwide. Decades of research has revealed several, and sometimes surprising, links between CHD and mental illness, and has even suggested that both may actually cause one another. A large body of epidemiological prospective data showing that people with severe mental illness, including schizophrenia, bipolar disorder, and major depressive disorder, as a group, have an increased risk of developing CHD, compared with controls. We examined patients who died of CHD and if a referral was made to secondary care looking at their physical health needs.

Aims and hypothesis

To examine case notes of a group of patients who died prematurely from cardiovascular disease to assess :

Whether there was any record of cardiac revascularisation or referrals made to physical health secondary care.

Whether there were any interventions in place to treat hypertension, diabetes or dyslipidaemia.

Methods

Case notes of all patients who died over a two year period in contact with secondary psychiatric services, were examined to ascertain whether they had a primary diagnosis of psychosis. The sample (n=53) consisted of all patients who had a diagnosis of psychosis and were under the age of 65 at time of death. Of these, 17 patients who died of cardiac causes were included. Ideally patients who died of cardiac disease would have been identified and treated prior to death. Their notes were scrutinised to determine what investigations, referrals and treatment offers were made.

Results

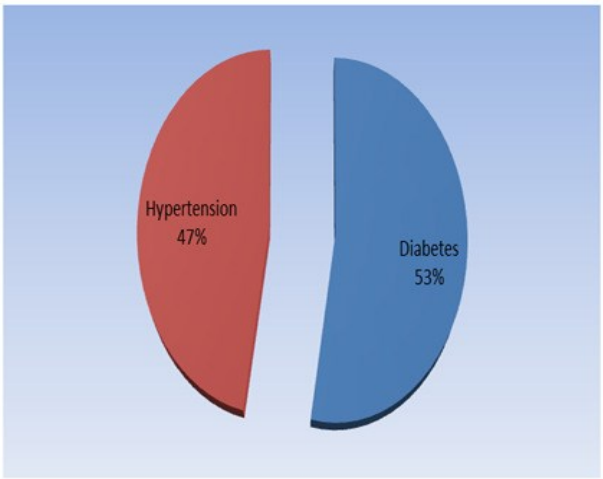
7 out of 53 patients aged between 18-65 who died of cardiac related diseases had a primary diagnosis of psychosis. 71% of the sample were from the BAME population. 53% of patients were diagnosed with diabetes. All had been offered treatment according to NICE guidelines.

47% had hypertension and/or dyslipidaemia. All were offered medication as per NICE guidelines.

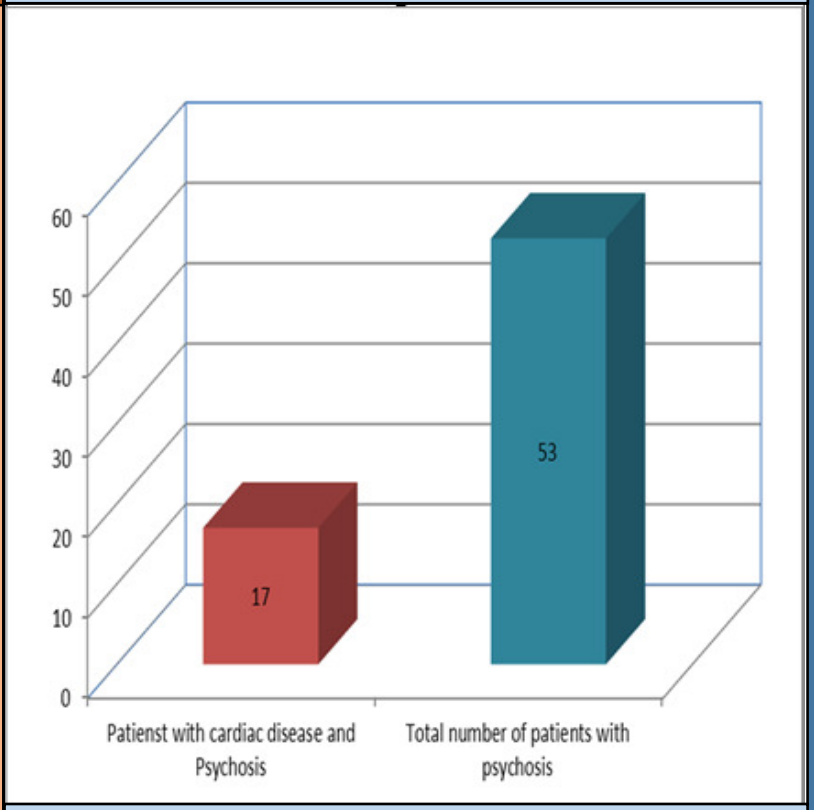
6% of patients were referred to cardiology to investigate prolonged QT interval.

There was no record that ischaemic heart disease had been identified or suspected. The main intervention offered was medication.

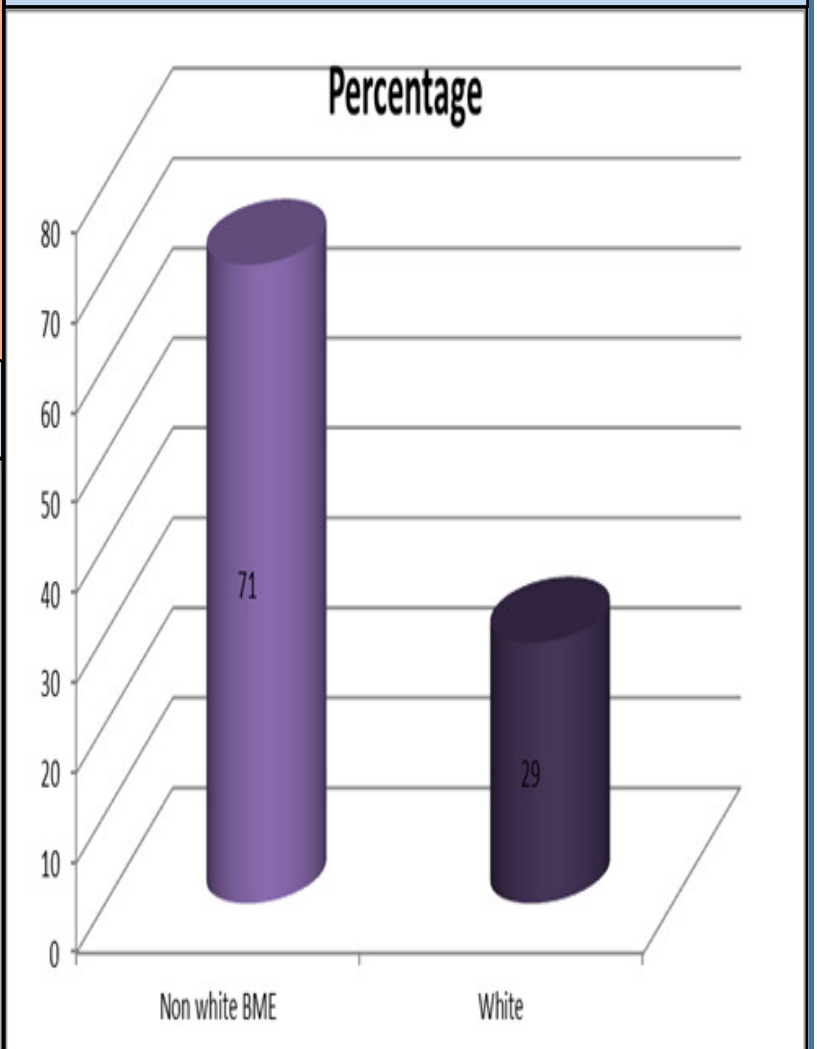
Graph 1



Graph 2



Graph 3



Conclusions

The rationale for this audit was the increased cardiovascular morbidity and mortality in patients with psychosis as compared to the general population. Life expectancy is conjectured to be 15-20 years lower than the general population.[1,2,3,4] Cardiac causes account for about 33% of these deaths. Of the group who died of cardiovascular disease, dyslipidaemia and diabetes had only been diagnosed in 53%. None had been referred to cardiologists for reasons other than a specific ECG abnormality which is associated with psychotropic medication. It is striking that none had been identified as suffering from ischaemic heart disease prior to death. Cardiac mortality can be reduced in this group by assertive approaches to the diagnosis and management of cardiovascular pathology.

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