

# Review of Physical Health Monitoring in an Acute Mental Health Inpatient Setting

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**Aim:** For all newly admitted patients to the inpatient unit to have had a physical exam and baseline bloods & ECG completed within 2 weeks of admission.

## Introduction

It is known that people with severe mental illness (SMI) have a significantly reduced life expectancy and a higher prevalence of physical health disorders when compared with the general population<sup>1</sup>. Estimates show that for patients suffering with SMI, 2/3 of deaths are from preventable physical illnesses<sup>2</sup>.

This review looked at a 16 bedded male acute ward located in the north of Birmingham. On admission, patients are usually seen by a doctor who undertakes the clerking process. A physical health review forms part of this process – including a systems enquiry and physical examination. New admissions should also have baseline blood tests and an ECG.

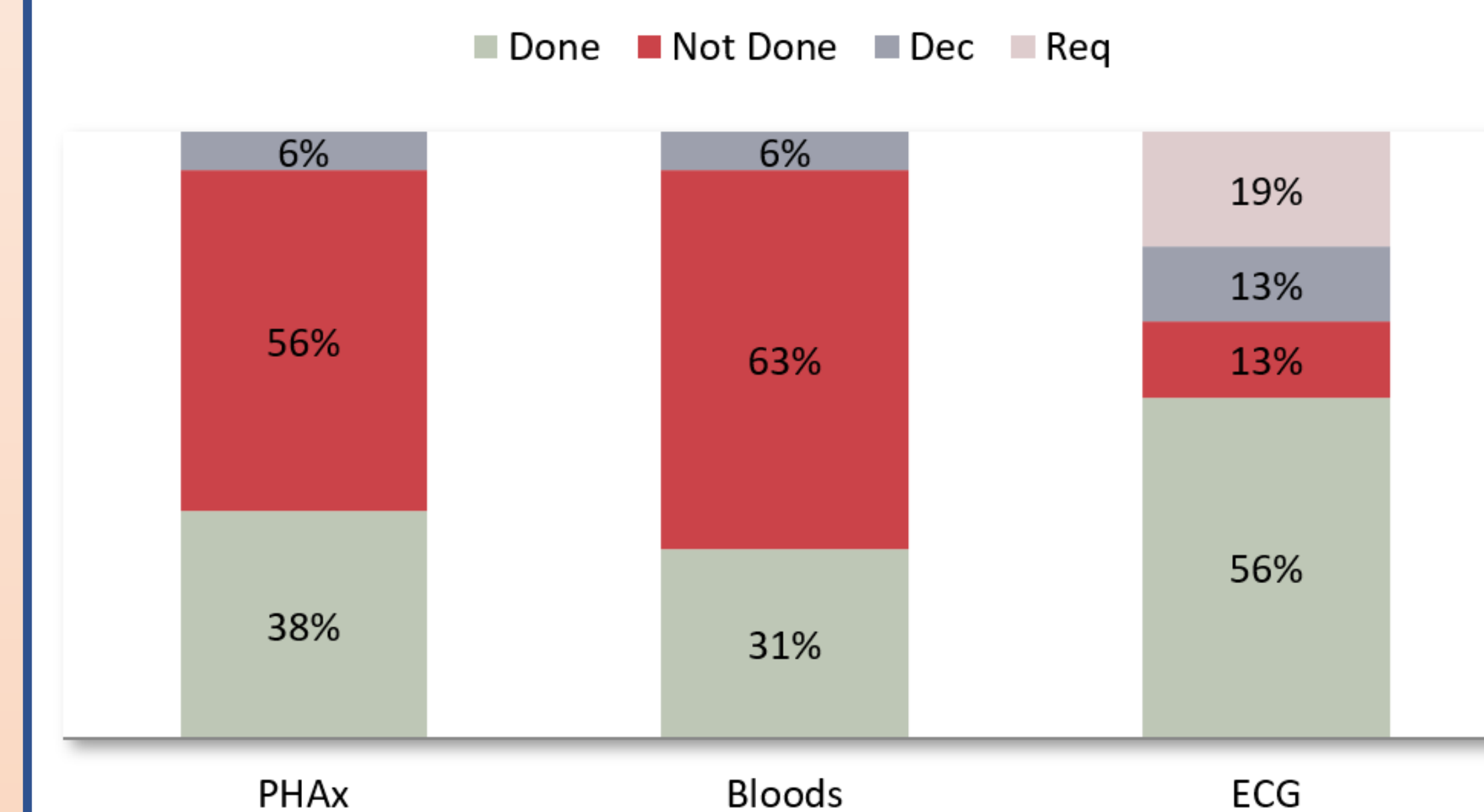
## Methods

Data was collected through review of Rio electronic records and data for the following domains: physical health examination, baseline bloods, baseline ECG and date of admission.

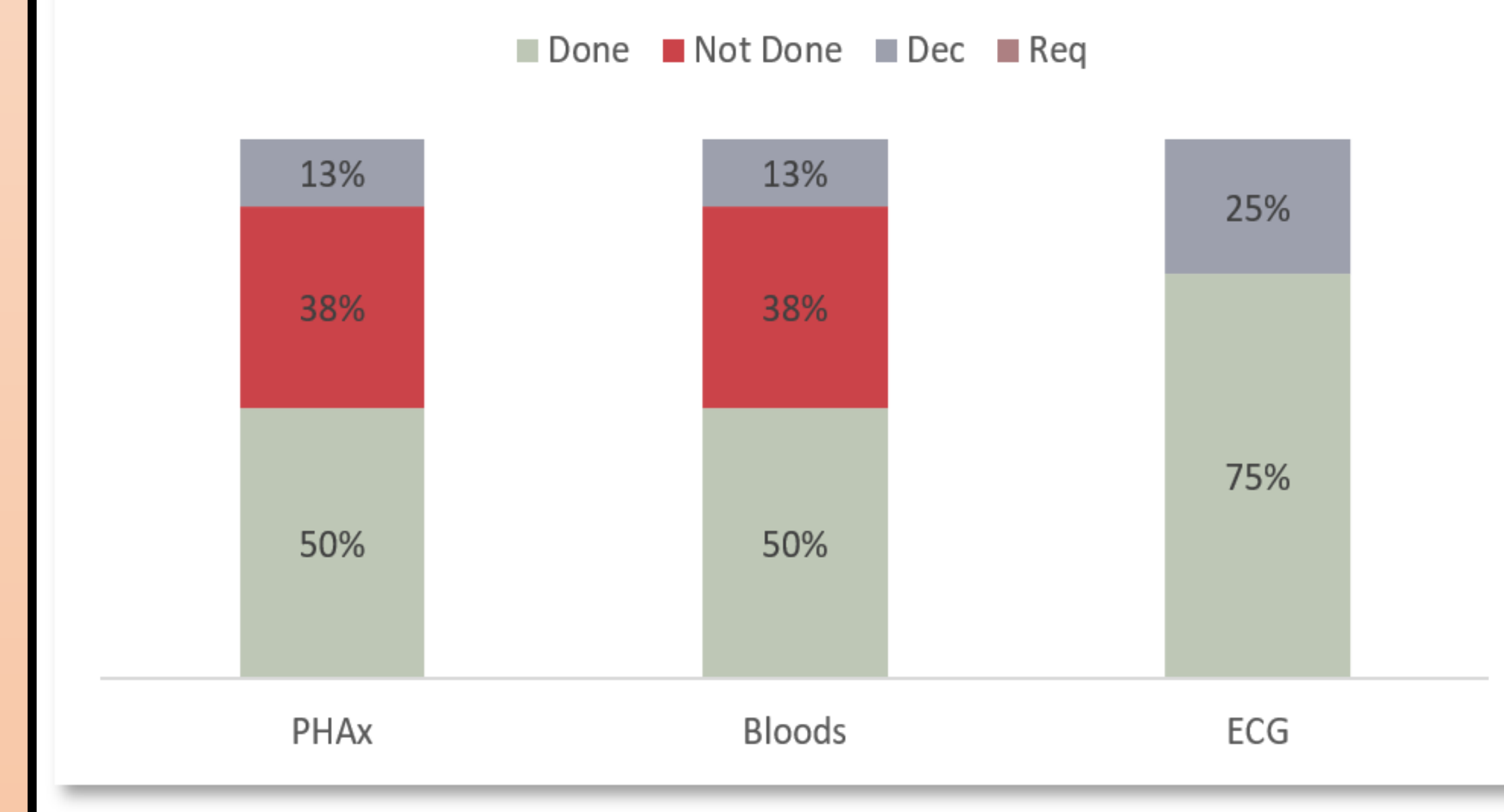
The entire inpatient cohort (16 males) was reviewed and then the data set was refined to show data for those who had been inpatients for longer than 2 weeks. Data was collated and analysed in Microsoft Excel.

## Results

### Physical health monitoring: All patients



### Physical Health Monitoring: >2 weeks



## Discussion

The results from this data collection show poor performance in physical health monitoring practices. Across both groups of data, no domain has a 100% completion rate. One exception that may be considered is ECG monitoring for the patients who have been admitted for at least 2 weeks – there is 75% completion with 25% of patient declining. This may reflect the efficacy of the ECG service employed by the trust.

With regards to the data for all patients, it is difficult to interpret this data group accurately as patients may have been at different points during their admission, for example, a patient who has been admitted on only the previous day, may not yet be expected to have all domains of physical health monitoring completed.

The data group for patients admitted >2 weeks however would be expected to have greater completion rates. More than 1/3 of patients who had been admitted for more than 2 weeks, had not had or been offered, baseline blood tests or a physical health examination. This may reflect an uncertainty within the clinical team as to whose responsibility these investigations lie with, as well as an inefficiency in monitoring physical health checks for new patients.

## Conclusions and Next Steps

There is scope to improve the quality of physical health monitoring for new inpatients. A poster tool was developed to act as a prompt for clerking doctors. However, due to the Covid-19 crisis, since the collection of the first set of data, there have been significant changes in the trust guidelines around physical health monitoring of new patients. Due to these changes, it has been difficult to collect further data which would be useful in monitoring how practice has changed in relation to the first set.

The next steps include sharing and discussing the results of this audit with the clinical ward team and also conducting a re-audit following an expected return to familiar trust policy following the Covid-19 pandemic.

### Ensure **BEST** Physical Care on Admission

- B**loods
- E**CG
- S**ystems Review
- T**ake note of any refusals in Progress Notes

Physical health Admission Checklist for Admitting Doctors

## References

1. DE Hert M and others. 'Physical illness in patients with severe mental disorders' World Psychiatry 2011: volume 10, issue 1, pages 52 to 77
2. The Mental Health Taskforce, NHS England. 'Five Year Forward View for Mental Health' 2016