CLINICAL AUDIT AND RE-AUDIT OF ADMISSION ECG MONITORING ON ACUTE INPATIENT WARDS

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NHS
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BACKGROUND

INITIAL AUDIT IN 2021

REAUDIT 2022

AIM

RCPsych & NICE guidelines stipulate that
ECG should be completed within 24 hours of admission –aim was **to monitor**
Compliance with guidelines

RESULTS

- Was an ECG obtained?
- Was it obtained within 24 hours?
- Was the ECG reviewed by a medic?
- Was the ECG finding documented on patient records?
- If the ECG was taken after 24 hours, was a reason documented?
- If an ECG not taken at all, was a reason documented?

	Initial Audit		Re-Audit	
Question	YES	NO	YES	NO
Was ECG done?	81% 35/43	19% (8/43)	68% 25/37	32% 12/37
Was ECG obtained within 1st 24 hours?	20% 7/35	80% (24/35)	44% 11/25	56% (14/25)
Was ECG reviewed by Medic?	82% 29/35	18% (5/35)	88% 22/25	12% (3/25)
Was ECG finding documented on PARIS?	37% 13/35	63% (22/35)	32% 8/25	68% (17/25)
If ECG done after 24 hours, was reason documented?	0% 0/24	100% 24/24	0% 0/14	100% 14/14
If ECG not undertaken, was reason documented?	0%	8/8 100%	42% 5/12	58% 7/12

METHOD

Conducted at Roseberry Park Hospital

4 Acute wards – 2 male, 2 female

Retrospective audit:

Over a period of 2 months in each cycle-6months given for implementation of action plan

Sample size:

Initial=43

Reaudit = 37

POTENTIAL ISSUES

- delays to starting treatment
- difficulty treating acutely distressed patients
- failure to detect underlying cardiac conditions

CONCLUSION

- Increase number of staff trained in undertaking ECGs
- New ECG machines
- Importance of monitoring to be reinforced at junior doctor induction

ACKNOWLEDGEMENTS

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REFERENCES

NICE guidelines 2014 CG178
Maudsley prescribing guidelines 2015
RCPsych core standards Inpatient mental Health services 2.8b