

Standardising Emergency Equipment in Mental Health Wards: A Quality Improvement Audit

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Introduction

This audit was conducted to assess the emergency preparedness of resuscitation trolleys and grab bags in Dykebar hospital inpatient wards, aiming to improve patient safety and care during medical emergencies.

Aims and Objectives

Aim To evaluate the availability, condition, and organisation of resuscitation trolleys and emergency grab bags at Dykebar psychiatric hospital and assess their alignment with local and national emergency equipment guidelines, with the goal of improving patient safety during emergencies.

Objectives:

- Review contents and organisation of emergency equipment across the site.
- Assess equipment condition and readiness.
- Evaluate maintenance and restocking procedures.
- Identify inconsistencies or missing items on stocklists
- Compare practices with GG&C stock lists and Resuscitation Council guidelines.
- Recommend improvements to standardise emergency preparedness

Methodology

The audit covered 7 resuscitation trolleys and 2 emergency grab bags across the Dykebar site. Data was collected during two audit rounds (March 2023 & March 2024) via direct inspection using a checklist, staff interviews, and review of maintenance logs. Equipment was assessed for presence, condition, expiry dates, and organisation. Staff feedback and photographs were also used to support qualitative analysis.

Ward staff education on how to order/ replace items and equipment
Laminated emergency algorithms attached to trolleys & bags

Checklists updated with:

- Expiry date space
- Grab bag pockets renamed (A–B–C–D)
- Essential items (eg blood bottles)
- Equipment boxes eg PPE box, venepuncture box

Table 1 : key of interventions completed between cycle 1 and cycle 2

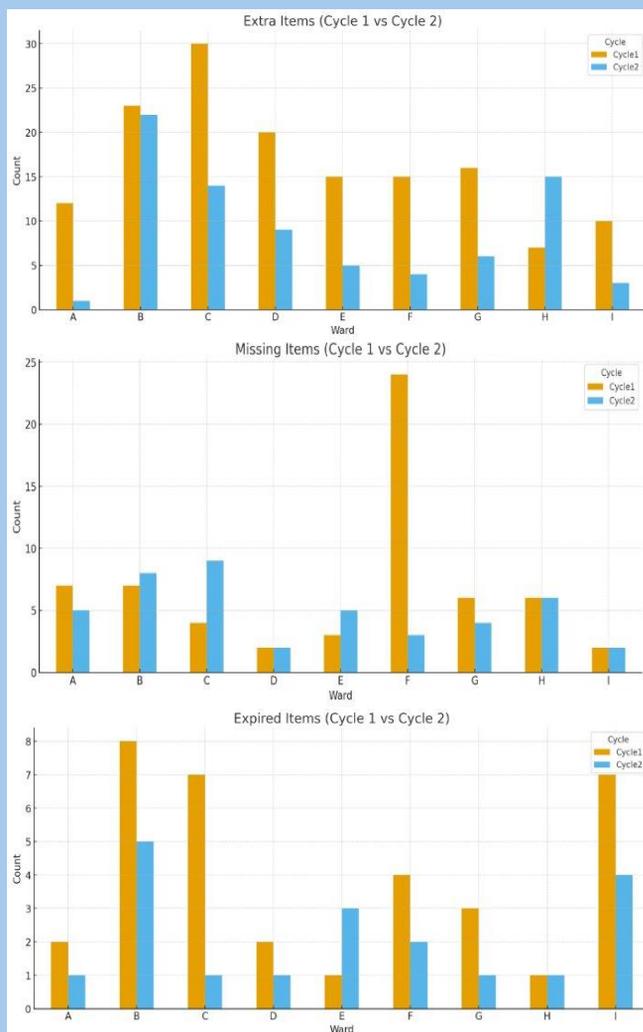


Figure 1 : Bar charts representing the number of expired items, missing items and extra items on cardiac resuscitation trolleys on wards of Dykebar site during cycle 1 and cycle 2 of the audit.

Discussion

Between cycle 1 and cycle 2 there was a reduction in expired and missing items across several wards, reflecting the impact of improved checklists, laminated emergency algorithms, drug box updates, and staff education on ordering and replacement processes. However, duplicate and unlisted equipment remained a persistent issue, with only limited uptake of new organisational measures such as venepuncture and PPE boxes. Staff interviews highlighted gaps in equipment knowledge and confidence in managing emergencies, reinforcing the importance of ongoing MET training by resuscitation officers. Overall, while progress has been made, further emphasis is needed on standardisation and organisation of trolleys and bags to ensure rapid access to essential equipment in emergencies.

Acknowledgments

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