

# RE-AUDIT OF PHYSICAL HEALTH MONITORING OF CAMHS INPATIENTS ON ANTIPSYCHOTIC MEDICATION AT PRESTWICH HOSPITAL, GREATER MANCHESTER

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## INTRODUCTION

- Antipsychotic medications carry risks of associated physical health complications.
- A January 2019 audit assessed physical health monitoring for all patients on antipsychotic medication who were inpatients on two tier 4 CAMHS inpatient wards at Prestwich hospital.
- The audit used the standards from the NICE guideline CG155, 'Psychosis and Schizophrenia in children and young people: recognition and management' (sections 1.3.16, 1.3.17, 1.3.19).
- We carried out a re-audit in October 2020 to see if changes implemented had improved compliance.

## METHODS

All inpatients prescribed an antipsychotic on a randomly selected date in October 2020 were included, totalling 13 patients. The re-audit also included patients on the secure adolescent forensic unit based at Prestwich Hospital. Electronic records were reviewed to collect the data.

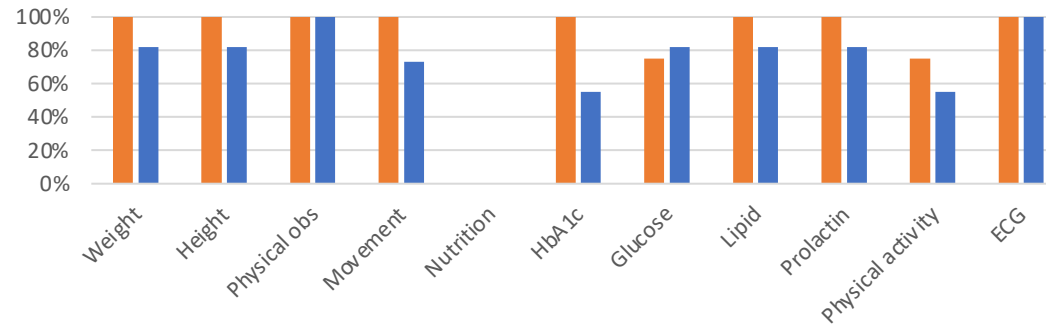
## RESULTS

The graphs show compliance with NICE antipsychotic monitoring standards in each phase of treatment.  
 Pre-treatment phase = 3 months before commencement  
 Initiation/titration phase = first 3 months on medication  
 Maintenance phase = 6 months on medication onwards

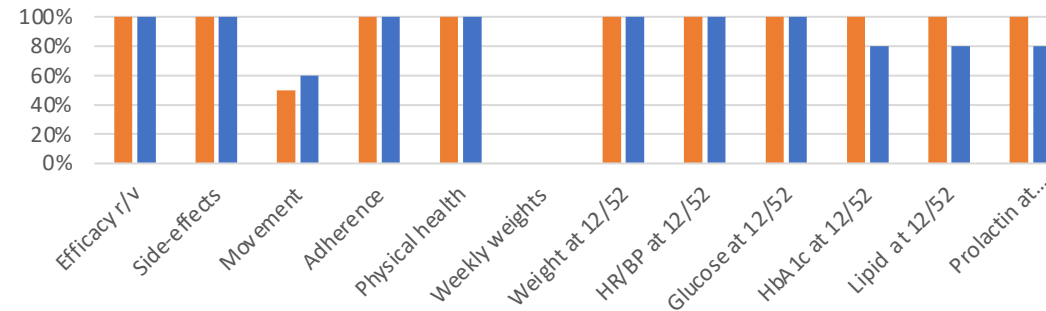
## DISCUSSION

Compliance decreased in the pre-treatment and maintenance phases. This highlights the need for repeated monitoring and adapting the process in order to embed quality improvement.

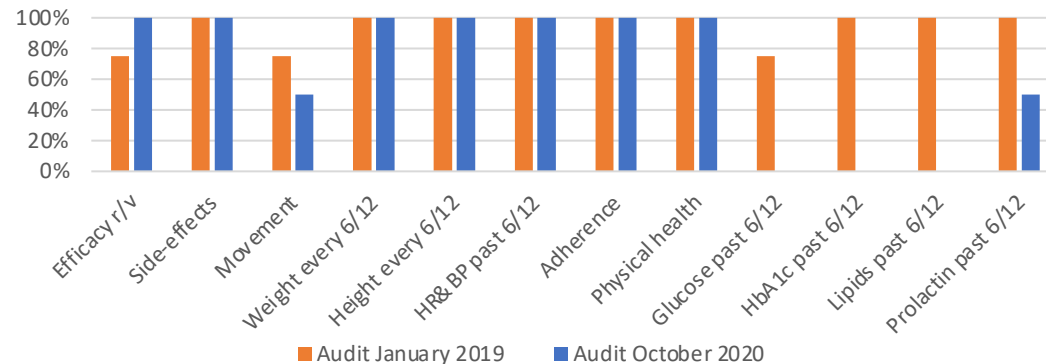
### Compliance rate in pre-treatment phase



### Compliance rate in initiation/titration phase



### Compliance rate in maintenance phase



## CONCLUSIONS

- System change implemented after the original audit in January 2019 – a table of NICE antipsychotic monitoring standards introduced to the end of the fortnightly ward round template – did not increase compliance. Reasons may include that the ward template is lengthy and that the table for antipsychotic monitoring was at the end.
- Some changes made after the original January 2019 audit were reliant on individual changes in behaviour. The fact that these individual-based interventions were unsuccessful reflects staff turnover and ergo the need to have a system that is not dependent on any one individual.

## RECOMMENDATIONS

1. Develop a live master spreadsheet of all CAMHS inpatients on antipsychotics to maintain an up-to-date record of antipsychotic monitoring completed and when next due
2. At weekly medication chart review pharmacist will highlight to clinical team any monitoring that is due
3. Remove table at end of ward round template and replace with one question at the top of the template: *If on antipsychotic, have pharmacy confirmed monitoring is up-to-date (see master spreadsheet)? Yes/no/not applicable*.
4. Electronic record progress note template designed for staff to use when adding information about antipsychotic monitoring to medical records to prompt inclusion of various monitoring standards
5. Pharmacy to incorporate information about the above into Pharmacy induction for new doctors to the ward.
6. Re-audit in 6-9 months to see if changes increase compliance rates.