

# An audit to evaluate Next of Kin documentation in a regional mental health service

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## Introduction

A next of Kin (**NoK**) is someone a patient nominates to receive **information about their medical care**.<sup>1</sup> A lack of this information can present barriers to patient care, such as gaining **collateral histories, decision making surrounding treatment & discharge planning**. In mental health services it is particularly helpful in locating vulnerable patients who have become unreachable in the community. Mersey Care's **Failure to Locate** policy (2019) advises contacting the NoK firstly in the case of an uncontactable patient.<sup>2</sup>

Indeed, where NoK has not been recorded this has led to adverse outcomes where patients have absconded. Studies have indicated the importance of having a nominated NoK and suggest that **patient outcomes** in physical health services are be **poorer** in those **without a NoK**.<sup>3,4</sup> Our literature review highlighted that whilst NoK is seen as an important issue in physical health services, it seems to have not been researched as widely in mental health services.

## Aims

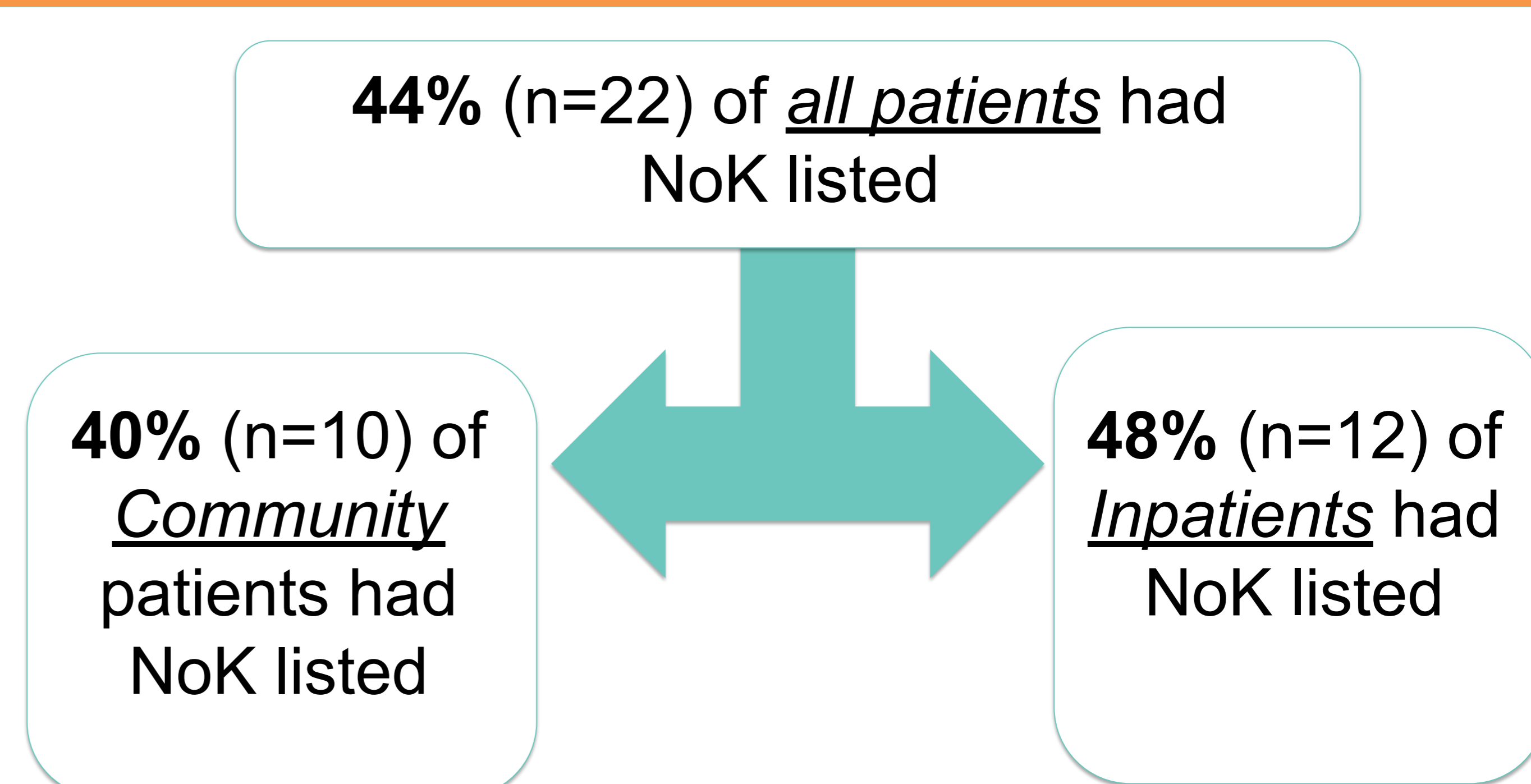
Assess the compliance of recording NoK information and see how we can improve on this in order to **safeguard our patients**.

## Methods + Standards

This was a **snapshot** audit conducted on the 28/8/20. Data was collected from a **random sample** of **25 inpatients** (at the time of collection) & **25 outpatients** under CRHT (Crisis Resolution Home Treatment Team) at Mersey Care NHS Foundation Trust (**total n=50**). Electronic records were manually searched for patient details, NoK, other contacts and any address & telephone number listed. As listing a NoK should be mandatory, our **audit standard** was for **100%** (n=50) of patients to have NoK listed on their e-records.

## Results

- **44%** (n=22) of **all patients** had NoK listed on their electronic record
- This was further stratified into inpatient & community patients
- Using Chi-Squared analysis, **no significant difference** was found between the community & inpatient groups (p=0.57) or sex (p=0.59).
- Although a large number did not have a NoK listed:
  - **72%** (n=36) of patients had 1 or more contacts recorded
  - **97%** (n=49) had their own address & contact numbers listed



## Conclusions + Recommendations

Overall, our audit revealed recording NoK data **does not meet the expected standard**. Although sample size is small, there is clear room for improvement in documentation. When patients present to services, they may not be well enough to provide NoK data, however this should not deter staff from trying to ensure this is completed at a later date.

We have presented our findings regionally, which gave us the opportunity to highlight the importance of NoK recording and promote conversation surrounding this issue.

We hope to make changes to this with the following recommendations:

- Findings have been shared with the Director of Patient Safety and the Family Liaison officer for the trust
- We have planned to implement a **24-hourly reminder** to notify users to record a NoK; we hope that this will make the documentation of NoK everyone's responsibility.
- A further cycle of data collection is needed to assess if improvements have been made following our proposed intervention.

## References

1. Patients-association.org.uk
2. Failure to Locate Policy (Mersey Care), 2019.
3. Wallerstedt B, Behm L, Alftberg Å, Sandgren A, Benzein E, Nilsen P, Ahlström G. Striking a balance: a qualitative study of next of kin participation in the Care of Older Persons in nursing homes in Sweden. InHealthcare 2018 Jun (Vol. 6, No. 2, p. 46). Multidisciplinary Digital Publishing Institute.
4. White DB, Curtis JR, Lo B, Luce JM. Decisions to limit life-sustaining treatment for critically ill patients who lack both decision-making capacity and surrogate decision-makers. Critical care medicine. 2006 Aug 1;34(8):2053-9.