

SQ984 Are Urine Screening Tools Being Used as Part of the Admission Process? – An Audit in a Female Inpatient Ward

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Location: Westwood Ward (Female Inpatient), The Caludon Centre (Coventry and Warwickshire Partnership Trust), Clifford Bridge Road, Coventry, United Kingdom

Introduction

Urine screening is a quick and non-invasive examination that is suitable to conduct during the clerking process to provide important information regarding a patient's mental and physical health status.

In the Coventry and Warwickshire Partnership Trust's *Physical Examination of Service Users during Admission to Hospital* policy document, urine screening is recommended as a routine part of the physical examination process. The screening includes a pregnancy test, urine drug screen and urine dip for markers of urinary tract infection (UTI). Such tests will identify any organic causes of mental health disturbances, such as infections and substance use. In the event of pregnancy, it will also guide medication therapy and overall management.

The audit identifies the percentage of new admissions to the ward (Westwood Ward at the Caludon Centre in Coventry) who are offered and receive urine screening on admission to a female general adult inpatient ward, comparing to a target of 100%.

Methods

All new admissions to Westwood Ward between 01/07/2019 to 01/10/2019 were identified retrospectively. This allowed 58 patients to be included in the project, with no specific exclusion criteria.

Retrospective review of patient documentation was undertaken, viewing *Carenotes* files (online patient notes system) and initial paper clerking documentation, looking for evidence of;

1. Urine testing being offered, and carried out
2. Urine testing being offered, and declined, or
3. No evidence of urine testing

If undertaken, information relating to the tests was recorded. The notes were reviewed and it was recorded whether urine screening was offered as part of the admission process. If offered, it was also then recorded if this was refused, or if the patient agreed, and then if it was physically undertaken. If the urine screen was done, information relating to the tests undertaken (pregnancy test, urine dip for UTI, urine drug screen) were recorded.

Results

58 patients were retrospectively reviewed, which amounted to all admissions to the ward in the three-month period of data collection.

Of these, 22% received a urine drug screen, with 29% being offered drug screening but refusing, and 48% not being offered a urine drug screen at all. 16% of the cohort received a urine bHCG pregnancy test, with 34% having been offered but refused, and 50% not being offered. Lastly, only 26% received a urine dip test for markers of a UTI, with 24% being offered but refused, and 50% not being offered at all.

Although collecting data with regards to the outcomes of cases where tests were done, these results are discarded as have no bearing on the process which we are evaluating.

The following urine screening should be offered on admission:	Offered and Tested	Offered and Declined	Not Offered
Urine Drug Screen	13/58 (22%)	17/58 (29%)	28/58 (48%)
Pregnancy Test	9/58 (16%)	20/58 (34%)	29/58 (50%)
Urine Dip for UTI	15/58 (26%)	14/58 (24%)	29/58 (50%)

Discussion

The policy in Coventry and Warwickshire Partnership Trust identifies urine drug test, urinalysis and pregnancy test as tests that should be undertaken on admission. Ideally these should be within an hour of admission

The findings show that urine screening was not routinely and consistently completed on admission to Westwood Ward, with a rate of 48-50% of these tests not being undertaken. Although this review did not identify whether these tests were completed within an hour of admission, the findings show that urine screening was not routinely and consistently completed on admission to Westwood Ward. We did not identify if these tests were undertaken together with the same sample of urine or if they required multiple encounters. There was no documentation concerning particular or explicit reasons why patients refused to have testing if offered, and also a lack of evidence to suggest why offers were not made at all. We have no recorded evidence of cases where failure to screen urine lead to a worse clinical outcome.

There were issues where no documentation was evident on the initial clerking proforma. This then had to be cross referenced with *Carenotes* to look for any evidence of test results being documented. If no documentation was found, it was assumed the test was not offered and not done.

As a result, the audit findings will be presented to the trust, including junior doctors and nurses, with a view to adjust trust procedures to include better documentation and prompting of urine screening on the standard clerking proforma documentation, as well as steps to ensure the presence of the required test kits on the ward. Prompting to document reason of refusal or not offering testing may also aid further understanding of reasons for this low rate of uptake.

Conclusion

We should ensure that all patients on admission to Westwood Ward are offered urine screening as part of their baseline observations in line with Trust policy; only 52% of patients were offered urine screening as part of the admission process. Further, only 22% had a urine drug screen, 16% had a pregnancy test, and 26% had a urine dip for UTI.

Due to the low compliance, a re-audit is suggested in 3-6 months after implementation of the action plan in order to re-measure performance.

Further investigation with regards to the effect of failure to test urine on patient outcomes could be subject to further enquiry, along with collection of data with regards to reasons of not offering or refusing testing.

Areas of Good Practice

Of those tested, all results were recorded appropriately and there is evidence of results acted on accordingly. There is already a clerking document which encourages urine testing.



References:

1. Coventry and Warwickshire Partnership NHS Trust (CWPT), (2015). Policy for the Physical Examination of Service Users during Admission to Hospital.