Quality of Psychiatry Home Treatment Team Discharge Summaries at Dorothy Pattison Hospital, Walsall: An Audit

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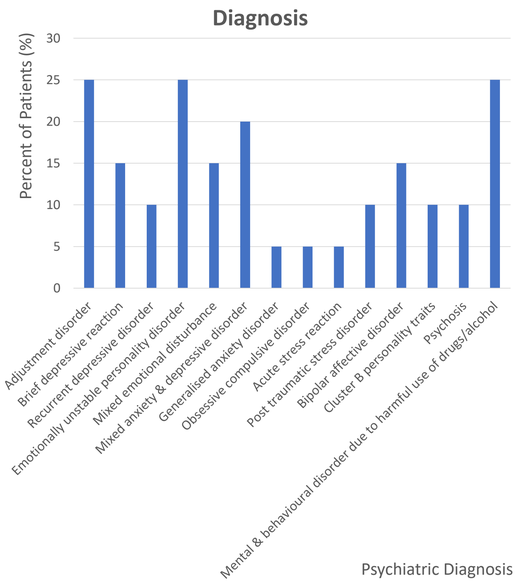
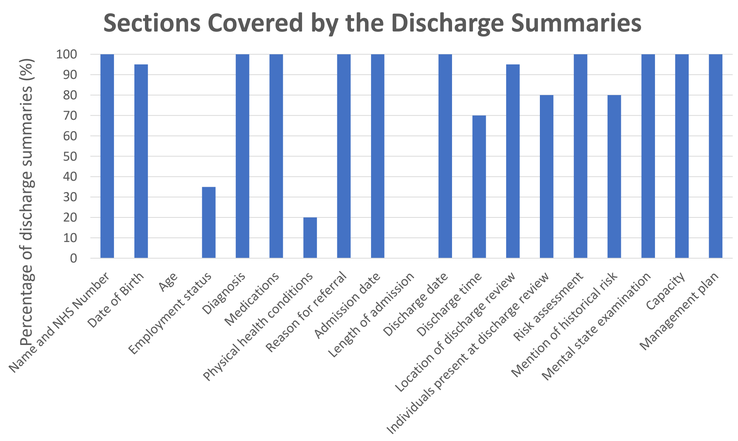
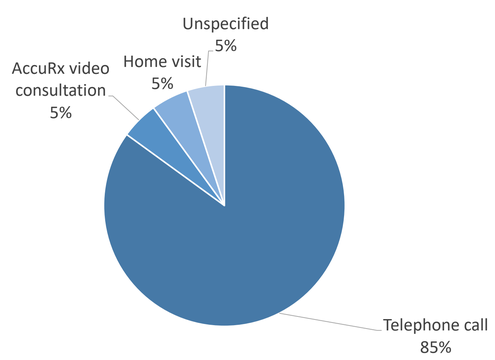
Introduction: Crisis resolution and home treatment teams (CRHTs) are commonly used for adults aged 16-65 years old with severe mental illness [1]. Home treatment teams (HTTs) allow patients to be treated in the least restrictive environment, causing the least possible disruption to their lives [2, 3]. Prior to discharge from the home treatment team, patients are seen for a discharge assessment and a discharge summary is written (or discharge letter) [4, 5]. The discharge letter is then sent to all teams involved in the patient's care, including the general practitioners (GPs), community teams and specialist services within 24 hours [5, 6]. Clearer use of subheadings has also been suggested for ease of finding particularly pertinent information [4]. NHS numbers are essential [7]. Summaries should cover why the patient was admitted and how their condition has changed during their time with the HTT [6]. They should also cover details of the discharge assessment, which should include risk of suicide, and provide a plan for a potential repeat crisis [5, 6]. The plan should also cover details of medications, treatments and support provided, as well as physical health needs and evidence of health promotion. Mental capacity assessments, safeguarding issues identified, and information given (regarding diagnosis or treatment) in the assessment should be recorded, followed by the time of discharge, when the patient leaves the unit [7]. The plan should then go on to address any arrangements that have been made for ongoing care, monitoring or follow-up, and who the patient is expected to see for these [8]. The letter can be broadly split into a person summary and a psychiatric summary [9]. The person summary addresses ethical or cultural factors, social factors, lifestyle factors, and health. The psychiatric summary focuses more on the details of admission, the treatment given and the discharge plan.

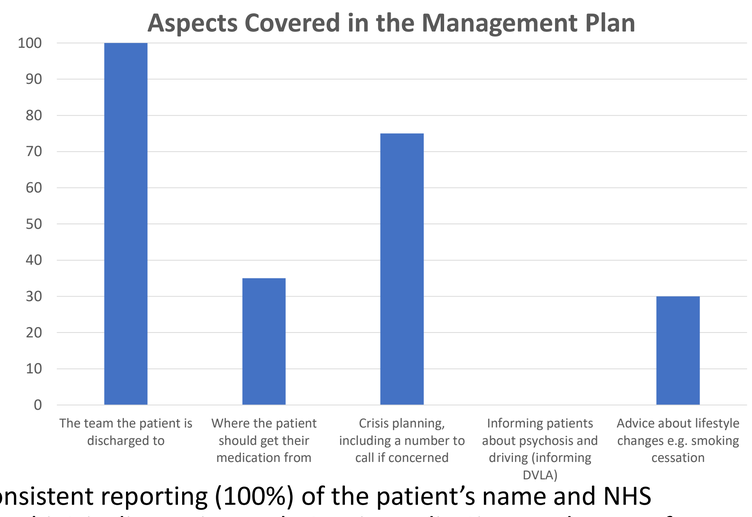


Aims: The aim was to audit current practices and assess whether there was consistency between the discharge summaries and with the current guidelines. This information would help in identifying any problems with the discharge summaries, to see if any practices could be improved and find specific recommendations for further improvement in the quality of these summaries.

Methods: A sample of 20 Home Treatment Team discharge summaries of patients from Dorothy Pattison hospital was retrospectively audited. The audit covered discharge summaries selected randomly from three different doctors working within the HTT (two consultants and one speciality trainee). This covered discharges over a 4-month period, from the start of April 2020 to the end of July 2020.







Results: Patients covered the range of ages normally seen in HTTs, being aged 20-63 years old. It was found that there was consistent reporting (100%) of the patient's name and NHS number. However, age was not reported (0%) and date of birth (DOB) was not reported in every discharge summary (95%). Psychiatric diagnosis, psychotropic medications and reason for referral to the HTT were recorded (100%), however there was poor reporting of physical health conditions (although 45% mention some aspect of the patient's physical health at some point in the summary, only 20% had a dedicated section for it). Admission and discharge date were recorded (100%), but discharge time was sometimes also forgotten (present in 70%). Although risk assessments were recorded in each summary (100%), historical risk was not mentioned in all of these (present in 80%). Similarly, mental state examination (MSE) was recorded in all the studies, but it was only signposted in 95%; in 5% aspects of a MSE were covered within the clinical notes. Of the 95% with a dedicated section to the MSE, 10% were marked as unavailable and 15% as incomplete, however, 85% of patients were assessed via telephone, thus patient appearance and behaviour could not be assessed. Whether the patient had capacity to consent to treatment was recorded in 100% of the discharge letters and management plans were also recorded. The team which the patient was discharged to was listed (100%), but where the patient should get their medication from was poorly recorded (35%). There was also poor planning for crisis situations, with only 75% listing a number for the patient to call should they be concerned about their mental health. There was no record of patients being informed about the need to inform DVLA about mental health conditions, particularly those with psychotic symptoms (0%), and there was little record of lifestyle advice being given in the discharge review (30%).

Discussion: Problems with the discharge summaries are primarily due to missing information. Key information could be presented more clearly by further use of headings [4]. This would be particularly useful for highlighting any physical health aspects from the clinical history, along with any past, present or future risks and any mental state examination findings. Employment status should be another demographic feature recorded, as unemployment has a negative impact on the patient's mental health [10]. Patients should be informed regarding the rules surrounding driving with a mental health condition, particularly if experiencing psychotic symptoms [11]. Such patients should fill in an M1 form from the Government website to send to DVLA [12]. DVLA may tell them to stop driving and surrender their licence [13]. Similarly, it is important for the patient to make changes to their lifestyle and daily activities, to try to improve their mental health [14]. Lifestyle factors, such as frequency of physical and mental activity, alcohol consumption, smoking or BMI, all affect mental health. Nonetheless, lifestyle advice was rarely given or noted in the discharge summary. All patients should receive relevant lifestyle advice, such as smoking cessation. Contrary to popular belief, quitting smoking is associated with reduced depression, anxiety and stress, so this fear of worsening symptoms when stopping what they do to cope should be dispelled [15]. Moreover, it is also important to advise cessation for better psychotropic medication function; tobacco smoke can increase their metabolism, resulting increased doses of medication, with an associated increase in side effects. This information is important for several reasons: some medical conditions may present with similar symptoms to psychiatric conditions, the presence of chronic conditions may cause deterioration in mental health, and medications for any physical health conditions may interact with psychotropic medications that the mental health practitioners may wish to prescribe [16-18]. A physical health section would be important for covering the other medical conditions the patient has and the medications that they take. However, this should be brief and for some patients their medical history is extensive, so in such cases it could be limited to the key points, highlighting the conditions that affect them the most and the medications that might interact with psychotropic medications. Finally, the management plan should include a crisis plan, which would not only include who to contact in a crisis, but also any indicators of relapse and coping strategies that the patient can use when they notice these [6]. Patients should also be assigned a care coordinator, listed as a key contact, who should be present at the review or informed of the plan going forward [7].

Limitations: The main limitation of this audit was the small sample size of 20 discharge summaries, from one hospital, so this should be increased on reaudit. Nevertheless, the simple design and structure of the audit meant that meaningful interpretation of the data was possible.

Conclusion: The main issues highlighted were regarding the recording of physical health aspects or recommendations given to the patient about lifestyle changes. Physical health should be briefly summarised in its own section on the discharge summary, listing briefly the patient's medical history, with any conditions they have and the medications they take (with their dosage). Clinicians should give lifestyle advice, either verbally or through pamphlets, with particular focus on advising patients to inform DVLA of their diagnosis, stop smoking and start exercising more. Mental health professionals filling in a discharge summary should also enter the key information concisely, splitting it into sections signposted with relevant subheadings. A repeat audit will be performed in 6-9 months to evaluate adherence to the recommendations and see if improvements are achieved.

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