



AUDIT AND REAUDIT OF REWRITING DEPOT PRESCRIPTION CARDS IN TREATMENT TEAM IN FOLLY HALL, HUDDERSFIELD

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INTRODUCTION

- WHY THIS AUDIT?
- I carried out a retrospective study of cards re-written between April and June 2020 in the treatment team in Folly Hall in July 2020.
- To evaluate whether we were re-writing depot cards according to Trust's guideline.
- The outcome was noted, recommendations were made and followed.
- Then a re-audit was done in July 2021 using cards re-written between April and June 2021.

TRUST GUIDELINES FOR PRESCRIBERS ON RE-WRITING DEPOT PRESCRIPTIONS

Is the dose within the BNF limit? If not, is there a high dose antipsychotic form?

Has the patient had a set of bloods and ECG done as per guideline?

Has the patient had a BMI check and set of observation recorded within the past year?

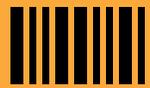
Has the patient been asked about side effects?

Has the patient been reviewed by a medic in the past 1 year?

TABLE SHOWING SUMMARISED INVESTIGATION GUIDELINE

INVESTIGATION	BASELINE	6 MONTHS	12 MONTHS	ONGOING
Full blood count	**		**	Annually
Urea & Electrolytes	**		**	Annually
Liver function	**		**	Annually
Thyroid function	**		**	Annually
Prolactin	**	**	**	Annually
Glucose/ HbA1c	**	**	**	Annually
Lipid profile	**		**	Annually
ECG	**		**	Annually

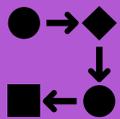
SAMPLING METHOD



Cards were chosen randomly from the shelves and sorted by choosing cards re-written in the specified period of the audit.



Sample size of 40 prescription cards.



Same method was used for the re-audit.



In addition, cards were grouped into the Core team and Enhanced team.

DATA GATHERING

Prescription cards – Information retrieved includes Dose of antipsychotic and side effects chart

SystemOne- Last review by medics, BMI and observations record

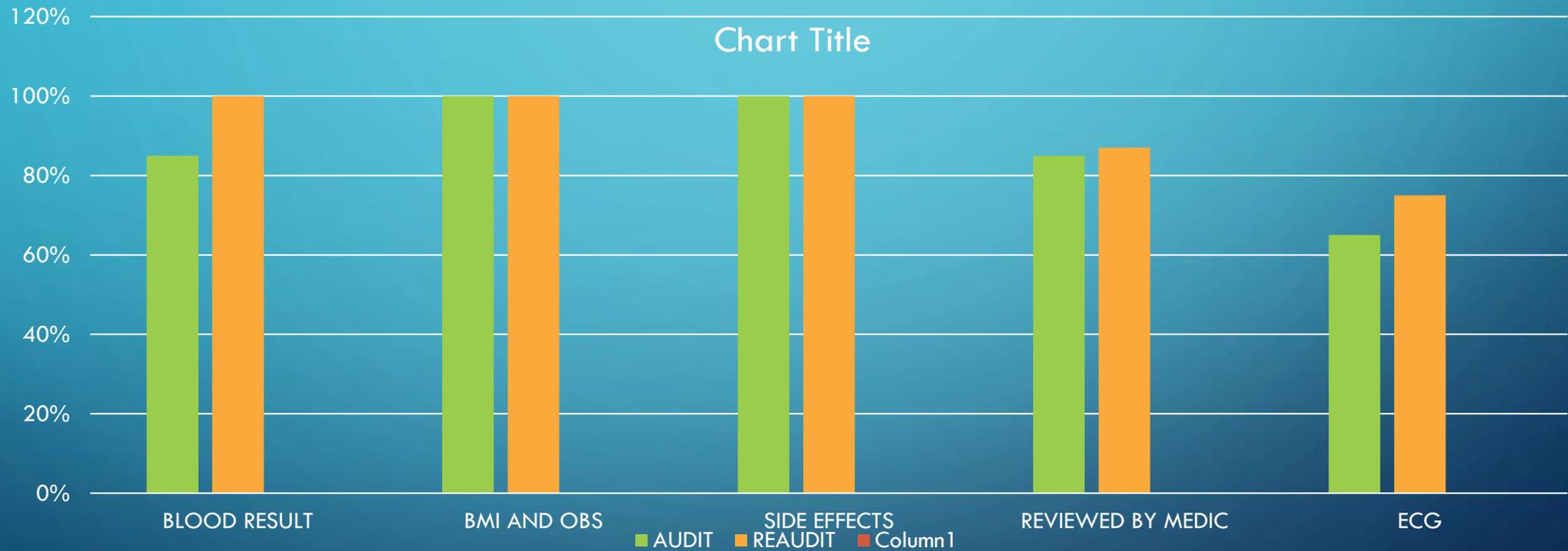
ICE – Date of last blood result



RESULT

	AUDIT	REAUDIT
DOSE	100%	100%
BLOOD RESULT	34 OUT OF 40 (85%)	40 OUT OF 40 (100%)
BMI AND OBS	100%	100%
SIDE EFFECTS	100% ON SYSTEM1	100% ON SYSTEM1
REVIEWED BY MEDIC	34 OUT OF 40 (85%)	35 OUT OF 40 (87%)
ECG	26 OUT OF 40 (65%)	30 OUT OF 40 (75%)

GRAPHIC REPRESENTATION OF AUDIT AND REAUDIT RESULTS



RESULT INTERPRETATION

- The result showed an improvement across board as service users that had up to date bloods moved from 80% to 100%, BMI/Obs check and side effect charts remained at 100%, those that has been reviewed by a medic in the last 1 year increased to 87%, while those that have had ECG done moved from 65% to 75%.

RESULTS CONTINUED

- 24 Prescription cards from Core team
- 16 prescription cards from Enhanced team

RESULT CONTINUED

	CORE TEAM	ENHANCED TEAM
DOSE OF MEDICATION	24 OUT OF 24 (100%)	16 OUT OF 16 (100%)
BLOOD RESULT	24 OUT OF 24 (100%)	16 OUT OF 16 (100%)
OBS AND BMI	24 OUT OF 24 (100%)	16 OUT OF 16 (100%)
SIDE EFFECT CHART	24 OUT OF 24 (100%)	16 OUT OF 16 (100%)
REVIEWED BY MEDIC	21 OUT OF 24 (87.5%)	14 OUT OF 16 (87.25%)
ECG	17 OUT OF 24 (70%)	13 OUT OF 16 (81%)



RECOMMENDATIONS FROM AUDIT

Report Audit result according to teams.

Redesign a reminder chart to paste in the treatment team (next slide is a sample of the reminder chart posted in the treatment team)

Liaise with the treatment team nurses on the best way to record side effects, and possibly blood result.

In addition, a reminder email was sent out.

GUIDELINES FOR REWRITING DEPOT CARDS

Are you about to rewrite Depot cards? Please check, fill the date and tick boxes completed.

Is the dose of the antipsychotic within the BNF limit? If not, is there a high dose monitoring card attached?						
Are the bloods up to date?						
Has the patient done a recent ECG?						
Are the Observations and BMI recorded?						
Have you looked at the side effect chart?						
Has the patient been reviewed by a medic in the last one year?						
Can you please record your findings on systemone						



RECOMMENDATIONS FROM REAUDIT

To continue using the reminder chart as it proved effective

For nursing staff to continue recording the due date for next set of bloods at the top corner of the prescription cards.

A similar audit can be carried out in other treatment teams

RECOMMENDATION

These were further recommendations after presentation-

To clarify if waist measurement is part of the guideline.

To clarify if patients turned up for annual review, as this may account for some of the lapses.

CONCLUSION

The full audit cycle of audit and reaudit has been completed with improvement seen in some aspects of the service provided. It is important to continue following the recommendations that produced these results.

The audit has also highlighted areas that needs further improvement. An audit may be carried out again to assess for further improvements.