

IMPROVING PHYSICAL HEALTH MANAGEMENT ON AN INPATIENT ADULT PSYCHIATRY WARD

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Background

Severe mental illness and initiation of antipsychotics results in significant physical health burden for acute inpatients. Physical health reviews should routinely be conducted however can be overlooked due to other clinical/mental health needs.

Aims

To evaluate physical health management on an acute adult inpatient psychiatry ward and increase uptake of physical health reviews. To ensure all patients receive a weekly physical health review alongside mental health reviews and to improve documentation.

Methods

The first cycle involved offering voluntary 'physical health clinics' held by junior doctors to identify and manage both acute and chronic physical health issues. Review notes were clearly titled 'Physical health review'. Electronic notes were reviewed both retrospectively and prospectively.

The second cycle consisted of brief (<20 minutes) mandatory weekly physical health reviews for patients held either face to face or via board round with nurses. Patients were excluded if their LOS was <7 days.

Results

Before introduction of optional physical health clinics, only 20 physical health reviews and 7 urgent reviews over a 6-week period were performed (n=41). After introduction of the clinics, 42 patients underwent 25 clinic reviews, with 9 urgent visits and 29 visits outside of 'clinics' of which half were for 2 patients.

For the second cycle, in the 4 weeks prior (n=17), only 12 physical health reviews out of a possible 46 had been performed (26.1%), 17 physical health issues were identified and mean time since a physical health review was 17.8 days. After 4 weeks (n=9), 29/36 (80.5%) reviews were performed, and 2 patients refused face to face reviews. Mean time since review was <7 days and 42 physical health issues were identified. One visit occurred outside of the allotted review.

After both cycles documentation for reviews were 100%.

Conclusion & Recommendations

Results from this audit and improvement project suggest that mandatory weekly physical health reviews can identify more physical health problems, ensure most patients receive a weekly review, mitigate non-engagement through board rounds and better manage staff time through fewer ad hoc reviews when compared to an optional 'clinic' model.

The team has now settled on weekly reviews led by junior doctors and a physician associate, as well as MDT discussion of any complex health issues. A guide document for holding these reviews was made, and staff are reminded on induction to perform weekly reviews and ensure clear documentation.

