

Improving Timeframe of Admission Tasks on Kershaw Ward

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Aims and Hypothesis

On Kershaw Ward at St Charles Hospital, we noticed that there are patchy rates of completion of physical health assessments on Systm-one. We measured the percentage of patients admitted to our ward with timely completed assessments and found that under 50% of these had been completed within time. We aimed to improve this to 80% and hypothesised that this could be achieved through increased training and awareness of the multidisciplinary team.

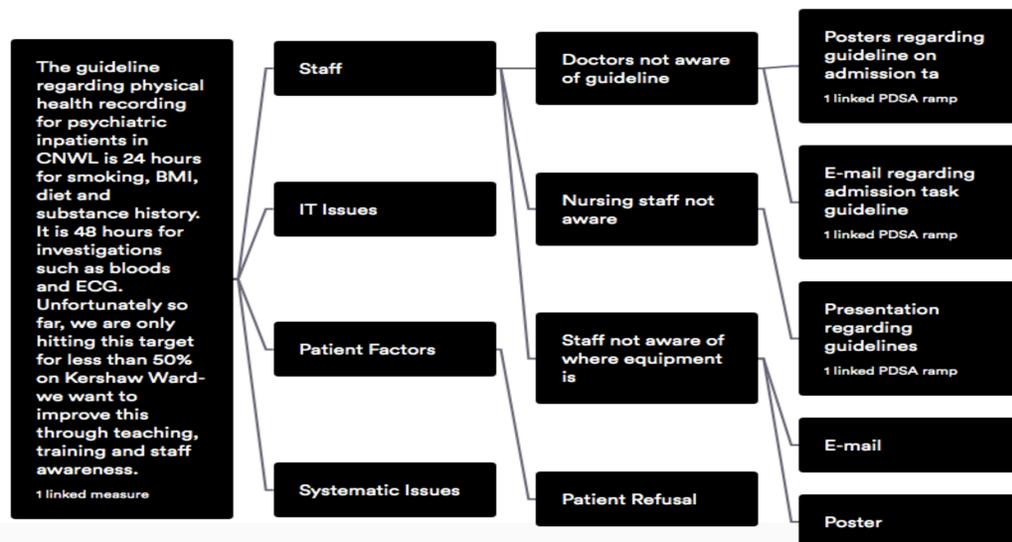
Background

On average, patients with serious mental illness (SMI) die twenty years earlier than the average population. The causes of death are predominantly related to cardiovascular, endocrine and metabolic diseases [1]. It is estimated that 2 in 3 of these deaths are preventable through amelioration of risk factors, such as smoking, poor diet and lack of exercise. One element of achieving this goal is frequent monitoring of risk factors [2]. Some specific requirements described by PHE are to:

- Demonstrate cardiometabolic assessment and treatment
- Demonstrate positive outcomes in relation to BMI and
- Smoking cessation

Currently at CNWL, all admissions require a cardiometabolic screen within 48 hours of admission, which includes BMI, smoking status, and assessing diet. [3]

Driver Diagram



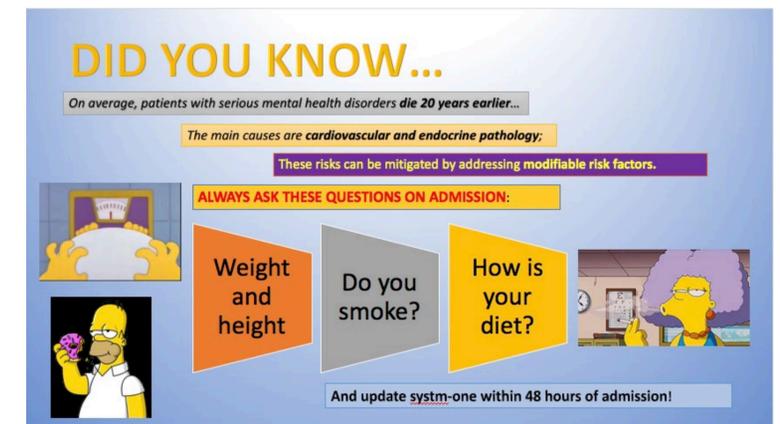
Methods

Change Idea 1:

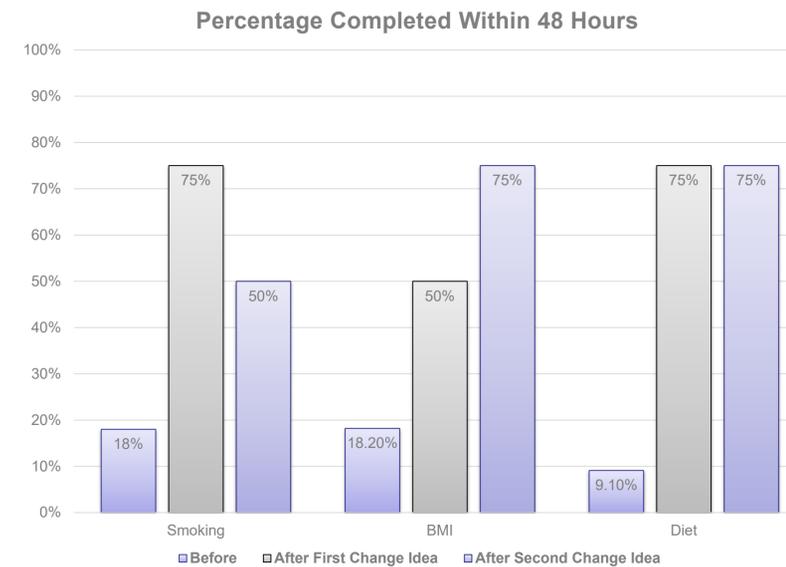
We delivered a teaching session to ward staff, which highlighted the importance of physical health monitoring in SMI patients. This improved the percentage of patients with completed tasks, as shown below.

Change Idea 2:

In order to reinforce this learning, we created an eye-catching poster which was placed in the staff office, in order to remind staff to ask about smoking, diet and measure patients' BMI. This is seen on the right.



Results



Next Steps:

1. Handover document and verbally to next set of doctors and any new nurses
2. Re-present staff teaching
3. Presentation and poster to be shared with next set of trainees
4. Re-audit after changeover- larger set of admissions to audit
5. Sharing between other wards and hospitals
6. Involve other admission tasks e.g. ECG, bloods, vitals monitoring

References
 [1] NICE. (2017, January). *Improving the physical health of people with serious mental illness: A quality improvement approach*. Retrieved March 2021, from NICE: <https://www.nice.org.uk/sharedlearning/improving-the-physical-health-of-people-with-serious-mental-illness-a-quality-improvement-approach>
 [2] NHS England. (2016, May). *IMPROVING THE PHYSICAL HEALTH OF PEOPLE WITH SERIOUS MENTAL ILLNESS A PRACTICAL TOOLKIT*. Retrieved from NHS England: <https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/05/serious-mental-hlth-toolkit-may16.pdf>
 [3] CNWL. (2016, September). *Minimum standards for physical health monitoring in mental health services*. Retrieved January 9, 2021, from CNWL: https://staff.cnwl.nhs.uk/application/files/6415/5074/3990/Minimum_Standards_Physical_Health_Monitoring.pdf

