A closed loop audit of clerking psychiatric histories in an acute psychiatric inpatient unit

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Aims. An accurate and complete history is a key component of a medical consultation. Evidence suggests that up to 80% of diagnoses may be made entirely off the patient history. The aim of this closed loop audit was to examine the effects of a clerking pro forma has significantly improved the quality and completeness of clerking histories. Forensic history showed a statistically significant improvement from 44% to 73% [X2(1) = 5.9; p = 0.015]. Social history showed a statistically significant improvement from 39% to 78% [X2(1) = 5.6; p = 0.018]. Premorbid personality showed a statistically significant improvement from 44% to 89% [X2(1) = 8.0; p = 0.005]. Personal history showed a non-statistically significant improvement from 39% to 56%, as did medical history from 72% to 94%, and family history from 39% to 61%.

Conclusion. In conclusion, the implementation of a clerking history pro-forma has significantly improved the quality and completeness of clerking histories gathered by doctors at The Orchard. This is hopefully improve diagnostic accuracy and improve the quality of care of patients in the hospital.

Counting ECGs in acute psychiatry – The patients’ price for junior doctors’ rotations

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Aims. On 05/08/20, when a new cohort of doctors rotated onto an acute ward, (John Dickson Ward, Maudsley Hospital, London) a new handover tool on MS Teams was introduced, which replaced previously used MS Word document. The new handover tool can be accessed and edited by any of the users in the team. We hypothesised that the introduction of an interactive, live-updated tool would help improve physical health monitoring for patients, especially compliance with ECG taking. The aim of this project was to test this hypothesis.

Method. Authors have reviewed electronic documentation of patients admitted to and discharged from John Dickson Ward between 01/04/2020 and 24/12/2020. Evidence of whether an ECG was performed, was offered but declined by the patient, or was not offered was noted in the final audit. Patients were divided into 3 groups: (1) Patients admitted and discharged from 01/04/20 – 05/08/2020; (2) Patients admitted and discharged from 05/08/2020 – 24/12/20, and (3) Patients admitted before the intervention date, but discharged after the date (i.e., the period when new junior doctors had rotated onto the ward). Fifty patient records were identified in Group 1, fifty in Group 2, and 18 in Group 3.

Result. Surprisingly, the percentage of patients who had a documented ECG did not improve after the intervention, with 37/50 (74%) of patients having an ECG in Group 1, and 37/50 (74%) of patients having an ECG in Group 2. However, an incidental
Clinical audit investigating the recognition of tardive dyskinesia in an acute inpatient setting

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Aims. Tardive dyskinesia (TD) is a disabling extra-pyramidal side effect (EPSE) associated with long-term antipsychotic medication, with an incidence rate of 5% per year of typical antipsychotic exposure. The Abnormal Involuntary Movement Scale (AIMS) is a validated tool for screening for TD and its use is recommended every 3–6 months in those taking antipsychotics. Atypical antipsychotics present a lower risk and have contributed to complacency in monitoring and treatment. The primary aim of this audit was to establish whether AIMS was completed for all patients taking regular antipsychotic medication for three months or more. Secondary aims were to investigate whether patients were informed about EPSEs on initiation, titration and change of antipsychotics, and whether they were assessed for the emergence of side effects during subsequent clinical reviews.

Method. This single-site audit examined the care of inpatients on Ward 4 of the Becklin Centre, a male working-age acute psychiatric ward, between 1st November 2020 and 31st January 2021. Patients aged 18–65 years who were prescribed regular antipsychotics were eligible for inclusion. Exclusion criteria included the presence of other neurological movement disorders. 50 patients were included. Data collection took place between 8th February and 6th March 2021; this involved reviewing patient records throughout their inpatient stay on Care Director, an electronic patient record system. Results were compiled using a pre-determined data collection tool and analysed using Microsoft Excel.

Result. For 14 (28.0%) patients there was documented evidence of the provision of verbal information surrounding EPSEs during initiation or change of antipsychotics, and 12 (24.0%) received written or verbal information about wider side effects. For 19 (38.0%) there was a documented assessment of side effects during clinical review following the initiation or change of antipsychotic medication. Of the 33 patients who took antipsychotics for over three months, 3 (9.1%) received an AIMS assessment.

Conclusion. An inadequate proportion of inpatients prescribed long-term antipsychotics were assessed for TD, likely due to a lack of awareness of the relevant guidance. A substantial number of patients were not informed about side effects, suggesting an element of medical paternalism. This study provides opportunity to improve practice by educating the medical workforce and raising awareness of TD symptoms amongst the wider team.