

Evaluating Completeness of Admissions Clerking Procedure for Patients Admitted to an Acute Psychiatric Inpatient Unit

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doi: 10.1192/bjo.2022.311

Aims. There is a well-known bidirectional relationship between mental and physical health. A thorough mental and physical health assessment of new inpatients on admission is crucial to assess possible organic causes of psychiatric presentations and enable appropriate treatment to be commenced in a timely manner. We noted a pattern of incomplete clerking, leading to delays in commencing treatment and increased workload pressure on the ward medical team. Our audit aims to assess how thoroughly and in what time frame patients' admission assessments are being completed on an acute psychiatric inpatient unit.

Methods. A sample of 20 patients was used for each cycle. Eight components were identified from the Trust clerking procedure. These were a full psychiatric history, capacity assessment, prescription chart, physical health systems review, physical examination, blood tests, ECG and VTE assessment. The expected standard was completion of all of the above at the point of admission or, if applicable, adequate documentation of patient refusal with documented reattempt within 24 hours.

Electronic patient records were retrospectively reviewed to identify whether each component was completed, the number of days from admission to completion and if completed by the clerking doctor. Evidence of documented patient refusals and the number of incomplete draft entries were noted.

Results. Initial results showed only 20% of patients (n = 4) had the full expected clerking procedure completed at admission. Physical health assessments (ECG, blood test, physical examination) had the lowest completion rates. When components were not completed by the clerking doctor, there was often a delay of several days from admission to completion of by the ward day team. For 50% of patients, some assessments were never completed (without adequate refusal documented). Eight patients did not have a completed VTE assessment by the point of discharge.

Conclusion. Reasons were identified for the poor completion rates of clerking assessments. These included a lack of understanding by on-call doctors about the importance of completing all assessments, unfamiliarity with ward equipment, lack of adequate handover to the ward medical team and staffing pressures. A new handover checklist was introduced for clerking doctors to use and enable better communication with the ward team. Clerking procedure summaries were displayed in on-call rooms and additional teaching was organised.

Quality Improvement Project to Improve COVID-19 Vaccination Uptake on an Old Age Psychiatric Ward (Meridian Ward)

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doi: 10.1192/bjo.2022.312

Aims. People with mental health issues have challenges in accessing medical care and it is hypothesised that this may result in a significant number failing to receive protection from COVID-19 by means of vaccination. This study aimed to identify the number of inpatients on a psychiatric general ward (Meridian ward) between May 2021 and June 2021 who were fully vaccinated against COVID-19 so that unvaccinated patients could be offered vaccination during their inpatient stay.

Methods. Data were gathered on the COVID-19 vaccination status of all patients on Meridian ward (inpatient mental health ward) admitted between May and June 2021. This was a total of 10 patients. This information was gathered directly from the patients, their summary care records and GP records. We also audited whether the patient's vaccination status was recorded in the notes.

Results. 50% of the patients were fully vaccinated. 20% had received one vaccine and 30% of patients were unvaccinated. 20% of the unvaccinated patients received their first dose during admission.

Conclusion. Patients with mental health issues sufficient to result in psychiatric admission face additional challenges when it comes to receiving a COVID-19 vaccine. It is important that healthcare workers are aware of this and facilitate interventions that maximise vaccination in this at-risk group. To improve uptake among this group it is recommended:

- Patients' vaccination status is assessed and recorded during inpatient admissions.
- GP surgeries should identify patients on their database with mental health issues who are unvaccinated and providing these individuals with support around accessing information, transport or providing vaccinations at patient's homes.
- There should be clear documentation of vaccination status on summary care record and ward notes.

Hertfordshire Partnership NHS Trust - Improving VTE Risk Assessments in an Older Adult Psychiatric Inpatient Unit

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doi: 10.1192/bjo.2022.313

Aims. VTE-related deaths are a leading cause of preventable mortality amongst all hospital inpatients. Psychiatric inpatients are at greater risk of this, due to administration of antipsychotic medication and longer inpatient stay. This is particularly significant during the COVID-19 pandemic, not least as it is a disease known to cause hypercoagulability, but also due to an increase in mental illness and extended admission, resulting from an overwhelmingly run social service. The objective is to analyse VTE risk assessments performed for the 23 patients at Lambourn Grove, a continuing care unit for old age psychiatric inpatients, diagnosed with dementia. The aims are to assess; the frequency at which VTE risk assessments are performed, the accuracy of each assessment and the subsequent management and appropriateness of preventative measures taken.

Methods. A retrospective study was conducted of 23 service users. Data were collected from the VTE assessment form on the local electronic patient record system, and analysed to assess compliance with local guidance. GP records were consulted to cross check data and ensure accuracy of information inputted. Improvement measures include presenting at the local teaching session and implementing a mandatory monthly review onto the ward round proforma. A second cycle will be carried out to