

## **Re-Audit of Physical Health Monitoring for Adult Inpatients on The Hadley Unit**

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### **Introduction or background.**

Mental health patients are at high risk of physical illness. Inpatient admission provides an opportunity to assess physical health and initiate appropriate management. An audit of physical health monitoring was done retrospectively for all patients admitted to our 9-bedded Psychiatric Intensive Care Unit (PICU) from 01/01/14-31/03/14 using case notes. Examination findings had been documented in the patients' notes and were not always easy to find and of variable quality. Following this, we introduced an Inpatient Physical Health Assessment Form in June 2014 to standardise examinations and documentation, improve the thoroughness of the examination, ensure health needs on admission are identified and addressed early and ensure compliance with Trust Policy.

### **Aims & Objectives.**

We wished to explore changes in the physical health examination and documentation for patients on PICU since introduction of a standardised form to identify any difficulties using the form and any necessary changes that would improve identifying physical health problems as well as monitoring improvements or deterioration.

### **Method**

This study was a quantitative audit. For both the audit and the re-audit, a structured proforma was used to retrospectively review case notes. This proforma was designed around the requirements of the Trust physical health policy. Data were gathered on items in the history, physical examination and investigations (performed or requested), whether this was done in the first 24 hours of admission and, if not, a reason documented. We also gathered data on ongoing monitoring of several physical health parameters (e.g weight gain).

### **Results**

In both audit and reaudit, 95% of patients had their physical within 24 hours or a reason documented if not. On History and Health Screening, there were improvements in 9/13 areas, no change in 1/13 and decline in 3/13 parameters. On Examination, there were improvements in 17/22 areas, no change in 0/22 and decline in 5/22 areas. On Investigations, there were improvements in 6/11 areas, no change in 1/11 and decline in 4/11 areas.

### **Discussion & Conclusion**

The audit was relatively easy to carry out, the structured form was a straightforward intervention and the team considered the study an important area for patient care. Potential limitations included the study being retrospective and there being a short time span before re-audit, so possibly not long enough to embed the new form in ward routine. Additionally the first audit had not been disseminated formally.

We noted some areas of good practice including improvements in having and recording physical examinations, testing of lipids as well as a systems review which had been lacking in the previous audit. However more patients need to have thyroid examination, waist measurement and BMI. The improvements suggest to continue using the Physical Health Assessment form for recording the examination findings but also to develop a system to track ongoing physical health monitoring,

perhaps as a continuation of the Physical Health Assessment form. This would allow changes in physical health, such as iatrogenic weight gain, to be highlighted and actioned by the team, resulting in improved physical health of the patient.

## References –

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