

Improving Physical Health Monitoring in Psychiatric Inpatient Wards

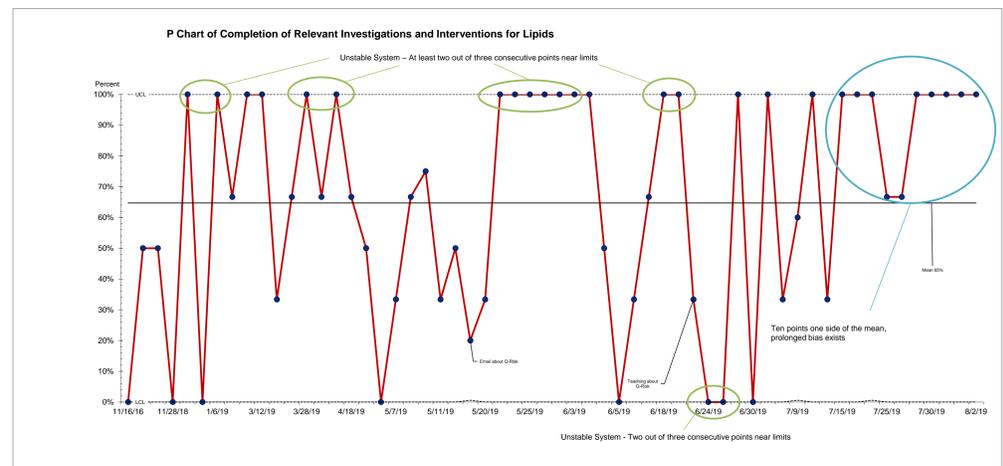
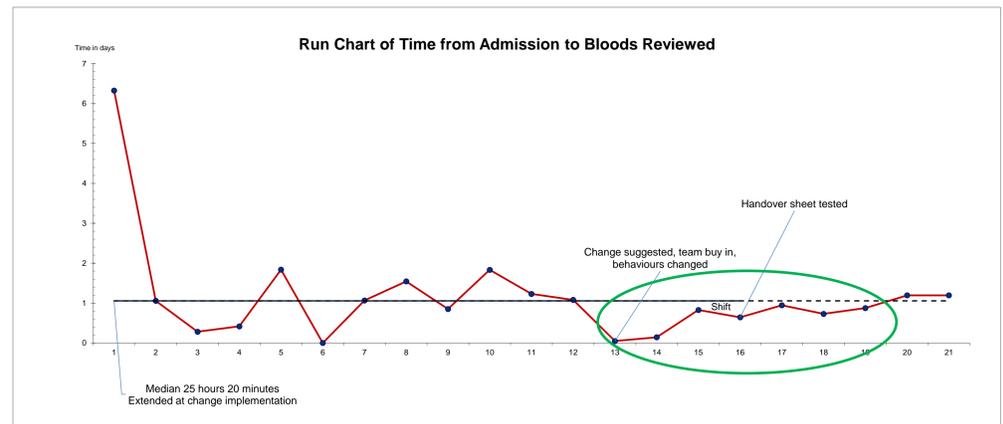
Dr Stephen Moore – Consultant Psychiatrist

Patients with severe enduring mental illness die on average 15 to 20 years earlier than the general population. This project aims to ensure that **80% of patients admitted to the Elm and Lime wards in the Tyrone and Fermanagh Hospital have their monitoring done within 96 hours of admission and appropriate interventions undertaken by the end of July 2019.**

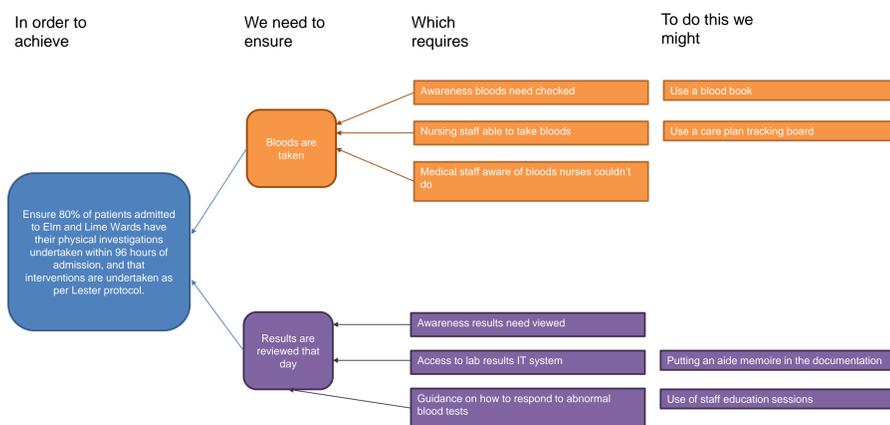
Method:

- A project team was assembled from the existing Quality Improvement Microsystems meeting across the unit. This team was made up of junior medical staff as they did the admissions, checked bloods, did physicals and provided interventions for physical health.
- A two-phase approach was taken to the project. The first phase was ensuring that the blood tests were being taken and their results checked within 96 hours for 80% of patients. The second phase was ensuring these blood tests were acted on appropriately and that other relevant assessments were undertaken (the QRISK score).
- Change ideas were sourced from within the project team, tested on a small scale then tested by the whole team. The change ideas came from the team themselves, giving buy-in and ensuring the changes were not seen as being forced upon them.
- A balancing measure was used of number of outstanding discharge letters, as we knew from a previous QI project that this work tended to fall behind when other areas were prioritised.

Results



Driver Diagram for Phase 1



Process Changes:

- In Phase 1 we tested one major change, a handover sheet which detailed the physical healthcare needs of patients as well as their mental health needs. This is updated daily by the junior medical staff most familiar with the patients and shared between them prior to our morning handover and safety briefing meeting. This ensured clear communication and reduced our time from admission to bloods being checked to under 48 hours in over 80% of cases.
- In Phase 2 we tested 2 changes, one was informing staff of the need to do QRISK and consider treatment for high cholesterol, the second was inserting QRISK checklists into each blank care pathway so they were seen as part of the admission process.

Conclusions:

- We have successfully developed a communications protocol which ensures that patients have their bloods taken and checked within 96 hours, usually 48.
- We have begun to intervene for patients with high cholesterol who are admitted to a Psychiatric unit, which should improve their quality of life and their lifespan.

Key learning points:

"It takes a village", this project would not have been possible without a dedicated project team who took ownership of it and who made it their own. I drew the charts, but they did the real work.

Achievements:

I developed my skills in delegation for this project, where previously I would feel the need to micromanage, I trusted my team and they more than justified that trust!

Next Steps:

I hope to take the new skills I have learned from ScIL – and from my cohort compatriots – and teach them to others in our unit and to Psychiatry trainees in Northern Ireland.

This project would never have been possible without the mentorship of Dr Catherine McDonnell, the hard work of Mr Jordan Bamford (Medical Student), Dr Amy Duncan (CT1), Dr Anne-Marie Esler (FY2), Dr Melanie MacPherson (CT1) and Dr Michael Warren (Specialty Doctor). ScIL Cohort 19 provided a great helpful flock to learn with. Thank you all!

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