

AUDIT REPORT ON ADMISSION PROCESS IN CENTRE FOR MENTAL HEALTH CARE AND RECOVERY, WEST CORK MENTAL HEALTH SERVICES

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BACKGROUND

The admission process in Approved Centres should be optimized in order to provide quality care to residents and comply with safe standard practice.

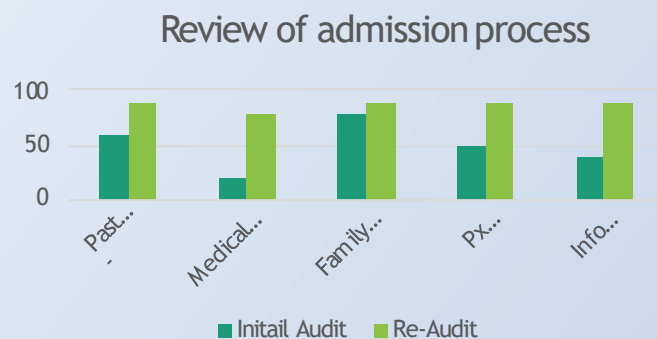
AIMS

- To retrospectively audit compliance with admission process in line with the Mental Health Commission Code of Practice (2009)
- The Quality Framework for Mental Health Services in Ireland (2007), Article 15 of the Mental Health Act (2001) - Regulations (2006) and the MHC Guidance Document on Individual Care Planning MHS (2012) and the Judgement Support Framework (2018).

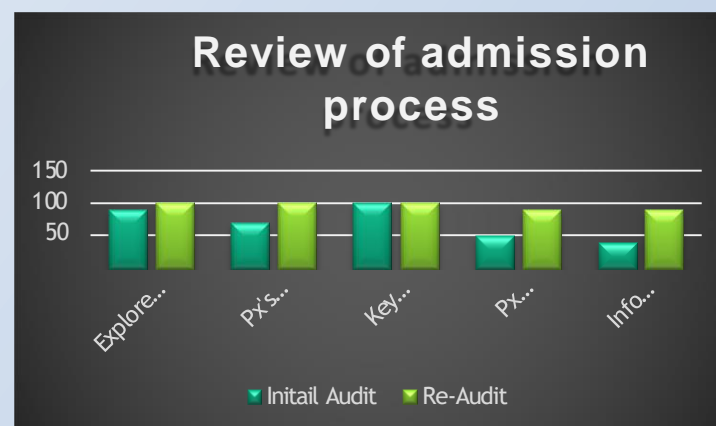
METHODS

- A retrospective clinical audit was done at the 18 bed Approved Centre. Data was collected over a three month period and a total number of 45 individuals were admitted from 1st February 2019 until 31st of May 2019.
- 10 Patient charts were randomly selected and audited using the audit tool. Data was compiled using Microsoft Word and simple statistical analysis completed.
- Results were presented to the audit meeting and a re-audit carried out between 1st May 2019 and 31st July 2019 with a total of 58 individuals admitted in this period: Monthly breakdown: February = 13, March = 16, April = 16, May = 21, June = 16, July = 21.

GRAPHS



GRAPH 1- indicates the review of the admission process in May 2019



GRAPH 2- indicates the review of the admission process in August 2019

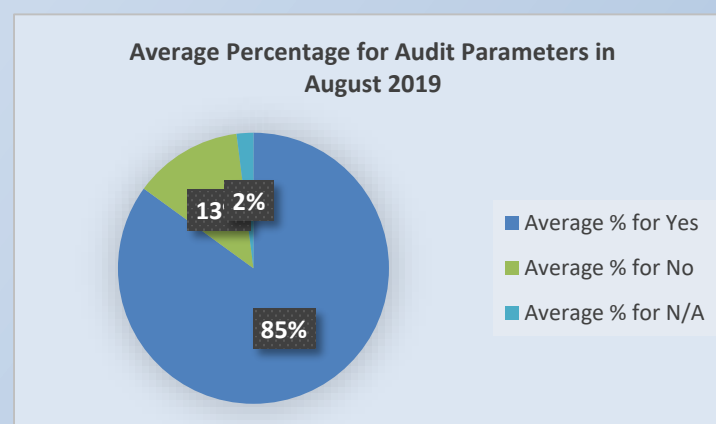


CHART 1 - indicates the average for audited parameters in August 2019

RESULT

- The first audit report illustrated significantly low values for documented medical history (20%), the supply to residents of a resident information booklet and Your Guide to the MH Act 2001 (40%)
- Documentation of individuals understanding of his/her rights in the clinical file (50%) while a slightly above average value was obtained for documentation of Past Psychiatric History (60%).
- The completion of the audit cycle, subsequent to implementation of action plans showed marked improvement in all parameters especially in documented medical history and the supply to residents of a resident information booklet and Your Guide to the MH Act 2001 which increased to 80% and 90% respectively.

CONCLUSION

The audit revealed good practices in most aspects of the current admission procedure however some lapses in the admission process were demonstrated as compared with expected standard practice. The consideration of the importance of physical health issues in psychiatry practice is well documented. Further auditing of the admission process is hereby essential to ensure continued improvement in patient safety and care.

REFERENCE

The Mental Health Commission Code of Practice (2009), The Quality Framework for Mental Health Services in Ireland (2007), Article 15 of the Mental Health Act (2001) - Regulations (2006) and the MHC Guidance Document on Individual Care Planning MHS (2012) and the Judgement Support Framework (2018).