

# Implementation of Physical Examination Pro forma – a Complete Audit Cycle



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## Background

Conducting physical examination on admission is a mandatory requirement and is monitored by the Mental Health Commission during yearly inspections. A report published by Inspectorate of the Mental Health Commission recently in 2019 identifies a gap in physical health monitoring. We conducted a complete audit cycle in an inner city hospital psychiatric ward to monitor compliance with physical examination on admission.

## Objective

The aim of this audit is to achieve and maintain a 100 % compliance in physical examination on admission.

## Methods

We based the audit on Judgment Support Framework version 5 standards and Code of Practice, Mental Health Commission Ireland. A retrospective review of all of the patient's medical records was carried out.

The results of the first cycle were presented to the MDT members, including emphasis given to NCHDs as their role in admission process.

Physical health policy was reviewed, in consultation with the committee and Clinical Director, a Physical Examination pro-forma (colour coded) was developed and implemented. It was based on the national guidelines and the JSF ver.5.

All members of the MDT and NCHDs were given and briefed on the pro forma introduced.

A repeat audit cycle was conducted using medical records of patients admitted after the first audit cycle.

Data was collected using a simple audit tool indicating if physical examination was conducted on examination (yes/no/refused).

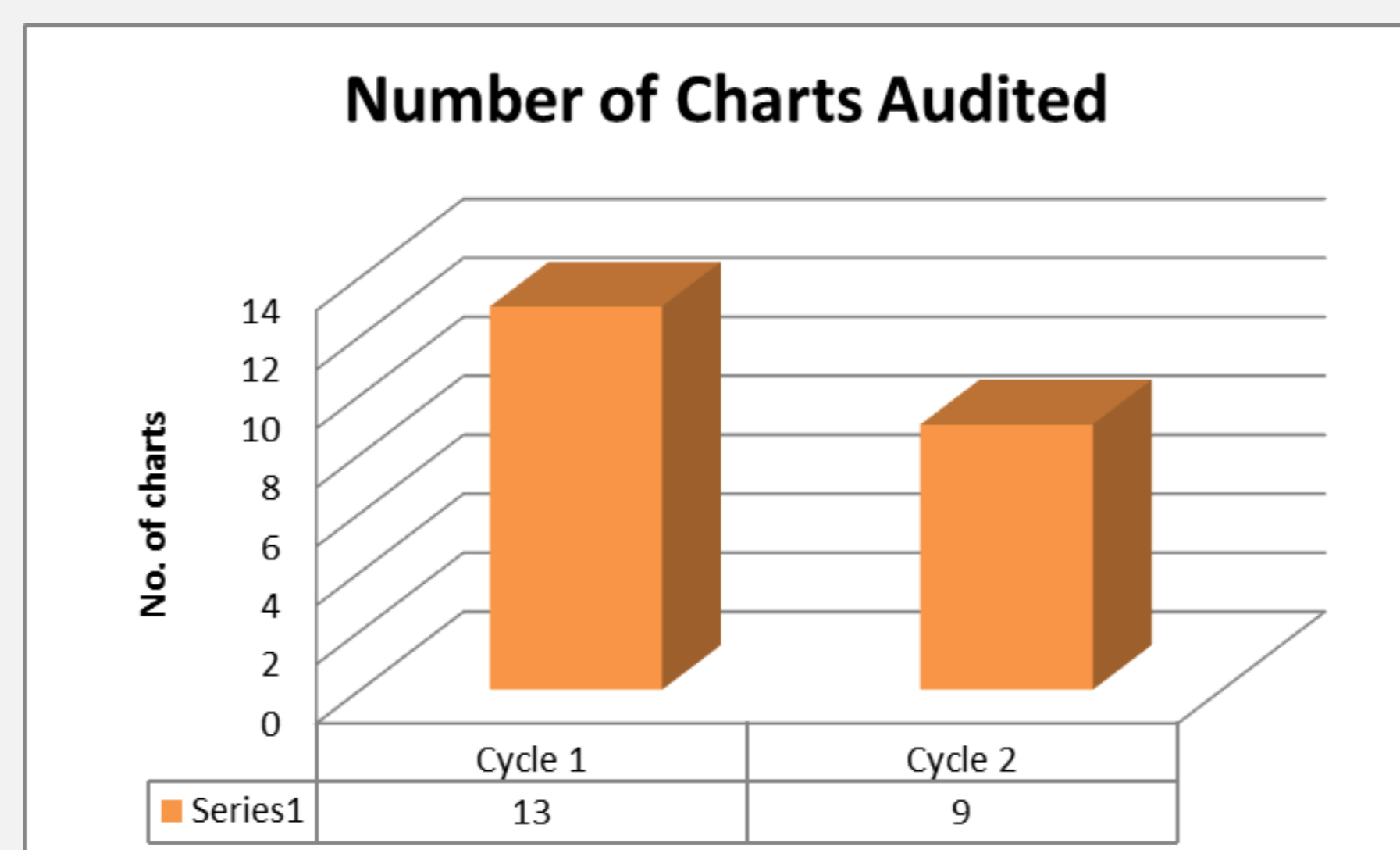
## Data Collection

A total of 22 medical records were audited. 13 medical records in the first cycle. These number of medical records are based on the occupancy of the ward at the time of audit cycle. The maximum capacity of this ward is 15. We reviewed the charts retrospectively and collected the data using a simple audit tool.

As per the JSF ver.5 and Code of Practice, a physical examination should take place upon admission to the ward. Therefore, we measured physical examination as physical examination completed during admission on the ward, a documentation of patient refusal or a clear documentation why physical examination couldn't take place. Upon implementation of the pro forma, all 9 medical records of patients admitted after the first cycle were audited.

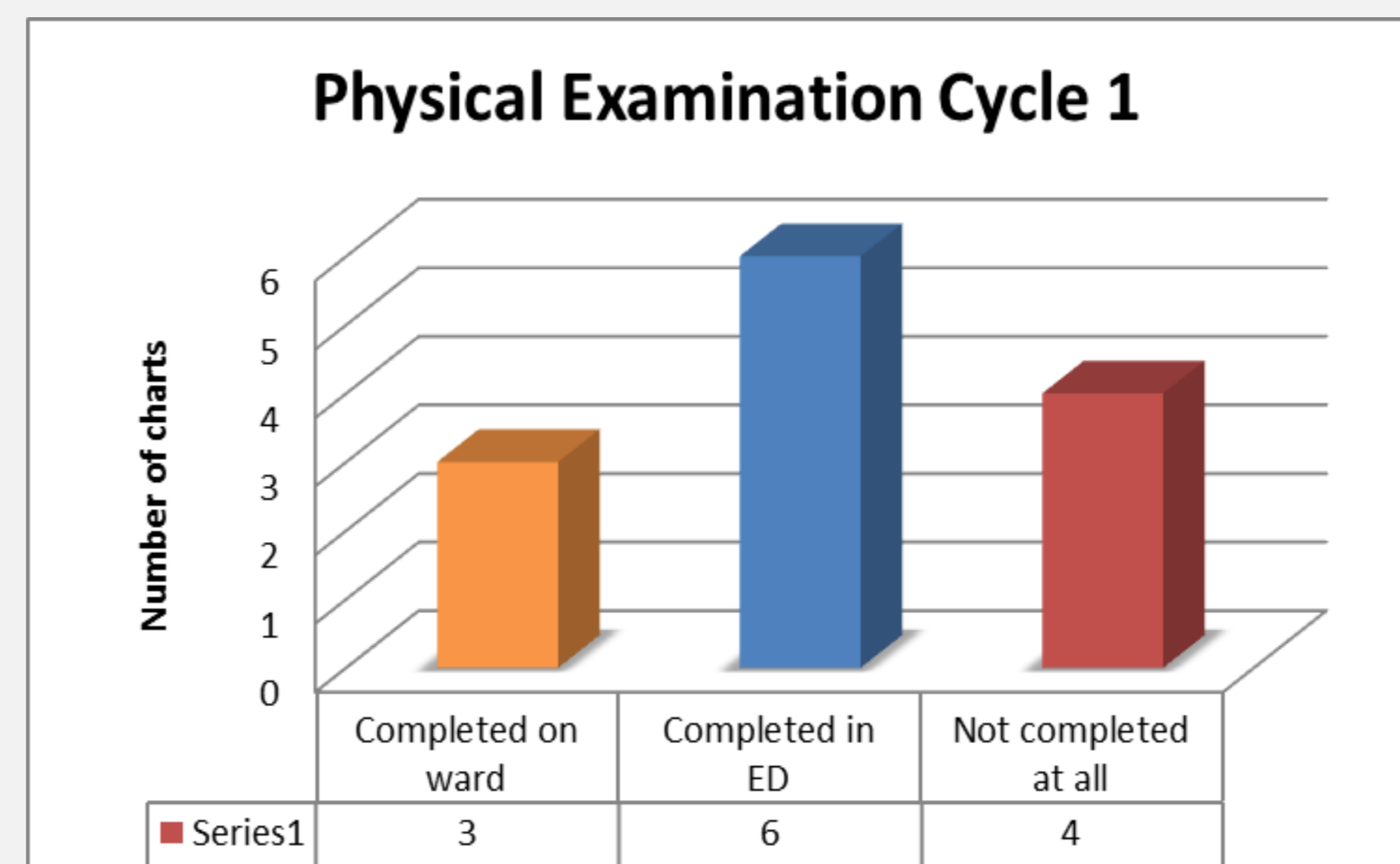
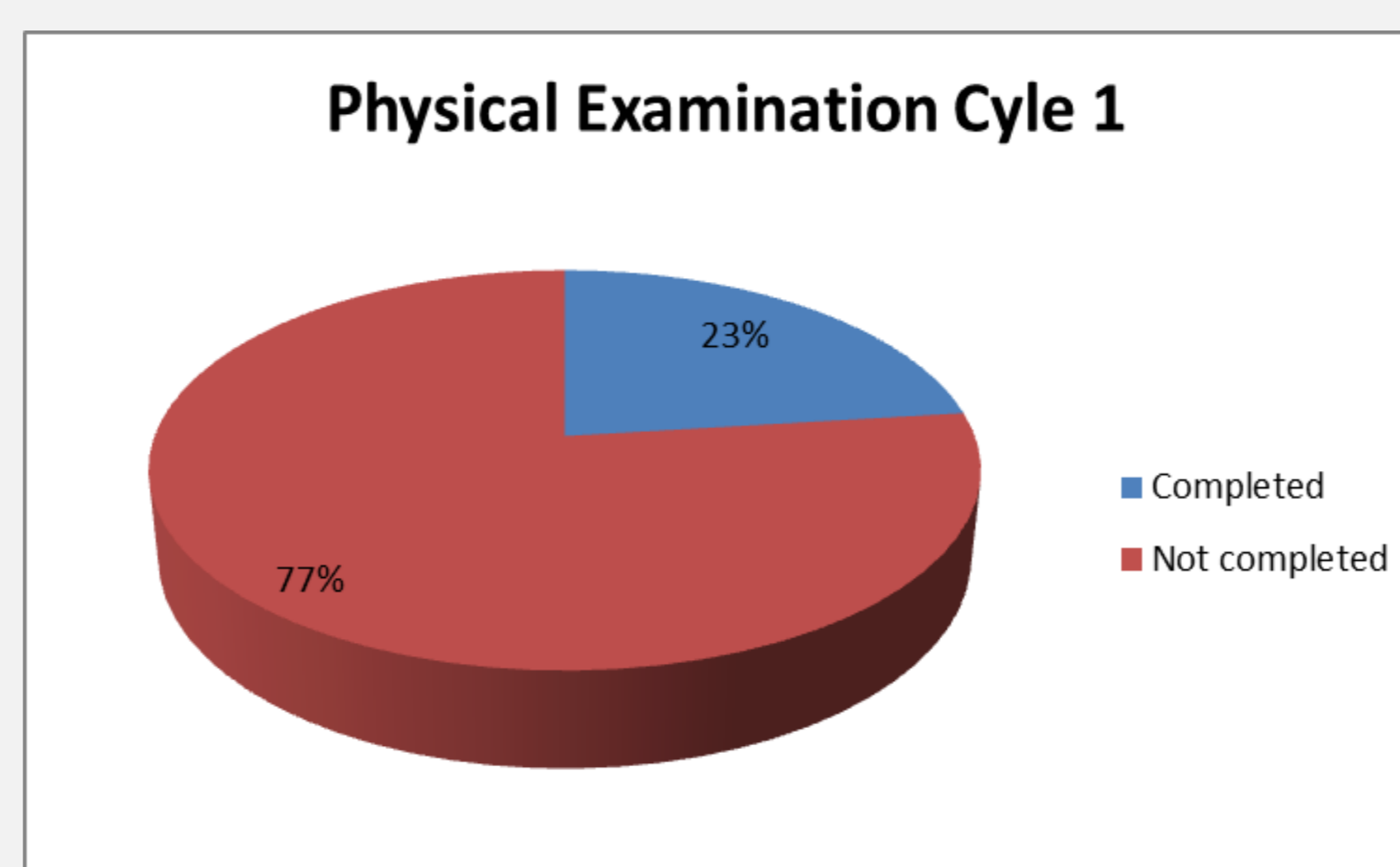
## Results

A total of 22 medical records were audited. We audited all the number of charts of patient admitted at the time of the audit. 13 medical records were audited in the first cycle and 9 medical records were audit in the second cycle based on occupancy.



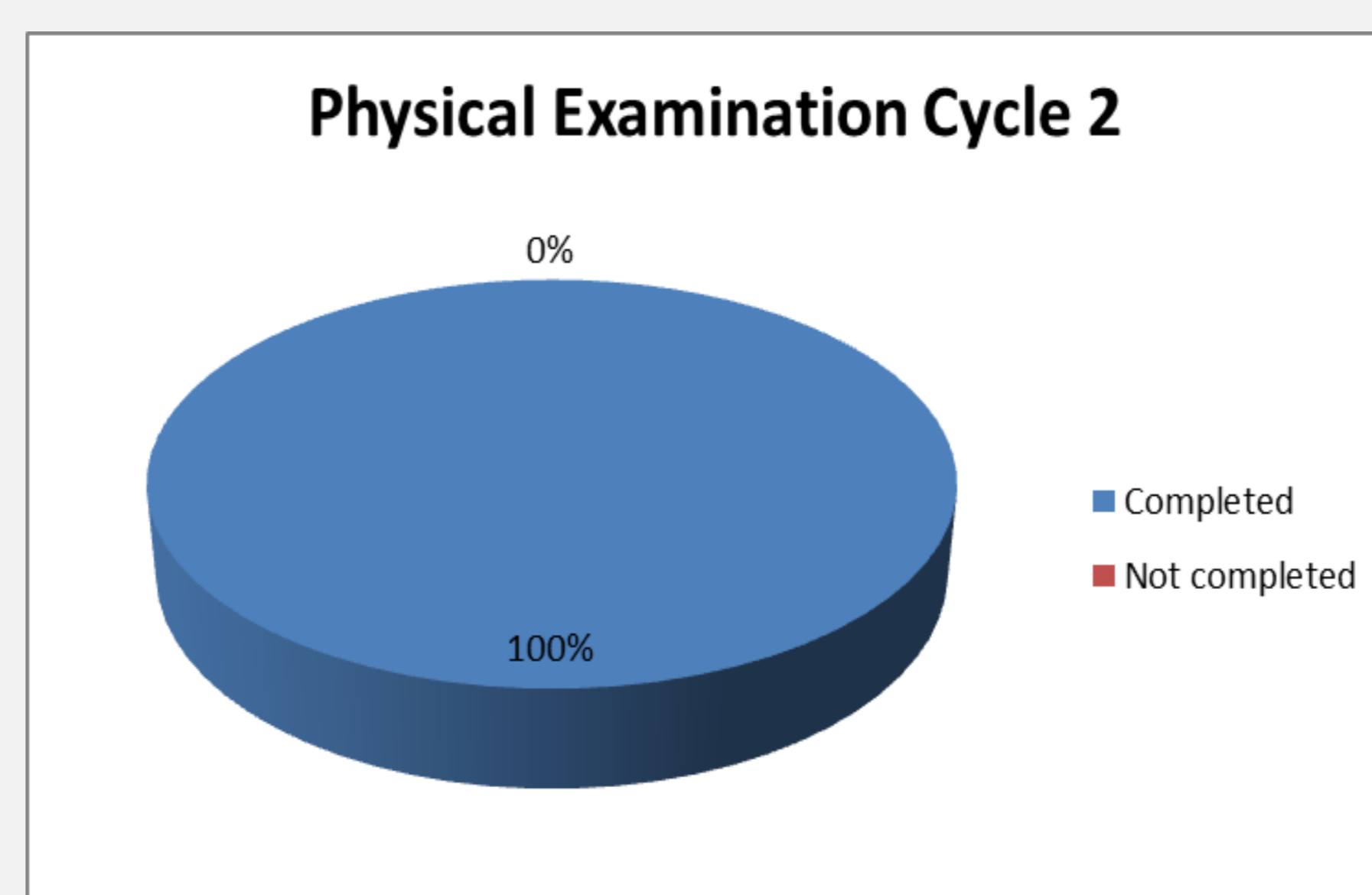
### Cycle 1

13 medical records in the first cycle indicted only 3 patients had physical examination completed on admission to the ward. However, prior to admission a total of 6 patients had physical exam in the Emergency Department.



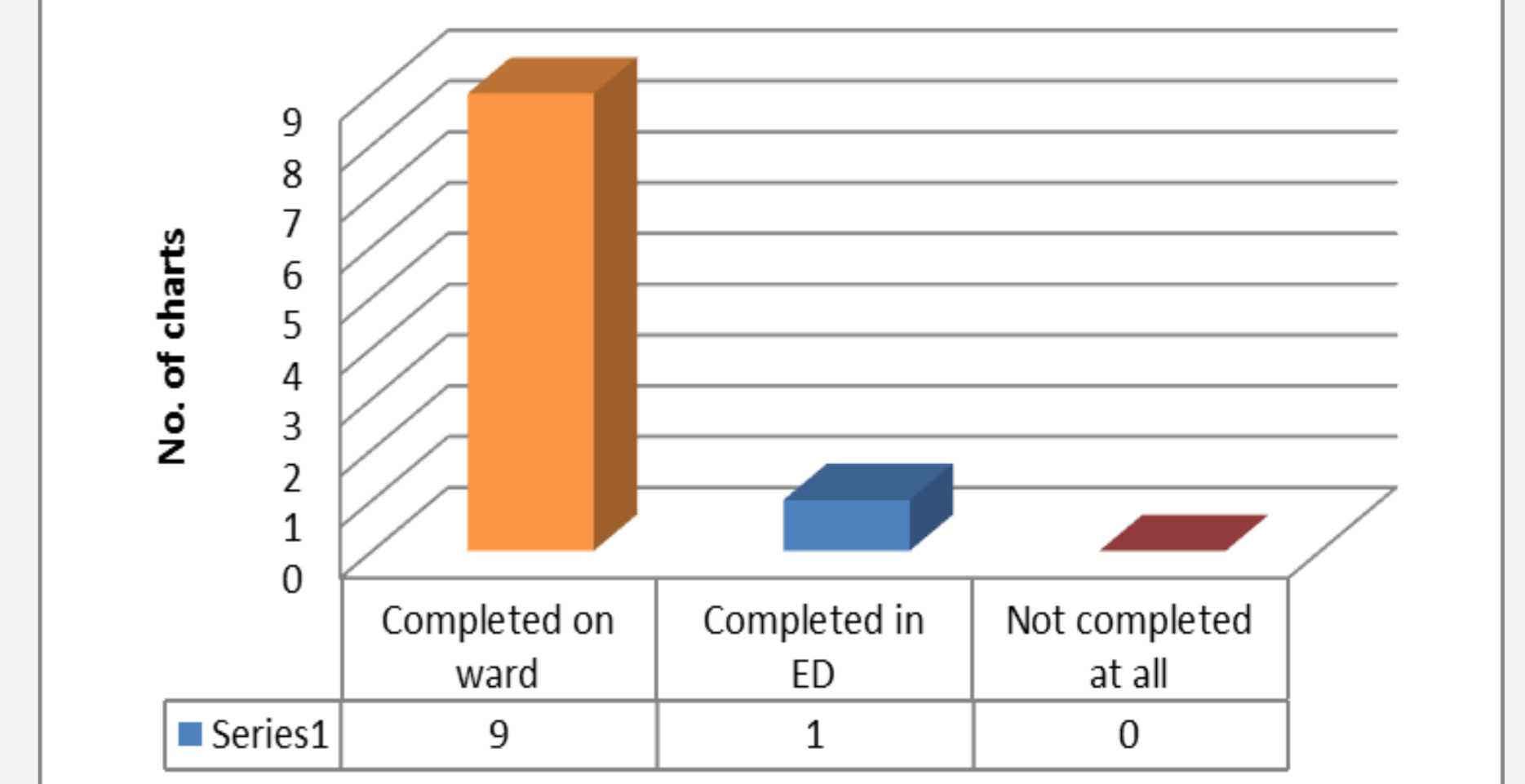
### Cycle 2

After implementation of the pro forma, all 9 medical records of patients admitted after first cycle were audited.



A total of 7 patients had physical examination on admission to the ward. 2 patients refused physical examination and this was clearly documented in the medical records, 1 patient of which had physical exam prior to admission completed in ED.

## Physical Examination Cycle 2

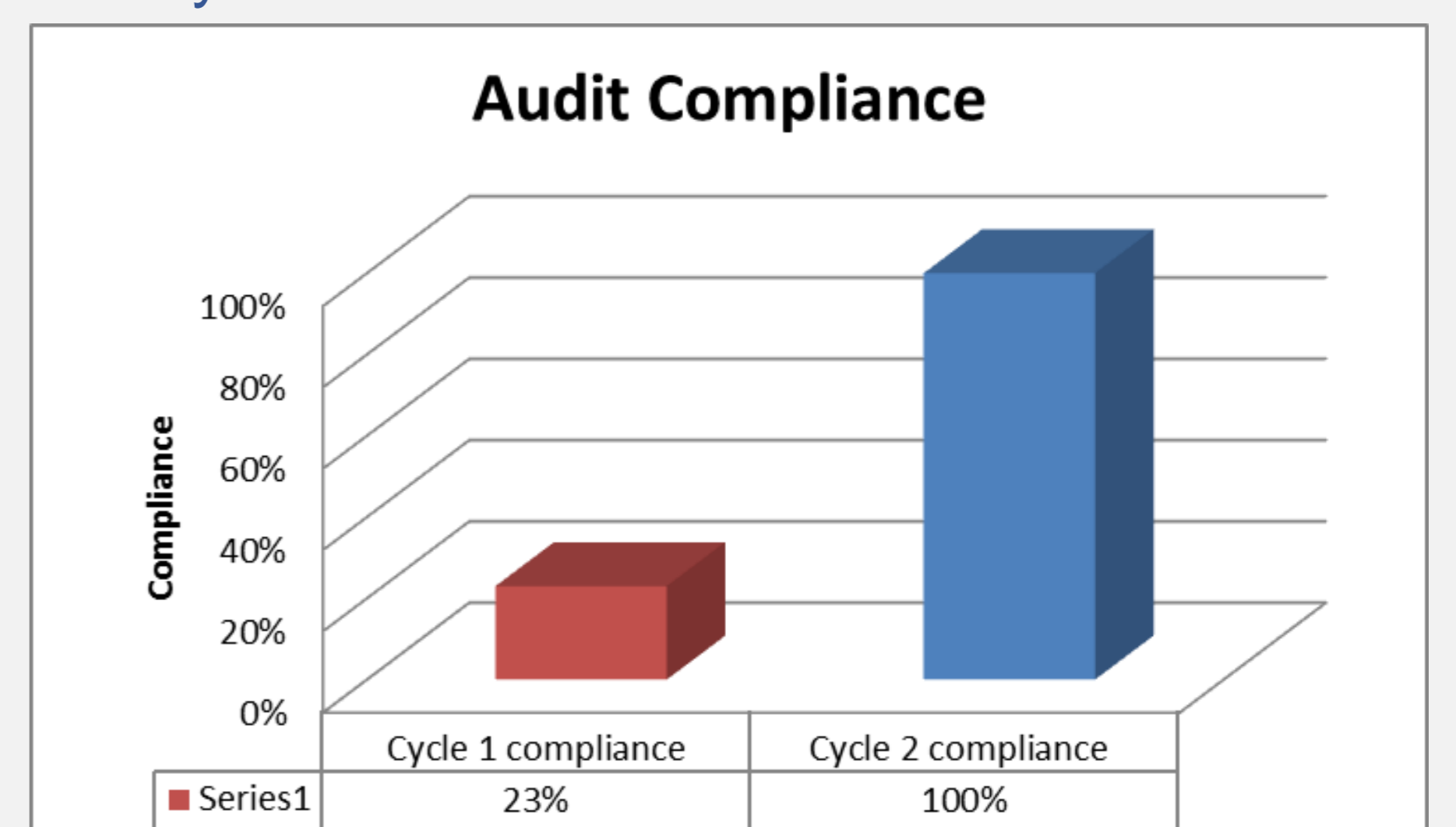


All of the newly admitted patients had physical exam completed or the reason why it wasn't completed documented clearly.

## Conclusion

Physical examination pro forma was successfully implemented, raising current compliance to a 100%.

This result has shown a significant improvement from a 23% compliance in the first cycle.



The developed existing pro forma during this audit is helpful as a reminder to NCHDs to carry out physical examination on admission.

We found colour coding of pro forma improves accessibility and distinguishability during the process of admission and auditing.

Physical examination pro forma will continue to be implemented and will be audited every 6 monthly.

## Acknowledgements

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Ethical approval was granted by the Audit Ethics Committee Mater Misericordiae University Hospital.

This audit was carried out with permission of the Clinical Director of St. Aloysius ward Mater Misericordiae University Hospital, Dublin.

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