

Introduction

Evidence shows that patients with *severe mental illness* (SMI) die younger than their counterparts and have significant medical comorbidity.(1)

Lack of consistency in the physical health investigations (particularly haematological investigations) on psychiatric admission can lead to missed opportunities for physical health interventions.

Individual hospital policies outline the haematological investigations that should be ordered on admission however we noted these were not consistently ordered.

Aims

To evaluate haematological investigations ordered on admission for adult patients admitted to Fownes Ward, St James Hospital Dublin and ensure its adherence to standard of practice as per local Hospital Guidelines.

We aimed to highlight what improvements were required, implement realistic changes to improve compliance and re-audit after three months.

Gold Standard

Dublin South City/St James's Hospital Mental Health Services,
Jonathan Swift Clinic- Policy on General Health

Methodology

Retrospective quantitative clinical data was collected via Electronic patient record (EPR) for patients admitted to determine whether haematological investigations were ordered on admission, by day three of admission and if so which investigations were ordered.

The sample population for cycle one of this audit included all patients who had been admitted to Fownes Ward, from 4th July 2019 to 29th August 2019 (eight consecutive weeks) - fifty three patients included.

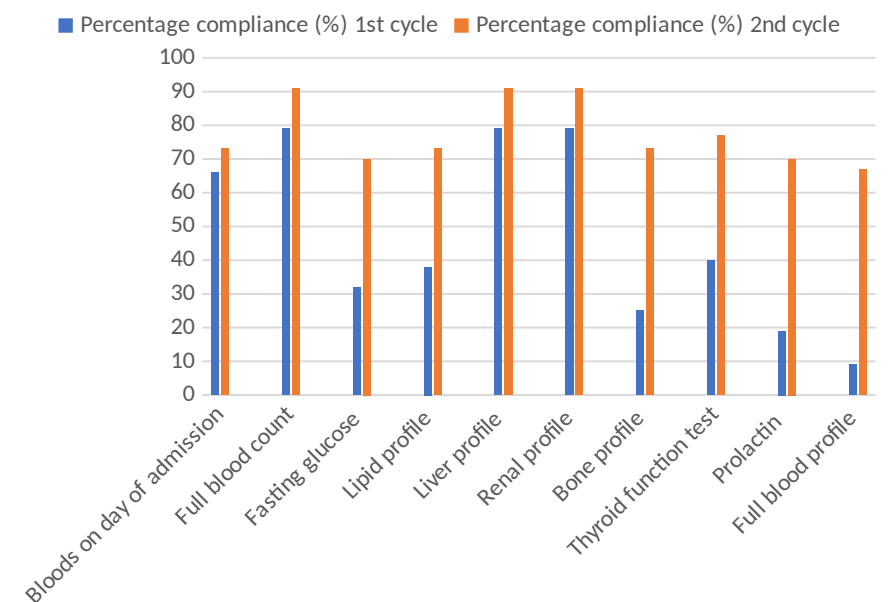
Exclusion criteria included: discharge the same day of admission, transfer from another approved Mental Health Unit as would have different local Hospital admission policy

Data for cycle one was collated and reviewed. Intervention included- review of blood profile in line with Hospitals in Trinity College Dublin Deanery, education session with registrars and blood profile introduction on EPR request system.

Re-audit completed after three months over eight consecutive week period from 6th December 2019 to 31st January 2020. Seventy patients included in cycle two.

Results

The results of this audit are outlined in the table below. Parameters include - haematological investigation ordered on day of admission, which blood tests were ordered by day three of admission and full blood profile as per Hospital policy by day three of admission.



Conclusion

Overall the adherence in cycle one with local policy guidelines as noted above is poor. There was a significant improvement in full blood profile being ordered, percentage improvement 644%, from 9% in cycle one to 67% in cycle two. Most significant improvements were noted for ordering of Lipid profile, Thyroid function test, Bone profile, Fasting Glucose and Prolactin percentage improvement ranging from 92%-268%.

Factors that could impact on compliance include- *poor knowledge of local policy, admitting clinician not being part of treating team, lack of awareness of how to order haematological investigations on the electronic system and competing demands in a busy unit*

This audit demonstrated the need for regular re-iteration of local Hospital policy on haematological investigation required at admission. As a result of this audit an education session has been included in the biannual induction programme for medical practitioners.

Reference

- MARC DE HERT, (2011) 'Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care', *World Psychiatry*, 10(1), pp. 52-77 [Online]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3048500/> (Accessed: 13/9/19)

Declaration

Abstract has been reviewed by the Audit Committee Jonathan Swift Clinic and approved for submission. Submitted to Quality Improvement South West (UK)- International Conference presented 26th Sept 2020