

---

**PROJECT REFLECTION ON ACCESS TO RESULTS OF BLOOD INVESTIGATIONS OF PSYCHIATRIC PATIENTS**

---

S. Kumar<sup>1</sup>, N. Chilton<sup>2</sup>, M. Bailey<sup>2</sup>

<sup>1</sup>Department of Psychiatry, Mersey Deanery, Liverpool, United Kingdom ; <sup>2</sup>Department of Psychiatry, Hollins Park Hospital, Warrington, United Kingdom

---

In the UK, blood investigations ordered by the Mental Health Trust are usually carried out by Acute hospitals. The results are not immediately accessible by the staff of Mental Health Trusts on the computer due to confidentiality and lack of shared software access between trusts. This has a significant impact on care management of psychiatric patients often resulting in delay in clinical decisions.

Introduction: We encountered similar problem where the results of the tests ordered by the staff were not immediately accessible to them, as these investigations are carried out by the local acute hospital. To address this issue a project was chartered.

Aim: Of the project was to develop a protocol between the trusts so that the staff of Mental Health Trust could access the results of investigation on local computers as soon as they become available and to evaluate its impact on service.

Method: A steering committee including Specialty Registrar, Pharmacist and Matron was constituted. The committee met regularly and evolved strategy with representatives of the Acute Trust. The main concern of the Acute Trust was patient confidentiality and software access. Following regular meetings and correspondence shared-protocol was developed.

Discussion: It was agreed that the acute trust would install the software on all mental health trust computers. The staff would be trained to use the software and access results. To address the issue of confidentiality, flowchart of sponsorships of the shared-protocol was developed. Accordingly, all the medics would be sponsored for access by Medical Director, Nursing Staff by Matron and Pharmacists by Chief Pharmacist. This protocol ensured that all the staff trained are accounted and IT department could monitor any unauthorised access of data.

Conclusions: We have noticed a big improvement in the quality of clinical practice as a result. Unnecessary delays in clinical decisions have been avoided. We feel such a shared-protocol could be developed in other hospitals that are faced with similar access issues.