

## A Re-Audit Assessing the Standardisation of Admission Blood Tests for Patients on Norbury House (PICU)

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**Aims.** Assess if variation exists for routine blood tests performed on admission, evaluate compliance with MPFT guidelines when performing routine admission blood tests, compare results with the previous audit completed in October/November 2020 and identify strategies to improve and standardise admission blood tests.

**Methods.** Retrospective blood result data were collected for all admissions to Norbury House (PICU) at St George's Hospital in Stafford over a two month period. For the original audit, this was between October and November 2020, following which a staff education programme raised awareness of trust guidelines regarding admission blood tests. This was then re-audited in May and June 2021 to assess its impact. Patients transferred from acute wards were included but repeat admissions were omitted. Data analysis was completed through Microsoft Excel.

**Results.** 17 patients were included in the audit in October and November 2020 while 13 patients were included for the May and June 2021 audit. As per trust guidelines, the number of patients having the appropriate admission blood tests increased to 69% in 2021. Certain mandatory blood tests were requested far more regularly such as TFTs increasing from 71% in 2020 to 100% in 2021. Other vital blood tests on admission also increased substantially, such as Glucose increasing from 6% of admissions in 2020 to 69% in 2021 and Prolactin increasing from 77% in 2020 to 100% in 2021. All mandatory blood tests either increased in frequency or maintained a 100% completion rate, with the exception of Calcium which decreased slightly from 94% in 2020 to 92% in 2021.

In the 2020 audit, unnecessary blood tests were requested for 88% of patients which was reduced substantially to just 21% of admissions in the 2021 audit. The total number of unnecessary tests also greatly reduced from 23 tests in total in 2020 to 3 in 2021.

**Conclusion.** It is vital that patients being admitted to the PICU have the appropriate blood tests completed on admission, as they may be prescribed psychotropic medication that impacts their physical health and may have been self-neglecting prior to admission. Although the audit shows that the interventions completed following the last review have been hugely successful in improving compliance with trust guidelines and reducing waste of NHS resources, there is still significant room for improvement through the continual education of staff. This should then be re-audited again in Spring 2022 to ensure that the improvement continues.

## Inpatient Ward Review Safety Documentation Re-audit

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**Aims.** In 2018 the Psychiatry Ward Review Safety Checklist was created for ward reviews on the Trust electronic clinical recording system with the aim to improve the documentation of legal and safety information. In 2019 an audit was conducted to ensure compliance with the safety checklist and in 2022 a re-audit was conducted to evaluate the effectiveness of the ward review checklist. Both audits examined 6 questions: Have you discussed the legal status of the patient? Is the patient for resuscitation? Does the patient currently have capacity for admission? Does the patient demonstrate deteriorating health? Does the patient have any physical health concerns? Review indication, current dosage and side effects of medications.

**Methods.** A retrospective case note review of three ward round assessments of a sample of 25 patients. First male and first female admission of the month to Tower Ward (Landermere Centre, Clacton On Sea) were selected over the period from 1st December 2020 to 1st December 2021. Inclusion criteria: all patients. Exclusion criteria: None.

We maintained the same standards as the previous audit in 2018 and 2019: 80% completion.

**Results.** 12 male and 13 female patients were identified.

Q1. This was documented in 88% patients during the 1st week, and in 100% patients in mid-point stay and pre-discharge. In 2019 it was documented in 93% of the cohort.

Q2. This was documented in 42% in the 1st week, in 53% patients in midpoint and 45% in pre-discharge review. In 2019 this was recorded as 39% compliance.

Q3. This was documented in 92% in the 1st week and midpoint, and in 67% during the pre-discharge review. In 2019 capacity was only documented in 14% of the cohort.

Q4. It was directly mentioned in 100% patients in all three reviews. In 2019 this was recorded in 64% of cases.

Q5. It was documented in 92% in the 1st week and mid-point review, and in 88% of the cohort in the pre-discharge review. In 2019 it was recorded for 69% of the cohort.

Q6. The information was included in 88% of the cohort during the 1st week, in 83% in mid-point and 75% in the pre-discharge review. In 2019 it was recorded for 81% of the cohort.

**Conclusion.** Compared to the 2019 audit the overall compliance with the documentation was satisfactory (over 80%) in all audited points with the exception of question 2 regarding resuscitation status for all audited weeks (40–50%).

## Psychopharmacology

### Assessment of Legibility and Completeness of Prescriptions at Tertiary Care Hospitals: A Cross-Sectional Study

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**Aims.** The aim of this study was to assess the legibility as well as components of a prescription prescribed by doctors in tertiary care hospitals of Rawalpindi, Pakistan.

**Methods.** An analytical cross-sectional study was conducted in pharmacies of two allied hospitals of Rawalpindi Medical