Psychiatric Admission Documentation at Leverndale Hospital, Glasgow

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Aims. To ensure psychiatry admission assessments are well-documented and available via EmisWeb clinical notes system.

To assess whether replacing the clerk-in booklet with a digitalised version affects documentation of psychiatry admission assessments.

The standard was use of the current admission template with information under each heading. In addition, a Clinical Risk Assessment Framework for Teams (CRAFT) tool should be completed by the admitting doctor. Legal status, observation level and time-out status should be recorded.

Methods. A retrospective full-cycle audit of the first twenty patients admitted to Leverndale Hospital, Glasgow starting 1st Dec 2022, then 1st April 2023 for the second cycle. Patients were identified using EMISWeb admission dates and information from Medical Records. Data was taken from the EMISWeb record and analysed using Microsoft Excel – if incomplete paper notes were checked.

Use of the admission template and presence of meaningful content (excluding "n/a" and similar) under each heading was recorded. Data was collected on the documentation of legal status, observation level, time-out status, and CRAFT risk assessment by the admitting doctor. Perinatal psychiatry admissions and transfers between psychiatric units were excluded.

Results. Medicines reconciliation was absent in 55% and allergies in 70%. CRAFT risk assessment was completed by the admitting doctor in 55% of cases.

Following round 1, a digitalised admission proforma was introduced, replacing the traditional admission booklet.

There was little improvement in usage of the admission proforma with the introduction of the digitalised version (80% vs 75% previously). Notably, the rates of CRAFT risk assessments by the admitting doctor fell in this 2nd cycle – from 55% to 40%.

Recording of allergy status (55% from 30%) and medications (95% from 45%) seemed to improve. Importantly quality of content was not appraised – many medication entries consisted of "as per HEPMA (electronic prescribing system)".

100% of admission documentation was now available on EMISWeb, preventing information loss and allowing remote access from Community Mental Health Teams.

Conclusion. The introduction of a digitalised admission template had little impact on use of the proforma. However it meant that 100% of admission information was available digitally, versus 85% previously.

In both cycles the CRAFT risk assessment was often not completed by the admitting doctor. Given risk assessment is a key reason for "clerking in" psychiatric inpatients, this could be a focus for future quality improvement work.

In the second cycle, recording of medications and allergy status had improved significantly. Given small sample sizes, this may be due to chance.

Fibroscanning Recommended by NICE in Drug and Addiction Services: An Audit

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Aims. The prevalence and subsequent physical health burden of alcohol use disorder is on the increase in almost all age groups in the UK and nearly 1 in 5 of the population will drink at hazardous levels. Those who drink heavily often have limited or patchy engagement with physical health services and improving this should be a focus of drug and alcohol services.

Our aim was to audit the proportion of clients attending the alcohol service at Lorraine Hewitt House (LHH) who had completed a fibroscan, to audit the outcomes of those fibroscans and to audit the outcomes of the onward referrals where they had been made.

Methods. Since starting the liver clinic, more than 100 fibroscans have been completed. These are typically offered to clients in the alcohol pathway and where it can be facilitated, they are done on the day, or otherwise booked in for scheduled appointments.

We audited the results of the scans, for liver stiffness and liver steatosis. Additionally, for those who had abnormal results requiring onward referral, we audited the outcomes of these referrals.

Outcomes and overall physical health were subsequently discussed with each patient who underwent a liver scan.

Results. A total of 100 fibroscans were audited. This represents approximately one third of the clients with alcohol as their primary problem substance at LHH.

Every client had the results of their scan explained and discussed with them and were given lifestyle advice and interventions.

A total of 37 scans (37%) had all their parameters within the normal range. 16 (16%) showed an increased liver stiffness of >10kPa and 15 people (15%) gave consent and were subsequently referred to our local liver clinic. 13% had stage 1 steatosis (238–260dB/M), 18% had stage 2 steatosis (260–290dB/M) and 29% had stage 3 steatosis (>290/dB/M).

Of the 15 referrals made to liver clinic, 10 (66.7%) attended their liver clinic follow up appointments and 9 of these clients are awaiting further interventions – the remaining 1 client has been discharged back to their GP.

Of the remaining 5 referrals made to liver clinic, 2 are awaiting appointment dates and 3 are pending triage.

Conclusion. The physical health of clients attending drug and addiction services is often complicated and in need of specific and targeted interventions. Liver health is particularly relevant to the alcohol client group and integrating fibroscans into drug and addiction services facilitates better engagement and early assessment and intervention.