

EVERY CONTACT COUNTS: AUDIT INVESTIGATING EXTENT PSYCHIATRY TRAINEES MAXIMISE OPPORTUNITY FOR PHYSICAL HEALTH ASSESSMENT WHEN ADMITTING PATIENTS TO PSYCHIATRIC HOSPITAL

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Background: Patients with severe mental illness have significantly reduced lifespans. Excepting suicide, cardiovascular risk is the biggest cause. The problem is exacerbated by psychotropic medication and poor primary care engagement. Therefore psychiatrists should maximise every opportunity to promote physical health.

Aim: We audited physical examination, investigations, and documentation of past medical history (PMH) & assessments in inpatients. We used the Royal College of Psychiatrist's Physical Health in Mental Health Scoping Group 2009 guidelines as our standard.

Methods: We audited notes of all 125 patients admitted to four wards at Ladywell unit over two months (01/07/2011-31/08/2011). We surveyed trainees to identify training and resource needs and facilitate focussed interventions.

Results:

Physical Examination: 102/125(82%) received physical examination, 60/125(48%) on admission. Average delay before examination 12 days.

Blood tests/Investigations: 89/125(71%) received blood tests: 50/125(40%) thyroid function, 67/125(54%) liver function, 28/125(22%) glucose, 1/125(0.8%) HbA1c, 38/125(30%) lipid profile. 48/125(38%) had urine drug screening, 55/125(44%) ECG.

Documentation: The following was documented: 102/125(82%) PMH, 82/125(66%) allergies, 90/125(72%) smoking status. The following was scanned into records: 23/55(42%) ECG, 72/125(58%) physical observation chart.

Survey: The trainee survey highlighted need for training updates on physical health and problems in equipment provision.

Conclusions: Physical assessment is inconsistent, neglecting metabolic screening. Admission is a vital window for screening/modifying physical health.

Recommendations: Focussed assessment guidelines should be formulated. Following the survey, teaching led by consultant physicians has been organised on identified topics including metabolic syndrome. Lack of equipment will be addressed by creation of comprehensive equipment lists, to be distributed to ward administrators.