## An Audit of Junior Medical Seclusion Review Documentation in the Adult Psychiatric Intensive Care Unit (PICU) setting

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**Aims.** Seclusion facilities are frequently used in adult psychiatric intensive care units (PICUs). Seclusion refers to the supervision of a service user in a secure area.

Aim:
To evaluate whether trust standards for seclusion review assessments at Park House Hospital were being met.

Objectives:
To measure the quality of junior medical review documentation to determine whether reviews of physical health, risk, medication, and mental state exams (MSEs) were included. The time frames in which reviews were being undertaken and the rationale for seclusion were considered.

**Methods.** A retrospective audit of notes on the electronic patient information system was completed. Those included were patients secluded between May 2022–October 2022. The majority of seclusions occur on the male PICU, or 136 suite. Eligible patients were identified following consultation with the business intelligence team within Greater Manchester Mental Health (GMMH). For those who had multiple periods of seclusion, the first episode of seclusion was audited. Data were obtained from the last recorded junior review prior to the seclusion episode being terminated. Progress notes and the internal MDT review documents were searched. This was compared against the local trust seclusion policy.

**Results.** 20 patients were included in the audit. The majority had a diagnosis of either paranoid schizophrenia (40%) or schizoaffective disorder (25%). 95% of seclusion reviews had a clearly documented initiation time and rationale for seclusion. Physical health considerations were documented in 75% of reviews. 50% of junior reviews documented an assessment of risk to others, compared with 5% of reviews with documented review of risk to self. Half of all reviews had evidence of a MSE and medication review, including the use of rapid tranquilisation (RT). Of the reviews eligible for initial medical review within 60 minutes, this was completed in 44% of cases.

**Conclusion.** Junior medical reviews have consistently documented the rationale for seclusion and physical health reviews. Areas for development include clear documentation of MSE however documentation may be limited due to time constraint, lack of engagement from the patient or if patients are asleep. The policy since time of audit has changed to reflect this, where consideration must now be given to "overall psychiatric health". It was found that risk to self largely remains undocumented, despite trust policy. There is evidence to suggest risk to self may increase during a period of seclusion. Another area of development includes medical review documentation to specifically comment on use of RT.



## Audit of Quality of General Practitioner (GP) Referrals to a Local Memory Service in South Sefton

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**Aims.** To assess the quality of General Practitioner (GP) referrals to a Local Memory Service in South Sefton – a reaudit.

**Methods.** The quality of GP referrals received from primary care to the Memory Clinic at South Sefton Neighbourhood Centre (SSNC), Mersey Care NHS Foundation Trust, was assessed over three months. This reaudit was based on an initial similar audit conducted in 2019 of 106 GP referrals to SSNC.

The GP's documented history and duration of memory loss, collateral history, and the impact of the patient's memory loss on activities of daily living (ADLs) were analysed. Also explored were the cognitive tests, physical examination, and completeness of blood investigations.

The expected standard for completeness was set at 100%. Achieved compliance for each parameter was graded 95% and above (green), 75% to 94% (yellow), and below 75% (red).

**Results.** 106 GP referrals were received in the SSNC Memory Service between June and August 2022. About 86% of the referrals had a history of memory loss noted by the referring GPs, while only 46% commented on the duration of memory loss. We observed increased documentation regarding the patient's history of memory loss, physical health status and cognitive testing. On the other hand, there was an 8% reduction in the referrals regarding the impact of memory loss on activities of daily living in comparison to the initial audit done in 2019.

About a quarter of all the GP referrals were accepted based on the information the GP provided on the first referral letter sent to the service. On the contrary, 70 referrals were either considered inappropriate or declined outright. Alternative diagnostic advice was given to the referring GPs in 12, and the GP asked to provide additional information in 9 of these 70 referrals. After the GP offered further details, 17 initially rejected referrals were accepted for assessment.

**Conclusion.** Even though there were some observed improvements in the information GPs provided on referrals made to the local memory service in 2022 compared with 2019, this still fell drastically below the expected standard. The finding from this re-audit process brings to the fore the need for improved partnerships between memory services professionals and GP colleagues.

A new referral proforma has been designed in collaboration with the local Integrated Care Board (ICB), detailing essential information that needs to be documented by the GP before a referral is sent to memory services



## Forensic Psychiatry at a Tertiary Care Hospital in Faisalabad, Pakistan: An Audit From 2015 to 2018

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**Aims.** In Pakistan forensic psychiatry lacks behind as far as formal training and separate departments are concerned. In spite the cases are ever increasing. To find out the magnitude of the burden of forensic cases, current study was conceptualized. This

audit would highlight the burden and endorse the demand of specific training in this area. A retrospective study was designed to determine the frequency of various psychiatric disorders, reasons and sources of referrals of the cases coming for forensic opinion to a tertiary care unit.
**Methods.** All 174 cases admitted to inpatient psychiatry department, Faisalabad for opining about psychiatric condition were included in the study through consecutive sampling techniques, only repeated cases were excluded. As the study was retrospective, data files were retrieved and desired variables were enlisted in SPSS to calculate the frequency and percentage of different variables.
**Results.** Majority cases were male. One third were referred in year 2018. 47 (27%) criminal cases were being referred while 25 (14.3%) civil cases were received; most of the cases 102 (58.6%) were departmental (cases of the employees of different public departments). As per source of referral 72 (41.3 96%) cases were referred from courts directly, 21 (12.2 96%) cases were directly referred from various departments while most the cases 81 (46.5%) were referred from other public hospitals, As per diagnoses schizophrenia, depression and intellectual disability (ID) were the most prevalent diagnosis with 47 (27%), 41 (23.5%) and 33 (18.9%) cases respectively while 26 (14.9%) cases had no psychiatric diagnosis. 40 (22.9%) cases were advised treatment and follow up, most of these cases 26 (14.9%) were diagnosed as having depression; 30 (17.2%) cases were granted guardianship, 20 (11.4%) out of these were intellectually disabled; 18 (10.2%) cases were referred to other departments for long term psychiatric care institutions, these cases were diagnosed as having schizophrenia, BAD and epilepsy; 9 (5.1%) cases were advised adjustments in jobs, these were diagnosed as depression, schizophrenia and BAD; only 6 (3.4%) cases were suggested to board out on the basis of illness.
**Conclusion.** Department of psychiatry and behavioral sciences, FUM, Faisalabad, Pakistan is burdened with forensic cases that may be managed at other appropriate places. Society and policy makers need to be sanitized in order to make a framework for patients having mental disorder to avoid them ending as criminals or being involved in other forensic issues.



## Assessment of Admissions to Psychiatric Intensive Care Unit (PICU) at Farnham Road Hospital, Guildford: A Clinical Audit

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**Aims.** The primary aim was to analyze three months of admissions to Rowan Ward PICU (February 22 to April 2022) according to NAPICU's 2014 criteria, followed by implementing recommendations and conducting a re-audit (November 2022 to January 2023) to assess their impact. Secondary objectives included examining the link between prior PICU admissions and higher readmission rates, even when not clinically necessary.
**Methods.** Methods involved assessing each admission against NAPICU's criteria and reviewing the reason for admission (RFA) for appropriateness. Data collection utilized various sources, including SystmOne, Mental Health Act assessments, and referral documents. Collaborative analysis with the PICU consultant was conducted due to the subjective nature of RFA interpretation.
**Results.** Results from the initial audit revealed that 12 out of 36 patients (33%) were deemed unsuitable for PICU admission, with 8 having prior PICU admissions (67%). Only 22% had documented multidisciplinary team (MDT) discussions. In the subsequent audit, 9 out of 38 patients (24%) were deemed unsuitable for PICU admission, with 2 having prior admissions (22%). Only 3% had documented MDT discussions.
**Conclusion.** There was a reduction in inappropriate admissions from 33% to 24% in the subsequent cycle. This improvement was linked to the implementation of recommendations from the first audit, such as introducing a standardized referral form, enhancing consultant-to-consultant communications, and forming a PICU outreach team. While the initial findings indicated higher readmission rates for patients with prior PICU admissions, this trend lessened in the subsequent evaluation. However, there is still insufficient documentation of Multidisciplinary Team (MDT) discussions, highlighting the need for a re-audit to accurately assess any changes.



## Re-Evaluating Rapid Tranquillisation Practices in Elderly Patients (over 65 Years of Age) at a General Hospital: A Follow-Up Audit

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**Aims.** This re-audit of rapid tranquillisation (RT) practices in patients over the age of 65 at a district general hospital took place as part of a wider quality improvement project to assess whether practices had improved following previous audits.
**Methods.** Data was accessed using the hospital's electronic patient record system. Drug charts for patients over 65 admitted to six wards (total n = 172) were reviewed. The wards comprised three geriatric wards, two medical wards, and one surgical ward. Drug charts were reviewed using the audit tool developed in previous audits, which has been designed to collect relevant data according to the recognised standard (in this case the local mental health trust's RT guidance). Data was collected on RT type, RT frequency of RT, RT route, indication documentation, post-RT monitoring, nature of prescription (PRN, stat, or regular), underlying diagnosis of delirium or dementia, and involvement of specialist teams.
**Results.**

- Of the 172 audited patients, 9 (5.2%) received RT, compared with 13 out of 297 (4.3%) in the previous 2022 audit.
- PRN remained the most common prescription pattern, with two designated as stat and the remaining three mostly stat but occasionally incorporating PRN. Intramuscular administration continued to be the most common route in both cycles.
- In the current cycle, the maximum frequency was indicated in 55.5% of cases, whereas it was not indicated in the previous cycle.
- In the current cycle, indications were documented for 88.8% of prescriptions, a significant increase from 50% in the previous

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