Anticholinergic Burden Rationalisation Before Dementia Treatment in an Old Age Psychiatry Community Team

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Aims: To carry out a retrospective audit of medical records of people with newly diagnosed dementia in North Devon Community Older People's Mental Health Team for any evidence of anticholinergic burden review before dementia treatment.

Methods: Data for 49 patients with dementia were identified based on evidence of clinical coding on SystmOne (the Trust's new electronic records system) from November 2023 to August 2024. Most of the newly diagnosed patients with dementia were not captured due to missing clinical coding.

Electronic records, including GP referral letters, assessment notes, and MDT discussions, were reviewed to determine whether anticholinergic medicines were rationalised and whether ACB scores were recorded before initiating medication for dementia.

In addition, pre-referral medications were reviewed from the GP referral letters to establish pre-referral anticholinergic burden and ACB scores.

Values from the ACB calculator were used for anticholinergic burden estimation in this audit as it collates information from the German Anticholinergic Burden Scale and the Anticholinergic Cognitive Burden Scale, which have been demonstrated to have the highest validity and reliability. According to the NICE guideline [NG97], there is not sufficient evidence to recommend one validated tool over the others.

Results: Out of 49 patient records, 27 were included in this audit. Twenty-two were excluded due to not meeting the inclusion criteria.

None of the clinicians documented that anticholinergic medicines were rationalised, and only 2 (7.4%) documented that the patient's current medications were reviewed.

There was no documentation of ACB score for any of the patients included in this audit; whereas, the vast majority (70.4%) of them were on regular medications with anticholinergic burden before presentation and such medications were prescribed for their anticholinergic effect in 1 out of 10 (11.1%) of cases.

More than half (52.6%) of the audit patients with pre-referral anticholinergic burden had ACB scores of 3 or higher (high risk).

The most commonly prescribed medications leading to raised ACB were metformin, lansoprazole and sertraline in descending order of frequency.

Those prescribed specifically for their anticholinergic effect were solifenacin and oxybutynin with ACB score of 3 each.

Conclusion: We are not documenting that we rationalised anticholinergic medicines before initiating anti-dementia treatment.

Almost 3 out of 4 of the patients referred to our team for dementia diagnosis were on medications with an anticholinergic burden. More than half of those on anticholinergic medications had ACB scores in the high-risk range.

The most commonly prescribed medication resulting in anticholinergic burden was metformin.

Evaluating Standards in Psychiatric Admission Processes

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Aims: For the first QIP our objective was by August 2024, a completion of admission checklists jobs on clerking by out of hours Doctors in Solent and Southernhealth Foundation Trusts Psychiatric Inpatient Units by 100%.

However, if tasks were not completed, we would be expecting documentation of the reason why on SystmOne tabbed Journal and Rio progress notes (electronic records).

Methods: For the first QIP, 30 patients were randomly selected from current admissions in three facilities: The Limes (10 patients), The Orchards (Maples and Hawthorn, 5 patients each) and Elmliegh Hospital (10 patients).

For the completed audit Cycle, 35 patients were randomly selected from current admissions in four facilities: The Limes (10 patients), The Orchards (Maples and Hawthorn, 5 patients each), Elmleigh Hospital (10 patients), and Ravenswood House Forensic Hospital (5 patients).

The audit involved reviewing clerking documentation on SystmOne and Rio, measuring performance indicators for the completion of admission tasks, including DNACPR, mental capacity assessments, mental state examinations, physical examination, current medications, allergies and sensitivities, and VTE assessments.

During our first QIP, a guide was introduced in the trainee handbook to demonstrate how to complete an admission on S1 in addition to a video demonstration, link shared with all doctors working within the trust.

Results: There was excellent compliance with admission tasks across most wards, with a 100% completion rate in the Limes, The Orchards and Ravenswood House. Key achievements included successful documentation of physical examinations, current medications, allergies, and sensitivities. The audit demonstrated substantial progress in standardising admission documentation processes.

Conclusion: The audit results showed excellent overall compliance in completing admission tasks across most wards, with particular success in completing physical examinations, current medications, allergies, and sensitivities documentation. This audit reflects significant progress in standardising admission documentation across psychiatric inpatient units. This audit's findings will support continued improvements in admission processes, enhancing both compliance and patient safety. The results have been disseminated trust wide and incorporated as part of the junior doctor induction programme.

Mental Health Act 1983 Assessments: Audit of Compliance With GMC and Legal Expectations

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Aims: Serious concerns have been raised by a HM Coroner in England regarding poor medical recording and communication following Mental Health Act Assessments (MHAA). We aimed to undertake a 'deep-dive' audit of documentation and inter-professional communication to assess compliance with GMC Good Medical Practice (GMP) and Mental Health Act Code of Practice 2015 (MHACP) following a MHAA in the Doncaster locality of Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH).
Methods: Audit standards were set using the GMC GMP guidance and the MHACP. GMC GMP states 'You must make sure that formal records of your work (including patient records) are clear, accurate, contemporaneous and legible' and makes clear each doctor is responsible for recording their own independent medical opinion for any significant clinical intervention.

All patients detained on section 136 in September 2024 in the Doncaster locality were selected. The electronic records system (SystmOne) was scrutinised for (1) length of time taken for the assessment to be documented on SystmOne by any of the assessing team, (2) the number of doctors documenting the assessment, (3) whether any doctor communicated with the GP.

An email was sent to each patient's GP regarding any communication they received from a doctor relating to the MHAA in case communication was not included on the internal Trust system.

Data was also collected on the outcome of the assessment, number of doctors involved, their roles and whether they were employed by the Trust.
Results: Of the 23 MHAAs, 18 took place in the Doncaster S136 suite and 5 in A&E. Nineteen assessments did not result in detention, 3 resulted in an informal admission, and 1 in detention.

Documentation on SystmOne took over 1 day for 61% (14/23) of MHAAs, all completed by an Allied Mental Health Professional (AMHP). In 26% (6/23) documentation occurred within 4 hours, all by an assessing doctor. In 4% (1/23) it was completed within 12 hours by an AMHP.

A total of 9% (2/23) had no AMHP report or documentation. In 70% (16/23) neither doctor documented, while in 30% (7/23) one doctor documented.

In only 22% (5/23) of MHAAs a letter was sent to the GP by an assessing doctor.
Conclusion: The documentation and communication following a MHAA was not in keeping with GMC GMP guidance and the MHACP in the vast majority of cases assessed. This poses a significant patient safety concern.

Evaluating Rosewood Mother & Baby Unit's Compliance With Vitamin D Monitoring and Prescribing for Mothers

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Aims: To audit the current practices of vitamin D screening and replacement in patients admitted to Rosewood Mother & Baby unit in Kent.
Methods: Retrospective audit was conducted to evaluate current practices in screening and treating vitamin D deficiency among patients admitted to mother and baby unit. Relevant standards were set and data collected for patients admitted Jan 2023–Dec 2023. Results presented to stakeholders and improvement plan implemented by circulating trust vitamin D guidelines and discussion with unit dietician. Re-audit was carried out reviewing details of patients admitted from Jan 2024 to Dec 2024.
Results: Audit 2023: Out of 60 patients admitted, 95% patients (57) were screened for vitamin D status. 65% of screened patients were either insufficient or deficient (12 insufficient and 27 deficient). Patients received vitamin D replacement as per KMPT guidelines. Aftercare instructions to GP communicated for 93% and 100% patients with vitamin D insufficiency and deficiency respectively. Regarding infant feeding mode 50% were breastfed, 35% on formula milk and 11.6% received mixed feeding. One patient was pregnant and data of one patient not recorded.

Re-audit 2024: Of 56 patients admitted in 2024, 2 patients were not screened. Among 54 patients, 21 and 9 were insufficient and deficient respectively. Out of these 30 patients, 24 were given appropriate supplementation in line with current KMPT clinical guidelines. Aftercare instructions to GP communicated for 17 patients. There was a drop in GP communication and this has been noted for improvement. Four infants were breastfed, 29 on formula milk and 16 received mixed feeding. Three patients were pregnant and for 2 patients the data not recorded.

It is important to highlight that lactating mothers can be deficient in vitamin D. Therefore, this was especially analysed in both audit reports. In both audits, 57 out of 116 patients either breastfed or mix fed the babies. Among these 57 patients, 8 were deficient while 28 were insufficient. This indicates significant (63%) number of patient in both were deficient/insufficient. As vitamin D is implicated in mood and immune system regulation it could play a vital role in the mental state of post-partum patients.
Conclusion: This audit/re-audit highlighted need for routine vitamin D screening in patients admitted to psychiatric units especially breastfeeding mothers. It is also important to note that vitamin D could play a vital role in mood and immune system regulation.

Initiating and Maintaining ADHD Medications in Islington CAMHS 2023

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Aims: To evaluate and improve the adherence to NICE guidelines in recording physical health parameters during the initiation and maintenance of ADHD medications.
Methods: Retrospective data was collected from electronic medical records (RIO) of patients who were initiated and maintained on ADHD medication, referred to Islington CAMHS in 2023. Collected data was stored and analysed using Microsoft Excel. Inclusion criteria: