Managing the Physical Healthcare of Patients in Secure Hospitals – Setting Standards for Medical Equipment

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INTRODUCTION

With the ongoing disparity between the physical health of patients with serious mental illness (SMI) and those in the general population, the management and monitoring of physical health of psychiatric patients continues to be an area where multiple initiatives and guidelines are being created to ensure improvement [1,2]. Despite this, there has been less focus placed on the practicalities of achieving these within psychiatric settings.

A report published by the Academy of Medical Royal Colleges in 2016, which was aimed at improving the physical health of individuals with SMI, provided a recommendation as to the equipment required to complete routine physical examinations in psychiatric inpatient units[3]. However these remain recommendations and there is currently no agreed minimum standard (at either trust or royal college level) with regards to the physical health equipment that should be available in inpatient settings.

Ravenswood House is a 63 bed, male-only medium secure forensic inpatient unit located in Hampshire, for patients aged 18-75 years, comprising of an acute admissions ward with an intensive care area, two continuing care wards and a rehabilitation ward.

AIM

The aim of this project was to improve and standardise the availability the physical health equipment across the five clinical areas at Ravenswood House; thus enabling optimal and timely medical care and physical examination of patients to occur within the unit.

METHOD

This project combined both audit and quality improvement practices. An audit standard was created which was based on the 2016 Academy of Royal Colleges recommendation. The created standard includes the equipment required to complete examinations of the key physiological systems, monitoring of metabolic syndrome and management of medical emergencies, see table 1.

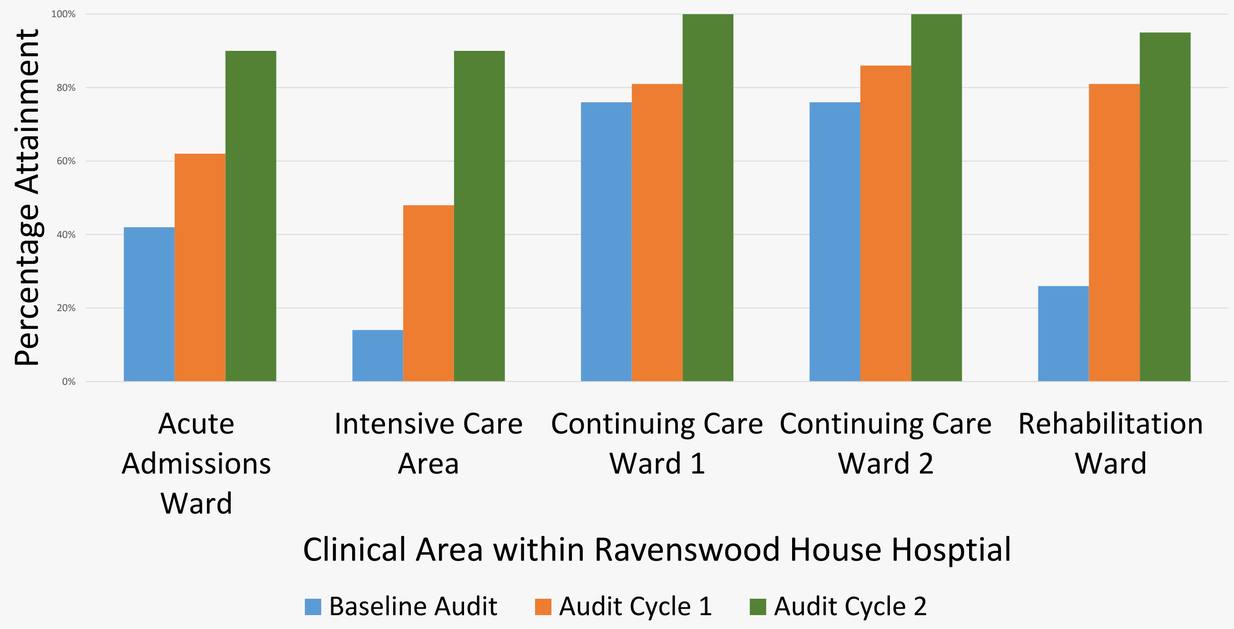
Baseline practice was established and improvements were made in a systematic and measured way. Two audit cycles have been completed to date.

Table 1. Table showing Audit Standard Requirements of equipment required in inpatient clinical areas, the distribution of equipment following changes made in audit cycle two

Audit Standard: Equipment Required In Psychiatric Inpatient Settings		
Physical observations box	Physical examinations box	Equipment kept within clinic room but outside of boxes
Stethoscope	Tendon Hammer	Scales
Pulse oximeter	Neuro tips	Height measure
Sphygmomanometer	Gauze	Resuscitation 'CRASH' bag
BP cuffs ranging from small to large	Tuning fork	Oxygen canister
Thermometer	Tongue depressor	
Pen torch	Ophthalmoscope	
BGL kit	Otoscope	
	Peak flow and mouth pieces	
	Tape measure	
	ECG	

RESULTS

Results from the Baseline Audit, Audit Cycle 1 and Audit Cycle 2 Showing Attainment of Audit Standard



At baseline, the attainment of audit standard ranged from 14-76% across the five clinical areas. It was found that different clinical areas were sharing equipment and there was an inconsistency as to where and how equipment was being stored. Following this, equipment was redistributed within the unit and additional equipment was requested. Furthermore all suitable equipment was placed into a 'physical health equipment box' located in the physical health room within each ward.

On re-audit (Audit Cycle 1) 16 weeks later, attainment had increased to 48-86%. Despite this improvement it was apparent not all ordered equipment had been received and distributed and inconsistency to where equipment was stored, with equipment required for physical health observations being present, but more specialist equipment having been removed from the box and not easily locatable.

Following this further equipment was ordered and the equipment was separated into two boxes; one containing that which was required on a daily basis to conduct physical observations (physical observations box) and one containing more specialist specific examination equipment (physical examination box), see table 1.

Re-audit (Audit Cycle 2) found attainment across the five clinical areas being between 90-100%.

DISCUSSION

Monitoring of physical health within psychiatric inpatient settings is a key area of patient care, and is frequently identified as requiring improvement. Without access to equipment to monitor and assess physical health, this becomes challenging and potentially poorly completed. Furthermore practices such as sharing equipment poses infection control issues.

This audit has demonstrated the inconsistency across wards within a single hospital with regards access to physical health equipment and using this as a model for units across a single locality 'on- call' area, the variation in equipment is likely to be vast.

By standardising available equipment, and furthermore through practical steps such as separating the equipment required on a daily basis and that used less frequently the retention of equipment improved. This enables delivery of high quality, timely and thorough monitoring and assessment of physical health to be achievable.

CONCLUSION

This audit highlights the need for 'shop-floor' factors to be addressed before it is possible for effective implementation of initiatives aimed at attainment of wider end-stage goals being able to be achieved; i.e. to be able to improve the management of physical health within psychiatric settings you first have to ensure the equipment is available to do so.

Going forward, through using Ravenswood House as a pilot project it is hoped by having created a realistic standard of equipment and protocol for its storage, that this can be extended to other units within Southern Health NHS Foundation Trust. This will create consistency enabling both regular ward staff and junior medical staff to have confidence in knowing where and how to access this standard of equipment across units, both in and out of hours.

The next step for the audit outlined above is to expand it the clinical directorate of Secure Services within Southern Health NHS Foundation Trust.

References
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