Review of Anti Psychotic Medications in Patients with Dementia in Local Care homes in NPT

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CHIRT Members - Neath Port Talbot area
Audit Department - Kasey Butler and Marie Williams

Our Aim

To reduce or Stop inappropriate prescriptions of anti psychotics in Older Adults with dementia or functional illness residing in the local Care homes in NPT.

To ensure adequate and Timely review of the Anti-psychotic medications

Methodology

Retrospective Audit including all the patient is on Antipsychotic register in care homes from Neath and Port Talbot Locality.

Audit period from 10/5/2019 to 10/05/2020

Data was collected by looking into the antipsychotic register with the care homes, discussion with care home managers, assessing residents for side effects, review of medical case notes and MARS Chart(Treatment cards).

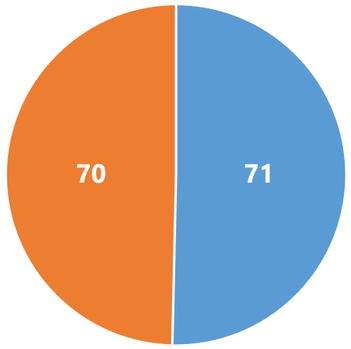
Outcome

- Improvement in Quality of life
  - Reduce Mortality
  - Reducing risk of falls
  - Reducing Anticholinergic effects (constipation, urinary retention)
  - Reducing Dopaminergic properties(Parkinsonism).
- Improvement in Family satisfaction

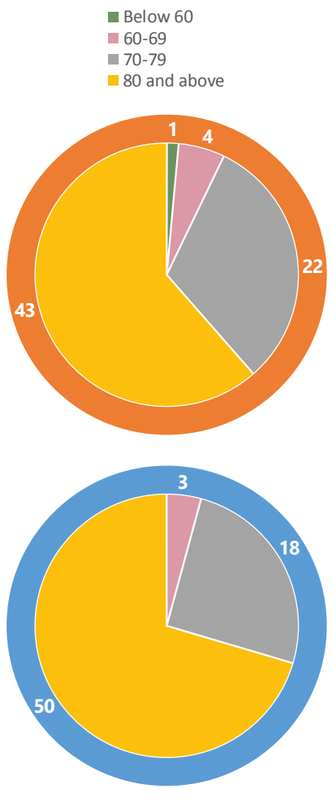
Conclusion

It is good practice to do audit once in 6 months
To follow NICE Guidelines and ensure that Anti psychotic medications are reviewed regularly in care home
It is good practice to review anti-psychotic medication regularly by the medical team once in 6 weeks to 3months time in accordance to recommendation with NICE Guidelines.
It is recommended that we have to do the audit to review anti-psychotic medication once in 6 months to maintain good medical practice.

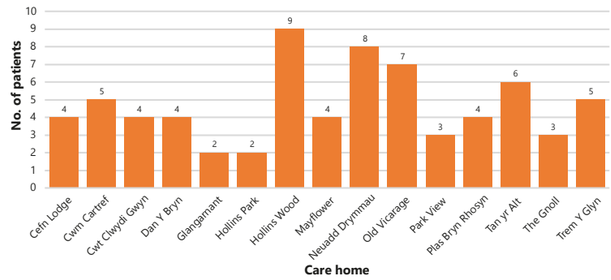
Number of Patients in Care Homes under CHIRT Caseload on Antipsychotics



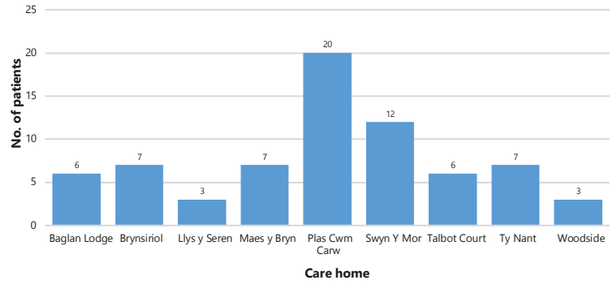
Age Range of Patients in Care Homes



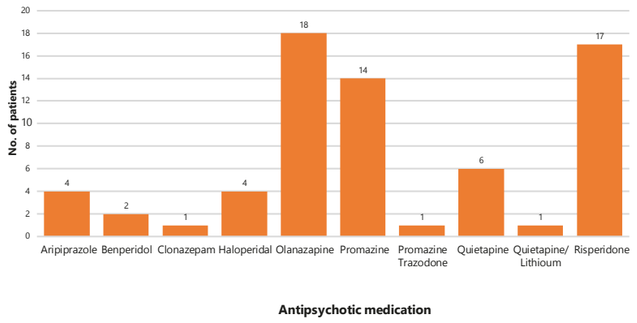
Number of Patients in Neath Care Homes



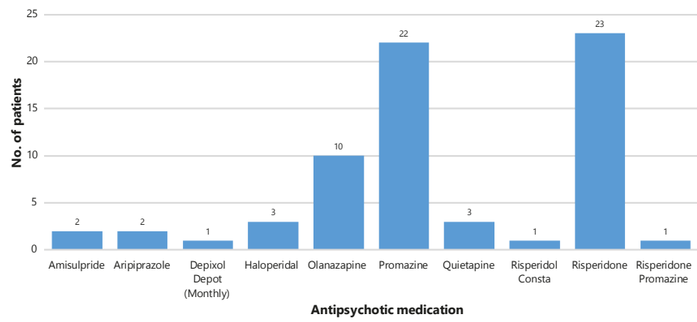
Number of Patients in Port Talbot Care Homes



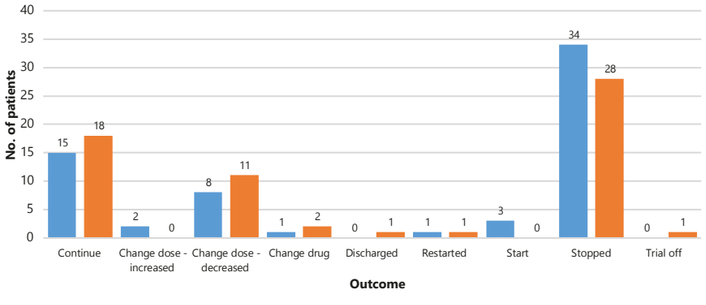
Antipsychotic Medications in Neath care homes



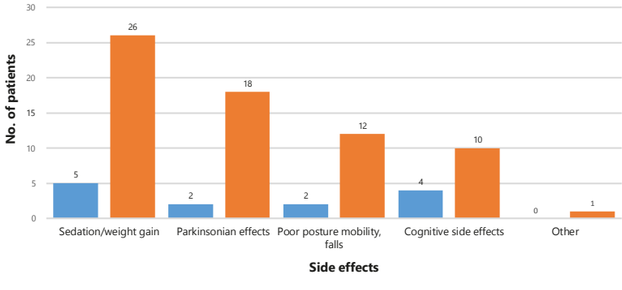
Antipsychotic Medications in Port Talbot care homes



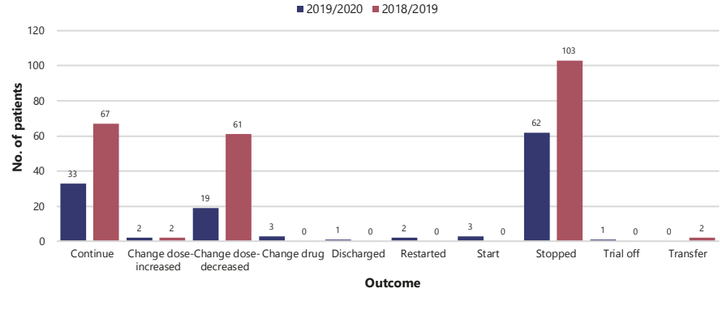
Outcome of review



Side effects of patients on Antipsychotic Medication



Outcome of review 2019/2020 vs 2018/2019



Key

- Neath
- Port Talbot

Audit Standards

Department of Health (Banerjee Report) 2009

Intelligent Target 3 for Dementia : Reduce inappropriate use of Anti Psychotic medications in accordance with NICE/SCIE Guidelines.

Dementia Action Plan for Wales 2018-2022

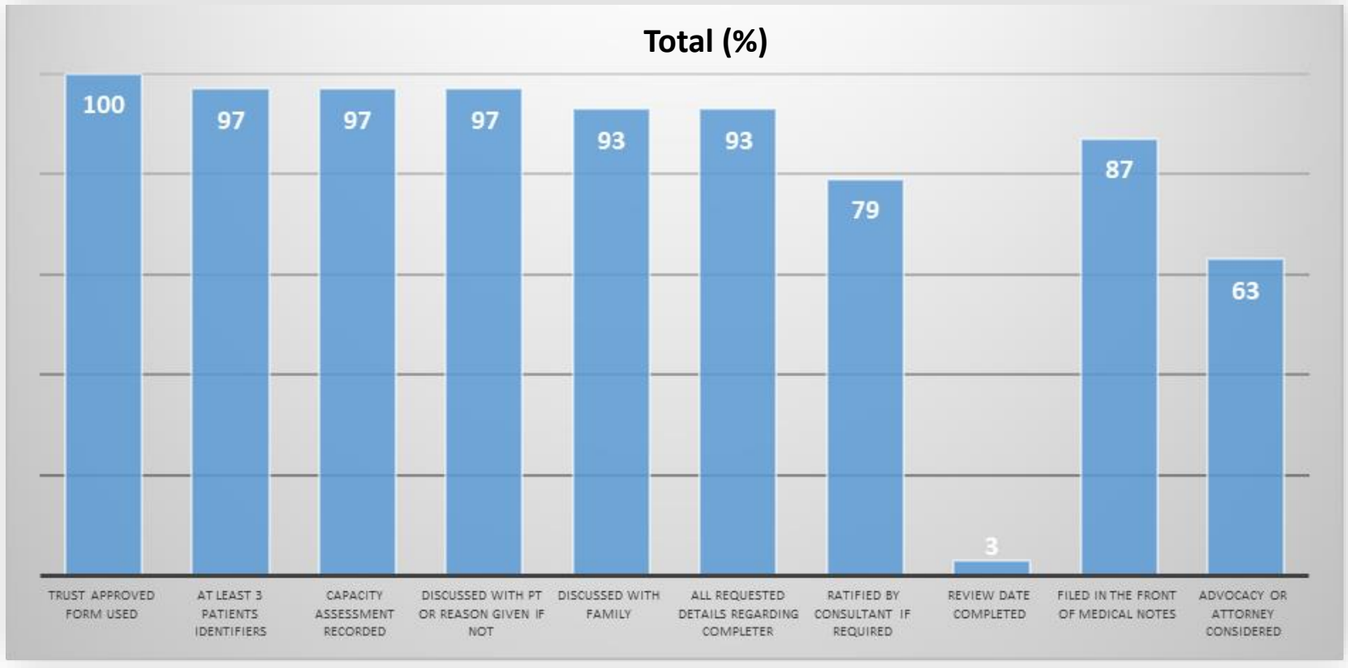
DNAR Application, Discussion and Documentation for Older Adult Patients on Psychiatry Inpatient Units.

Dr Faryal Sohail, Dr Harry Chamberlain, Dr Padmavathy Gopinath, Dr Graham O'Connor

Aims:
To conduct a clinical audit to measure the rates of resuscitation discussion and DNAR form completion for all older patients in Hywel Dda Psychogeriatric Units.

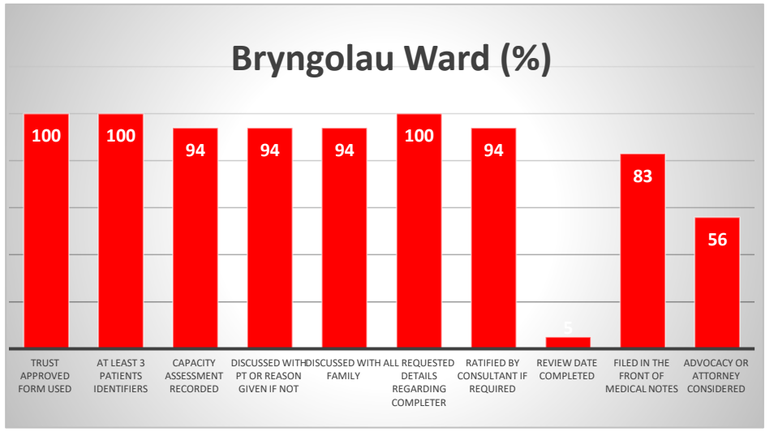
Audit Standards from All Wales DNAR Guidelines:
- All wales form used and all questions answered including all required information
- Capacity assessment recorded and reason if not discussed with patient
- The form should be in a prominent place in the patient's notes

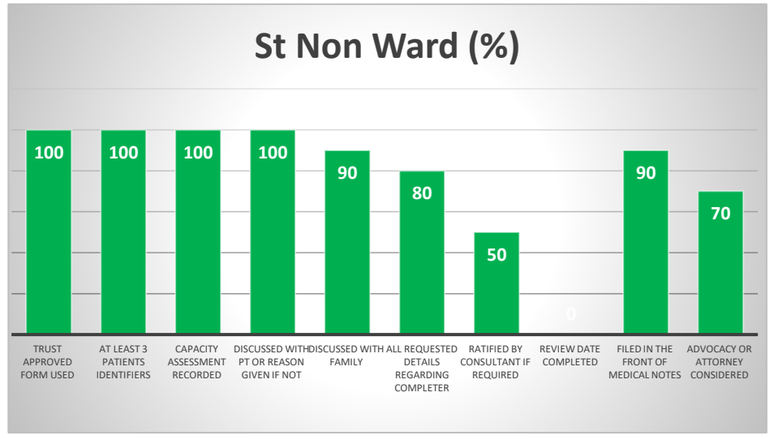
Methodology
- 6 months of inpatient notes used from 01/10/20 to 31/03/21
- 3 older adult Psychiatry wards in Hywel Dda health board
- Data taken from any patients with a DNAR in place at this time, total 31 patients
- Enlli ward(Ceredigion) -3, St Non's ward(Pembrokeshire)-10, Bryngolau ward(Carmarthenshire)-18
- Looked at each question on the DNAR form. Tick if completed or cross if not completed

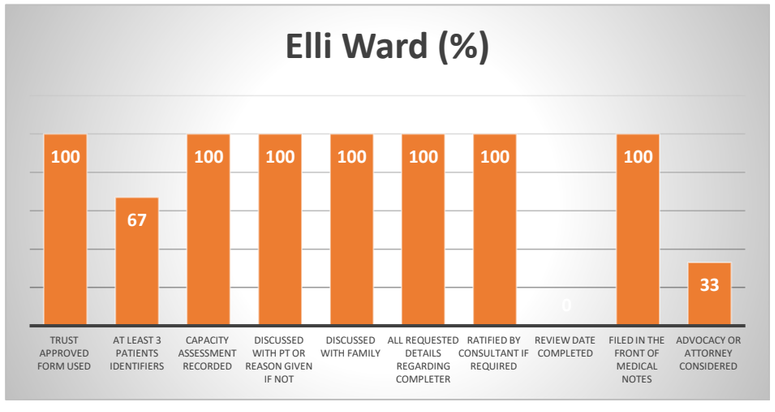


Results
- Capacity assessment not always recorded and reviewed
- Form not always ratified by the consultant, review rarely completed
- Discrepancies in where the DNAR forms are kept
- Differing numbers of DNARs across sites

Recommendations
- DNACPR forms should be uploaded onto care partner
- Ward round template to be used across the health board to highlight resuscitation status and capacity assessment
- Consider partnering with elderly care consultants across the health board
- Re-audit 6 months after changes implemented to compare and demonstrate any improvement







Reference: NHS Wales, 2016. *A Clinical Policy for Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) For Adults In Wales*. http://howis.wales.nhs.uk/sitesplus/documents/862/134%20-DNACPR%20Policy%20English.pdf

DNACPR Documentation – Audit

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Dr Amr Romeh (CT2), Dr Raja Adnan Ahmed (Consultant Psychiatrist)
Cwm Taf Morgannwg University Health Board

Aims

To access the quality of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documentations on the Old Age Psychiatry wards and compare it with the standards set by the Clinical Policy for DNACPR in Wales.

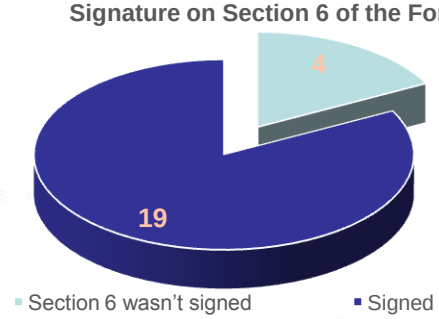
Background

Clinical Policy for DNACPR for Adults in Wales states that a DNACPR decision should be clearly recorded and communicated between the health professionals. The policy also state that it is essential that all relevant sections of the DNACPR form should contain appropriate entries. It specifically relates to DNACPR decisions and must form an integral part of the medical record. DNACPR forms must be adequately completed and contain up to date clinical information. While documenting the decision, we are also expected to record the evidence of MDT team decision and discussion in the clinical notes.

Methods

An audit tool was created using the DNACPR policy for Wales (2020 version). We included different sections of the forms to be filled properly as expected standard. We also included a section on if the DNACPR discussion and/or decision was documented in the clinical notes of the patient.
All inpatients notes from the four Old Age Psychiatry wards of Cwm Taf Morgannwg University Health Board were examined and twenty three (23) patients with DNACPR in place were identified.
All the 23 forms were audited using Audit tool and patient's clinical notes were also examined.
Data was collected between 5th to 17th April 2021.

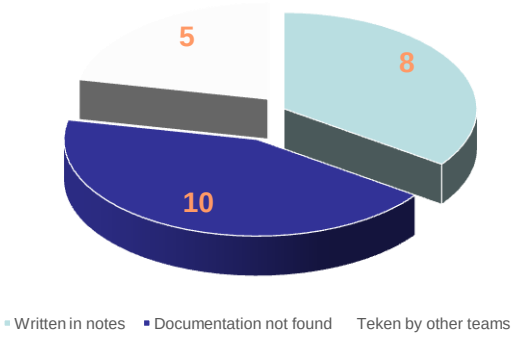
Signature on Section 6 of the Form



Results

In all twenty three (23) cases, patient's personal details, date for decision and reason for decision were correctly documented. All patients had cognitive impairment and in all cases it was felt that DNACPR was in patient's best interest.
In Four (4) forms, the section 6 (countersign by senior) wasn't filled, however the section 5 of these form was signed by the senior doctor.
In Eight (8) cases the DNACPR decision and / or discussions were also documented in the clinical notes, whereas in Ten (10) cases the DNACPR discussion documentation not found in the clinical notes.
In five (5) DNACPR decisions were taken by other teams.
In one case we found that DNACPR was nether discussed with patient, nor their attorney or relatives.

DNACPR Documentations in the Clinical Notes



Conclusions

Incorrectly filled DNACPR can result in the form getting invalidated which may result in inappropriate CPR attempts and this can cause unnecessary torment to patients and their families. It is therefore essential that we fill the DNACPR documentations clearly and properly.

Other than filing the form, it is good practice to document the DNACPR discussion in the clinical notes of the patients.

Cases where DNACPR decision is taken by another team, it is good practice for the current clinical team to review the decision and sign the relevant part of the form.

Discussions with relevant clinical teams and re-audit planned.