Examples of audit:

101 Recipes for Audit in Psychiatry

101 Recipes for Audit in Psychiatry, a book on audit in psychiatry as the name suggests, details how it is a ‘quality improvement process’ about providing care and implementing changes within the system for a better healthcare service. Before continuing, the definition of audit must be clarified. Audit is a systemic review or an assessment; in the field of healthcare, audit is a helpful tool as it is a continuous review of patient care to improve protocols and apply necessary changes. In addition, audit enables consultants and other healthcare professionals to have ownership of their practice in terms of treatment plans according to the need of patients under their care. Partaking in audit process, consultants and/or other care-providers can develop a shared plan and open communication to further enhance their approach. There are several stages in conducting audit; first step of audit is choosing a topic, then comes the selection of standards, measurement of performance, comparison of performance, and finally implementation of improvements.

Alongside explaining the standards and protocols, the book includes different disorders and their brief auditing summary. For example, it was interesting to read an audit on the Antenatal and Postnatal mental health. The setting of the audit involved perinatal psychiatry and midwives but could further include other psychiatrists and healthcare providers. Guidelines for this specific disorder was set by the National Institute for Health and Clinical Excellence (NICE) and focused on diagnosis- treatment plan for mental health in pregnant women. The method of data collection and analysis utilized referral forms from perinatal service to better assess patients’ mental status. The referral forms as part of data collection concentrated on three criteria, such as reason for referral for unstable mental health, previous psychiatric history, and risk factors for mental illness. The result of this case discovered that there were higher percentage of reason for referral when re-audited after 1 year and changes were made to redesign the referral forms. Other changes were also included, such as additional training sessions for midwives and improving referral from antenatal service to the perinatal mental health service.

Dementia: investigation, an audit report by Amelia Orchard, follows similar process that was seen in the previous case. The setting for this specific disorder was applicable to psychiatrists specializing in old age psychiatry and intellectual disability as well as neuropsychiatrists. Several guidelines and standards were used, such as the National Institute for Health and Clinical Excellence (NICE), and the American Academy of Neurology, to suggest blood tests and neuroimaging as main tools to examine patients with dementia as new referrals. Blood tests included thyroid function tests, serum B12 and folate levels, and biochemistry tests (electrolytes, calcium, glucose); MRI and CT were used according to the standards set by the NICE to assess patients with dementia and to rule out other pathologies. Data collection was carried out in retrospective manner and that included age, gender, blood tests, CT/MRI and the scans results. Data analysis focused on calculating patients with each investigation. Based on the results, recommendations inferred new referrals of patients with possible dementia should receive complete blood screening and neuroimaging as primary investigation.
An audit by Alvina Ali on the topic of eating disorders management, which emphasizes the alignment of psychiatric treatments with the national standards. The national standards as set by the National Institute for Health and Clinical Excellence (NICE), and they specified three guidelines. The guidelines indicated that any patient diagnosed with eating disorders (anorexia or bulimia nervosa) should be treated as out-patient, patients with eating disorders should receive psychological therapies, and finally, minimum of six months of psychotherapy should be offered. The method of data collection and analysis included referrals as it provided substantial evidence of patients’ initial diagnosis. To clarify, the referrals that were collected were to an eating disorder facility for more than a year. Some of the information that were needed from the referrals included the diagnosis in early evaluation, the types of treatment that was provided, the kind of management (outpatient or in-patient treatment), and the time span for psychological therapy if provided. To perform an audit on eating disorders, it is advisable that at least two people participate and depending on the number of referrals for one year, 15 hours of data collection is ideal. Results from this audit were mostly positive, except for the evidence of eating disorders other than anorexia nervosa and bulimia. Also, there was a lack of confirmation on the types of psychological-based treatment provided and the length of time taken for the therapies was not clarified. Upon completion, this audit recommended utilizing ICD-10 or DSM-IV classification system to detect eating disorders accurately by staff. Therefore, training sessions on ICD-10 codes of classification for staff were suggested.

Under the section of physical health, the book details an audit report on testing for illicit drug use by Caroline Fell. This audit is especially helpful to psychiatrists in in-patient facilities. The purpose of such audit is to discover those individuals who are susceptible to substance abuse and essentially better diagnose the drug-induced mental health problems. If the correct diagnosis can be confirmed, then treatment would be much more effective. The standard for this audit was established by the British Association for Psychopharmacology. Data collection and analysis used patients’ medical notes when admitted, the notes were examined for any history of drug use and suggestion of drug screening upon admission. Results revealed that many patients when admitted did not have drug history recorded and lacked urine drug screening. Recommendations from this audit included proper staff training regarding taking complete drug history and drug screening at admission. As a result of re-audit, it was seen that the proposals were carried out successfully.

Audit on atypical antipsychotics monitoring, reported by Padma Suresh Babu, conveys the importance on how to prevent metabolic side-effects and development of cardiovascular disease. The metabolic side effects that are associated with second generation antipsychotics are weight gain, high blood sugar, diabetes, and dyslipidemia to name a few. The Maudsley guidelines helped to set up the standards based on the management criteria for atypical antipsychotics. Some of the criteria were full-blood count, measurement of HbA1c, electrolytes, fasting glucose and fasting lipid levels, weight, and blood pressure. Depending on the antipsychotics there were additional tests. For example, thyroid function test for quetiapine, ECG for clozapine, and serum prolactin level for amisulpride, olanzapine and risperidone. Data collection in this audit utilized patients’ drug charts and notes to determine the date antipsychotics were prescribed and to identify if baseline examinations were performed. As a result, 78% of patients had undergone blood tests but the initial blood tests were missing in comparison to follow-up tests. Recommendations focused on ward staff being more diligent in performing baseline tests in timely manner and enabling general practitioners to monitor as well.