

Dr Ivan Shanley, Dr Jaweria Faheem, Dr Sandeep Bansal, Dr Mahnur Khan, Dr Hana Jeetun
Essex Partnership University NHS Foundation Trust
Correspondence: ivan.shanley@nhs.net

Background

On 11th February 2020 a novel coronavirus was named SARS-CoV-2, with the World Health Organisation announcing that the associated disease would be known as COVID-19¹. Shortly afterwards the UK entered a national “lockdown” as a result of the COVID-19 pandemic². As doctors providing an inpatient psychiatric service, there were various changes in our daily practice secondary to the pandemic. These included reduced staffing levels due to illness, the need to wear personal protective equipment during all patient contact and high levels of anxiety surrounding transmission. We hypothesised that the resultant pressure on our service might impact the quality of admission clerkings to our ward, (a 17 bed functional Old Age Psychiatry ward), and therefore resolved to audit the data. We determined that “quality” of the clerking should be equated to completeness, i.e. the degree to which all desired information is included.

Method

Admission clerkings to the ward are to be completed on a pro forma built within the electronic patient record system (“Paris”). This pro forma is based on guidelines for the admission of patients to psychiatric inpatient units produced by the Royal College of Psychiatrists³. The standard for the audit was set as 90% compliance with each individual section of the pro forma.

All admissions across three periods were extracted from the electronic record using the inbuilt reporting function. The periods were 1st April to 1st July in 2019 (pre-pandemic, n=15), 2020 (early pandemic, n=29) and 2021 (late pandemic, n=22). Data was extracted manually from each admission clerking and recording anonymously on an excel spreadsheet using the headings seen in figure 1, with either “yes” or “no” confirming or denying compliance.

Paris Number
Clerking within 24 hours of admission
Reason for admission
History of presenting complaint
Personal history
Previous psychiatric history
Medical history
Medicines on admission
Drug, smoking, and alcohol history
Forensic history
Premorbic personality
Mental State Examination
General Physical Inspection
Cardiovascular Examination
Respiratory Examination
Abdominal Examination
Neurology Examination
General Physical Questions
Delirium Onset Method - CAM
VTE Assessment
VTE assessment within 24 hours

Figure 1: Data expected to be included in the admission clerking

Results

All domains showed improved compliance from 2019 to 2021 other than recording of the mental state examination which saw a 9.09% decrease (which is not statistically significant). Comparing the pandemic years, performance was better in the early pandemic in 4 domains, better in the late pandemic in 10 domains and equal in 6 domains. This data is presented within chart 1. Also shown in the chart is that 9 domains fell below the 90% standard despite the improvement.

Data from 2019 and 2021 was assessed to determine the statistical significance of the improved compliance. The MedCalc ‘comparison of proportions calculator’ was utilised which is based on the N-1 Chi Squared Test⁴. Four domains demonstrated a statistically significant improvement, as shown in figure 2.

	Percentage Increase	95% Confidence Interval	P-Value
General Physical Inspection	31.82	1.44 to 56.88%	0.0428
General Physical Questions	30.91	1.14 to 52.66%	0.0434
Delirium Onset Method - CAM	34.55	2.46 to 57.16%	0.0382
VTE assessment within 24 hours	65.45	34.94 to 82.87%	<0.0001

Figure 2: Statistically Significant Changes in Compliance

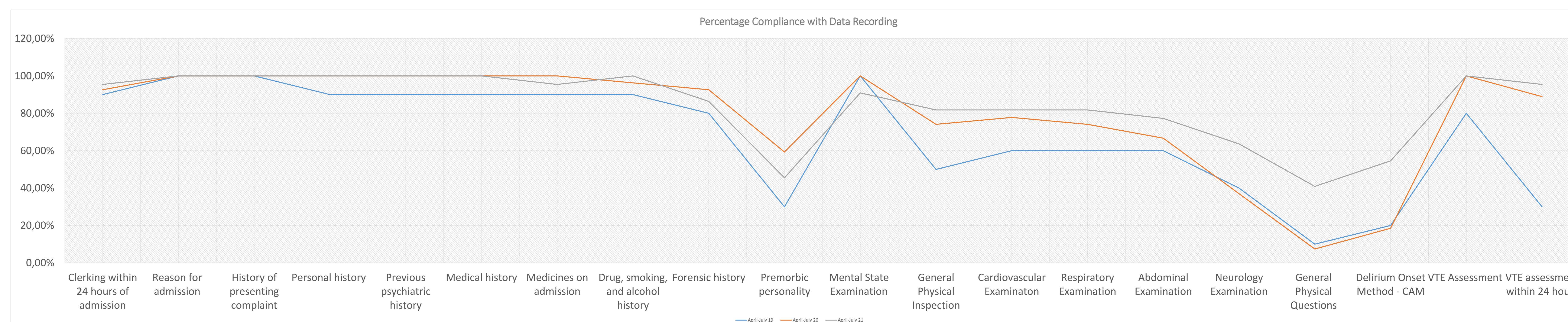


Chart 1: Compliance Results by Year

Conclusions

Despite the challenges posed by the COVID-19 pandemic the quality of inpatient admission clerkings has not only remained unharmed but in some domains significantly improved. Admission numbers increased during the pandemic periods, so it may represent greater familiarity with the clerking process, or perhaps a desire to make more comprehensive notes during a time of crisis. Repetition of the study post pandemic may be of value.

References

1. World Health Organisation, Naming the coronavirus disease (COVID-19) and the virus that causes it, 2020, URL: [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it) (accessed 14/01/22).
2. UK Government, Prime Minister's statement on coronavirus (COVID-19): 23 March 2020, 2020, URL: <https://www.gov.uk/government/speeches/pm-address-to-the-nation-on-coronavirus-23-march-2020> (accessed 14/01/22).
3. Royal College of Psychiatrists, Standards for Inpatient Mental Health Services, Third Edition 2019, URL: https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/ccqi-resources/rcpsych_standards_in_2019_lr.pdf?sfvrsn=edd5f8d5_2 (accessed 14/01/22).
4. MedCalc Software Ltd. Comparison of proportions calculator. URL: https://www.medcalc.org/calculator/comparison_of_proportions.php, Version 20.026; (accessed 17/01/22)