Prioritizing Physical Health of Mentally Unwell Patients – Bevan Ward

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Abstract

Background:

Patients with severe mental illness (SMI) experience a 15–20-year shorter life expectancy, often secondary to physical illness. Completion of physical health CQUINNS (standards for physical health) are reasoned as indicators of secondary prevention. Trust data indicates poor completion through existing data capture tools (PowerBI,) suggesting suboptimal management
However, concerns around accuracy of data capture and faculty of time targets warranted exploration.

Aim:
To improve completion and accuracy of physical-health tests pertinent to CQUINN and ensure timely assessment within 24–48 hours of admission through the institution of a weekly physical health clinic for non-urgent concerns.

Methods:
A weekly Physical-Health Clinic was introduced into Bevan Ward and results compared with 'as normal' practice from the previous year. Data was compared across PowerBI capture, form data and manual entry.

Results:
Overall completion increased 55.9 %→87.1 %; blood 20→87 %, ECG 63→87 %. Manual review corrected significant PowerBI under-reporting. Five urgent medical issues were identified early, reducing A&E transfers.

Discussion:
Structured weekly review improved compliance, data fidelity, and patient safety providing a scalable model for CQUINN-aligned integrated care.

Introduction

CQUINN Framework (NHS, 2009): Links provider income to demonstrable improvements in quality, safety, and outcomes. Within mental-health services, it prioritises physical-health monitoring to reduce preventable morbidity and mortality.
Life-Expectancy Gap: People with severe mental illness (SMI), notably schizophrenia and bipolar disorder live **15–20 years shorter** than the general population, mainly due to preventable physical disease.
High-Risk Profile: SMI patients show **2–3× higher rates** of obesity, diabetes, and hypertension; smoking prevalence up to 88 % further increases risk of VTE, COPD, and malignancy.
Infectious-Disease Burden: Elevated rates of injectable drug use and unsafe sexual practices contribute to increased prevalence of HIV and hepatitis B/C, compounding overall health inequality.
Contributing Factors: Adverse health behaviors, psychotropic-drug metabolic effects, socioeconomic deprivation, and gaps in routine physical screening act synergistically to accelerate decline.
National Guidance: NICE (2014) and CQC mandate structured physical-health assessments for all psychiatric inpatients. ELFT Physical-Health Policy (2021) enforces completion within 6–24 hours of admission.
Local Context – Bevan PICU: A 15-bed high-acuity unit where higher frequency of agitation, aggression, and restrictive interventions heighten medical risk
Identified Gap: Routine CQUINN audits revealed inconsistent completion of key forms particularly blood investigations and ECGs hindering compliance with trust standards.

Materials

Aims
To achieve **>95% completion** of medical physical-health forms within **24–48 hours** of admission, in line with **ELFT policy (6–24 hours)** and evaluate necessity of this practice.
To reduce **unwarranted A&E attendances** and ensure timely identification and management of physical-health issues among severely unwell mental health inpatients (PICU)
Methods
Baseline Analysis: CQUINN audit data **(May–Jul 2024)** and A&E attendance records identified delays in completing mandatory physical-health documentation.
Issues Identified : Fishbone analysis highlighted clinical workload, staffing pressure, unclear task ownership, and documentation errors as key contributors.
Intervention: A **weekly Physical-Health Clinic** (initiated Nov 2024) reviewed high-risk patients (NEWS > 1), completed Rio medical forms (Medical Assessment, VTE, HDAT, Bloods, ECG), and manually validated PowerBI data.
Evaluation: Post-intervention **re-audit (Dec 2024–Apr 2025)** compared completion rates and data accuracy to baseline, assessing impact on documentation quality and avoidable A&E referrals.

Results and Discussion

Overall Improvement:
Result: Completion rates rose from 55.9% (May–Jul 2024) to 87.1% (Dec 2024–Apr 2025) following introduction of the weekly clinic and manual validation. Demonstrates a measurable, sustained uplift in compliance driven by structured review and clear ownership.

Parameter-Specific Gains:
Result: Medical 46 → 85 %, HDAT 67 → 81 %, VTE 85 → 94 %, Bloods 20 → 87 %, ECG 63 → 87 %.
The largest rise in blood and ECG completion underscores the clinic's effectiveness in addressing the most neglected domains.

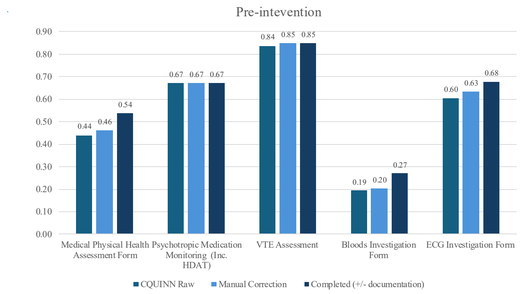
Audit Accuracy:
Result: PowerBI under-reported true completion (Jan 2025 67.7 → 93.8 %; Apr 2025 58.6 → 82.6 %); >50 % of errors arose from blood-form entries.
Manual cross-checks exposed systematic data-capture flaws, prompting refinement of automated reporting processes.

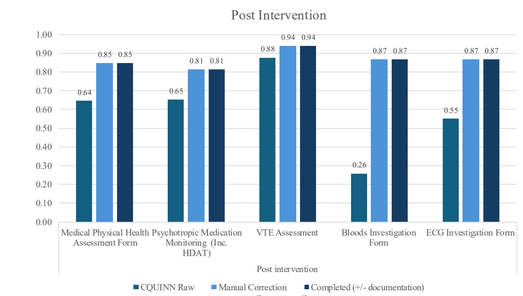
Residual Variance:
Result: ~13 % of incomplete records attributed to staffing pressure, audit timing, and bank-holiday disruptions. This highlights operational rather than process failures reinforcing the need for protected clinic time and consistent staffing.

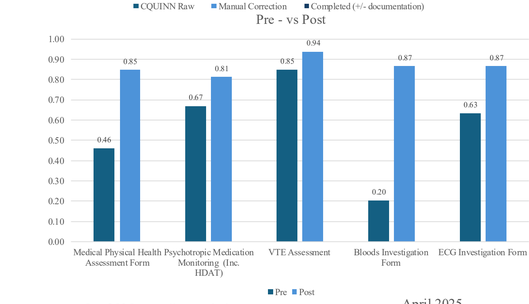
Baseline Validation:
Result: May 2024 baseline re-analysis adjusted from 49 → 78 %, confirming earlier under-reporting of completed forms. Indicates that quality of work had been higher than recorded, and that accurate audit methodology is critical to interpreting QI impact.

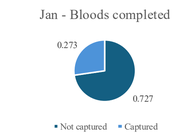
Clinical Outcomes:
Result: Five urgent physical-health issues detected early (Dec 2024–Feb 2025) led to timely A&E transfers and intervention. Embedding physical-health review within PICU practice enhances patient safety and continuity of care.

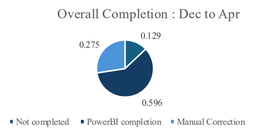
Results











Conclusion

Structured weekly clinics improved physical health documentation from 78% to 87%, with scope to reach 100%.
All assessment domains showed marked improvement, especially in blood investigations
The clinic reduced unnecessary A&E visits and enabled timely GP referrals.
The project exposed PowerBI audit inaccuracies, now escalated for resolution.
Reinforces the value of proactive physical healthcare in reducing preventable morbidity and mortality in SMI.

Limitations -
Persistent inaccuracies in automated PowerBI audit reports necessitating manual verification.
Data prior to Apr 2024 not available
Staffing pressures, particularly around bank holidays, impacted form completion rates.
Recent admissions immediately after audit and weekly clinic days reduced apparent completion rates.
48 hour target is unrealistic and would lead to enforced investigation, decisions need to be made in clinical context. Offering is enough.
Resistance or poor patient engagement in initial physical assessments remains a barrier. (Charted as REFUSED)
Formal AE or GP referral list not maintained

Recommendations

Expand and standardize weekly physical health clinics to all adult psychiatric inpatient wards (underway, 5 wards)

Ensure reliable staffing for dedicated clinic time to sustain improvements. (including appropriate cover)

Address data capture inaccuracies by refining PowerBI auditing process or moving to a more reliable system (plan to redesign forms for clinical efficacy and simplicity)

Increase proactive patient engagement strategies (e.g., enhanced rapport-building) to improve initial compliance.

5. Explore potential unrealised benefits toward optimisation of chronic health issues.

6. Optimise working relationships and pathways with local physical health units and general practice

References

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