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Portsmouth HealthCare

NHS Trust

**Reaudit
of
Neuroleptic Prescribing
in
Elderly Medicine**

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AUDIT SUMMARY

The original audit examined the use of neuroleptic drugs within the Trust Elderly Medicine continuing care wards in 1999. It specifically looked at whether the overall level of neuroleptic prescription is appropriate in this patient population, and also whether such prescriptions were reviewed regularly. For this reaudit, analysis of the prescription charts and medical notes of all 111 continuing care patients revealed that 16/111 (14%) were receiving neuroleptic drugs at the time of the audit (the target was 15% or less). 9 of these 16 patients were available for audit of the second standard after 6 weeks. The reaudit revealed that 5/9 patients (56%) had had their neuroleptic medically reviewed in that time. Findings from the original audit were 58%. The standard is met on wards where the ward diary is used to flag up future review dates. Action for standard 2 centres on communicating this issue to medical and nursing staff on the wards in question. This will also be raised at the Continuing Care Clinical Governance Group.

INTRODUCTION

Objectives

The audit objective of the original 1999 audit was to assess whether neuroleptic drugs were being used inappropriately in Elderly Medicine continuing care wards within the Trust. The purpose of the reaudit was to assess what improvement, if any, had taken place in compliance with the standards of the original audit.

Rationale

The adverse effects of neuroleptics are multiple and well-known. There is evidence that they are overused in nursing homes. Continuing care patients within the Trust are a similar, if not even more vulnerable, population.

Standard source

A survey of nursing homes in Glasgow (McGrath, 1996) found that about 24% of the patients were on major tranquillisers. A similarly high figure had been found in American studies, prompting the production of guidelines. Application of the American guidelines to the Scottish patients would have qualified only 12% of the patients. The Americans have found that the prescription of major tranquillisers could be safely halved in those with dementia and cut by a quarter in those with psychiatric problems. An initial survey of prescribing at St Christopher's Hospital, Fareham, suggested that rates of usage were similar, and an initial target of no more than 15% of continuing care patients within the Trust was therefore proposed for this audit.

The second standard relating to the review of neuroleptics every 6 weeks was based on local consensus within the consultant body. 6 weeks seems a reasonable figure based on the natural history of the average continuing care patient. The consultant body also took into account what would be recognised as a reasonable workload for medical officers.

METHODOLOGY

Data collection method

Stage 1

Stage one of data collection involved an initial visit by the clinical auditor to every continuing care facility within the Trust in the autumn of 2001. The auditor identified and noted details of every patient currently on neuroleptic medication. Depot neuroleptic drugs were included, but PRN medication was not. Details of the type, dose and frequency of the neuroleptic prescribed were recorded, along with the reason for the patient being prescribed the drug in the first place (by questioning nursing staff).

Stage 2

6 weeks after the initial visit, the auditor re-examined the drug charts and medical notes of the patients previously identified as receiving neuroleptics to see whether the drug(s) had been medically reviewed within the past 6 weeks.

Sample size

Total number of continuing care patients at time of audit: **111**

RESULTS, DISCUSSION AND ACTION PLANS**STANDARD 1**

Aspect: *No more than 15% of the total continuing care population should be on neuroleptics.*

Expected standard: 100%

Exceptions: None

Audit finding

Total number of continuing care patients: 111
Total number of continuing care patients on neuroleptics: 16

Percentage of total: 14%

Table 1: Neuroleptic drugs prescribed to continuing care patients at time of reaudit

Drug	Number of patients
Olanzapine	2
Promazine	2
Quetiapine	1
Risperidone	11

Table 2: Reason why neuroleptic drug prescribed

Patient no.	Reason for taking neuroleptic
1	Dementia; fidgety & aggressive
2	Dementia; hallucinating & screaming
3	Dementia
4	Aggressive; psychotic hallucinations
5	Dementia; scratching, agitated
6	Dementia; aggressive & agitated
7	Dementia (prescribed by Old Age Psychiatry)
8	Dementia; aggressive & agitated
9	Dementia; shouting, restless
10	Dementia; agitated, noisy
11	Aggressive & agitated
12	Agitated & wandering
13	Agitated & hallucinating
14	Aggressive
15	Psychiatric problems, agitated
16	Aggressive, agitated, shouting

ACTION PLAN

No action required.

STANDARD 2

Aspect: *All neuroleptic prescriptions should be reviewed by a doctor at least every six weeks.*

Expected standard: 100%

Exceptions: None

Audit finding

Sample size: 9

7 patients were excluded from the sample size for the following reasons:

Died within 6/52 period: 3

Transferred to nursing home within 6/52 period: 3

Transferred to QAH within 6/52 period: 1

Standard met: 5/9 (56%)

Standard not met: 4/9 (44%)

Discussion

Of the 4 failures, 2 patients had had their drug chart rewritten within the 6 week audit period, but there was no evidence that the neuroleptic in question had been actively reviewed by the ward doctor at that time.

Only one ward consistently used the ward diary to document review dates for neuroleptic drugs. The two patients from this ward on neuroleptic medication both met standard 2.

ACTION PLAN**Action to be implemented**

1. Covering note to be sent to all continuing care wards stating that six weekly reviews of neuroleptic prescriptions are successfully achieved when the ward diary is used as a reminder.
2. Raise this issue at Continuing Care Clinical Governance Group (via chairman of the group).

Person responsible Dr R. Logan.

Implementation date March 2002.

CONCLUSION

The audit findings imply the following:

1. Overall use of neuroleptics in continuing care remains appropriate.
2. Arrangements for regular review of neuroleptic prescriptions need to be firmed up on some wards.

Comparison of results with original audit (1999)

	1999 audit	2001 reaudit
1. No more than 15% of the total continuing care population should be on neuroleptics	16%	14%
2. All neuroleptic prescriptions should be reviewed by a doctor at least every six weeks	58%	56%

Audit Title: Audit of Neuroleptic prescribing in continuing care
 Audit Ref: 001/2001-02

Contract Lead Group: Elderly Medicine

Audit Leader: Dr. R Logan

RESULTS SYNOPSIS

	STANDARD	Target	Result	ACTIONS	Responsibility	Completion Date	Risk/ GP
1.	No more than 15% of the total continuing care population should be on neuroleptics	100%	14%	None required	n/a	n/a	n/a
2.	All neuroleptic prescriptions should be reviewed by a doctor at least every six weeks	100%	56%	<p>1. Covering note to be sent to all continuing care wards stating that six weekly reviews of neuroleptic prescriptions are successfully achieved when the ward diary is used as a reminder.</p> <p>2. Raise this issue at Continuing Care Clinical Governance Group (via chairman of the group).</p>	Dr R. Logan.	March 2002	GP

FROM : CLINICAL EFFECTIVENESS DEPT

FAX NO. : 02392894428

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REFERENCESMcGrath, BMJ, 1996, 312, 611-612.

APPENDIX 1 - AUDIT TOOL**Topic:** Reaudit of Neuroleptic Prescribing in Continuing Care**Area:** Elderly Medicine**Audit Reference:** 001/2001-02

Aspect	Expected Standard	Exceptions	Definitions / Instructions
1. No more than 15% of the total continuing care population should be on neuroleptics	100%	Nil	Neuroleptics are major tranquillisers. (Auditor can refer to BNF to check drug categories)
2. All neuroleptic prescriptions should be reviewed by a doctor at least every six weeks	100%	Nil	Check records for evidence

APPENDIX 2 - DATA COLLECTION FORM

WARD/AREA **Total number of pts on ward**

NAME	Date of 1st ward visit	Neuroleptic	Frequency	On neuroleptic on admission?	Was pt transferred from Old Age Psychiatry?	Reason for taking neuroleptic

DISTRIBUTION LIST

Dr Paul Edmonson-Jones, Consultant in Public Health, Portsmouth & SE Hants Health Authority (x 2).

Ian Piper, Operational Director, SJH.

Dr Ian Reid, Medical Director, Elderly Medicine, QAH.

Dr Robert Logan, Consultant Geriatrician, Elderly Medicine, QAH.

Dr David Jarrett, Consultant Geriatrician, Elderly Medicine, QAH (to circulate around other consultant geriatricians).

Lesley Humphrey, General Manager, Elderly Medicine, QAH.

Dr Carol Trotter, Consultant in Old Age Psychiatry, St James' Hospital.

Sue Hutchings, Senior Nursing Co-ordinator, St Christopher's Hospital.

Julie Jones, Risk Advisor, East Hants PCT, Raebarn House, Hulbert Road, Waterlooville.

Dr Andy Cairns, GP, Cedar Ward, Petersfield Hospital.

Dr Joseph Yikona, Dryad Ward, GWMH.

Dr Bob Bellenger, GP, Shannon Ward, St Christopher's Hospital.

Dr Nick O'Rourke, GP Clinical Assistant, Diana Ward, QAH (N.B. please also pass to Dr Richard Gill).

Dr Ramesh Patel, GP, Jersey Ward, East Wing, SMH.

Dr Julian Neal, GP, Jubilee House, Medina Road, Cosham.

Sonia Welch, Ward Manager, Jubilee House, Cosham.

Gill Hamblin, Ward Manager, Dryad Ward, Gosport War Memorial Hospital.

Teresa Dunne, Ward Manager, Briarwood Ward, St Christopher's Hospital.

Alison Grant, Ward Manager, Shannon Ward, St Christopher's Hospital.

Anne-Marie Evans, Ward Manager, Cedar Ward, Petersfield Community Hospital.

Dermot Charlton, Ward Manager, Jersey House, East Wing, SMH.

Carol Norris, Ward Manager, George Ward, Elderly Medicine, QAH.

Clinical Effectiveness Dept (x 2).